THE SASKATCHEWAN CHILDREN'S DENTAL PLAN:

IS IT TIME FOR RENEWAL?

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Garry Ewart

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SUPERVISORY AND EXAMINING COMMITTEE

Garry Ashworth Ewart, candidate for the degree of Master of Arts in Social Studies**,** has presented a thesis titled, ***The Saskatchewan Children's Dental Plan: Is it Time for Renewal?,*** in an oral examination held on January 18, 2010. The following committee members have found the thesis acceptable in form and content, and that the candidate demonstrated satisfactory knowledge of the subject material.

External Examiner:	Dr. Gregory Marchildon, Johnson Shoyama Graduate School of Public Policy
Supervisor:	Dr. Murray Knuttila, Adjunct Professor, Department of Sociology and Social Studies
Committee Member:	Dr. Wendee Kubik, Department of Women's and Gender Studies
Committee Member:	Dr. John F. Conway, Department of Sociology and Social Studies
Chair of Defense:	Dr. James Mulvale, Faculty of Social Work

Abstract

The topic of this thesis is the implementation of the Saskatchewan Children's Dental Plan (SDP) in the 1970s, and the decision to scale back and eventually privatize the program in the 1980s. The SDP provided free dental services to children through school-based clinics, and to adolescents at private practice dentist offices. All children were allowed to have routine dental services free of charge if their parents consented to have them treated through the government program. When the Progressive Conservative government of Grant Devine came into power the SDP was privatized and eventually eliminated. Through interviews with several figures involved in the SDP and a variety of print sources, this thesis examines the history of why the Plan failed and whether there were flaws that could have been overcome to save this program.

The elimination of this program led to many problems for those families unable to afford proper dental care for their children. Studies suggest there is a link between poor dental health and some serious health problems. The evidence is that when children grow up with poor dental care, they grow into adults with severe dental problems that could lead to other severe illnesses. Based on such evidence a program like the SDP would improve the health outcomes of all citizens, and also reduce overall health care expenditures. This thesis assesses whether this type of program, or some variation of it, would be useful in improving the health outcomes of children and adults in Saskatchewan. The implementation and cancellation of this innovative program has failed to receive the attention and consideration that it deserves. This thesis fills that gap.

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My thanks are extended to my wife (Lorri) who helped me with my research at the Saskatchewan Archives Board and editing my writing, my son (David) who has never known me as anything other than a university student, my step-children (Stephan and Jeannie), and especially my parents (Dave and Bertie) who offered much emotional and financial support over this rather lengthy time period.

Post-Defense Acknowledgement

I would like to offer my thanks to Dr. Gregory Marchildon, the external examiner for my defense, for trying to make my thesis the best that it could be. I would also like to thank Dr. James Mulvale for chairing the defense.

Dedication

I would like to dedicate my thesis to my nana (Lorna Wave) who believed in my ability to accomplish more than I believed I could. While she may have passed away many years ago, her special way of encouraging me has lingered on throughout the years. During her lifetime, she suffered with not being able to continue her education beyond grade 10 because of financial barriers and a debilitating illness, which took her life far too early. Her suffering and her beautiful spirit have inspired me in many ways throughout my lifetime and I would like to use this moment to offer thanks for all of her encouragement.

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List of Acronyms

CCF - Co-operative Commonwealth Federation

CDA - Canadian Dental Association

CDP - Children's Dental Plan (after privatization in 1987)

CDSS - College of Dental Surgeons of Saskatchewan

Dental Therapist - Dental Nurse was originally used but it was later decided the term Dental Therapist was more appropriate[1].

DPH - Department of Public Health

KWNS - Keynesian Welfare National State

NDP - New Democratic Party

NSDT - National School of Dental Therapy

PCs or Tories - Progressive Conservative Party

SCHR - Swift Current Health Region

SDP or 'the Plan' - Saskatchewan Children's Dental Plan

SDTA - Saskatchewan Dental Therapists Association

WIAAS - Wascana Institute of Applied Arts and Sciences

[1] Dental Nurse was the term that was used in the New Zealand Dental Plan, which the SDP was modeled after. The selection of the term Dental Nurse, and subsequent change of the term later in 'the Plan,' will be further explained in the history section of this paper.

Important Figures

Adams, N. D. - Director of the Research and Planning Branch, Department of Health from 1971-1979. He was Deputy Minister of Health from 1991-1997.

Ambrose, Dr. E. R. - Dean of the Faculty of Dentistry at McGill University.

Anguish, D. K. - Opposition NDP MLA for the constituency of The Battlefords from 1986 to 1991.

Atkinson, P. - Served as NDP health critic; she represented the constituency of Saskatoon Nutana from 1986 to 1991 and after 1991 became a Cabinet Minister in the NDP Government.

Beatty, G. H. - Secretary of the Treasury Board.

Bergstrom, L. - Deputy Minister of Education from 1965 to 1972.

Blakeney, A. - NDP Premier of Saskatchewan from 1971 to 1982. He represented the constituency of Regina Centre/ Regina Elphinstone.

Borowko, M. - President of the SDTA.

Brett, Dr. R. O. - Council of the CDSS.

Brockelbank, J. - Opposition NDP MLA for the constituency of Saskatoon Westmount from 1982 to 1991.

Byers, B. - President of the SGEU.

Caswell, G. - PC MLA for the constituency of Saskatoon Westmount from 1982 to 1986.

Curry, Dr. T. M. - Director for the Division of Dental Health in the DPH from 1968 to 1974, at which time he left the position and Dr. Lewis took over the new position of Executive Director of the SDP in the DPH. In my interview with Dr. G.H. Peacock, he suggested Dr. Curry played a major role in the establishment of the SDP. Mr. Barker agreed, calling Dr. Curry "the 'father' of the SDP"[2].

Derrick, M. B. - Associate Deputy Minister of Health from 1968 to 1975.

Devine, G. - PC Premier of Saskatchewan from 1982 to 1991. Mr. Devine represented the constituency of Estevan.

[2] Paul Frederick Barker, *The Formulation and Implementation of the Saskatchewan Dental Plan*, Diss, (University of Toronto, 1985, AAT NL23557) 61.

Donovan, Dr. T. E. - Council Representative of the CDSS in 1974 and President in 1975-1976.

Ellemers, J. - On a short-term contract with the Department of Education.

Gardner, R. L. - Principal of WIAAS.

Geisthardt, Dr. A. - President of the CDSS in 1972 and Vice Chairman of the Advisory Committee on Dental Care for Children.

Goodale, R. - Federal Liberal M.P. for Assiniboia from 1974 to 1979 and an Opposition Liberal MLA for the constituency of Assiniboia-Gravelbourg from 1986 to 1988; he also served as the Leader of the Saskatchewan Liberal Party from 1981 to 1988.

Grant, G. - Cabinet Minister in the Liberal Government from 1964 to 1971 representing the constituency of Regina Whitmore Park. Mr. Grant was Public Health Minister from 1966 to 1971.

Hamilton, Dr. K. - President of the CDSS.

Hardy N. - A Cabinet Minister and represented the constituency of Kelsey-Tisdale from 1980 to 1991.

Hill, Dr. C. R. - Chairman of Public Relations/ Public Health Committee for the CDSS and President of the CDSS in 1973.

Hird, A. - Chairperson of Health Sciences Programs at WIAAS.

Hord, Dr. A. B. -A member of the Faculty of Dentistry at the University of Toronto.

Howard, Dr. G. - President of the CDSS in 1987.

Jacobson, E. - Represented the Research and Planning Branch.

Keenan, Dr. G. W. - Head of the Dental Nurse Program at WIAAS. He was originally from New Zealand and had twelve years experience in private practice in Saskatchewan and England.

Kopelchuk, L. - PC government MLA who represented the constituency of Canora from 1986 to 1991.

Koskie, M. J. - Opposition NDP MLA for the Quill Lakes Constituency from 1982 to 1991.

Kowalsky, M. - Opposition NDP MLA from 1986 to 1991 representing the constituency of Prince Albert.

Lane, G. - Finance Minister from December 1985 to October 1989.

Lewis, Dr. M. - Executive Director for the entire duration of the SDP from 1974-1987.

Lingenfelter, D. - Opposition NDP MLA for the constituency of Shaunavon from 1982 to 1986 and represented Regina Elphinstone from 1988 to 2000.

Lloyd, W. - NDP Premier of Saskatchewan from 1961 to 1964. Mr. Lloyd represented the constituency of Biggar.

Loewen, G. - Assistant Deputy Health Minister.

MacMurchy, G. - Minister of Education from 1971 to 1975.

Matheson, W. - Chief of the Health Sciences Programs at the Applied Arts and Sciences Branch of the Department of Education.

McLeod, G. - Minister of Health from November 12th, 1986 to November 1st, 1991 and represented the constituency of Meadow Lake.

Mullen, Dr. B. - A Moose Jaw dentist and a member of the Council of the CDSS.

Muller, L. J. - A PC government MLA who represented the constituency of Shellbrook-Torch River from 1982 to 1991.

Niedermayer, Dr. J. - Council Representative of the CDSS in 1974 and President of the CDSS in 1977-1978.

Parker, B. - Special Assistant to Premier Blakeney.

Paynter, Dr. J. - The first Dean of the College of Dentistry at the U of S from 1968-1973.

Peacock, Dr. G. - Registrar of the CDSS from 1974 to 2004.

Pearson, L. - Liberal Prime Minister of Canada from 1963 to 1968.

Penman, Dr. D. - Chairman of the Thrust Group and Associate Deputy Minister of Public Health. At a Thrust Group meeting held on January 25, 1972, he announced his resignation; the members at the meeting accepted his resignation. In October 1972 he became Associate Deputy Minister of Health and was placed in charge of new program development. In October 1972, he again became Chairperson of the Thrust Group.

Pitsula, Dr. J. - A Professor at the University of Regina in the Faculty of Arts History Department.

Podiluk, W. - Deputy Minister of Health from August 1984 to July 1988.

Rasmussen, Dr. K. - Director of the Graduate School of Public Policy and the Associate Dean of the Faculty of Graduate Studies and Research at the University of Regina.

Riederer, L. A. - Director of the Applied Arts and Science Branch at the Department of Education.

Robbins, W. - Health Minister from November 1975 to August 1977.

Rolfes, H. - Minister of Health from June 1979 until May 1982 when the NDP Government was defeated.

Sigerist, Dr. H. - A Professor at John Hopkins University. He was called upon after the CCF victory of 1944. Known as the Sigerist Commission, Dr. Sigerist's report called for district health regions with a focus on preventive care.

Simard, L. - Opposition NDP MLA for the constituency of Regina Lakeview from 1986 to 1991.

Simpson, Dr. W. J. - A member of the Faculty of Dentistry at the University of Alberta.

Skoll, Dr. S. L. - Deputy Minister of Health from 1968 to 1975.

Smishek, W. - Minister of Public Health from 1971 to 1975 and had also been a representative of the Saskatchewan Federation of Labour on the Advisory Planning Committee on Medical Care (Thompson Committee) from 1960 to 1962. Mr. Smishek was a strong opponent of health care user fees and advocated paying physicians on salary rather than on a fee-for-service system.

Smith, S. - A Senior Planning Officer from the Research and Planning Branch.

Snyder, G. - Minister of Labour from 1971 to 1982.

Taylor, A. - Minister of Social Services from 1972 to 1975.

Taylor, G. - Minister of Health from May 8, 1982 to November 12, 1986 and represented the constituency of Indian Head-Wolseley from 1978 to 1990 and became Public Participation Minister (the Public Participation portfolio was created in January of 1988 by the Conservative government).

Tchorzewski, E. - Health Minister from August 1977 to June 1979 and an opposition NDP MLA for the constituency of Regina North East from 1985 to 1991 and after 1991 became a Cabinet Minister in the NDP Government.

Thatcher, R. - Liberal Premier of Saskatchewan from 1964 to 1971. Mr. Thatcher represented the constituency of Morse.

Topola, L. - A member of the first graduating class of dental therapists and is currently the Supervisor of the Health Growth and Development Department in the Saskatoon Health Region.

Tynan, Dr. J. - Director of the Children's Dental Health Services for the Swift Current Health Region (SCHR).

Wilson, G. - Executive Assistant for the DPH.

Wolfson, S. - Assistant Executive Director for the SDP. He later became Dean of the National School of Dental Therapy and is currently a producer with Wolf Sun Productions.

Introduction

> "Improving people's economic conditions is not an end in itself, it's a means to an end…. I never thought a man could save his soul if his belly was empty or that he could think about things like beauty and goodness if he had a toothache"[1].

This thesis examines the implementation of the Saskatchewan Children's Dental Plan (hereafter, referred to as either the SDP or 'the Plan') in the 1970s, and the decision to reduce and eventually phase the program out in the 1980s and 1990s. I argue that doing away with this program has led to many problems for the families that cannot afford proper dental care for their children. I also suggest the overall health status of Saskatchewan residents has declined since the Plan was phased out, and in order both to improve health and to lower health-care costs, a new program, based on the 1970s model, should be implemented. This program was innovative in its time, and was a model for Saskatchewan dental care in the future.

Why is dental care an important issue? Dr. Niedermayer believes dental health plays a role in overall health. D. Shalala, U.S. Secretary of Health and Human Services, suggests that "[o]ral health is integral to general health; … oral health means more than healthy teeth and that you cannot be healthy without oral health"[2]. As stated in a U.S. Surgeon General Report, "[d]iet, nutrition, sleep, psychological status, social interaction, school, and work are affected by impaired oral and craniofacial health."[3] Poor dental health can affect relationships, communication and performing tasks effectively. If routine activities suffer, a person's self esteem also suffers. There is also a significant body of evidence that suggests there is a link between some serious health problems and

[1] Tommy Douglas in conversation. As quoted in Dave Margoshes, *Tommy Douglas: Building the New Society*. (Montreal: XYK Publishing, 1999) n.pag.

[2] U.S. Department of Health and Human Services, *Oral Health in America: A Report of the Surgeon General* (Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000) iii.

[3] Ibid 7.

poor dental health. Periodontal disease can increase the risk of heart disease and has been linked to stroke, pneumonia and other respiratory ailments. Dental health problems can also have a profound effect on diabetes, and exacerbate or even cause some cancers. Ulcers in the mouth can result in cancerous growths that result in disfigurement (portions of a person's mouth and jaw may have to be removed to get the tumour) when left untreated. Dental infections can become so bad that they can also infect the brain, which can be fatal. Some doctors agree that conditions such as these cannot only be caused by poor dental health care, but can also result in poor dental health. During a routine dental exam a dentist can detect signs of nutritional deficiencies and illnesses such as cancer, diabetes, autoimmune conditions, some unusual skin diseases, and gastrointestinal diseases like Crohn's disease. The x-rays taken during a dental visit can also detect osteoporosis. With effects such as these, it is a major concern that more is not being done to ensure dental health in our society.[4]

These problems are not only associated with adulthood; there is increasing evidence that certain dental conditions are linked to illnesses among adolescents and children. When children grow up with poor dental hygiene and inadequate access to professional care, they grow into adults with dental problems that can lead to severe illness. Proper dental care should start at an early age. Children need to practice appropriate dental techniques at an early age if they are going to have healthy teeth as they get older. On the positive side, Canadians are more aware of the benefits of proper

[4] Locker and Matear i; Nitin C. Mohire, A. V. Yadav and V. K. Gaikwad, "Good Oral Hygiene for Good Overall Hygiene: A Review," *Research Journal of Pharmacy and Technology* 2(2) (April-June 2009): 262-273, 22 March 2010 <http://rjptonline.org/RJPT_2(2)%202009/9-334A.pdf> 262-269; National Institute of Dental and Craniofacial Research, *A Plan to Eliminate Craniofacial, Oral, and Dental Health Disparities* (Bethesda, MD: National Institute of Dental and Craniofacial Research, 2002) 4-5, 7 and 16-17; U.S. Department of Health and Human Services 1, 4, 6-7, 17, 51 and 97.

dental care. Yet, according to Dr. Tammy Wright with the Canadian Academy of Periodontology, despite this awareness, 75 per cent of Canadians have gum disease, 30 per cent with very serious gum disease, which can cause many health problems. Also about 75 per cent of Canadians do not floss on a regular basis, and only 40 per cent of the population has access to fluoride in their drinking water.[5] Statistics suggest low-income people utilize dental services less frequently than people of higher income and those low-income people that need dental services the most tend to utilize services the least[6]. With these health implications in mind, a unique and innovative program, such as the SDP, is worth careful examination.[7]

The first chapter examines the methodology used. This includes an overview of the written sources, and the reasoning behind the use of personal interviews. Chapter 2 provides an historical analysis of the occurrences that led to the political atmosphere present at the time of the rise and fall of the SDP. Chapters 3 to 6 examines why the SDP was needed, the process behind its formation, the legislation, the structure and distinct features of the program, the effects (positive and negative) of the SDP, and the history of how the SDP came to be privatized. Throughout these chapters the opinions of ordinary citizens, the College of Dental Surgeons of Saskatchewan (CDSS), and the opposition political parties regarding the implementation and phasing out of the Plan are examined. The final chapter includes concluding remarks and an informed opinion as to whether it is feasible, based on the research, to implement a new dental program in our current society.

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[5] Diane Peters, "The Checkup That Can Save Your Life: The Dentist May be the Most Important Doctor you See this Year," *Reader's Digest* October 2006, 26 January 2008 <http://www.readersdigest.ca/mag/2006/10/checkup.php>.

[6] James L. Leake, "Why Do We Need an Oral Health Care Policy in Canada," *Journal of the Canadian Dental Association* 72(4) (May 2006): 317d-317e.

[7] Leake 317d-317e; Peters; Walter Smishek, Personal interview, 27 September 2007.

Chapter 1 -- Methodology

There is a lack of published sources covering the entire period of the SDP. The papers, and chapters in a few books, attempting to cover the history of the SDP fail to give it the attention it deserves. Some published sources exist, comprised of a few reports and documents. There are many newspaper articles spanning the implementation, operation and privatization of the SDP. Therefore, interviews of key figures involved in the Plan are utilized. The lack of written sources poses a problem when attempting to get a clear, concise history from the beginning to the "end" of the SDP. This thesis provides a complete assessment of the SDP.

a) Books

Two sources of importance on the SDP, by P. F. Barker and S. Wolfson, are most often cited as sources by many writing about the Plan. Barker's doctoral thesis, *The Formulation and Implementation of the Saskatchewan Dental Plan* (1985), details why the dental plan was needed and how it came about. Barker illuminates the early foundation of the SDP. The main shortcoming of Barker's dissertation is that it does not include the termination of the SDP since it ends in 1985, two years before the Plan's privatization. Therefore, an analysis of the politics surrounding the privatization of the SDP is absent. Wolfson's chapter in the book, *Policy Innovation in the Saskatchewan Public Sector* (1997), which was edited by Eleanor Glor, provides much information. However, the information only briefly touches on the Plan from beginning to end due to space limitations. Wolfson was the Assistant Executive Director of the SDP.

Other sources were even more limited in scope. E. Swanson's Sociology MA thesis, *Social Class and Dental Care Utilization*, written in 1976, only provides

information about the start-up of the Plan. However, Swanson's thesis is useful in dealing with the utilization of the SDP by specific social classes for the first two years of operation. A study of this type covering the SDP from beginning to end, examining the long lasting and far-reaching effects of the program on the various social classes, is needed. A portion of Chapter 9 in *Devine Rule in Saskatchewan: A Decade of Hope and Hardship* (1991), edited by L. Biggs and M. Stobbe, and *Privatizing a Province: The New Right in Saskatchewan* (1990), by J. M. Pitsula and K. Rasmussen, provide a bit more information. Both of these sources are invaluable in directing the research to further sources regarding the phasing out of the Plan.

Barker and Swanson, of course, could not foresee the political implications of the neo-liberal shift that led to the end of the SDP. Wolfson touched on these political changes rather briefly. The Biggs and Stobbe book touches on aspects of the ideological changes under neo-liberalism and dedicates an entire chapter to the resultant cut backs in health care. However, because of the many areas of health care that were affected by these cutbacks, the SDP receives only minimal attention. This is also true of the Pitsula and Rasmussen book, which deals with the overall ideological transformation from a Keynesian Welfare National State (KWNS) to a Neo-Liberal state, and the cuts to programs in all sectors of the province. Hence, only a limited amount of attention is given to the SDP. These are all important sources of information on the SDP, their shortcomings confirm the need for more research and analysis of the topic.

b) Government and Independent Reports

The *Saskatchewan Dental Plan Annual Reports 1975-1988* allow a statistical examination of the revenue and expenditure changes in the SDP from beginning to end.

The Saskatchewan Advisory Committee on Dental Care for Children Report (1973) proved helpful in explaining what was involved in shaping the Plan and the process of turning ideas into policy for implementation. Publications that assess the quality of the service provided by the SDP, such as *A Quality Evaluation of Specific Dental Services Provided by the Saskatchewan Dental Plan* (1976) and *Performance of the Saskatchewan Health Dental Plan 1974-1980* (issued in 1981), provide useful data. A survey of the attitudes of people to the service provided by the SDP, entitled *An Attitude Survey of Families Enrolled in the Saskatchewan Dental Plan* (1979) provides information on the merits and weaknesses of the SDP as perceived by families involved in the Plan. *A Survey of Periodontal Conditions in Adolescents Enrolled in the Saskatchewan Health Dental Plan* (1983) argues the SDP should have been expanded to include more age groups than those initially covered. The quality and attitudinal surveys examine the quality of care and cost effectiveness of the Plan. None of the documents assess the political forces and context around the SDP.

c) Newspaper Articles and Other Sources

Articles spanning approximately 30 years[1] from daily newspapers in Regina, Saskatoon, Swift Current, Prince Albert and Moose Jaw were examined. Court documents detailing the legal issues surrounding the loss of more than 400 jobs after the dismantling of the SDP proved useful in outlining the events that led to the end of the Plan. Access to archive materials allowed insight into what was happening behind the scenes before the SDP was implemented, and the reasoning behind decisions that influenced the shape of the Plan. The *100th Anniversary College of Dental Surgeons of*

[1] I sought out information applicable to the Plan starting as far back as the early 1960s to prove that this was a long-standing issue discussed years before the implementation and as far ahead as 1991. Many articles were not used due to constraints as to how much information could appear in this paper.

Saskatchewan: 1905~2005: A Synopsis Celebrating 100 Years of Dentistry documents a brief history of dental care in Saskatchewan and supports information provided by other documents. Two *Canadian Dental Association Journal* articles were of particular value. One in 1973, "Dentists' Attitudes to prepaid children's dental care programs and expanded duty dental auxiliaries in Saskatchewan", examines how the dental profession felt about the government dental plan, but does not discuss the overall political scope and was restricted to examining the views of the dental profession. The second article, "Socialized Dentistry for Children in Saskatchewan: Its Beginning 1974—Its Demise 1993", is "polemical[2]" because Dr. Niedermayer suggests the SDP began and was terminated by "socialist" NDP governments; he suggests that the privatization of the Plan was less of a problem than when Mr. Romanow's NDP government came to power and ended the funding of the remaining program.

d) Interviews

Interviews[3] with key figures involved in, or affected by the implementation and subsequent privatization of the Plan, were carried out. Interviews were performed in order to secure as much information as possible and to allow for the elaboration of answers as necessary. One advantage of interviews is the ability to probe for more information when answers are not clear. Another advantage is the ability to watch for gestures or interpret body language, which, in some cases, aids in the ability to understand vague responses and signals a need for further probing. Mailed questionnaires were not used because they would not allow for the type of detailed

[2] I use this term because I believe Dr. Niedermayer's claims are quite controversial and contested by many people that have studied the SDP. During my interview with Dr. Niedermayer, he admitted that he may have inappropriately used the term "socialist" to describe the SDP and the NDP government.

[3] When personal interviews of any kind are performed, Ethics Board approval must be sought. A copy of the Ethics Approval letter is included in Appendix A.

answers that would be useful to this study, and telephone interviews were not performed because this method would not allow for the option of tape-recording the interview. Tape-recording the interview was important because of the time that has passed since the Plan was in place; in some cases, memories of the interview subjects were vague regarding events that happened over 30 years earlier. For historical purposes, it was desirable to have transcripts to secure records of the information and to check with other records of events. Due to the nature of the interviews and the age of some of the participants, the researcher travelled to a location of the subject's choice within their community. This limited the number of interviews that could be conducted due to financial constraints.

When selecting interview subjects an attempt was made to select figures involved in different periods of the Plan. In addition, referrals were requested during interviews to other potential interview subjects. Several key figures had passed away, moved out of province, or had health problems that restricted their participation. Time considerations also restricted how many people could be interviewed. This restricted interviews to participants who were involved in the implementation, framing of, privatization, or, in the case of the dental therapist chosen for the study, involved for the greatest time period of the Plan. While it would have been desirable to interview more therapists, more of the people who were instrumental in the implementation and privatization of the Plan, critics and supporters of the Plan, people who were treated within the SDP, and many individuals who expressed their opinion during the time of the Plan, time and resources did not allow for a study of this magnitude.

Initial contact with each interview participant was through a letter outlining the reason for the study, accompanied by a consent form for the interview participant's records (see Appendix B). A list of questions was prepared for each participant based on the time period the subject was involved, and on the nature of their involvement in the Plan (see Appendix C). Questions were not provided to the participants before the interview. However, potential topic areas were outlined in the letters sent to each participant. Immediately before the interviews, participants were required to sign a copy of the consent form that would allow information collected during the interview to be used in this study and to voluntarily permit a copy of the interview transcript to be provided to the Provincial Archives.

Based on limitations on how many research participants could be selected, an effort was made to achieve a balance between supporters and opponents of the Plan. Personal interviews were done with former Premier Allan Blakeney and Minister of Public Health[4], Walter Smishek, since they were directly involved in the implementation of the SDP. It was also important to get the view of a therapist, since they were trained specifically for the Plan and were greatly affected by the privatization. Leslie Topola was chosen because she was involved through the entire period of the SDP and was among the first graduating class from the Wascana Institute of Applied Arts and Sciences (WIAAS), the forerunner to SIAST. Steve Wolfson was interviewed to learn how the Plan was run from a senior management perspective. Two other subjects' names emerged in the course of researching this subject, Dr. George Peacock and Dr. Jack

[4] On July 1st, 1974, the title Minister of Public Health was renamed Minister of Health, which was during the time that Mr. Smishek held the position.

Niedermayer[5], both retired dentists involved with the CDSS at the time of the SDP. These are not all of the people that were contacted for interviews, but these were the participants who agreed to be a part of this study. Many declined.

Several key subjects were either not available, or not chosen for interviews due to the constraints posed by an MA thesis. Topola was chosen for this study out of several therapists that were recommended because of the nature of her current employment with a dental program in the Saskatoon Health Region. Former Premier, Grant Devine, and Minister of Health, Graham Taylor, key figures in the decision to privatize the Plan, were contacted but both declined to be interviewed. They also refused to allow access to their archive documents. Some key figures could not be interviewed because of ill health or death. Michael Lewis, Executive Director of the SDP, had died. Lewis was very much the center of the Plan. Another key individual, George McLeod, Minister of Health after Taylor, lives outside the province and, due to a lack of resources, was impossible to interview. People who used the Plan were not interviewed because an in-depth study would involve too many interview subjects; existing statistics were the best option for providing information on the quality of care to the patients.

This thesis explains the processes associated with the creation and subsequent dismantling of the SDP. In order to do this, the next chapter provides an overview of the historical occurrences that brought about the dominant ideology at the time that the SDP came about and when it was privatized. This will require an examination of the overall emergence of the welfare state, of which the SDP was a part, and the larger context for the dismantling of the Plan.

[5] Dr. Niedermayer was recommended as an interview participant by another participant who did not feel, due to age, that he would be an appropriate interview participant.

Chapter 2 -- Historical Context

In order to understand what led to the beginning and subsequent dismantling of the SDP a look at the economic, political and social concerns of the period must be examined. A historical outline of what events created the atmosphere that brought about such innovative programs and later led to the destruction of these programs is essential in understanding the main questions of why, and what caused, this to happen. There were many external forces at work leading to these occurrences. To understand these forces, an historical timeline must be drawn in order to comprehend what these complex forces were and how they played a role in shaping government programs and, at a later stage, transforming or destroying these same programs.

The stock market crash of 1929, which can be seen as a trigger for the Great Depression of the 1930s, is an important example of a crisis of capitalism. The Great Depression created economic, social and political transformations throughout the world. The Great Depression and the drought that accompanied it were particularly harmful to the Canadian Prairie Provinces with their dependence on the wheat economy. In Saskatchewan, "[f]rom 1920 to 1943 fully 70 per cent of the total income…was earned directly from the sale of wheat," further, the debt load of Saskatchewan farmers was staggering; "farm debt in 1936 was $525 million" at a minimum. A factor that contributed to the hardship of this catastrophe was the open market system, which compensated farmers only minimally for their harvested produce. Unemployment was high, unionized workers were at the mercy of the companies they worked for and farmers were beholden to the banking system and many lost their farms. There was "[d]espair, degradation, fear – such words cannot begin to communicate the loss of hope among a

whole generation of Western Canadians." Radical political options became more popular and acceptable, as illustrated by increasing support for the Communist Party and the subsequent formation of the Saskatchewan Co-operative Commonwealth Federation (CCF) in 1934. The CCF, a social democratic party that emerged from economic, social and political unrest, articulated an intention to make changes to the open market capitalist system that had caused so much hardship for so many people. The "Regina Manifesto" of 1933 sought to define the common ground of the majority of the people by focusing on the eradication of capitalism. The decade was characterized by various forms of collective activism such as strikes and marches, and dramatic events such as the Regina Riot of 1935.[1]

Events such as these led many industrialized countries to re-examine the role of the state in market economies, a turn enhanced by the emergence of fiscal and monetary policies of John Maynard Keynes. The United States (US) and many other governments throughout the world implemented new forms of state intervention in order to try and stimulate the lagging market system. The US government, under the leadership of Franklin D. Roosevelt, came up with numerous wide-ranging programs known as the New Deal. These programs were largely economic but also designed to create societal stability. In a bitter twist of fate, it turned out that the answer to the stagnant world economy was government spending associated with preparing and conducting a War. It can be said that World War II served a two-pronged benefit for the economy and in particular the corporate sector. The first was to generate massive spending on armaments, resulting in the emergence of what became known as a military-industrial

[1] John F. Conway, *The West: The History of a Region in Confederation*, 3rd Edition (Toronto: James Lorimer & Company Ltd., 2006) 101-104, 107-110, 114, 132 & 136.

complex. As a result "[e]ntire new industries were created, …; many existing industries underwent marked expansion"[2]. The corporate sector expanded during the war years and governments invested in new buildings, infrastructure, and new technologies that enhanced production through mechanization, all of which created new investment opportunities and new markets for the new commodities. The second product of War, which benefited business, was the abandonment of the class struggle as nationalism and patriotism, some of it linked to the necessity of defeating fascism, combined with a new corporatism to create the conditions that were to give rise to the Post-War boom. Near the end of the war, domestic initiatives and foreign policy guided by the US government brought about the conditions for the emergence of what I will refer to as a new regime of capital accumulation and a new world order.[3]

The Bretton Woods Agreement, established in 1944, gave the US dollar the status as the reserve currency throughout the world. This led to the creation of two major institutions that reinforced the US hegemonic economic system: the International Monetary Fund and the World Bank. The Marshall Plan, established in 1948, was designed to arrange the export of goods from the US to western-European countries. This helped to boost the North American economy, however, it was the US economy that particularly benefited through business investment in postwar infrastructure development. The Marshall Plan was also aimed at containing the spread of communism into Western Europe from the Soviet Union and other communist countries. Although some would

[2] Peter S. McInnis, *Harnessing Labour Confrontation: Shaping the Postwar Settlement in Canada, 1943-1950* (Toronto: University of Toronto Press, 2002) 21.

[3] David Harvey, "Part II: The Political-Economic Transformation of Late Twentieth-Century Capitalism," *The Condition of Postmodernity: An Enquiry into the Origins of Cultural Change* (Cambridge, Mass.: Blackwell, 1989) 124-126 & 129; McInnis 20-21; Desmond Morton, *Working People: An Illustrated History of the Canadian Labour Movement*, 4th Edition (Montreal: McGill-Queen's University Press, 1998) 150.

argue the creation of these programs was a new form of US imperialism, for most Westerners it was a welcome respite after more than a decade of economic depression and war.[4]

The Post-war era led to a nearly total hegemonic financial and industrial system on a world scale that was controlled by the US, except in communist countries. This period also saw the indirect emergence of the Keynesian Welfare National State (KWNS), or typically referred to as the "Welfare State." The KWNS is best understood as a form of mixed economy where certain programs require state intervention while other sectors of the economy are left to the marketplace. A partially managed economic system created stability and, at the same time, looked after those people who were most in need. The KWNS was designed to create a safety net for the majority of people. The idea of the welfare state was to create a more fair and just society: "when governments have intervened to distribute education, health, and many other services at low or reduced cost, society has been the better for it"[5]. This was accomplished through the creation of a social safety net that was, to a large extent, universal. Domestic initiatives in the Post-War period led to an expansion of a wide range of social programs. An additional important dimension of the KWNS was the fact that the various social programs served to redistribute income and, in effect, stimulate consumer consumption. The fact that universal programs benefit all members of society regardless of socio-economic standing meant that all consumers had additional disposable income – income that they spent on a

[4] Harvey 137; McInnis 149.

[5] Allan Blakeney, *An Honourable Calling: Political Memoirs* (Toronto: University of Toronto Press Inc., 2008) 250.

variety of consumer durables and services thus providing additional economic stimulus to keep the economy strong.[6]

In Canada, some of these policies were legislated at the federal level. One of the earliest universal programs introduced was Unemployment Insurance, which was put into practice in 1940. In 1944, the Family Allowance (or "baby bonus") was passed into law. This program gave mothers a small payment based on how many children they had; in 1949, this was altered to give a flat rate regardless of number of children. Also, in 1944 the federal government passed legislation (Privy Council Order 1003) to enshrine the right to collective bargaining, specifically for sectors that dealt with manufacturing for war purposes such as the steel industry. After World War II, issues pertaining to provincial jurisdiction when dealing with unionized workers meant most provinces were required to implement their own legislation on issues such as collective bargaining. Old-Age Pension, established in 1951, was a universal program (not based on income) that gave people that reached the age of seventy a guaranteed pension. Canadian Hospital Insurance was legislated in 1957 and followed in 1966 by the Medical Care Insurance Act, and in 1968, the start of Medicare. Between the years 1963 to 1968, federal programs such as the Canada Assistance Plan, the Canada Pension Plan (CPP), and a nation-wide student loan plan were all implemented. While the CPP was not universal

[6] "1944 - Bretton Woods Agreement: Developing a New International Monetary System," *Government of Canada* 4 May 2007, 24 March 2009 <http://www.canadianeconomy.gc.ca/English/economy/1944Bretton_woods.html>; Alvin Finkel, *Our Lives: Canada After 1945* (Toronto: James Lorimer & Company Ltd., 1997) 17, 20-21, 70, 130, 135 & 137; Harvey 135 & 137; Bob Jessop, *The Future of the Capitalist State* (Cambridge, UK: Blackwell Publishing Ltd., 2002) 148-149; Bob Jessop, "Liberalism, Neoliberalism and Urban Governance: A State Theoretical Perspective," Antipode 2002, 11 January 2008 <http://www.lancs.ac.uk/fass/sociology/papers/jessop-liberalism-neoliberalism.pdf> 452, 454 & 460; McInnis 20-21, 149 & 239; Morton 184.

and required years of contribution to see any positive impact, the main idea of these programs was to attempt to create universal access.[7]

The Saskatchewan experience is a classic example of significant advancements for the general well being of the population that occurred with the development of the KWNS. After the Depression, more people realized the need for increased assistance to aide those families that were facing difficulties. In 1944, the CCF took power in Saskatchewan, making it the first jurisdiction in North America to elect a social democratic government. The CCF Government advocated the creation of co-operatives and crown corporations to enact many of the progressive programs they intended to bring forward. Several initiatives meant to improve the lives of Saskatchewan citizens were undertaken between 1944 and 1947. During this time, the Saskatchewan government introduced: the Farm Security Act, meant to protect farmers from the risk of banks foreclosing on their land; a Trade Union Act that served to allow trade unions the distinctive right to bargain with employers and making sure that owners bargained in "good faith;" increased access to electricity on farms throughout the province; a publicly funded Automobile Insurance Plan; the Saskatchewan Transportation Company (STC), a publicly owned transportation company, and, a universal hospital insurance program that led to a universal, publicly funded medical insurance plan in 1962. Following the logic of Keynesian economics, it was widely held that, if the province incurred a deficit, it was not a major problem since the economy would benefit from the increase in spending on goods and services offered to individuals. Saskatchewan was the cradle of social democracy and the CCF/NDP were the hegemonic party that governed the province for

[7] Finkel 17, 20, 70, 130, 135, 137 & 148-149.

over thirty years. The Saskatchewan experience clearly illustrates how the KWNS ideals made Saskatchewan the forefront of numerous social programs.[8]

The 1971 NDP platform entitled the *New Deal for People* contained a number of initiatives that exemplified the classic workings of the welfare state. The *New Deal* was pivotal in establishing numerous government initiatives not seen since the CCF took power in 1944. One of the many significant issues addressed in the platform was agriculture, the main policies were the establishment of the Land Bank to keep farms under local ownership, and whenever possible family ownership, rather than foreign corporate firms taking over the province's primary industry. Another program that was put into practice after the NDP win in 1971 was to repeal Bill 2 (Essential Services Legislation), which was put into place by the former Thatcher Liberals. Between 1971 and 1982 the NDP legislated increases to the minimum wage, the implementation of employment programs, the right to collective bargaining, and the creation of an up-to-date Trade Union Act. The *New Deal* called for the potash industry to be publicly owned, which created the Potash Corporation of Saskatchewan. Other Crown Corporations introduced were the Saskatchewan Mining Development Corporation, the Computer Utility Corporation, Saskatchewan Housing, and Saskatchewan Oil and Gas. Another group of policies that became prominent under the Blakeney Government was the resource and economic development sector. The *New Deal* stated, "Saskatchewan's natural resources are the rightful heritage of the people of our province"[9]. Another component of the NDP platform was to create a progressive taxation regime that:

[8] Finkel 18 & 99; Dave Margoshes, *Tommy Douglas: Building the New Society* (Montreal: XYK Publishing, 1999) 109, 116-117, 173 & 175; Morton 257.

[9] New Democratic Party of Saskatchewan, Pamphlet, "New Deal For People" (Regina, SK: Saskatchewan NDP, 1971) 7.

supported rural and urban families; maintained libraries, schools, and access to hospital care, by abolishing deterrent fees that the previous government had implemented. The Blakeney NDP also implemented a prescription drug plan, a vision care plan, the SDP, and, also, increased government funding for public not-for-profit senior's care homes and community clinics.[10]

The transition to neo-liberalism was created by many complex events such as soaring debts for most countries, increased international competition for commodities, and increasingly powerful unions. These, in turn, produced neo-liberal political parties that were elected in many western countries. These governments believed the welfare state was hindering economic growth instead of helping. The dominant beliefs of these governments promoted a back to basics pre-interventionist state to get the economy out of its stagnation. Accompanied with it was a strong neo-conservative ideology that promoted individualism at the expense of community.

What occurred to turn the tide and dismantle the KWNS was a number of factors both external and inherent. The shift to neo-liberalism started in the early 1970s with the oil crisis (which was characterized by high oil prices), the highest unemployment rates since before World War II, the discarding of the Bretton Woods Agreement, inflation, and rapidly rising interest rates, which all combined to create economic instability. This, in turn produced a philosophical shift in the way the government and the state should manage and regulate programs, both economic and social. Neo-liberal ideals had been advocated for many years by such people as Milton Friedman, however, with the volatility of the early 1970s, it was argued that the answer was to let the market be free

[10] Dennis Gruending, *Promises to Keep: A Political Biography of Allan Blakeney* (Saskatoon, SK: Western Producer Prairie Books, 1990) 50; New Democratic Party of Saskatchewan 1, 5-6, 10 & 13.

from any type of government intervention. It was believed that the KWNS did not work and, therefore, the market should have ultimate control, free from regulation of any form (whether through social programs, Crown Corporations or marketing boards). Instead of a collective ideal for society, neo-liberalism advocated that government was inefficient and that people should not rely on government, but rather their own individual capabilities. It was a neo-liberal economic agenda with neo-conservative ideals.[11]

During the 1970s gradual economic transition to neo-liberalism, the western world saw changes to governments that supported neo-conservative ideals such as Ronald Reagan in the US, Margaret Thatcher in Britain, and Brian Mulroney in Canada. This philosophical change was also seen at the provincial level with the election of Grant Devine and his Conservative Government in Saskatchewan. The mantra was "Open for Business" and these administrations promoted the ideology of laissez-faire government; however, not necessarily less government financing to private corporations, which meant business faced few government restrictions and there was an opening up of the market to areas of social policy that were previously regulated. The argument towards a neo-conservative ideology of privatization consists of four features: first, widespread distribution of ownership to the people; second, decrease provincial debt; third, boost efficiency; and, fourth, encourage entrepreneurialism. What was in effect happening was a shift to a new regime of accumulation with the dismantling of the traditional KWNS, which dealt with finances on a primarily national basis, and a shift to a system of flexible accumulation, which created increased international or foreign investment through such government initiatives as free trade deals that created a global market economy. Neo-

[11] James Pitsula and Ken A. Rasmussen, *Privatizing a Province: The New Right in Saskatchewan* (Vancouver: New Star Books, 1990) 10-12.

liberalism created a society that is a collection of individuals, rather than a cohesive community. Margaret Thatcher stated in October 1987, "who is society? There is no such thing! There are individual men and women and there are families and no government can do anything except through people and people look to themselves first"[12]. This statement permeated into the psyche of many political arenas, including Saskatchewan.[13]

When the Devine Government came to power in Saskatchewan in 1982 there was a purging of the civil service. The taxation system was overhauled with the introduction of flat taxes that favoured people in high-income categories. By 1985 taxes were at the highest they had ever been in the history of Saskatchewan. Programs established under the Blakeney Government were being dismantled through massive privatization: the Land Bank was terminated; SaskOil, Saskatchewan Mining and Development Corporation, SaskMinerals, Saskatchewan Computer Utility, the Potash Corporation of Saskatchewan and Saskatchewan Forest Products were all privatized; parts of SaskPower were taken over by private industry; SaskTel was opened up to competition from the private sector; and the government contracted out many services. Privatization attacks were not only aimed at Crown Corporations but also at programs for families, such as private for profit childcare and adoption services. Workfare was implemented under the title of Saskatchewan Works, another common neo-liberal policy. The use of food banks increased dramatically during the 1980s. The neo-liberal doctrine to attack unions also occurred with the passing of legislation, which pushed back many of the gains unions had previously made under the KWNS. At issue was the right to collective bargaining and to

[12] "Interview for *Woman's Own* ('no such thing as society')," Margaret Thatcher Foundation, 22 February 2008 <http://www.margaretthatcher.org/speeches/displaydocument.asp?docid=106689>.

[13] Pitsula and Rasmussen 13-14, 46-48 & 142.

unionize, also, Bill 73 (Employment Benefits Act) was also passed into law, which left workers without access to basic benefits, including a minimum wage. Spending cuts to health care programs were severe: the prescription drug plan, although not fully dismantled, was scaled back to the point where low-income families would be hit hard; and, the SDP was also privatized. Neo-liberalism has taken us back to the pre-Keynesian era of an open market such as the 1930s, where government remains passive and gives little to no intervention.[14]

At the heart of the transition from the KWNS to a Neo-Liberal State is a new Regime of Accumulation. The KWNS consisted of a Fordist Regime of Accumulation and this system created a prolonged period of stability for capitalism and capital to accumulate more wealth. This enabled capital to expand through mass production at the national level, and mass consumption of goods. However, the Neo-Liberal State brought with it a new regime of accumulation known as Flexible Accumulation, whereby capital is able to expand due to deregulation and privatization, where governments and labour become more flexible to capital. This has led to transnational corporations now holding greater power than previously. A major result of flexible accumulation is privatization, an increased individual society, where work is contracted out, part-time, or temporary. A decentralized system also has occurred under flexible accumulation. Neo-liberal governments advocated the open market in the form of free trade agreements, which have bound the hands of government in implementing new collective programs even if they so wished. What has happened is that neo-liberalism has taken society back to a pre-World War II society before Keynesianism was put into practice and, in the process, history is again repeating itself.

[14] Pitsula and Rasmussen 41-46, 61-62, 71-101,127-133, 213-215, 217-233 & 238-241.

Chapter 3 -- The History that Brought About a Need for the SDP

> "An ethos or political culture of cooperation permeated the province. … the ethos of cooperation imbued most activities in the province. As such, it insured Saskatchewan's survival. It also legitimated a strong role for government. In fact, governmental action, supported by strong community sentiment, represented the highest form of cooperative activity"[1].

Saskatchewan has been a province of great initiative in the field of health care with programs like universal hospital insurance and medicare. However, dental health care has not received much attention, despite the fact that dental health has a major effect on the overall health of an individual and, therefore, a significant impact on the health care system. The history of dental care in Saskatchewan has been characterized by difficulty and controversy due to factors such as geography and the lack of professionals in a sparsely populated province. This was especially true in the early part of the 20th Century and leading up to the policies implemented during the onset of the "welfare state."[2]

In a 1933 Department of Public Health (DPH) report, public health nurses reported dental care was desperately required for school-aged children in Saskatchewan since many families could not afford dental treatments. Some dentists would accept livestock or farm produce as payment, but some would not, and this would lead to the use of "painful home remedies"[3] that would sometimes cause more harm than good. During the Depression the provincial government and some rural municipalities tried to provide relief for areas without dental services by paying "a monthly stipend to dentists"[4] that

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[1] Paul Frederick Barker, *The Formulation and Implementation of the Saskatchewan Dental Plan*, Diss, (University of Toronto, 1985, AAT NL23557) 27.

[2] Barker 28 & 212; Heather E. Thomson, J. R. Mann and C. W. B. McPhail, "Dentists' Attitudes to Prepaid Children's Dental Care Programs and Expanded Duty Dental Auxiliaries in Saskatchewan," *Journal of the Canadian Dental Association* 39(1) (January 1973) 48.

[3] Barker 26.

[4] *Ibid* 29.

provided care in those areas. This was a limited initiative that did nothing to help citizens pay for their dental care. Overall, programs provided through the federal or provincial governments were "few in number and limited in coverage." It seemed that both levels of government were failing Saskatchewan people.[5]

In 1928, the Canadian Dental Hygiene Council "conducted a one-year, province-wide preventive dental care program,"[6] and from 1933-1944 ran a program that offered limited dental services to children. While the DPH, CDSS, "community organizations, and school boards participated" in the operation of these programs, they did not show interest in making a real difference in the area of dental health. While medical care was deemed essential to life, dental care was not, and was thus seen as expendable. Also, it was seen as impossible to provide any kind of widespread program given the shortage of dentists.

The Rowell-Sirois Commission, which was designed to examine conflicts in the jurisdictions of the federal and provincial levels of government, received a discussion paper in 1938 from the Canadian Dental Association (CDA) [7]. The CDA recognized the need for a "national dental education program run by Ottawa,"[8] and funding dental care for "those who could not afford full dental coverage." However, they believed both levels of government should fund any kind of programming. Later, the CDA proposed a program to cover the cost of dental exams for children 2-15 years of age, since early prevention was better than trying to rectify problems later in life. This recommendation was significant because it suggested the program be run through schools, by dentists and

[5] Barker 26 & 29; Eleanor D. Glor, Ed., *Policy Innovation in the Saskatchewan Public Sector, 1971-82* (North York, ON: Captus Press, 1997) 126.
[6] Barker 29.
[7] The CDA is a federal organization that represents the interests of the dental profession.
[8] *Ibid* 30-31.

nurses, and be aimed at children of a lower socio-economic status. However, the timing of this document was problematic since it was during the Depression.[9]

The 1940s post war boom brought a change in governmental policy and in 1942 the federal government initiated the "Advisory Committee on Health Insurance." The CDA put forth a proposal that the dental profession administer the main components of the program. Since there was a lack of dentists and a great need for services, the CDA recommended the program not be universal, dentists be paid on a fee-for-service basis, and services be performed in a dental office. The fact that health care was a provincial responsibility meant the provincial government would have to approve. Three options discussed were: government paying private practice dentists on a fee-for-service basis; dentists being paid on salary to work in publicly funded clinics; and, para-professionals (therapists) doing routine procedures in a school-based setting.[10]

The CCF, elected in 1944, set about the task of implementing a "'complete system of socialized health services'" that "would include medical, surgical, nursing, hospital, and dental services." Shortly after coming into power, the government set up a committee (the Sigerist Commission), headed by Dr. H. Sigerist, to look at health services and determine where changes needed to be made. In the committee report, Dr. Sigerist suggested dental care posed a serious problem in the province and the dental profession was largely responsible. A dental plan for children up to 16 years (provided through school-based or portable traveling clinics) was recommended. However, Dr. Sigerist did not feel the province had the resources to make the program universal. The

[9] Barker 24-37; Glor 127; SAB, Walter Smishek fonds, (R-961, File: V.58a 1/3).
[10] Barker 24 & 32-33; Glor 127.

first advance in making dental care more accessible occurred in 1945 when the CCF implemented coverage for social assistance recipients.[11]

In 1962, the government released the *Final Report of the Advisory Planning Committee on Medical Care to the Government of Saskatchewan*, written by the Thompson Committee[12]. Major issues were discussed such as the need for "[a]n active recruiting program"[13] in the province in order to try and retain dentists and have dentists set up practices in rural communities. Other issues addressed were: bursaries and other financial initiatives; fluoridation and the need for preventive services; the need for a dental school in the province; auxiliary workers; the concept of a dental therapist; the New Zealand experience; and, a CDSS recommendation for "[a] program of prepaid dental services for children be instituted." Shortly after this report was released the conflict created by physicians protesting Medicare took center stage; this conflict made it very difficult to push for coverage for other health initiatives like vision, prescription drugs, or dental care.[14]

By 1962, the New Zealand Dental Program had been in operation for approximately 30 years and would be useful to study to get ideas for a program in Saskatchewan. In July of 1962, a team of three individuals traveled to New Zealand (one representing the CDSS and two on behalf of the Government of Saskatchewan). The New Zealand model was so popular that other countries, including Great Britain, Australia and Malaysia, implemented similar programs. The team learned that dental

[11] Barker 35-37.

[12] The Thompson Committee sought input from professional organizations such as the CDSS.

[13] Saskatchewan, Advisory Planning Committee on Medical Care, *Final Report of the Advisory Planning Committee on Medical Care to the Government of Saskatchewan* (Regina, SK: The Committee, 1962) 61, 62.

[14] Barker 52; Glor 23 & 128; Saskatchewan, *Final Report*, 61-62.

nurses were trained in a two-year course and then employed at school-based clinics. Preschool and school age children were treated. Approximately 200 nurses graduated on a yearly basis and by 1960 about 900 were employed in the program. In 1963, following the trip to New Zealand, a paper (*The Dental Health Problem in Saskatchewan with Recommendations for Government Action*) was prepared after discussions between the DPH and the CDSS. Topics addressed included: the lack of dentists and the need for dental auxiliaries; the poor dental health of children in the province; and how the government should approach the issue. It concluded some form of public dental programming should be funded through the taxation system, and possibly through the government developing a dental plan in the near future.[15]

The *Royal Commission on Health Services*, the Hall Commission, which released its report in 1964, was established under the Diefenbaker government. The Hall Commission traveled throughout Canada to hear from organizations, such as the Canadian Medical Association and the Canadian Chamber of Commerce, which both believed in a voluntary approach to a health insurance scheme. Organizations such as trade unions, social workers, some farmer's groups and churches came forward to represent the interests of the "common Canadian"[16]. Many social workers expressed the need for medical insurance because poor people could not afford treatment and did not wish to be seen as needing aid if they could not afford to pay. It seemed the majority of

[15] Allan Blakeney, *An Honourable Calling: Political Memoirs* (Toronto: University of Toronto Press Inc., 2008) 87-88; College of Dental Surgeons of Saskatchewan, *100th Anniversary The College of Dental Surgeons of Saskatchewan 1905-2005: A Synopsis: Celebrating 100 Years of Dentistry* (N.p.: n.p., n.d) 12; "Dentists to See Gov't: Prepaid Children's Dental Care will be Recommended," Regina *Leader Post* 19 November 1962: 3; Patricia McCrea, "'Providing a Service' Emphasis of Provincial Dental Plan," Prince Albert *Herald* 21 October 1976: 3; John Niedermeyer, Personal interview, 21 November 2007; SAB, Allan Blakeney fonds, (R-12.2, File: 24-C-2); SAB, Walter Smishek fonds, (R-961, File: IV.1u 11/18); Saskatchewan, *Final Report*, 73; Smishek interview.

[16] Finkel 136.

Canadians believed in a "national, state-controlled, compulsory plan." By the time the Commission released its report, the federal government had changed to a Liberal government headed by Lester Pearson. Organizations representing the 'common Canadian' had persuaded the Commission that a state-run medical insurance program was necessary. The Commission's conclusions included: prevention and promotion of quality health through the eradication of poverty; the need for government funding of family physicians and other specialists; and coverage for vision, prescriptions and dental care. The report suggested there was a need for a dental auxiliary to provide children's dental services.[17]

In Saskatchewan, Woodrow Lloyd's NDP Government was defeated in 1964, and Ross Thatcher's Liberals took power. The Thatcher government was interested in discussing the idea of an auxiliary service being used, under the direction of the dental profession, to treat children. At this time, the idea of government funded dental care was even on the minds of federal politicians. In 1965 the federal government suggested complete health care should include coverage for dental services. Due to the popularity of dental health coverage, a pilot project, the Oxbow Project, was suggested under the Saskatchewan Minister of Public Health, G. Grant and "[d]uring the winter of 1967-68, Dr. T. M. Curry was able to convince the CDSS to participate in the proposed pilot project"[18]. The Oxbow Project, designed to see how the New Zealand model would work in Saskatchewan, commenced in the latter part of 1969 and ran for three years. It involved a Chairperson from the CDSS, Dr. Peacock (responsible for monitoring the

[17] Barker 56; Bruce Campbell and Greg Marchildon eds., *Medicare: Facts, Myths, Problems, Promise* (Toronto: James Lorimer & Company Ltd., 2007) 42-43; Finkel 136-137; Glor 23; Elizabeth Smillie, "Dental Plan Dropped," *Briarpatch* December 1987/January 1988: 17.

[18] Barker 65.

results of the Project), a supervising dentist, Dr. B. Davey (a dentist from Estevan), two therapists and three assistants. The project was based out of a portable clinic moved from school to school. After completion of the Project, statistics showed an improvement in children's dental health in the Oxbow School District. It seemed the Liberal government wished to make its mark on Saskatchewan in much the same way that the NDP had with Medicare. However, this changed during its second term in office when Ross Thatcher implemented medical "user fees," and cut back spending on health care. This meant the issue of dental auxiliaries being trained and used for certain procedures was in jeopardy. The federal government was eventually needed to help fund the Oxbow Project.[19]

A key reason for implementing the SDP was a shortage of dentists. In 1967 the dentist to patient ratio in Saskatchewan was "the third lowest dentist-population ratio among the provinces (1:4342)"[20] and this did not include rural areas, which "was about 1:8000." As of 1970 there were a total of 211 licensed dentists serving the entire province. Questionnaires were sent to dentists in 1970 and 1972 to determine their attitudes to a prepaid children's dental plan and the use of auxiliaries, and the results showed dentists felt dental health rested largely with their profession, followed by the school system, government and the home. The dental profession felt rural regions lacked adequate dental services: 89 per cent felt there was an extreme shortage of dentists; 84

[19] Barker 57 & 65-67; "Best Dental Care Possible Desired by Sask. Dentists," Moose Jaw *Times-Herald* 8 May 1974: 16; Allan Blakeney, Personal interview, 15 October 2007; Canada, Health Services Directorate, *Dental Care Programs in Canada: Historical Development, Current Status and Future Directions* (Ottawa: Canadian Government Publication Centre, 1986) 68; College of Dental Surgeons of Saskatchewan 12; Glor 129-130; Barbara Long, "The Saskatchewan Dental Therapist" (N.p.: n.p., n.d) 1; McCrea, 'Providing a service,' 3; Niedermayer interview; J. W. Niedermayer, "Socialized Dentistry for Children in Saskatchewan: Its Beginning – 1974 – Its Demise 1993," (N.p.: n.p., n.d) 2-3; George Peacock, Personal interview, 16 October, 2007; SAB, Walter Smishek fonds, (R-565, File: III.299b) 1-2; Saskatchewan, Legislative Assembly, "Routine Proceedings," *Hansard Debates* 1 September 1987: 11; Smillie 17; Thomson, Mann and McPhail 47; Kay Willson and Jennifer Howard, *Missing Links: The Effects of Health Care Privatization on Women in Manitoba and Saskatchewan* (Winnipeg: Prairie Women's Health Centre of Excellence: 2000) 2.

[20] Barker 63.

per cent favoured a prepaid dental plan; 70 per cent believed that if a prepaid dental plan were introduced it should be conducted through private practice offices; and 82 per cent felt a fee-for-service option was best. Despite this apparent agreement, many dentists were opposed to therapists performing services and felt the dental profession should guide the program. However, these attitudes changed from 1970 to 1972, where dentists who favoured therapists went "from 29 per cent in 1970 to 40 per cent in 1972"[21]. While many dentists recognized the need for a change to the provision of dental care, some dentists viewed a dental plan as a threat to their profession.[22]

[21] Thomson, Mann and McPhail 52.
[22] Barker 63; Long 2; Smishek interview; Thomson, Mann and McPhail 48-49 & 53.

Chapter 4 -- The Humble Beginning of the SDP

> "[I]nevitably what we were bringing to the rural area was dental services and what we were bringing to the urban areas was dental services paid for by the state"[1].

In 1971 Allan Blakeney's NDP won power with a strong election platform, "New Deal for People," which recommended "an insured dental care service, initially for those under the age of 12."[2] Blakeney suggested dentists in the province would not be happy about a children's dental plan, however, an MLA from a rural constituency said he would not be too concerned about the dentist opposition in his constituency. When Blakeney asked how many dentists practiced in his constituency, he said there were none. On November 30th the CDSS sent a letter to Blakeney requesting a meeting about the proposed dental plan. The CDSS was clearly concerned about the possibility of such a plan. The government decided to delay meeting with the CDSS until the details of the Plan were clearer.[3]

Walter Smishek, Minister of Public Health, was committed to further progressive programs in health care. While public health programs were central in the NDP platform, Smishek made them more central as Health Minister. He wanted the province to start a dental plan for children as soon as it could be studied, given the shortage of dental care, the amount people were charged for dental care, and the shortage of fluoridated water in the province. He described the state of children's teeth in Saskatchewan as appalling.

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[1] Blakeney interview.

[2] New Democratic Party of Saskatchewan, Pamphlet, "New Deal For People" (Regina, SK: Saskatchewan NDP, 1971) 13.

[3] Barker 24, 70 & 103-104; Allan Blakeney and Sandford Borins, *Political Management in Canada* (Whitby, ON: McGraw-Hill Ryerson, 1992) 198; Blakeney interview.

Smishek believed health care, including dental care, should be publicly funded and provided by the government for all citizens regardless of age.[4]

M. B. Derrick and S. L. Skoll suggested a Thrust Group[5] be established with the aim of getting the health policies in the "New Deal" moving forward as quickly as possible. The Thrust Group (assigned the task of researching and proposing changes to health programs in the "New Deal" and reporting back to Smishek) began meeting in October 1971. The Thrust Group reviewed the licensing and regulating of professions in the field of health care; the method of payment (fee-for-service or some other form); and the education and recruitment of the health care workforce. An attachment to the minutes of a meeting about a dental plan for children stated: phase 1 (under 8 years of age) should be implemented in the latter part of 1972, at the earliest, and phase 2 (from 8 to 12 years of age) should be complete in late 1973, at the earliest. Thrust Group minutes from December 14th outlined priorities for the 1972 Legislative session and one was dental care. Smishek, who attended the meeting, suggested the group create a document stating the schedule for the implementation of the health care proposals, the costs involved, and any other suggestions they may have.[6]

To better focus on each health care policy, the Thrust Group suggested the implementation of Probe Groups, which would be responsible for focusing on details of importance to specific program discussed in the "New Deal." The leader for the Denti-

[4] Barker 73; Nick Hills, "Children's Denticare by the Government: A New Medicare Cavity Filled in Saskatchewan," *The Province* 23 January 1973: n.pag.; "Proposals for Child Dental Care Released by Health Minister," Swift Current *Sun* 9 January 1973: 2; SAB, Walter Smishek fonds, (R-961, File: V.58b 2/2); "Smishek Not Sure of Implementation," Regina *Leader Post* 10 April 1973: 4.

[5] Thrust Group was the title given to the group of people in charge of health policy. The main players in the Thrust Group were Derrick, Skoll, I. F. Rogers, J. Richards, D. Penman, N. D. Adams, and K. W. Hodgins.

[6] Barker 84; Blakeney interview; SAB, Allan Blakeney fonds, (R-800, File: XLV25.0 2/3); SAB, Allan Blakeney fonds, (R-800, File: XLVI.82a); Smishek interview.

Care Probe, which was approved on November 15th, was Dr. Curry; other members included a Medical Care Insurance Commission representative, E. Jacobson and Dr. M. S. Boyd. It was also agreed Dr. J. Tynan be asked to join the Probe Group. At a Thrust Group meeting on January 25th, 1972, it was recommended "each Probe should have a liaison contact person on the Thrust Committee"[7] and, for dental care, the contacts would be Mr. Derrick and Dr. Skoll. Legislation implementing the Plan would not go forward during the 1972 spring session, but legislation regarding the educating of therapists would. In the initial Dental Probe report Dr. Curry recommended, due to the initial lack of employees, the SDP start in only a couple of health regions with the province managing all areas except Saskatoon and Regina, which would be under the city health departments. Payment of employees would be on a salary basis, except when a child had to be sent to a dentist outside the SDP. A dentist would supervise the services performed by the teams of therapists and assistants. According to the Thrust Group, this report was unclear[8], so Dr. Curry was asked to further expand on the issues. It was agreed that Dr. Curry should put forth his personal recommendations as well as those of the other Probe members and discuss the reasons behind any differing views.[9]

Letters from the public showed divisions over the proposed dental program. Smishek received a letter on January 18th from an individual[10] who was alarmed at the "15% to 20% increase in dental fees in Saskatchewan"[11]. This person suggested the increases show dentists are more concerned about their finances than the health of the

[7] SAB, Allan Blakeney fonds, (R-800, File: XLV25.0 2/3).

[8] This was because Dr. Curry had only put forward his own recommendations, rather than showing what the rest of the Probe members felt would be the best options.

[9] Barker 84-85, 88 & 98-99; Niedermayer 3; SAB, Allan Blakeney fonds, (R-800, File:XLV25.0 2/3); SAB, Allan Blakeney fonds, (R-800, File: XLVI.82a); Steve Wolfson, Personal interview, 10 October 2007.

[10] The signature of this person could not be identified due to illegible handwriting.

[11] SAB, Walter Smishek fonds, (R-961, File: V.15a).

population. He went on to say the reasons for the high fees are a shortage of dentists, which is creating a monopoly atmosphere and because dentists are self-regulated, they can set their own fees. He believed six years of training was not necessary since dental treatment consisted mainly of technical issues and recommended a technical training option be initiated allowing for a two-year training program, followed by a yearlong internship, which would lead to an individual being fully licensed as a dental technician. Those who attend the Dental College should be categorized as specialists and work that could not be done by a technician would be referred to a specialist. This would increase the number of dental professionals and the fees charged by technicians would be lower, which would drive down the overall cost for dental care. He then suggested an external regulator to set the fees of dentists. Another letter sent to Smishek by G. W. Dever suggested before implementing any type of program on a province-wide basis, more attention should be paid to prevention. She suggested parents were often being irresponsible because they gave their children junk food, loaded with sugar, rather than nutritious food. Smishek stated when writing back to Mrs. Dever that prevention would play a major role in the Plan and part of the focus would be to educate parents about the food they give to their children.[12] While these letters show a division regarding proposed aspects of the Plan, it seemed that there were no letters that showed outright opposition to the idea behind the Plan.

The Probe Group examined options regarding the administration of the Plan. Tynan believed the Plan should be controlled on a regional basis; however, Curry suggested school districts were the best option. In February, the Thrust Group proposed

[12] SAB, Walter Smishek fonds, (R-961, File: V.15a); SAB, Walter Smishek fonds, (R-961, File: V.58a 1/3).

that the province should manage the Plan, including the cities of Saskatoon and Regina. Emergency services would not be insured, and the Plan would be managed at the regional level and be run during school hours through school-based clinics. The Probe was asked to weigh the options of a regional versus a provincial system, and suggesting ages 3 to 18 might be a little grand since the "New Deal" only said children from 3 to 12 years. It was agreed payment to providers would be on a salary basis, however, the delivery of service in a school-based setting was not fully agreed upon and it was suggested other options might have to be looked into.[13]

The Probe laid out the early stages of the Plan, but issues of financing, delivery, human resources, equipment, organization and training of therapists had to be finalized to turn the policy into a program. An April Probe report reviewed the options of a province-wide or a regional system. The key topic regarding which system would be more effective came down to one factor, the number of dental therapists that could be trained on a yearly basis. Its work completed, the Dental Probe group was dissolved and the preparation for the Plan and its implementation was taken over by line departments of the government[14].

In May *A Summary of Recommendations to Cabinet Arising From May 18 Treasury Board Meeting* requested the Department of Government Services study the feasibility of a permanent site for the dental therapy training school. It suggested the site be located in Regina at either the Regina General Hospital Nurses' Residence or the Wascana Hospital. The training program was widely advertised from June 18th-24th and

[13] Barker 100-101; SAB, Allan Blakeney fonds, (R-800, File: XLV25.0 2/3).

[14] Barker 102-103; SAB, Allan Blakeney fonds, (R-800, File: XLV25.0 2/3); SAB, Allan Blakeney fonds, (R-800, File: XLVI.82a); Walter Smishek fonds, (R-961, File: V.58a 1/3); Saskatchewan, Department of Public Health, Research and Planning Branch, *Proposal for a Dental Program for Children in Saskatchewan* (Saskatoon: n.p., 1972) 4 & 11.

posters be placed in high schools to get applicants for the training program. In July, the Curriculum Planning Committee[15] was formed to outline the curriculum for training therapists. There was some concern expressed by the leadership of the dental profession regarding the professional supervision of the dental therapists/technicians; but ultimately the dental profession's representative agreed to the curriculum[16].

The dental training school in Regina, the only school of its kind in Canada, accepted 36 students in 1972[17]. The students began training in the dental division at WIAAS in a training facility located beside the Regina General Hospital. The two-year program, under the Department of Education, was supervised by dentists, at a cost per student of just over $3,000 a year. The Minister of Education noted that ensuring sufficient staffing levels might require looking outside the province, possibly even the country, to acquire staff. He also noted the *Dental Profession Act* needed revision in order to have the CDSS recognize the training of therapists and other professionals that may have to be hired from other provinces or countries. Whenever possible the program would employ therapists from Canada before looking elsewhere. Two therapists, originally trained in Britain, were brought in after working with the Oxbow Project. There were also about 6 instructors brought in from New Zealand to help train the first students in the program. More therapists were recruited from Britain and New Zealand.[18]

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[15] L. A. Riederer, G. W. Keenan, R. O. Brett, Curry, R. L. Gardner, A. Hird, and W. Matheson were members of the Committee.

[16] Barker 182-185; Blakeney interview; College of Dental Surgeons of Saskatchewan 17; Long 4; SAB, Allan Blakeney fonds (R-565, File: III.299b); SAB, Walter Smishek fonds, (R-961, File: V.58b 1/2); Smishek interview.

[17] The reason 1972 was chosen as the first year was because students would graduate in 1974, in time for the start of the SDP. Of the 36 students accepted, 35 graduated.

[18] Blakeney interview; "Dental Nurse Program Enrols Two Local Girls," Swift Current *Sun*, 31 October 1972: 8; "Dental Nurses Likely to Work for Govt," Saskatoon *Star Phoenix*, 7 February 1974: 4; "Dental Program Creating Interest," Saskatoon *Star Phoenix* 25 February 1976: 28; "Dental 'Shock-Troops' Ready," Regina *Leader Post*, 17 August 1974: 3; "In Elementary Schools: Dental Nurse,

The Final Report of the Dental Probe group was discussed at an October 10th 1972 meeting. Curry still had three issues he disagreed with: he suggested coverage be from 3 to 18, instead of only to age 12; the lack of consideration of First Nations people; and, he believed the expected "attrition rate"[19] of therapists would be too low. Regarding the latter concern, he was worried about the possibility of other provinces siphoning off Saskatchewan-trained therapists. Penman asked why the Dental Probe advocated paying dentists on fee-for-service, rather than salary. Adams felt fee-for-service would reduce problems between the government and dental profession because dentists will prefer to maximize profit and will seek to keep travel time to a minimum. Derrick suggested the province would have problems attracting dentists without offering only one payment scheme; he felt there should be a combination of fee-for-service and a salary option for those who choose that payment system. Penman argued that fee-for-service had caused numerous problems within health care and putting this feature into the SDP would reinforce the idea that fee-for-service was the only answer in paying for health services. S. Smith felt putting dentists on salary would mean hiring more dentists and increasing costs to the SDP. Curry initially believed dentists should be paid on salary but later agreed fee-for-service was necessary in the early phase. The issue of payment took up

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Assistants Start Work," Moose Jaw *Times-Herald* 7 September 1974: 6; David A. Nash et al., "Dental Therapists: A Global Perspective," *International Dental Journal* 58(2) (April 2008) 18 July 2008 <http://www.idjonline.org/download.php?op=institution_view_article&article_id=282> 61 & 65; James M. Pitsula and Ken A. Rasmussen, *Privatizing a Province: The New Right in Saskatchewan* (Vancouver: New Star Books, 1990) 129; SAB, Allan Blakeney fonds, (R-565, File: III.299b); SAB, Walter Smishek fonds, (R-961, File: V.15a); SAB, Walter Smishek fonds, (R-961, File: V.58a 1/3); SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3); SAB, Walter Smishek fonds, (R-961, File: V.58b 1/2); Saskatchewan Dental Plan, *Quality Evaluation of Specific Dental Services Provided by the Saskatchewan Dental Plan - Final Report* (Regina, SK: Department of Public Health, 1976) 3; Colleen Slater-Smith, "Course Lasts Two Years," Regina *Leader Post* 23 March 1974: 3; Colleen Slater-Smith, "Sask. Program First in North America," Regina *Leader Post*, 23 March 1974: 3; Smishek interview; Wolfson interview.

[19] SAB, Allan Blakeney fonds, (R-800, File: XLVI.82a).

most of this meeting and recorded a division between the Research and Planning administrators and Dr. Penman.[20]

J. Paynter stated at a Thrust Group meeting on October 31st, 1972 that the timeline for establishing the Plan should be flexible. This was a new model of delivering dental care in North America and there were few models to guide them in the implementation. Paynter suggested the government had promised consultation with the profession[21] and, thus, needed to sit down with the profession and address issues together. Derrick believed a great concern for the government was the implementation date. Penman was concerned about the topic of fee-for-service, but Paynter suggested the dental plan was the main issue and the discussion of fee-for-service should not impede the start of the Plan. It was decided the Dental Probe Report be sent to Smishek, who would contact the CDSS to arrange a meeting. Smishek could release the Report to the public, send copies to all dentists in the province, and then hold a press conference to announce public hearings to give the public a chance to provide input, prior to a decision on what course of action to take.[22]

In November, the Advisory Committee on Dental Care for Children[23] was established. This Committee, as opposed to the Thompson Committee, was given a set amount of time to look over the government proposal for a dental plan and report back to the government. Smishek felt this Committee would be more effective at producing a document that would be more favourable to the proposed plan than the one presented by

[20] Barker 125 & 128; SAB, Allan Blakeney fonds, (R-800, File: XLVI.82a).

[21] Dr. Peacock stated during my interview with him, "one of the major concerns was no involvement and the profession would have liked to have been involved in the overall establishment of the program". Dr. Peacock and Dr. Niedermayer both felt that this was an ongoing issue for the profession.

[22] SAB, Allan Blakeney fonds, (R-800, File: XLVI.82a).

[23] This committee came to be known as the Paynter Committee. Committee members included: Dr. Paynter (Chairperson); Dr. Geisthardt (Vice-Chairperson and the only member of the CDSS on the Committee); Mrs. J. Bell; Dr. Lewis; Mr. G. McGuire; and Mrs. J. Tuchscherer.

the Thompson Committee because he had limited the members of the Committee that opposed the plan to one CDSS member and suggested that the Committee was to only look at the plan as it was proposed. The Committee produced the document called "*A Proposal for a Dental Program for Children in Saskatchewan,*" released in December. This document was meant to allow interested parties the chance to comment on details of the proposed plan. Smishek sent a memo to Blakeney and Cabinet indicating that a committee was underway and would report back no later than March 31st, 1973. It was decided that while the committee was working on the report, there would be open consultation (verbal and written) with the public and other organizations with an interest in the issue. The "Saskatchewan Advisory Committee on Dental Care for Children Report" was released on March 31st. This document made recommendations on all aspects of the dental plan[24].

Dentists were divided about the SDP, which made it difficult for them to effectively oppose the Plan in the same way that doctors opposed Medicare. According to Barker, the dental profession's "leadership appeared weak"[25] when it came to mobilizing against the government. It was difficult for the profession to organize an attack against the dental plan since they did not have much support from the public and even some of their own members were either supportive of the plan or realized that no matter what they did, they were not going to stop the plan from being implemented. There was ongoing contact between the government and the CDSS throughout the

[24] Barker 129-130, 135 & 236; SAB, Allan Blakeney fonds, (R-565, File: III.299b); SAB, Allan Blakeney fonds, (R-800, File: XLVI.82a); SAB, Walter Smishek fonds, (R-961, File: V.15b); SAB, Walter Smishek fonds, (R-961, File: V.58a 1/3); Saskatchewan, Department of Public Health, Research and Planning Branch, *Abstract of a Proposal for a Dental Program for Children in Saskatchewan* (Saskatoon: n.p., 1972); Saskatchewan, Department of Public Health, Research and Planning Branch, *Proposal for a Dental Program*; Saskatchewan, Department of Public Health, *Saskatchewan Advisory Committee on Dental Care for Children* (N.p: n.p., 1973) 1-2.

[25] Barker 212.

majority of the planning for the SDP. In February, Smishek sent a letter to Dr. C. R. Hill indicating that he had met with Parker and Geisthardt discussing the amendment of sections of the *Dental Profession Act*. Smishek suggested the government would make changes to specific sections, such as amending section 16: "to authorize regulations to be made specifying the dental services that may be provided by a dental [therapy] student while receiving clinical training and prescribed the conditions on which those services may be provided"[26]. Smishek suggested sections 18 and 19 might need minor changes in order to make legal provisions in case the *Act* was breached. These sections of the *Dental Profession Act* would be examined to accommodate some of the concerns of the Council of the CDSS. Dr. Hill responded to Smishek in April stating the CDSS's concerns over freedom of choice, over the shoulder supervision, and the extent of services provided by therapists. Hill agreed with the Advisory Board's recommendation that dentists do the initial examination and plan of treatment for children on a yearly basis.[27]

An issue that dentists protested about the Plan was freedom of choice, which was based on the fact that government would not fund routine services for children by a private practice dentist. Blakeney stated, "patients are free to visit any dentist; however, children whose parents wish them to receive this subsidized service must visit the program's dentists"[28]. He compared the issue of freedom of choice "to the government paying Book of the Month subscriptions for those who choose not to use the public

[26] SAB, Walter Smishek fonds, (R-961, File: V.58b 1/2).
[27] SAB, Allan Blakeney fonds, (R-800, File: XLVI.82a); SAB, Walter Smishek fonds, (R-961, File: V.58b 1/2).
[28] SAB, Allan Blakeney fonds, (R-800, File: V.6.0).

libraries"[29]. The government issued a "Freedom of Choice" statement outlining five points: the decision of "whether a child is enrolled in the program or not remains with the parents"[30]; expenses would be covered by the government for services provided by dental teams within the Plan and anything that could not be handled by the team would be referred to a dentist of the parent's choice with the government covering the cost; the government would not cover the cost of children not enrolled in the Plan; the government would not pay for services that were not within the guidelines of the Plan; and, the government would not cover the costs of services unless the dental teams provided the treatment, the patient was referred outside of the Plan for treatment, or in the case of an emergency. The government could not afford to pay for the services of those who opted out because it would: increase costs and create an expensive plan that would be difficult to maintain; decrease utilization because parents may believe a dentist can perform higher quality treatment; and, create higher costs for parents who travel long distances to take their children to a private practitioner. Therapists, assistants and supervising dentists were paid on salary and, therefore, were more cost effective.[31]

The issue of freedom of choice was contentious for some parents who voiced their concerns in letters to the Premier or Minister of Health. Mr. and Mrs. J. Schmidt wrote to Smishek stating their displeasure with the Plan; they believed therapists were sub-standard compared to dentists. Smishek replied indicating it was their choice whether their family participated in the Plan, however, "services covered under the plan which are beyond the competence of the [therapists] will be referred to dentists at Government

[29] Barker 175.
[30] SAB, Walter Smishek fonds, (R-961, File: V.58a 3/3).
[31] SAB, Allan Blakeney fonds, (R-565, File: III.299b); SAB, Allan Blakeney fonds, (R-800, File: V.6.0); SAB, Walter Smishek fonds, (R-961, File: V.58a 3/3); Swanson 7-8.

expense"[32]. G. Hartell believed dentists should oversee every aspect of the Plan and asked why the provincial scheme couldn't be similar to the Swift Current Health Region (SCHR)[33] program, where a premium was paid but a fully qualified dentist did the work. If the proposed plan were implemented, she would not consent to have her children treated. Smishek responded, saying dentists would conduct initial visits and fully qualified therapists would carry out the course of treatment specified by the dentist. Smishek stated that therapists had been working in the province for three years and an independent review indicated their services to be excellent (referring to the Oxbow Project). He also wrote that consent is voluntary and up to the parents.[34]

Another issue the dental profession had was over the shoulder supervision of therapists, which would require a dentist be present to observe all procedures. The Advisory Committee believed more dentists should be used at the beginning of the Plan to oversee therapists and ensure quality service. It was suggested that dental plans in New Zealand, Australia and other countries did not have constant supervision and these programs worked very well. Statistics from the Oxbow Project showed therapists were capable of providing excellent care in areas such as: "preparing for and placing of permanent restorations in primary and permanent teeth, … extraction of primary teeth"[35], x-rays and "application of pit and fissure sealants." Government memos suggested an increase of dentists for over the shoulder supervision would be an added expense of $600,000 annually. The Department of Health recommended a dentist examine children: upon entering the Plan; yearly following the initial exam; and any other time it was

[32] SAB, Walter Smishek fonds, (R-961, File: V.58a 3/3).
[33] The SCHR and its dental plan will be discussed in more detail below.
[34] McCrea, "'Providing a service,'" 3; SAB, Walter Smishek fonds, (R-961, File: V.58a 3/3).
[35] Long 11-12.

deemed necessary.[36] The decision regarding these recommendations came down to "over the shoulder supervision, as proposed by the profession" or supervision by staff dentists as they saw fit, which would "provide a 1:7 ratio of dentists to auxiliary teams"[37]. Smishek stated "it is conceivable that the profession may attempt to create negative attitudes in the minds of the public by raising concerns such as quality, lack of supervision, etc."

The Thrust Group was concerned the school clinics would not be in place in time for the beginning of the program in September 1974. There was also the concern that school boards might say there was no space available in schools for the clinics. Another issue was that of bussing, which might require crossing over the boundaries of school units. Due to concerns that the finalization of the plans for the SDP was taking too long, it was suggested the Committee for establishing the school-based clinics report to L. Bergstrom and Derrick, who should then report directly to Smishek and MacMurchy.[38]

At a press conference on April 10th, 1973 the Advisory Committee Report was officially released. Smishek stated statistics had shown that Saskatchewan children had poor dental health, the cost of seeking dental care was excessive, and something had to be done before it got further out of control. Smishek announced he would look at the Report as well as the forty submissions regarding the Report. He stated that none of the submissions indicated a problem with the use of therapists; the only issue was in what capacity they would be used. On behalf of the CDSS, Smith sent a memo to the Thrust Group on April 11th discussing issues pertaining to recommendations in the Advisory

[36] Barker 122-123; SAB, Allan Blakeney fonds, (R-565, File: III.299b); SAB, Walter Smishek fonds, (R-961, File: V.58a 1/3).
[37] SAB, Allan Blakeney fonds, (R-565, File: III.299b).
[38] Barker 189; SAB, Allan Blakeney fonds, (R-800, File: XLVI.82a); Wolfson interview.

Committee Report. The memo discussed the issue of whether children under 3 years of age should be covered, if supplementary supervising dentists were needed, how long these dentists would be employed by the Plan, whether they would be employed on a salary basis, and what services they would provide. Another issue discussed was about the Swift Current Plan and whether it would continue as it was, or whether it would be replaced by the SDP. The cost of the Plan was another factor that had to be studied in depth. Dr. Hill outlined the disagreements that the CDSS still had with the Plan including direct supervision, freedom of choice, and that examinations be carried out on a yearly basis. He suggested that until the government added these features, the CDSS could not support the Plan.[39]

As part of the Advisory Committee, Geisthardt disagreed with some important aspects of the Plan. He saw the Plan as not having freedom of choice for patients because the government would cover children under the Plan but not those who wished to go to a private practice dentist. The SDP was not meant to be "a dental insurance program; …it provide[d] dental services through a publicly operated program with some services referred to private practitioners"[40]. It was not based on the income of the parents and was intended to be easily accessible through school clinics. Geisthardt's other main objection was that dentists would not be on site at all times. Instead, the supervising dentist would make regular visits to the clinics they were responsible for; there would not be constant over the shoulder supervision. Geisthardt later stated that the CDSS did not oppose the concept of therapists; the main issue was that the CDSS was not included in discussing

[39] Barker 137 & 146; SAB, Allan Blakeney fonds, (R-800, File: XLVI.82a); SAB, Walter Smishek fonds, (R-961, File: V.58b 2/2); Saskatchewan, Department of Public Health, Research and Planning Branch, *Proposal for a Dental Program* 37; Smishek interview.

[40] SAB, Allan Blakeney fonds, (R-800, File: XLVI.82a).

how therapists should be used in the SDP. The Advisory Committee recommended that instead of the cut-off being age 12, the Plan should be implemented up to 18 years. Health professionals believed it was just as important to have proper access to dental care once an individual reached age 12 since it was the beginning of the teen years. Increasing the Plan to cover up to age 18 would require an extra "$2.25 million in 1972 dollars"[41]. Therefore, the recommendation was to implement the program up to age 12 and have the option of increasing the Plan to cover up to 18 years. A Department memo entitled "Estimated Cost of Dental Program Extended to Ages 13-18 Inclusive" indicated data about the dental health of adolescents was minimal. However, it was stated the dental health needs of 13 to 18 year olds are no greater and, if anything, reach a peak at age 12 and then decrease.[42]

Later in April, there was a minor predicament dealing with misinformation. J. Ellemers (on contract with the Department of Education) made statements on CKCK television about the Plan and the education of therapists. According to the CKCK television transcript, Ellemers said therapists "will be mainly in the rural areas"[43] and he suggested that it had not been decided "as to what their role will be in the urban areas, if any at all." At the time these statements were made, the DPH was assessing the Advisory Committee Report. The proposed Plan and the use of therapists was a politically sensitive issue and Ellemers left the impression that there would be a difference between rural and urban areas, which was not the case; access would be universal regardless of

[41] SAB, Allan Blakeney fonds, (R-565, File: III.299b).

[42] Barker 144; Canada, Health Services Directorate 68; "Dental Plan Urged for all Under 18," Regina *Leader Post* 10 April 1973: 4; Niedermayer interview; SAB, Allan Blakeney fonds, (R-800, File: XLVI.82a); SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3); Saskatchewan, Department of Public Health, Research and Planning Branch, *Proposal for a Dental Program* 37; Saskatchewan, Department of Public Health, *Saskatchewan Advisory Committee* 25-32; Colleen Slater-Smith, "Concept Okay Says Dentist," Regina *Leader Post* 23 March 1974: 3; Topola interview; Wolfson interview.

[43] SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3).

location. Dr. Curry informed Smishek that Ellemers had spoken previously regarding the Plan without proper approval and was warned about making any further statements regarding the Plan. In a letter dated April 26th, Smishek asked MacMurchy to inform Ellemers that he should seek consent before discussing the program with any media outlet. Smishek stated that any person speaking to the media about the Plan should be educated as to the proposed features of the Plan.[44]

By May it was clear that the legislation, *The Saskatchewan Dental Nurses Act*, had to be passed in order to begin training therapists. The law was unique because it gave therapists the power to regulate their own profession. The Thrust Group outlined some issues that had been put forth by the Paynter Committee to Smishek, indicating the Committee suggested a team be established to oversee the administration of the Plan, and that the team should have "at least a 50% representation of the general public"[45]. It was also suggested, by the Thrust Group, it be a fairly small team: "7 members, including a chairman…4 members appointed…from the general public, 1 member elected by the regional dental consultants, 1…elected by the dental [therapists] staff, and 1… elected by the certified assistants staff." The team was to be in place for a 2-year time period with an option to extend, if needed.[46]

The Swift Current[47] plan dealt mainly with prevention, much like the design of the SDP, however, the Swift Current plan was financed through mandatory premiums. In 1960, about 70% of the plan's revenues were through these premiums. The premiums

[44] Barker 143; SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3).
[45] SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3).
[46] Barker 156; College of Dental Surgeons of Saskatchewan 17; Nash et al. 66; SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3); Topola interview.
[47] Swift Current was Health Region No. 1 and it consisted of about 75 municipalities, both rural and urban, and, in 1960, had approximately 53,000 people living in the region.

amounted to "$8 single, $16 family, …utilization fees of $2 per filling and per extraction"[48] and services other than check-ups and preventive care cost a dollar. The SCHR offered treatment to approximately 10,000 children 12 years and under and utilized 4 full-time dentists[49] and several assistants. There were three or four public clinics and approximately six private practice offices providing services for the program. There was the choice to access the public or private system and dentists were paid on a fee-for-service basis. The rate of families choosing public versus private fluctuated annually but generally stayed at about 50 per cent and, when comparing the costs for services, the public system was only marginally cheaper. This region had numerous features that made it unique, including sufficient equipment and good locations; however, it did suffer from human resource shortages and a low utilization rate. In a July memo, it was suggested, "the original Swift Current plan did not envisage the use of private practitioners" and the shortage of human resources was related to the use of private practitioners. This shortage of human resources led to fewer people using the SCHR services, which partially explains the low utilization rate.[50]

The Thrust Group suggested alternatives as to how the Swift Current plan should be dealt with, since it was not certain whether one system in the SCHR and another throughout the rest of the province could be defended. Suggested alternatives included: (1) dismantling the Swift Current plan; (2) the Swift Current plan remaining independent

[48] SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3).

[49] Two of the dentists that practiced in the region that were very prominent in the Swift Current Plan were Dr. Tynan (the same Dr. Tynan that was Director of the Children's Dental Health Services for the SCHR) and his wife.

[50] SAB, Allan Blakeney fonds, (R-800, File: XXXV.150); SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3); Saskatchewan, *Final Report*, 75; Saskatchewan, Advisory Planning Committee on Medical Care, *Interim Report of the Advisory Planning Committee on Medical Care – Saskatchewan* (Regina, SK: The Committee, 1961) 2 & 21.

and being extended[51] to cover up to age 17; (3) the Swift Current plan remaining completely autonomous from the provincial plan and a grant being provided to the region on a per capita basis; or, (4) completely insuring services in the Swift Current plan for ages 12 and under until the provincial plan took effect. It was also suggested a review of the Swift Current plan be done in about three years and it could be decided how much financial support would be provided based on how much the provincial plan cost and the utilization rate in the Swift Current plan. This would depend on how many changes the SCHR was willing to make to be in line with the provincial plan, such as: utilizing therapists[52] and ending the collection of premiums. In the end, the Thrust Group recommended the alternative of letting the SCHR operate with partial independence and look into the issue at a later date. The government would finance the Swift Current plan based on utilization rates and the idea that the region would try to increase similarity between it and the provincial plan.[53]

A July 17th, 1973 memo from Bergstrom and Derrick to G. H. Beatty, called for acceptance "of a program to provide dental clinics in schools, and provision of funds for renovations to be carried out in 1973-1974"[54]. It was projected that renovations would be required for "approximately 360 schools" to accommodate the dental clinics. Renovations in about 160 schools were needed for the September 1974 start date, and about 100 schools in each of the following two years. School boards and principals at each school would be involved in creating the dental clinics. When renovations were

[51] This option would give the government an idea of how the provincial plan would work if the ages for coverage were raised.

[52] It was believed that if the SCHR began utilizing dental therapists, the plan would be able to see a greater level of the population and thus raise the rate of utilization.

[53] Barker 203; SAB, Allan Blakeney fonds, (R-800, File: XXXV.150); SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3).

[54] SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3).

finished, there would be "clinics in two to four schools per school unit." Roughly 80% of renovations would occur in "staff rooms, storage or work rooms," since these rooms were the appropriate size to accommodate the dental equipment. Most of the renovations were to be completed by on site "school maintenance staff" over the summer holiday. The costs would be covered by the Department of Education through grants provided to the schools involved in the process of establishing dental clinics. The memo requested immediate approval to begin the infrastructure changes, including the $550,000 required to complete the renovations throughout the province.[55]

Dr. Hill sent a memo dated July 17th to all dentists appealing for them to put a placard up in their office in a "PLACE OF PROMINENCE" (emphasis in the original)[56]. The end of the memo stated, "the government is feeling some pressure from letters already received - let's keep up the PUSH" (emphasis in the original). This memo concerned government officials and led Derrick to send a letter on July 25th to Smishek regarding ways to counteract the negative campaign by the CDSS. Derrick stated, "[i]f we are going to have a battle with the profession, we would not want it to peak too early." The government was worried about not having all of the specifics of the dental plan in place before the profession chose to publicly challenge the SDP. It was decided a "Fact Sheet" should be designed to outline the details of the Plan such as: the freedom for a parent to choose whether their child participates in the Plan; a strong focus on prevention; teams consisting of therapists and assistants supervised by dentists; and, upon first enrolling, the child will be seen by a dentist, who will set out what work is necessary and decide when the child would next be seen by a dentist. It also stated that if, during the

[55] Barker 192; SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3).
[56] SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3).

examination, the dentist determines any of the services are beyond the competence of the therapists, the child will be referred to a dentist outside the Plan and the government will cover the costs. This fact sheet (which was to be sent out in power or phone bills) was to be used as a reference document for replying to letters from the public and was sent to all MLAs in order to increase their knowledge of the Plan.[57]

The July 25th letter discussed other responses to the campaign by the CDSS. One suggestion was speaking with New Zealand dental program personnel and having them come to Saskatchewan to discuss the effects of the program in New Zealand. It was also proposed that it would be a good idea to have Dr. Paynter filmed speaking about the Plan or have Smishek speak on W5 or Front Page Challenge to reach a wider audience. In late August, Smishek contacted Paynter (who was now working in Ottawa) to explain the situation with the dental profession. He stated, "I do not know to what lengths some members of the College are prepared to try and sabotage the dental plan even before it gets off the ground"[58]. Smishek wanted to prevent an assault by the CDSS. He stated media communications were the best alternative to try to counter the attack by the CDSS and asked for Paynter's assistance. Dr. Paynter responded saying he was "sorry that some members of the [CDSS] have taken it upon themselves to establish misgivings in the minds of the public concerning the dental plan, before it is even started"[59]. He suggested he was "not really surprised, just sorry" and stated that he would be pleased to assist in any way possible.[60]

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[57] Barker 168; SAB, Allan Blakeney fonds, (R-565, File: III.299b); SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3).

[58] SAB, Walter Smishek fonds, (R-961, File: V.58a 3/3).

[59] SAB, Walter Smishek fonds, (R-961, File: V.58a 3/3).

[60] SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3); SAB, Walter Smishek fonds, (R-961, File: V.58a 3/3).

Over the summer, Smishek sent a letter to H. G. R. Walker (Mayor of Regina) to request children from schools in the city be sent to the dental therapist training facility. It was decided the 16 public and separate schools located close to the WIAAS training facility would send children to the school in November so therapists could finish the training aspect of their program requirements. There were supervising dentists on site at the WIAAS Campus and other training instructors to oversee the work of the therapists. The WIAAS training facility would be separate from the SDP, since it was part of the Department of Education and would deal specifically with training. All schools in Regina would be part of the SDP except those in the vicinity of WIAAS. Between November 1973 and March 1974, there were 2,200 children seen at WIAAS, with the average being about 140 children each day.[61]

In a September memo Smishek stated to all caucus members that approximately "16% of the…population will be eligible for services under the program"[62]. The memo also stated that with the shortage of dentists, the dentists would not be under the added stress of looking after the dental health of children and could focus on other segments of the population in need of dental care. In essence, the Plan was partially designed to take the burden off of the limited number of dentists in the province. As of 1973, there were "214 practising dentists" in Saskatchewan, and this shortage warranted some sort of intervention to bring full dental care to the province. The cost of the SDP would be about half of what was recommended by the College's fee schedule. It was estimated the cost

[61] Bryan Getchell, "Dental Plan Keys on Rural Area … in City by Mid-October," Saskatoon *Star Phoenix* 4 September 1974: 3; Jeanne Inch, "Ordinary Patients in Unique Clinic," Regina *Leader Post* 16 December 1974: 3; Peacock interview; SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3); Shirley Serviss, "Reaching Children: Dental Plan First for North America," Prince Albert *Daily Herald* 8 November 1974: 3; Colleen Slater-Smith, "Dental Bills Vanish," Regina *Leader Post* 23 March 1974: 3; Smishek interview; Topola interview; Wolfson interview.

[62] SAB, Allan Blakeney fonds, (R-565, File: III.299b).

per child would be about $32.50 and it was hoped that the utilization rates in the SDP would be between 90-95 per cent. The Plan would emphasize prevention rather than focusing on extracting and filling teeth.[63]

In a December 18th memo from Dr. Curry to G. Wilson, Curry described a visit that he and Dr. Lewis made to meet with officials from the Herbert School Unit. U. A. Grieve (Chairman of the Herbert School Board) invited Curry to discuss the Plan. The meeting was arranged with the school unit in order to have the program explained and to try and agree to a location for a clinic. During Curry's presentation, A. Postnikoff (Superintendent of the Herbert School Division) gestured in disagreement. After the presentation, Postnikoff voiced his objection to therapists being used; he believed that two years of training therapists to provide the services was insufficient. Lewis discussed the Oxbow statistics and later the school board had no problem in giving space in their schools for the dental clinics. Curry felt as though he had been set up. Lewis agreed that Postnikoff had interrupted and confronted both Curry and himself. Lewis stated that Postnikoff criticized the training of therapists and believed the plan would be "a substandard program for the people of Saskatchewan"[64]. Lewis felt Postnikoff was the lone person opposing the Plan while the rest of the Board was supportive. In the end, all Board members approved the space for the dental clinics and supported the Plan. Several other school districts opposed the Plan at the start, but they became more supportive as the development of the clinics was set in motion.[65]

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[63] Bryan Getchell, "Dentists Try to Reduce Delay … Policies Aim to Lessen Waiting Time," Saskatoon *Star Phoenix* 16 June 1975: 3; SAB, Allan Blakeney fonds, (R-565, File: III.299b); SAB, Walter Smishek fonds, (R-961, File: V.58a 2/3); Smishek interview.

[64] SAB, Walter Smishek fonds, (R-961, File: V.58a 3/3).

[65] Barker 190; Blakeney interview; SAB, Walter Smishek fonds, (R-961, File: V.58a 3/3); Smishek interview; Topola interview.

In January 1974, dentists continued saying "[t]he use of [therapists] with two years training to perform some fillings and extractions under the Saskatchewan government's proposed children's dental care plan has been criticized"[66]. Dr. B. Mullen (a Moose Jaw dentist and member of the Council of the CDSS) said, "[therapists] should be used only for preventive work and should not perform fillings and extractions." He believed the SDP was a substandard program and "fillings and extractions should be left to the dentist in the dental office where he has proper equipment"[67]. Mullen believed it was an issue of taking "children away from the practicing dentist because the program is free." Many dentists were not prepared to let the SDP be put into practice without a fight and years after the SDP was in place they still harbored a grudge[68].

On January 7th the Council of the CDSS and government officials met to discuss fluoridation of communal water supplies among other issues. Representing the government was Blakeney, Smishek, G. Snyder, MacMurchy and A. Taylor; on behalf of the DPH were Smith, Dr. Curry, and Dr. Lewis. Representatives of the Council of the CDSS were Dr. Geisthardt, Dr. Peacock, Dr. T. E. Donovan and Dr. Niedermayer. In a brief submitted by the CDSS, it was documented that Edmonton, Alberta had fluoride in their water since 1965 and personal deflouridators would be provided if it was shown that fluoride was harmful. Blakeney and Smishek agreed with the potential positive impact of fluoride, however, Taylor noted when the government put forward legislation regarding fluoridation, they received a great deal of negative correspondence. Smishek invited the Council of the CDSS to put forth names for the Dental Nurse Program Advisory Board so the CDSS would have a say in how therapists should be trained. The CDSS provided

[66] "Dental Plan Criticized," Regina *Leader Post* 28 January 1974: 2.
[67] "Dental Scheme Said 'Inferior,'" Moose Jaw *Times-Herald* 25 January 1974: 3.
[68] Wolfson 138.

options for dealing with the shortage of dentists in the province, such as: pressuring the University of Saskatchewan to expand its dental school; providing a bursary program for graduates practicing in rural communities; or increasing grants to dentists practicing in rural locations. The CDSS believed a school-based dental plan created a "captive audience"[69]; since children were already at school, high rates of utilization was guaranteed and high utilization did not necessarily mean better care.[70]

In February, when the Bill to implement the Plan was put before the Legislature, the Liberal opposition Health Critic, D. MacDonald, voiced disapproval of the Plan. He opposed therapists filling or extracting teeth, saying "[p]arents should be able to expect their children will be looked after by qualified dentists"[71]. He was upset that private practice dentists were not involved in the Plan, that most work would be done by therapists, and he felt that parents should qualify for government aid whether they choose to be included in the Plan or not. The Liberals supported the CDSS suggestion that the government should introduce fluoridation in water supplies throughout the province. MacDonald stated that the issue of fluoridation must be brought forward before implementing any kind of dental plan in order to save money. However, the opposition did realize, due to a shortage of human resources, a children's dental plan of some kind was needed.[72]

Some dentists believed the CDSS recommendations had been ignored. Dr. Peacock suggested they had not been consulted on the Plan and parents did not have

[69] SAB, Allan Blakeney fonds, (R-800, File: V.6.0).
[70] SAB, Allan Blakeney fonds, (R-800, File: V.6.0).
[71] Barry Wilson, "Denticare Plan Seen Model for the Nation," Saskatoon *Star Phoenix* 26 February 1974: 7.
[72] Barker 156; "Liberal Urges Fluoridation Plan," Saskatoon *Star Phoenix* 28 February 1974: 22; Wilson, "Denticare Plan Seen Model," 7.

enough information since many believed it functioned the same as "the medical insurance scheme, but it [did] not"[73]. Similar concerns were voiced in a number of papers throughout the province such as the Moose Jaw newspaper, which contained an article where Peacock reiterated that dentists were not involved at all in the formulation of the SDP.[74] He suggested most dentists would prefer to "'continue to provide the health service to the parent's child rather than child and government'"[75]. He also suggested while dentists, for the most part, supported the idea of a children's dental plan, "there are certain aspects of the government plan they feel could be improved." For example, "fluoridation of all public water supplies," "registered dentists being on the premises when [therapists] provide treatment," and "parents hav[ing] the privilege to have … their child treated by either dentist of their choice or [therapist] without financial barrier." Peacock stated, "the [CDSS] is not condoning the government plan and we hope it will be as preventative a plan as the government indicates so dental disease would be prevented rather than treated." In the face of information presented earlier in this chapter, this argument on behalf of Peacock can be viewed as a last desperate grasp at straws by trying to get the public on the side of the dental profession.

The final rush before the September start date involved finalizing some of the legislative work. In April, the Saskatchewan Dental Therapists Association (SDTA), a self-regulating body responsible for licensing and regulating dental therapists, was established. The spring 1974 Legislative session brought about the implementation of the *Dental Care Act* in order to prepare for the introduction of the SDP. This Act dealt with

[73] Bryan Getchell, "Dental Program: Information Lack Cited," Saskatoon *Star Phoenix* 7 February 1974: 3.

[74] "Best Dental Care Possible," Moose Jaw *Times-Herald*, 16; Niedermayer interview; Peacock interview; Slater-Smith, "Concept Okay Says Dentist," 3.

[75] "Best Dental Care Possible," Moose Jaw *Times-Herald*, 16.

payment and specified no payment would be made to a dentist that was not employed by the SDP. Further legislation led to the *Saskatchewan Health Dental Plan* in August of 1974. At a press release in Rosthern on August 22nd, Blakeney announced "97 per cent of the parents"[76] accepted the new plan. The initial maximum age group would be 12 years but, eventually, would be increased and, in the future, the plan would cover "the total population"[77]. Curry suggested the SDP would help the dental profession because the broader population would have an increased awareness of issues pertaining to dental care.[78] The government seemed ready for the beginning of the Plan.

[76] Barker 1; SAB, Allan Blakeney fonds, (R-565, File: III.347).

[77] Smishek interview.

[78] Barker 156 & 175; College of Dental Surgeons of Saskatchewan 17; "Dental Plan to Prompt More Dental Positions," Moose Jaw *Times-Herald* 15 March 1974: 3; SAB, Allan Blakeney fonds, (R-800, File: XXXII.124); SAB, Walter Smishek fonds, (R-961, File: V.58a 1/3); Barry Wilson, "Denticare Plan for Children is Sask. Goal," Saskatoon *Star Phoenix* 26 February 1974: 1.

Chapter 5 -- The Saskatchewan Children's Dental Plan 1974-1987

> "We, the members of the graduating class of the School of Nursing, University of Saskatchewan, Saskatoon, believe that good dental health is essential in reaching the individual's optimal level of health. We believe that everyone has the right to free dental care"[1].

The victory of Blakeney's NDP and the New Deal for People platform were instrumental in bringing the SDP forward. The Plan began in September of 1974 with coverage provided to all 6 year olds, if parents consented. The goal was to cover children from age 3 up to the age of 12 within 4 to 5 years after the introduction of the Plan.[2] When the SDP began, the CDSS stipulated that all 6 year olds had to be treated by June of 1975, the end of the school year[3]. The beginning of the SDP was announced with ads appearing in all major daily newspapers[4]. The Plan included having private practice dentists agree to provide treatment "involving high medical risk situations, those [children] with management problems and emergency situations"[5].

The SDP was implemented in Southern Saskatchewan, with Northern Saskatchewan being a separate administrative district under the Department of Northern Saskatchewan (DNS) and having its own dental plan. The Plan consisted of 6 regions in southern Saskatchewan[6], with the head office in Regina. Region 1 was based around Swift Current and surrounding area, Region 2 was Regina and area, Region 3 consisted of

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[1] SAB, Walter Smishek fonds, (R-961, File: V.58b 1/2).

[2] Blakeney interview; Canada, Health Services Directorate 8 & 67-68; Glor 126, 130 & 132; "In Elementary Schools," Moose Jaw *Times-Herald* 6; Gregory P. Marchildon, "Saskatchewan Dental Plan," *Encyclopedia of Saskatchewan* (Regina: Canadian Plains Research Center, 2005) 802-803; Niedermayer 3; Niedermayer interview; Pitsula and Rasmussen 129; Swanson 1 & 6-7.

[3] Topola interview.

[4] "Saskatchewan Dental Plan Begins This Month," Advertisement, Moose Jaw *Times-Herald* 3 September 1974: 2; "Saskatchewan Dental Plan Begins This Month," Advertisement, Regina *Leader Post* 3 September 1974: 12; "Saskatchewan Dental Plan Begins This Month," Advertisement, Saskatoon *Star Phoenix* 3 September 1974: 13.

[5] "Best Dental Care Possible," Moose Jaw *Times-Herald*, 16.

[6] A map of the Regions can be found in all of the SDP Annual Reports excluding 1987 and 1988, in all other Annual Reports they can be found as Figure 2- "Dental Plan administrative regions".

Saskatoon and outlying communities, Region 4 was Yorkton and communities all the way to the U.S. border as well as to the north of Yorkton, Region 5 was Prince Albert and the surrounding area, and Region 6 consisted of North Battleford and surrounding areas. The administrative structure of the SDP consisted of Dr. Lewis (Executive Director); three Assistant Directors that dealt with Administrative Office Staff, Regional Staff, processing issues, and Supervising Dentists throughout each region; and, approximately 25 Supervising Dentists and dental teams.[7]

Issues revolving around staffing the dental plan proved more difficult in dealing with dentists than with the dental therapists, who were trained specifically for the government-run SDP. One unique aspect of the Plan lay in the fact that therapists were paid on salary directly by the government.[8] According to Topola, many therapists "preferred to be paid on salary … and all the benefits that went with it"[9]. Topola felt that the issue of salary was not a problem, "salary worked fine for most of us and it was equitable." During the first year of operation, the majority of SDP dentists were recruited from the United States since it was difficult to attract Canadian dentists. In the latter part of 1974, the CDSS implemented a regulation within their bylaws that would require American dentists to take an exam before practicing in Canada. The government retaliated by stating the *Dental Profession Act* permitted the Minister of Public Health to modify regulations set forth by the CDSS, which led the CDSS to retract its decision. The DPH had been trying to come up with a means of taking away "some of [the] self-

[7] "Dental Nurses will Provide Free Services," Regina *Leader Post* 23 March 1974: 3; Glor 133; "In Elementary Schools," Moose Jaw *Times-Herald* 6; Niedermayer 4; Wolfson interview.

[8] Barker 120, 205-207 & 225; Glor 132 & 137; Niedermayer 4. Therapists earned approximately $768 a month.

[9] Topola interview.

regulatory powers"[10] of the CDSS for several years and this seemed to be a very effective approach.

During the initial visit, a supervising dentist would conduct an examination, called a "growth and development check." The dentist would then discuss the treatment plan with the dental team and prepare a notice outlining the treatment for the parents. Therapists handled subsequent visits, including dealing with fillings, x-rays, spacers and many common concerns with teeth. Therapists advocated preventive care and showed children how to brush and floss their teeth properly. Therapists were assigned a specific number of schools, whether the school had a clinic or not. In some instances, mobile clinics were used, and, if there was no clinic, equipment was transported in government-owned station wagons. Those therapists that worked in rural communities had further to travel and had more schools to visit. The number of children a therapist in a rural setting visited was slightly lower since travel had to be factored in when determining how many children could be seen on a daily basis. Therapists became part of the community, especially in rural areas.[11]

In November, Hill sent a letter to Blakeney indicating differences with regard to the regulation of therapists. Hill stated that the CDSS had met with Smishek about the Plan and believed that the College's design was of a higher quality and more cost efficient than what the government was offering. In the letter, there was a request for a meeting with Blakeney and Cabinet. The CDSS wanted to put forth their views of what should be included in a government-run dental plan. The first point they suggested was

[10] Barker 207.

[11] Blakeney interview; "Dental Nurses will Provide," Regina *Leader Post* 3; "Govt. Dental Plan to Begin in 2 Weeks," Saskatoon *Star Phoenix* 7 November 1974: 3; SAB, Allan Blakeney fonds, (R-565, File: III.299b); SAB, Walter Smishek fonds, (R-961, File: V.58a 1/3); SAB, Walter Smishek fonds, (R-961, File: V.58a 3/3); Smishek interview; Topola interview; Wolfson interview.

that "the present dental manpower [dentists] could be utilized along with the Dental Nurses, AT NO ADDITIONAL COST to the taxpayer" (emphasis in original)[12]. As had previously been an issue for the CDSS, "[t]he problems of adequate supervision of auxiliaries and freedom of choice without financial barrier are presently the main points at variance between the dental profession and the government planners." The College wished for these issues to be addressed.

By December, there were 22 clinics in Regina and approximately 200 across the province. Dental clinics in central locations in Regina, Saskatoon and Prince Albert were used for demonstrations for people from across Canada and the US who wished to see how the Plan worked. The Plan sparked much interest since it was unique to North America. The space used for clinics was in schools because this was seen as being easier for children to access. Since the clinic was in familiar surroundings, and not a cold sterile environment (as in many private practice dentist's offices), it allowed for a comfortable atmosphere. One child interviewed in 1974 said, "I came here to sleep"[13]. The clinics did not resemble a dentist's office, there was not a large amount of equipment to create anxiety, and equipment was portable and was moved so the child only saw the chair and lights used for examinations. Therapists were given courses dealing with child development (psychological, physical and sociological aspects), which helped them deal with any issues that may arise. It was felt that the location of treatment would increase the prevention component of the Plan because it was administered in an educational

[12] SAB, Allan Blakeney fonds, (R-800, File: V.6.0).
[13] Inch, "Ordinary Patients," 3.

setting. Therapists taught prevention to children in the school and regular check-ups allowed for minimal treatment in the future.[14]

As the Plan was set in motion, some parents thought the process of having their children examined was taking too long. One parent wrote a letter to the editor to voice her concern over the waiting time before her child had a check-up. She was advised to have her daughter enrolled in August if she wished for her child to be a part of the Plan. She decided that her daughter would not have to see a dentist before the beginning of school since she would be seen through the school plan in September. Upon contacting the school, she was informed that her child might not be examined until April or even later. Later in January, Lewis had an article printed in the Regina *Leader-Post* responding to the woman's write-up, stating that every child enrolled in the SDP would be seen before the end of the school year. He stated that not all children could be examined and treated in the short period of time that the Plan had been in operation.[15]

In the 1975-1976 school year, the Plan was expanded to include children ages five, six, and seven. There were about 10,800 children involved in the SDP, and therapists were handling about 95 per cent of services provided under the Plan. Prince Edward Island (P.E.I.) had implemented a dental program for children in 1971, and was the only province in Canada with similarities to the Saskatchewan plan. One similarity was that P.E.I. paid personnel on a salary system funded entirely by the provincial government, however, one difference was that P.E.I. dental personnel could not carry out as many tasks as the Saskatchewan dental therapists, and there was constant over-the-

[14] Blakeney interview; "Dental Care for Children Announced," Regina *Leader Post* 25 January 1974: 2; Garry Fairbairn, "Dental Plan Breaking New Ground," Regina *Leader Post* 25 March 1975: 21; Jeanne Inch, "Preventive Dentistry Preferred to 'Drill, Fill and Bill,'" Regina *Leader Post* 28 April 1975: 4.

[15] Patricia D. Kosloski, Letter, "Wait," Regina *Leader Post* 4 January 1975: 20; M. H. Lewis, Letter, "Dental Plan," Regina *Leader Post* 20 January 1975: 29.

shoulder supervision by a dentist. Saskatchewan had a unique dental plan that was being watched by the rest of North America and even the world. In order for this kind of dental plan to be successful, the Departments of Education and Health had a close, ongoing relationship to ensure that the SDP functioned properly. The Department of Education paid for the establishment of the clinics in schools, and the Department of Health administered the Plan.[16]

In a June Regina *Leader-Post* article Lewis stated that there were only two dental nurse training schools in Canada (the Regina facility and one in Fort Smith, Northwest Territories). The Fort Smith training school (established in 1972) was under federal jurisdiction and under the supervision of the University of Toronto Faculty of Dentistry. In 1984 the Fort Smith training school was relocated to Prince Albert, partially because of a lack of patients to attend the school for training purposes. The training school in Prince Albert, called the National School of Dental Therapy (NSDT), allowed approximately 20 therapists to graduate annually; after graduation, these therapists worked in Northern regions of Canada. Also in a June article, Dr. Donovan (President of the CDSS) stated that a year after the SDP had started, Saskatchewan dentists were leaving in large numbers. He suggested that this could be due to a lack of business for the dentists because of the SDP. Donovan stated that there were "11 full-time and 10 part-time dentists caring for the 10,000 children eligible for free dental care"[17]. He

[16] "3,000 City Children Eligible … For Dental Plan Care," Saskatoon *Star Phoenix* 11 June 1974: 5; Blakeney interview; "Dental Care for Children Announced," Regina *Leader Post*, 2; "Dental Nurses will Provide Free Services," Regina *Leader Post*, 3; "Dental Plan Expands," Saskatoon *Star Phoenix*, 3; "Dental Program to Start this Fall," Regina *Leader Post* 14 January 1974: 2; Fairbairn, "Dental Plan Breaking New Ground," 21; Bryan Getchell, "Sept. Start for Northern Dental Program," Saskatoon *Star Phoenix* 2 August 1974: 4; "Most 6-Year-Olds Enter Dental Plan," Regina *Leader Post* 3 September 1974: 3; SAB, Allan Blakeney fonds, (R-800, File: XXXV.150); SAB, Walter Smishek fonds, (R-961, File: V.58a 1/3).

[17] Jeanne Inch, "More Hygienists, Dental Assistants: Dentists Propose Solution to Shortage," Regina *Leader Post* 16 June 1975: 3.

suggested that the CDSS wanted to have therapists practicing along with dentists in private practice.[18]

After a Cabinet shuffle in November, W. Robbins became Health Minister. During his tenure as Health Minister, Robbins, along with Smishek, Tchorzewski and numerous other public officials attended the opening of the new section of the WIAAS training facility (in February 1976) at the General Hospital Nurses' Residence. Ralph Goodale attended the opening as a representative of the federal government. He presented a plaque that was signed by the Federal Health Minister, Marc Lalonde, which read, "the dental nurse program is of national significance"[19].

In February 1976 the Saskatchewan Dental Plan released *A Quality Evaluation of Specific Dental Services Provided by the Saskatchewan Dental Plan*. Three independent professionals, Dr. E. R. Ambrose, Dr. A. B. Hord, and Dr. W. J. Simpson conducted the evaluation, which was ordered by Dr. M. Lewis on behalf of the SDP in order to assess the quality of services provided by the Plan over the previous two years. They sampled children in classrooms across the province using a "Blind Technique" with a strict criterion to evaluate children in different health regions (excluding the SCHR). The doctors and their field staff traveled to 16 clinics to examine 410 children from Kindergarten to Grade Two. Of the children examined, 300 were part of the SDP, while the other 110 were not. In testing to see whether the therapist's work was of equal value to that of dentists, "evaluations were done by three highly qualified clinicians who had no knowledge as to whether restorations had been placed by dentists or [therapists]." Two

[18] Jeanne Inch, "Dental Nurses May all Train Here," Regina *Leader Post* 18 June 1975: 6; Inch, "More Hygienists," 3; Nash et al. 65.

[19] "New Dental Building Opened," Regina *Leader Post* 24 February 1976: 4.

years after the SDP began, the study showed the quality of children's dental health was "very acceptable" and therapists had done an outstanding job.[20]

Some dentists expressed their concern in local newspapers about what they saw as flaws that would sway public opinion over to their side in the debate over the Plan. On July 21st, Dr. Muirhead (a dentist in Moose Jaw) stated in the Moose Jaw *Times-Herald* that the new plan would create "competition with dental [therapists] trained in 20 months who do 'practically the same work as the dentists who have taken five to six years of training'"[21]. He went on to state that "[t]he bulk of the dentists work is with children [and] dental [therapists] are taking that away from them." In the same article Dr. G. Beesley (another Moose Jaw area dentist) stated, "six young dentists left Regina to go to Alberta where they don't have dental [therapists]." However, in August, Dr. D. Campbell (a dentist from La Ronge) refuted these claims in a letter to the editor in the Moose Jaw *Times-Herald*. He stated that dentists were right to fight for fluoridation, but he suggested that the profession should band together to further the cause. He went on to say that evidence showed that the SDP was not causing dentists to leave Saskatchewan and, if anything, the opposite was occurring. He suggested, "[o]ne must wonder if these individuals place a higher priority on maintaining their monopolistic control of dental services than the dental health of the people of Saskatchewan"[22]. Despite this protest by

[20] Blakeney interview; Nash et al. 66; Pitsula and Rasmussen 130; "Report Praises Saskatchewan program: Dental Plan Nurses Excel," Regina *Leader Post* 19 January 1977: 4; Saskatchewan Dental Plan, *Quality Evaluation of Specific Dental Services* 5, 8 & 11; Smillie 18; Smishek interview.

[21] "Government Policy Blamed for Shortage of Dentists," Moose Jaw *Times-Herald* 21 July 1976: 13.

[22] Douglas C. Campbell, Letter, "Dental Programs," Moose Jaw *Times-Herald* 20 August 1976: 4.

dentists, the 1976 school year[23] began with another age group added to the program. All 8 year olds in the province would now receive dental service through the SDP.[24]

On January 19th, 1977, Penman wrote a letter to Blakeney in a personal capacity about the document *A Quality Evaluation of Specific Dental Services Provided by the Saskatchewan Dental Plan*. He wrote his letter after Dr. Niedermayer (representing the Saskatchewan Dental Association) had announced through a radio station interview on January 18th that he had obtained a copy of the report four or five months earlier. When Penman heard this he was surprised that the government had not distributed the information found in the Report. He went on to say, "[m]eanwhile the Saskatchewan Dental Association had over many years not only failed to put its dental action where its mouth was; but historically they discussed children's dentistry and its prevention aspect ad infinitum ad nauseum"[25]. Penman believed the results should have been brought forth by the government immediately because they would have finally put the issue of therapists as being sub-standard to rest once and for all, since the report showed that therapists were equal in caliber to dentists and, in some cases, better.

In September, R. Keith wrote a letter to Tchorzewski to relay her concern about the training program for therapists. She was upset because her daughter, who graduated in June, did not have employment. Keith stated, upon entering the training program, the students had been guaranteed employment. She was frustrated to discover therapists could only be employed under the government program and believed the shortage of employment was due to insufficient planning or financial constraints. She asked that

[23] The 1976 school year began with a shortage of approximately 10 therapists. It was believed that the reason was that WIAAS could not keep up with training while the SDP was expanding so quickly.

[24] Blakeney interview; Blakeney, *Honourable Calling*, 87-88.

[25] SAB, Allan Blakeney fonds, (R-565, File: III.347).

more positions be established since therapists went through two years of education at a significant cost. In another letter, Tchorzewski responded stating that all positions within the SDP were currently full. He went on to say the Research Branch of the Health Department and the management of the SDP calculated to the best of their ability how many therapists would graduate, refuse their work placement, resign or retire, and how many children would be utilizing the Plan. He noted there was a lower rate of refusals and resignations than anticipated, which created a disparity amongst positions and the therapists required to fill these positions. He believed some therapists would soon be quitting and more therapists would be needed to fill the open positions.[26]

On October 12th, after writing his letter to Keith about the shortage of positions for therapists, Tchorzewski wrote a letter to Blakeney and the Cabinet Ministers to advise them of the situation. He explained that two graduates from the 1976 class, ten graduates from the 1977 class, one who had been employed previously and wished to return to the SDP, and one Manitoba graduate had sought employment but no positions were available. It was believed that within the next few months, five positions would become vacant. However, this posed a problem since the other nine therapists would not get employment until spring 1978 at the earliest. It was forecast that the SDP would require approximately 30 to 35 new positions for the 1978 school year but in June there were 50 therapists set to graduate, which would again create excess staff. Tchorzewski wrote that, in 1975, the CDSS was told therapists were required for the staffing of the SDP but, if there became a surplus of therapists, arrangements would be made to allow therapists to seek employment in private practice. He wished for "[t]he Government to no longer

[26] SAB, Allan Blakeney fonds, (R-800, File: XXXII.124).

guarantee employment"[27] to therapists and requested approval for "employment of Saskatchewan Dental [Therapists] by private dental practitioners."

The *Saskatchewan Dental Nurses Act* did not restrict therapists from being employed by dentists in private practice; however, the *Dental Professions' Act* did create restrictions for dental auxiliaries being employed by a private practice dentist. The term dental auxiliary as used in the *Dental Professions' Act* was broadly described. Tchorzewski suggested that if the Department of Health agreed to let therapists be hired under the *Dental Professions' Act* it would ease the shortage of positions and give about 15 therapists work in the private practice setting. He suggested this would not have a negative effect on the SDP with regards to overall function and expansion in the future. It would take away some of the criticism of the CDSS and SDTA but, the government would have less control over the therapist's employment in the SDP. He suggested further problems would arise if the government decided to not make any changes. Another option would be for the government to hire the extra therapists and expand the Plan ahead of schedule; this would cost an additional $95,400 that was not budgeted for the 1977 school year and another $100,000 for the 1978 school year. In the end, it was recommended that the government enter talks with the CDSS and SDTA to discuss changes in managing the employment of therapists.

In November, Mr. and Mrs. R. Gartner sent a complaint about the SDP to Blakeney. It was the first year their child was involved in the Plan and they believed they were not allowed to decide how their child's teeth were cared for. They believed it was a misuse of public finances having baby teeth cared for since they would soon be coming out. They also claimed SDP staff told them caps must be put on their child's teeth and, if

[27] SAB, Allan Blakeney fonds, (R-565, File: III.347).

they refused, they would not be allowed to keep their child in the Plan. Tchorzewski responded that the dental team tries to discuss treatment options with parents and convey information about how to keep teeth healthy through prevention at home. He stated that baby teeth are a major factor in dental care and capping is sometimes necessary to keep them healthy. It is important to keep these initial teeth healthy; if they are decayed, they must be treated to stop infection and disease from spreading to permanent teeth. Tchorzewski then stated that the regional supervising dentist, Dr. W. Hendon, would be able to explain the need for healthy baby teeth. Blakeney also responded indicating that dental staff prefers to have parents at the clinic during examinations so they can show them the teeth that need treatment and discuss dental care that should be practiced at home. If the parent is absent when the child is examined, a "Treatment Required Notice" that includes contact information is sent home with the child. This allows parents to contact dental staff to gain information about the procedure that is recommended or they can set up an appointment to visit the clinic to discuss the treatment further, whichever is more convenient for the parent.

On January 12th, 1978, Keith wrote again, this time to Blakeney. The tone of her letter indicated frustration when she stated "the purchase of more Potash Mines costing millions of dollars and yet the establishment of the seven or eight new positions in order to fulfill a promise … to the 1977 graduating class ... is asking too much"[28]. She claimed she had a telephone conversation with Lewis about job openings in the SDP and claimed he said there would be openings. She also referred to her letter to Tchorzeski and claimed he had not responded to the lack of positions. She requested an answer to two questions: if the SDP was progressing and if more age groups would be added to allow

[28] SAB, Allan Blakeney fonds, (R-800, File: XXXII.124).

for more jobs; and, if the graduating class of 1977 would receive compensation for not having work after graduation. Tchorzewski responded indicating the SDP would be expanded to include the ages 3 to 12 and as more job openings became available they would be advertised. He also wrote about the government and CDSS entering talks about therapists being employed in the private setting, but stated that nothing had been finalized.

On April 7th, Tchorzewski sent a department memo to B. Parker (Special Assistant to the Premier) to advise him the CDSS had been notified that the government was interested in allowing therapists to work with private practice dentists and that the CDSS did not give much indication as to what course of action they would take. He advised Parker that, even if the CDSS accepted the proposal, therapists would not be able to find work until after the 1978 school year since only about 14 positions would be open. Tchorzewski stated the Treasury Board was asked if 30 dental assistants could take dental therapy training, which would allow the 1978 graduating therapists to find employment in the SDP. Were this to be approved by the Treasury Board, there would be enough positions for all individuals graduating that year. He advised Parker that Blakeney would be given information regarding what was transpiring with the employment situation of therapists as soon as information was available.

Penman sent a personal letter to Tchorzewski on May 16th stating that amending the *Dental Professions' Act* regarding the inclusion of Section 6 (stipulating that the CDSS can formulate a plan of their own by entering into contracts with the different levels of government whether it was provincial, municipal or school districts) would be strategically unwise. Penman believed this amendment to the *Dental Professions' Act*

would come back to haunt the SDP if a government of different leanings gained power in Saskatchewan since they "could easily use this section to amend, undercut or abolish the existing Dental Plan for Children." He continued by saying, when the NDP first initiated the SDP, the Liberal and Conservative parties strongly protested and opposition by dentists was an ongoing issue. Penman noted that legislative debates dealing with budget approval for the SDP consisted of bitter disapproval by Malone, leader of the Liberal Party. Tchorzewski responded that the CDSS had requested this portion of Section 6 be kept in the Act in its original form. He suggested Peacock had advised him that altering this Section would jeopardize agreements with other organizations. Tchorzewski stated if this aspect of the Act were retracted it "would compromise the existence of present adult dental service plans without replacing them with an equivalent public alternative" and the policy implications would be quite negative for the government. He wrote, "I see little value in provoking a public confrontation on issues which are presently minor or which are of potential significance only in the future" and if these issues posed a problem in the future it would be dealt with by the legislature.

On August 13th, D. W. Graham wrote a letter to Blakeney to inquire about why his wife could not get a position with the SDP and could not practice under a dentist in private practice. He understood changes were coming to allow therapists to be employed by private practitioners but a dentist working on amendments on behalf of the CDSS had told him it would be a year before changes would occur. He criticized the Plan and the fact that a surplus of therapists had caused these problems for his wife. He stated that "[i]f no reasonable solution can be found to this most unfair situation…[he would] pursue other courses of action." Tchorzewski replied stating that many therapists employed in

rural areas were seeking employment in cities. Graham's wife wanted employment in Regina and, while there was a need for 48 therapists, there was only one position in Regina. Only four therapists that submitted an application did not receive employment and she was one of the four. He also stated that the spring Legislative session consisted of making revisions to the *Saskatchewan Dental Nurses Act* in order to give therapists the option of being employed in private practice dentist offices. While this legislation was important, it was up to the CDSS to change their regulations to allow dentists to employ therapists and the length of time it took for the CDSS to make this change was not within the control of the government.

On December 20th Dr. C. Bowerman sent a letter to Blakeney because he wished to establish his own dental clinic but was concerned about whether he would receive a decent number of patients because of the SDP. He wanted information regarding whether therapists would be allowed to work in a private practice setting because he wanted to install space in his office for a therapist. Tchorzewski responded that, as of 1978, the Plan included "children between the ages of 4 and 12" but would be expanded to include the ages of 3 to 14 in the near future. He suggested the government wanted to expand the SDP to include adolescents and hoped dentists in private practice would offer services for the adolescent portion of the Plan. He also stated that changes for employing therapists were being looked into by the CDSS.

In a letter dated July 28th, 1979, T. Tulchinsky (Director of Public Health Services in Israel) asked for support from the Saskatchewan government. He outlined his government's interest and intention of "establishing a [therapist] programme along the

lines of Saskatchewan's"[29]. He stated the Beersheba University was looking into establishing a training school for therapists and Tulchinsky asked Blakeney to send a team to aide in the establishment of such a program in his country. He requested Dr. Lewis, an individual involved in the training aspect of the Plan, and a dental therapy graduate be sent to Israel to help the government establish their own plan. Tulchinsky stated he had "great respect for many of the public service achievements in Saskatchewan." Blakeney responded that the Saskatchewan government would be glad to help and officials with the SDP would be sent shortly.

Saskatchewan Health released a publication entitled "*An Attitude Survey Of Families Enrolled in the Saskatchewan Dental Plan*" in October 1979.[30] This survey was undertaken to gauge the opinions of families involved with the SDP and if there were differences in attitudes between locations of treatment, such as treatment at WIAAS, the SCHR, and between rural and urban locales. A sample size of 150 in each of 4 areas was obtained: rural areas excluding SCHR; urban areas excluding WIAAS and SCHR; WIAAS; and, the SCHR. The overall level of satisfaction towards the SDP was 89 per cent throughout all survey areas. Of the 600 respondents, 79.5 per cent would have liked to see the SDP expanded to include up to 18 year olds. In September of 1979, ages 4 to 13 had been included in the Plan. Approximately 90 per cent of respondents indicated satisfaction with treatment by therapists, with families in rural locations being the most satisfied. Only 11 respondents indicated a lack of satisfaction with treatment by therapists and 7 of those respondents were treated through WIAAS. This study showed

[29] SAB, Allan Blakeney fonds, (R-800, File: LXVI. 58.a).

[30] "An Attitude Survey of Families Enrolled in the Saskatchewan Dental Plan" (Regina: Saskatchewan Health, 1979) 2, 7, 15 & 28.

the overall satisfaction of people who participated in the SDP, with minor problems in the population being treated at the training school.

A November memo from H. Rolfes to Blakeney and Cabinet sought approval to start up the adolescent part of the Plan. Rolfes explained to the CDSS that there were four areas the government was not willing to compromise on: not paying dentists on a fee-for-service basis; the method of billing; there must be an attempt to achieve high utilization; and, there must be a method of quality assurance. The CDSS agreed and submitted a proposal consisting of three main features: the program be jointly run by the SDP and CDSS; the CDSS be compensated on a capitation scheme similar to the rate of the public program; and, the CDSS would accept administrative responsibilities dealing with the payment scheme, proper records regarding payments, and assuring quality control. The CDSS would handle the payment and contracting of dentists and, where there was a lack of dentists, the SDP clinics would provide care. It was believed 60 per cent of adolescents would be cared for in private clinics and 40 per cent would be the responsibility of government clinics. Some issues had to be considered before finalizing decisions, such as setting up a system to deliver and administer the program and establishing a capitation payment structure appropriate to ensuring an exceptional program. The memo stated that Cabinet should support: 1) a partnership between the government and CDSS; 2) consultation between the Department of Health and CDSS; and, 3) an application to the Treasury Board for approval of this program.[31]

In February 1981 a performance evaluation entitled, *Performance of the Saskatchewan Health Dental Plan 1974-1980*, was completed by Dr. D. W. Lewis[32] from

[31] SAB, Allan Blakeney fonds, (R-800, File: LXII. 14.k).
[32] Dr. D. W. Lewis was no relation to Dr. Michael Lewis.

the University of Toronto. The evaluation assessed the quality of care in the SDP from 1974 to 1980. Lewis found high utilization rates with approximately 83 per cent of eligible children. Children's access to dental care in Saskatchewan was about 90 per cent, which was "higher than any other large geographic area in North America"[33]. Lewis noted the satisfaction of the public: 89 per cent of survey respondents were pleased with the SDP, 94 per cent from rural communities were satisfied with therapists, and 89 per cent of urban residents were happy with the service received from therapists. Also, "79.5% were in favour" of having the SDP expanded to cover more age groups. It was noted that restorations decreased the longer the child had been involved in the plan. Parents had a choice of full participation in the Plan or partial participation, whichever they chose. Partial participation meant only preventive care would be provided (no treatment); however, between the years 1974 to 1980, only about 1 per cent of families opted for partial care. The evaluation found the SDP to be cost effective: the cost per patient in 1974-1975 was $163 and by 1979-1980 the cost had dropped to $68, while maintaining high quality standards. After children received initial treatment, costs were limited to follow-up exams and focusing on prevention. This kept dental quality at a high level and reduced the amount of treatment required, which allowed more children to be seen.[34]

In the above-mentioned study, Lewis noted that children's dental programs were established in 6 provinces other than Saskatchewan: Newfoundland (1950); Prince

[33] Saskatchewan Dental Plan, *Performance of the Saskatchewan Dental Plan – 1974-1980* (N.p.: n.p., 1981) iii & 66.

[34] Blakeney interview; Saskatchewan Dental Plan, *Performance of the Saskatchewan Dental Plan* i-iv & 65-69.

Edward Island (1971); Nova Scotia and Quebec (1974); Manitoba (1976)[35]; and, British Columbia in 1981. Quebec, Nova Scotia and Newfoundland had plans that dealt with treatment in the private practice setting on a fee-for-service basis. Utilization in these provinces was: Nova Scotia - 56 per cent; Newfoundland - 59 per cent; and, Quebec - 65 per cent. The two plans that had the highest rate of utilization were Prince Edward Island and Saskatchewan, which did not use the private practice system but instead utilized dental therapists that were paid on salary. Lewis noted there was higher utilization in the SDP (by about 20 per cent) when compared to Nova Scotia, Newfoundland and Quebec. The P.E.I. program, which paid employees on salary, was the only program with similar utilization rates to Saskatchewan.[36]

In 1981 *The Saskatchewan Dental Nurses Act* of 1973 was altered and named *The Dental Therapists Act*. This Act officially changed the job title from "dental nurse" to "dental therapist." Another major initiative occurred during the 1981 school year when the government expanded the SDP to include adolescents. Although the adolescent program would be covered by the SDP, service would be provided through dentists in private practice. The government paid a $103 capitation fee to the CDSS for each visit by an adolescent. The CDSS and the dentists agreed on a fee-for-service structure set forth by the CDSS. The CDSS and Department of Health were jointly involved with a "Quality Assurance Committee"[37]. The program provided service to children 14 to 17

[35] At the time of Lewis's evaluation the program was not fully universal since some regions of the province were not included in the plan.

[36] Saskatchewan Dental Plan, *Performance of the Saskatchewan Dental Plan* 11-13.

[37] Saskatchewan, Department of Health, "Annual Report 1981-82: Saskatchewan Health Dental Plan Report Eighth Year of Operation September 1, 1981 to August 31,1982," *Saskatchewan Dental Plan* (N.p.: n.p., 1982) 11.

years of age. By 1981, approximately 43 per cent of adolescents were sent to private practice dentist's offices.[38]

A study released in late 1983, *A Survey of Periodontal Conditions in Adolescents Enrolled in the Saskatchewan Health Dental Plan*, conducted in 1982-1983, reported on periodontal problems in adolescents born between 1966 and 1970 involved in the SDP. Four of the six SDP regions were studied: Saskatoon, North Battleford, Prince Albert, and Regina. A total of 1,918 individuals were studied with the object of examining specific teeth that were at most risk of periodontal problems. These teeth were examined with 5 specific areas of investigation, such as: amount of debris (food particles), bleeding, calculus (plaque or tartar), whether there is a "loss of periodontal attachment"[39], and any other problems discovered. The data showed bleeding and debris decreased as an individual got older; females tended to have less debris than males, and rural youth showed less inflammation than urban youth. Another finding was that while bleeding became less apparent as the individual got older, calculus seemed to increase with age. The final analysis of this study suggested there was a need for an adolescent program in Saskatchewan.[40]

The high quality achieved by the SDP affected private practitioners when they assessed their standards in dealing with patients. The Plan also made adults aware of the importance of proper dental care. The SDP brought about innovative measures, such as the use of sealants, rubber dams, lead aprons, and using stainless steel crowns on baby

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[38] Blakeney interview; Canada, Health Services Directorate 68 & 70; College of Dental Surgeons of Saskatchewan 17; Vern Greenshields, "Parents' Demands Caused Dental Plan Change: Devine," Saskatoon *Star Phoenix* 26 June 1987: A8; Niedermayer interview; Topola interview; Wolfson interview.

[39] Mark Merryfield, *A Survey of Periodontal Conditions in Adolescents Enrolled in the Saskatchewan Health Dental Plan* (Regina, SK: Saskatchewan Health Dental Plan, 1983) 11.

[40] Merryfield ii, 10-11, 27-28, 33 & 39; Saskatchewan, Legislative Assembly, *Hansard Debates* 1 September 1987: 14; Wolfson interview.

molars that were in poor condition. Eventually, dentists came around to the importance of these procedures and began using them in their practices. Another action was the reduction of x-rays on children. Hence, the SDP pioneered many new aspects of dealing with dental care, thus improved general standards of dental care and enhancing overall public dental health.[41]

[41] Glor 135-136; Marchildon, "Saskatchewan Dental Plan," 802-803; Saskatchewan Dental Plan, *Performance of the Saskatchewan Dental Plan* 32; Wolfson interview.

Chapter 6 -- What Led to the Demise of the SDP

> "[G]oing to school, …. There was a little fellow in about grade 2 – and I will call him Brian; …. He was teased because he had bad teeth, …. his parents really were unable to take him the 30 miles needed to go to a dentist and pay for the dental care. … when something like that affects a child's social life for that long, it also affects his ability, or her ability, to profit to the fullest extent from an education. …. And one thing we liked about this plan is that now when you go to a school it is very, very rare that you will find a Brian with bad teeth …. And I'm afraid, … with the abandonment of this plan those gaps are going to start again"[1].

The April 1982 election was pivotal for the SDP. The NDP campaigned on a promise to "expand dental care to embrace every single Saskatchewan resident by 1986"[2]. They promised "[t]he same impressive package of diagnostic, preventive and restorative dental work now provided for children will be available to everybody." The NDP also distributed literature, which stated, "Resource Revenues Paying For Services…. Expand Medicare to include Denticare and Visioncare"[3]. Over the last 11 years, the NDP had balanced the budget and Saskatchewan had become a prosperous province, through advanced social programs and economic initiatives. However, the NDP did not win the 1982 election. The Progressive Conservative (PC) party led by Grant Devine promised a Mortgage Interest Reduction Plan, (available for all homeowners) and the elimination of the gas tax. After the election, changes started almost immediately. The election was the beginning of the end for many social programs.[4]

By 1983, the PC government began to dismantle the SDP by cutting 23 employees. The government wanted to put less money into the SDP and, at the same

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[1] A quote by Mr. Kowalsky as cited in Saskatchewan, Legislative Assembly, *Hansard Debates* 1 September 1987: 17.

[2] Saskatchewan New Democratic Party, Campaign Literature, "Allan Blakeney and the NDP: Tested … and Trusted" [1982].

[3] We Care!, Advertisment (N.d) n.pag. Received copy from Tommy Douglas House, Regina.

[4] Pitsula and Rasmussen 31-32; We Care!, n.pag; Wolfson interview.

time, increase the workload on remaining employees. One cutback to the Plan was the termination of the Wadena Project (a pilot project, introduced by the NDP, designed to establish a universal dental plan). Other cutbacks included cutting coverage for 4 year olds and scaling back coverage for 15 and 16 year olds, requesting that they visit private practitioners.[5] The first 4 years of PC rule consisted of spending on "capital projects at the expense of operating budgets"[6]. The dominant ideology seemed to revolve around infrastructure and "more vulnerable programs, primarily serving the poor, children, the elderly, and the mentally ill, were cut."

In the Legislature on March 3rd, 1983, the NDP's Dwain Lingenfelter asked Health Minister Graham Taylor about a report sent to the government by the CDSS, written by an *ad hoc* committee set up in November 1982. The report dealt with "the future of dentistry in Saskatchewan"[7] and recommended therapists not perform dental exams and the adolescent program be "delivered totally by the private sector dentist." Taylor supported these requests, stating "[t]here has been some transfer of adolescents to the private sector and we will continue with that in the coming year." He went on to say, "the cost factor is not that different between the service being provided by a private dentist or the dental plan." During the debate, Lingenfelter read a letter dated February 28th, sent to Taylor expressing concerns that the SDTA had regarding the CDSS recommendations. The SDTA criticized the halt to the Wadena Project, doing away with coverage of 4 year olds, and the attempt to scale back coverage of 15 and 16 year olds.

[5] Lesley Biggs and Mark Stobbe, *Devine Rule in Saskatchewan: A Decade of Hope and Hardship* (Saskatoon: Fifth House Publishers, 1991) 180; Saskatchewan, Legislative Assembly, "Routine Proceedings," *Hansard Debates* 3 March 1983: 12; Wolfson interview.

[6] Biggs and Stobbe 179.

[7] Saskatchewan, Legislative Assembly, *Hansard Debates* 3 March 1983: 10.

Lingenfelter stated the government was working against a universal dental plan for Saskatchewan.[8]

The October 1986 election proved to be the death knell for the SDP. The NDP campaigned on social programs and an "expansion of the [SDP] to include coverage for orthodontics."[9] However, the PCs geared up for the election by implementing programs such as "low-interest farm production loans" and farmers were allowed to borrow $25 for each acre at 6 per cent interest (regardless of ability to pay back the loan). The PCs knew their best hope for re-election was to appeal to rural constituencies, however, other programs were announced for the election campaign such as: a $1,500 home improvement grant, subsidized home mortgage rates of 9.75 per cent over a ten year period, $10,000 loans for home improvements at 6 per cent interest, and grants of $3,000 for first-time homeowners. Pitsula and Rasmussen argue the PCs were careful to "conceal two things: the actual state of the province's finances, and the Tories' privatization plans." The PCs won a second mandate, albeit with less of a popular vote than the NDP, "Blakeney polled 3,500 votes more than Devine"[10]. The "March 1986 budget had projected a deficit of $389 million"[11] but, after the election, the PC government admitted the deficit was more than $1 billion. Finance Minister Gary Lane suggested the private sector might be the answer, leading to the conservative agenda of privatization.[12]

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[8] Saskatchewan, Legislative Assembly, *Hansard Debates* 3 March 1983: 10 & 12-13.

[9] Pitsula and Rasmussen 103, 108 & 120.

[10] Dennis Gruending, *Promises to Keep: A Political Biography of Allan Blakeney* (Saskatoon, SK: Western Producer Prairie Books, 1990) 230.

[11] Pitsula and Rasmussen 120.

[12] Gruending 230; Pitsula and Rasmussen 103, 105, 108 & 120-121.

On April 22nd, 1987 the *Leader-Post* reported the NDP opposition acquired a document that included details of the upcoming June budget. The document stated that the government planned to reduce the coverage of the SDP. The NDP noted the document referred to health care and indicated cuts must to be made to contain costs. This document suggested programs and personnel would be reduced, dental care benefits for people on welfare may be reduced, and adolescents would cease to be covered under the SDP. Dr. Peacock had some knowledge as to what may be in the budget and, on April 24th, was quoted in the *Leader-Post* saying the "dental program, [is] under review"[13]. He suggested it came as no surprise since the government was announcing numerous cutbacks, however, he suggested "[c]utbacks to the dental program or to other health services would be detrimental." The 1987 provincial health budget was $1 billion and took up about one-third of the overall budget. The 1986-87 budget for the SDP was about $18.4 million, which was minimal compared to programs such as the drug plan, which cost about $76 million.[14]

On June 10th, dental workers were told to meet in different places throughout the province. C. Shulte (President of the SDTA) was worried about possible job loss. She said rumours were going around that suggested the SDP would be cutback to serve children from 5 years to children in grade 6; it was believed about 96 positions might be lost. On the morning of June 11th a protest was held on Broad Street in Regina. The protest was held because therapists and assistants knew the government had cutbacks planned for the SDP, and they wanted to let the public know. Protesters carried signs that

[13] Neil Scott, "Official Confirms Government Exploring Drug Plan Cutbacks," Regina *Leader Post* 24 April 1987: 1.

[14] Neil Scott, "Official Confirms Government Exploring Drug Plan Cutbacks," Regina *Leader Post* 24 April 1987: 1; Beverley Spencer, "Cuts Aimed at Children, Disabled Programs," Regina *Leader Post* 22 April 1987: 4.

read "the 'Devine decay' of the dental plan"[15]. This protest was held just before the time therapists were instructed to meet.[16]

At one such meeting, held at a hotel in Saskatoon, Health Department administrators told the media they would not be allowed in the room. Members of the media watched through hotel windows. As SDP employees were brought into the hotel, they were separated into groups and told to go to specific rooms. Once the rows in each room were occupied, the door to each room was locked. No explanation was given as to why the groups were separated into different rooms. Throughout the province that morning, Department of Health administrators informed therapists they were fired and handed out pink slips stating that the government no longer employed the therapists. Television cameras poised against the windows saw a number of therapists shedding tears. One dental worker interviewed after the meeting compared the way they were herded into rooms to being led to a gas chamber. The workers were told dentists would hire about 150 of them. A therapist, S. Painter, said, "'therapists have provided a quality service'"[17] and, since the SDP was implemented, the overall dental health of the population had improved dramatically.[18]

Therapists were in a difficult position whether they were from the 1974 graduating class, like E. Hooper who had her job terminated on August 7th, or were graduating that coming June. A therapist, R. Hughes, informed the *Leader-Post* that she

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[15] Colleen Dundas, "Dental Plan Cutbacks: Assistants Herded in to Get News," Regina *Leader Post* 12 June 1987: 3.

[16] Deanna Herman, "Dental Plan Cuts a 'Kick in Stomach,'" Saskatoon *Star Phoenix* 12 June 1987: A3; Gerry Klein, "Dental Workers get Answers Thursday," Saskatoon *Star Phoenix* 10 June 1987: A1.

[17] Dundas 3.

[18] Dundas 3; Herman A3; Johnsrude, "$55-Million," A1; Pitsula and Rasmussen 130; Beverley Spencer, "Health Plans Will Die Without Cuts: McLeod," Regina *Leader Post* 12 June 1987: A1; Topola interview.

did not believe there would be employment for therapists since they were trained specifically for the government program. Therapists were advised they would receive severance pay amounting to one week of pay for each year of employment. There were approximately 20 therapists who would not receive any severance pay because they graduated the same year the Plan was privatized. Dr. Keenan suggested therapists who had only completed one-year of training would be able to apply for the Dental Hygiene Program, but spaces were limited, so he was not sure if all therapists would be accepted. About 18 of the most senior therapists were asked to transfer to the Community Services Branch of the Health Department to work in the new Dental Health Education Program. This program was designed to focus on increasing dental health education throughout the province and would be administrated through local Health Boards.[19]

In a June 12th *Leader-Post* article Health Minister McLeod defended his government's budget, indicating the drug plan and dental plan had to be made more efficient in order to survive. He suggested there would be a savings of $3 million a year by eliminating the adolescent plan and another $2.5 million by allowing private practitioners to handle the dental care of children. He continued, saying the government "has agreed to pay dentists a total of $8.5 million to do dental work for 140,000 children"[20] and about 95 per cent of dentists would participate in the new program. McLeod addressed the fact that 294 dental workers lost their jobs, but stated "[a]bout 150 of them might find jobs with private dentists due to an increased demand for service … [but] admitted dentists have no obligation to hire any of them." He went on to say "people will accept them [the changes] after the initial 'consternation' subsides." In this

[19] College of Dental Surgeons of Saskatchewan 17; Pitsula and Rasmussen 120.
[20] Spencer, "Health Plans Will Die," A1.

same article, G. Howard said he wished the Adolescent Program would be reinstated in the future but otherwise believed the changes were favourable.

P. Atkinson suggested, in the *Leader-Post* on June 12th, "'the birthplace of medicare is becoming the graveyard for medicare'"[21]. In the same article, SGEU President B. Byers stated the PC government was "'rolling the clock back by 20 years by destroying universal, accessible health programs.'" In another article on June 12th Atkinson suggested "[t]he government plans to save money by discouraging people from taking their children to the dentist"[22] through restricting access, especially for families where both parents work and for families living in rural communities. She went on to suggest the utilization rate for school-based clinics was 90 per cent compared to 30-40 per cent for 14 to 17 year olds who were seen by a dentist in private practice. In yet another article, Atkinson said rural areas would be affected strongly by the dismantling of the SDP; she noted the ratio of dentists to individuals was 1 for 4,500 citizens.[23]

During an interview with Wolfson he noted M. Lewis was given an option, a few months before the privatization of the SDP, to "either leave now or you can sign a loyalty oath that you will do whatever we say as far as this thing"[24]. This agreement required Lewis to "help break the news and make this unpleasant thing as pleasant as was best possible." He chose to keep his position, however, Wolfson suggested "that was very difficult for him, and I think he never really got over the impact of having to take this thing apart." Topola gave similar information that Dr. Lewis had the option of doing as

[21] Neil Scott, "Dental Plan Cutbacks: Gov't Killing Medicare, Says Opposition," Regina *Leader Post* 12 June 1987: 3.

[22] "Province Discourages Dentist Visits: NDP," Saskatoon *Star Phoenix* 12 June 1987: A6.

[23] "Province Discourages," Saskatoon *Star Phoenix*, A6; Scott, "Gov't Killing Medicare," 3; Smillie 18.

[24] Wolfson interview.

he was told or be fired. She suggested he was forced to give a speech, "they had written it for him and he had to say … it doesn't matter about baby teeth, permanent teeth are the only thing that matters"[25]. She felt the whole time he was going through this unpleasant experience, he knew "the children who were going to end up with the most disease weren't going to be the people who were going to private practice dentists."

On June 12th C. Lepard commented to the *Star Phoenix* that the government was making a "'ridiculous move'" because "operating the program in the schools benefits both children and parents"[26]. She suggested, with the SDP, children "'get called out of their classroom for 10 minutes and are done.'" She credits "'the fact that neither [of her children] have needed fillings to the regular check-ups, fluoride treatments, cleanings, and information given them on how to properly care for their teeth.'" According to A. Sambasivam, who's child suffered from "jaw development problems" detected by SDP employees, "'[c]ertain programs like this should be universal and made available to all on an equal basis'"[27]. In the *Leader-Post* that day, S. Grocholski stated, "'the program in the schools is in the place that it should be – it is where the children are'"[28]. She was upset "changes were made without any discussion in the legislature or with the public." B. Banting reiterated Ms. Grocholski's sentiment saying, "'[i]t's a gutless way to handle it [referring to lack of legislative debate]'"[29].

In the *Leader-Post* on June 13th, Health Minister G. McLeod touted the positive aspects of altering the SDP, however, he agreed, "therapists were not even consulted

[25] Topola Interview.
[26] Daryl Oshanek, "Parent Calls Dental Plan Cutback 'Ridiculous Move,'" Saskatoon *Star Phoenix* 12 June 1987: A3.
[27] *Ibid*.
[28] "Dental Plan Cutbacks: Parents Feel Children will Suffer," Regina *Leader Post* 12 June 1987: 3.
[29] *Ibid*.

when the cutback plan was conceived"[30]. This article concluded: "there may be some doubt that elimination of the school dental plan will ultimately prove to be a true saving for the government *or* the individual." Also on June 13th the *Star Phoenix* noted that McLeod, speaking at the CDSS convention, stated that more than 100 fired therapists would be given the option of upgrading to become hygienists. He hoped dentists would hire the terminated dental plan staff for their practices and Howard suggested the CDSS felt the same way. Howard hoped dentists would set up part-time "satellite" offices in rural areas to handle the increased workload cutbacks to the SDP would create. He also hoped dentists choosing to expand their practices would purchase equipment used for the SDP, which would be put up for sale by the government. McLeod believed it was unfortunate that the adolescent program was dismantled but said the money needed to be spent on more important issues, such as "alcohol and drug abuse and AIDS information and education"[31]. He was not concerned about a lack of access to dentists because "[t]here's a wide distribution of private practitioners available." He went on to say, "our government believes work that can be done by the private sector should be done by the private sector."

A June 16th *Leader-Post* article suggested the government was holding back on releasing the previous year's Annual Report for the SDP, which would show that the "dental plan's total expenditure actually declined marginally from year to year"[32]. Unreleased government statistics showed that privatizing the SDP would "save closer to $500,000 than the $5.5 million it predicted." The 1985-86 Annual Report supports the

[30] Letter, "Can Parents Fill Holes in Dental Program?" Regina *Leader Post* 13 June 1987: 6.
[31] Deanna Herman, "Dentists Prep for Increased Workload," Saskatoon *Star Phoenix* 13 June 1987: A9.
[32] Dale Eisler, "Dental Plan Savings Far Below Prediction," Regina *Leader Post* 16 June 1987: 1.

claim that savings provided by reducing the coverage of the SDP were a lot lower than the government predicted. The Report also stated that the total dental plan expenses were $15,159,048, down from the 1984-85 expenses of $15,241,344. The average 1984-85 per child cost went down from $92.56 to $91.98 in 1985-86. This compared to $103.52[33] for each adolescent seen by a dentist in private practice. The average cost of seeing a private practitioner on a fee-for-service basis over this same period increased almost $32,000, indicating a trend towards reduced expenditures for therapists compared to dentists. Approximately 131,500 elementary school students were eligible for the new program, and McLeod indicated the government would pay $75 per child and "the total payment to private dental practitioners will be $9.8 million." McLeod announced $1.2 million would be spent on management and promotion of the new program, bringing the total to almost $11 million. In the end, the privatization of the SDP was not really about cost savings because the savings were minimal.[34]

Lane's June 17th budget speech was the final blow to the SDP. The budget speech noted the government was "proud of its support to medicare through the expansion of programs", but that "health care expenditures have increased over 63 per cent over the last five years"[35]. According to Lane, the number of dentists had increased (a 46 per cent increase) from when the SDP was implemented, and there were "employer-sponsored dental plans" being utilized as of 1987. He stated, "[e]ffective September 1 the dental plan will be delivered through dental offices," and the adolescent program would be

[33] This amount appears in an article by Dale Eisler from the Leader Post as well as in some Hansard Transcripts, but does not appear in the Annual Report.

[34] Dale Eisler, "Dental Plan Cost Report Denied," Regina *Leader Post* 20 June 1987: 4; Saskatchewan, Department of Health, "Annual Report 1984-85: Saskatchewan Health Dental Plan September 1, 1984 to August 31, 1985," *Saskatchewan Dental Plan* (N.p.: n.p., 1985) 24-26.

[35] Saskatchewan, Legislative Assembly, "Routine Proceedings," *Hansard Debates* 17 June 1987: 23.

discontinued. The new program would exclude 4 year olds and those 14 to 17 years; however, the government would still cover 5 to 13 year olds. The Plan would be delivered through private practice offices and parents would have to take their children to the dentist's office, a move that would "encourage more dentists to establish in rural areas." Lane said, "[t]he government has to cut costs and change priorities to protect medicare"[36]. Peacock stated, in the *Leader-Post*, children who were previously part of the SDP would have their files transferred from the government to dentists.[37] Tchorzewski's response to the budget was that June 17th, 1987 "will forever be known as 'Black Wednesday'"[38].

The "new Saskatchewan Dental Plan" was subsequently advertised in major newspapers across the province. The advertisement stated, "the plan will maintain a high standard of service for those who are most in need, while reducing costs by approximately $5.5 million", suggesting a "school-based dental health education program will be included to complement the treatment component of the plan"[39]. The advertisement specified that parents could choose what dentist their children would visit, while receiving coverage for the same treatments covered under the SDP. The advertisement noted parents would fill in a form on which they select a dentist from "a

[36] Beverley Spencer, "Lane Intends to Change Health System's Priorities," Regina *Leader Post* 18 June 1987: 16.

[37] Blakeney, *Honourable Calling*, 88; Gay Caswell, Letter, "Schools Built for Academics," Saskatoon *Star Phoenix* 20 June 1987: A5; "Dental Plan: Promise of Changes Pleases Therapists," Regina *Leader Post* 17 November 1987: 4; "Dental Records to be Transferred," Regina *Leader Post* 17 June 1987: 4; Larry Johnsrude, "$55-Million Saving Costs 332 Health Jobs," Saskatoon *Star Phoenix* 12 June 1987: A1; "Premier Defends Program Cutbacks," Regina *Leader Post* 27 June 1987: 4; W. A. Robbins, "PC Policies Irrational," Saskatoon *Star Phoenix* 2 July 1987: A5; "School Board Wants Clinics Kept," Regina *Leader Post* 30 June 1987: 3; Spencer, "Lane Intends to Change," 16.

[38] Murray Mandryk, "Tory Budget Brings Charges of Betrayal," Regina *Leader Post* 18 June 1987: 1.

[39] "Introducing the New Saskatchewan Dental Plan," Advertisement, Regina *Leader Post* 17 June 1987: C14; "Introducing the New Saskatchewan Dental Plan," Advertisement, Saskatoon *Star Phoenix* 17 June 1987: A8.

list of participating dentists"[40] and wait for the dentist to contact them. If care were required before the dentist contacts them, the Program would cover the costs. The new plan came to be known as the Children's Dental Program (CDP).[41]

Question period in the legislature on June 18th, started out with questions about cutbacks to health care and the SDP. Blakeney responded to the announcement of the cancellation of the dental plan in the previous day's budget speech by saying, "the children's dental plan has been privatized and that some 60,000 young people will no longer be covered"[42]. He asked Devine, "how can you make these destructive cuts in government programs and yet deny that you are undermining medicare?" Devine responded that what his government was doing was right and "it will provide a brand new form of health, educational, drug and dental programs in this province that are overdue"[43]. He stated priority was needed in the area of "drugs and alcohol and social programs" for adolescents and suggested that younger children will still have their care completely covered. He concluded: "it takes some courage to make those decisions on behalf of teenagers, and on behalf of families, and on behalf of the health care system" and someone had to do it. Blakeney suggested, "[t]his was not the finest hour for either the government or the [CDSS]"[44].

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[40] "Children's Dental Program Begins September 1st," Advertisement, Regina *Leader Post* 29 August 1987: n.pag; "Introducing the New Saskatchewan," Regina *Leader Post* C14; "Introducing the New Saskatchewan," Saskatoon *Star Phoenix* A8.

[41] "Children's Dental Program Begins," Regina *Leader Post* 29 August 1987: n.pag; Saskatchewan, Department of Health, "Statistical Report on the Children's Dental Program September 1, 1987 to August 31, 1988," *Saskatchewan Children's Dental Program* (N.p.: n.p., 1988) 2; Topola interview.

[42] Saskatchewan, Legislative Assembly, "Routine Proceedings," *Hansard Debates* 18 June 1987: 3.

[43] Mandryk, "Tory Budget," 1.

[44] Blakeney, *Honourable Calling*, 88.

On June 18th, articles were published in provincial newspapers opposing changes to the dental plan. B. Campbell wrote to the *Star Phoenix* to suggest the reason the government privatized the SDP "comes down to whether the government should spend tax money on the teeth of all Saskatchewan children, or whether parents, as individuals, should assume this responsibility for their own children's teeth"[45]. She believed the cuts had nothing to do with getting the deficit under control and suggests the PC government "doesn't like the idea of public policies for the common good [or] … sharing wealth via government programs." K. Lynn (a Regina elementary school principal) wrote a letter to the *Leader-Post* indicating the SDP was a model for all of North America in promoting preventative and restorative dental treatment for children. He also suggested a school-based dental plan created equality regardless of location or income and the SDP "provided quality care at reasonable cost, to a greater proportion of Saskatchewan youth than at any other time in our history"[46]. Lynn went on to state that dentists would be happy because they "will pick up a nifty sum of business for their 'less-than-full' practices." He concluded by stating that if the government "believes that common sense puts a home improvement program … before less-expensive health-care programs, then it will eventually realize that 'initial consternation' [referring to McLeod's statement from June 12th] is really lasting outrage."

The *Leader-Post* article suggesting savings would be well below the government's predictions sparked anger and several protests. One protest was held on June 18th at the Legislature. At this protest, therapists marched and chanted, "'Getting rid

[45] Barbara Campbell, Letter, "PCs Bulldozing Province," Saskatoon *Star Phoenix* 18 June 1987: A5.

[46] Kent Lynn, Letter, "'Lasting Outrage' Legacy of Cuts," Regina *Leader Post* 18 June 1987: 7.

of Tories is like pulling teeth. If they're rotten, they've got to go'"[47]. D. Hopkins, a dental technician from Yorkton, stated, "[w]e were under the impression that they [the government] were under a policy of fiscal restraint …. A few days later we find out we were wiped out for no reason." On June 20th, a march in downtown Regina protested the cuts[48]. The rally started in Victoria Park and marched down Albert Street to the Legislature. Thousands of citizens from around Saskatchewan attended the demonstration carrying signs that read, "'What would Tommy think?', 'The only good Tory is a suppository' and 'Regressive Conservatives'"[49]. A. Ispell, who attended the march, noted the government did not get the majority of the popular vote and yet they are cutting back programs that "'took years and years to build up.'" Reverend H. Blackman, from St. Paul's Anglican Cathedral in Regina, was concerned by the cuts and believed "'[w]hen you replace people with dollar signs, you're in trouble.'" Devine suggested the number of people at the protest did not impress him because it was a gathering involving free buses, food and games and was the work of "NDP ideologues and radicals"[50]. However, Blakeney noted it was the "'largest public protest in 25 years' in Saskatchewan"[51].

In the *Leader-Post* on June 20th McLeod denied the claims that the cost savings from privatizing the SDP would be far below the $5.5 million estimated; however, he admitted the financial costs of the SDP had not risen in the last few years and, in fact, had

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[47] Ron Petrie, "Protesters Vent their Anger During Gathering at Legislature," Regina *Leader Post* 18 June 1987: 15.

[48] Lorri A. Interisano, Letter, "Marchers Seemed Short on 'Common Courtesy,'" Regina *Leader Post* 27 June 1987: 7.

[49] Wendy Cox, "Protesters Show their Displeasure," Regina *Leader Post* 22 June 1987: 3.

[50] Larry Johnsrude, "Devine Dismisses Weekend Protesters as NDP Ideologues," Saskatoon *Star Phoenix* 23 June 1987: A10.

[51] Neil Scott, "Devine not Moved by Anti-Government Demonstration," Regina *Leader Post* 23 June 1987: 4.

decreased during the last 2 years of the SDP. He suggested the reason for privatizing the SDP was not due to cost and "did not dispute the fact that the cost per student is less for service supplied by dental therapists than dentists"[52]. McLeod believed the situation had changed from 1974 when the plan was introduced, suggesting there was an increase in the number of dentists in the province and thus, encouraging dentists to establish practices in rural communities was now a priority.

In a June 20th *Star Phoenix* article Tory MLA G. Caswell defended the changes the government was making to the SDP. She said while government cuts caused great distress, she believed tax increases were also of concern. She also felt therapists could not deliver the same service as dentists. She noted, due to a problem the school dental team missed, her son had to have treatment that resulted in a large cost for her family. She suggested other parents had told her "they let their children be involved in the school dental program for no other reason than to avoid peer pressure, but then take their children to the dentist at their cost in the summer months"[53], concluding dental health should be the responsibility of the parents and school should only involve academics.

Speaking at the NDP's June convention Blakeney stated that Devine campaigned for his second term on the promise to keep bringing Saskatchewan forward, but the government is doing exactly the opposite; "the Devine government is dismantling what Saskatchewan people have spent decades to build"[54]. The government provided numerous reasons for privatizing the SDP, such as: minimal tooth decay; up to 75 per cent of individuals free from caries; an increase in dentists; dentists spread across a

[52] Eisler, "Dental Plan Cost Report Denied," 4.
[53] Caswell A5.
[54] Randy Burton, "Blakeney Says PCs are Killing the Dream," Saskatoon *Star Phoenix* 22 June 1987: 3.

greater area of the province; and, it would be cost efficient for the government to hand over provision of service to private practitioners. The government suggested children would be covered on a capitation fee schedule that the government would arrange with the CDSS. The government claimed privatizing the SDP would save between $5 and $5.5 million and only about 300 personnel would lose their jobs (in the end, about 411 therapists, assistants and office personnel were out of a job).[55] Wolfson stated, "questions that have yet to be answered are how much of the motivation to privatize the program was related to provincial politics, dental politics and the politics of gender"[56]. At this point, the question arises, would this have happened if all the dental workers had been men? The idea of this being an issue of "the politics of gender" is discussed later.

On June 25th, write-ups in the *Leader-Post* and *Star Phoenix* appealed on behalf of the SDP. In a *Star Phoenix* editorial, S. G. Russell (a dental plan employee) expressed anger over dental plan workers not having the chance to provide input over changes to the dental plan. She noted the decision to privatize the Plan took place without Legislative debate and the government "made the decision with little thought, inadequate consultation and in the absence of a provincial budget"[57]. She suggested, right after the announcement to privatize the Plan, there were enquiries at dental plan offices about the sale of equipment used for the SDP. She concluded saying: members of the PC party should "stop the total destruction of the health care system in this province before it is too late." In the *Leader-Post*, D. M. Martin from Regina suggested "[t]he demise of the

[55] "Dental Plan Cuts to Cost 300 Jobs," Regina *Leader Post* 11 June 1987: 1; Niedermayer 6; W. A. Robbins, Letter, "PCs Poor Fiscal Managers," Saskatoon *Star Phoenix* 18 June 1987: A5; "School Board Wants Clinics Kept," Regina *Leader Post*, 3; Neil Scott, "Devine, McLeod Miss Dental Workers' Visit," Regina *Leader Post* 27 June 1987: 4.

[56] Glor 137.

[57] Susan Grace Russell, "Any Humane Tories Left?" Saskatoon *Star Phoenix* 25 June 1987: A5.

[SDP] will lead to a deterioration in the dental health of the children of this province"[58]. This person explained, before the SDP began, children's dental health was poor, but the SDP improved the situation and getting rid of the Plan would hurt the children of this province and "has virtually thrown the dental health of Saskatchewan children back 15 years." D. M. Martin suggested the government should know better because they have access to information that shows "the negative impact that this action will have on the children of Saskatchewan."

In an act of protest, approximately 100 dental personnel attended question period on June 26th at the Legislature. They wanted to present a petition signed by approximately 16,000 people upset with the dismantling of the SDP, and get answers from Devine and McLeod as to why they lost their jobs. However, Devine and McLeod were absent that day. M. Wallace, speaking on behalf of dental employees, indicated she and the other personnel were frustrated that the Premier and Health Minister did not "have the courage to go into the legislature"[59]. The petition was "submitted to the NDP and formally tabled in the legislature." Atkinson acknowledged the attendance of the dental employees suggesting, "the public owed them 'an enormous debt of gratitude for [their] work.'" Blakeney stated construction was going on at schools "'up to the very day the changes were announced'" and also "about $10,000 worth of pamphlets on the old plan were being printed and about $350,000 in drugs and other supplies were ordered destroyed after the plan was changed"[60]. Taylor (former Health Minister) responded; "it

[58] D. M. Martin, Letter, "Children Will Pay Price of Dental Plan Changes," Regina *Leader Post* 25 June 1987: 7.
[59] Scott, "Devine, McLeod" 4.
[60] Randy Burton, "Tories Drilled on Dental Plan," Saskatoon *Star Phoenix* 27 June 1987: A3.

is important to note that [the dental plan] has not been cancelled"[61] and even though service is provided through a dentist in private practice, it is fully covered by the government. The government felt they had responded to parents' concerns by putting money previously budgeted for adolescent dental care into programs for drug and alcohol abuse, which was becoming more prevalent.[62] While Taylor responded to opposition questions, "a glum-looking PC caucus shifted uncomfortably in their seats, mustering little applause for Taylor's explanations"[63]. After the debate, Taylor spoke to reporters, saying, "the government will stick to its guns."

Devine defended the action of his government in regards to the dental plan suggesting parents wanted their children's teeth checked by dentists rather than therapists and assistants. On June 26th in the *Star Phoenix*, Devine suggested it is not "'too much to ask a parent to take a child to a dentist and we pay for it'"[64]. In another article the same day, he said alcohol and drug abuse had become so prominent it was more important that drug awareness become more of a priority rather than "having the public pay for a cavity for a teenager"[65]. Devine believed privatizing the SDP and implementing a drug awareness educational program was "by God, the right change to make." He believed the public would come around to the government's way of thinking in a year or so, when the public sees the policies at work in the communities.[66]

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[61] Scott, "Devine, McLeod" 4.

[62] Greenshields, "Parents' Demands," A8; "Premier Defends Program Cutbacks," Regina *Leader Post*, 4; Saskatchewan, Legislative Assembly, "Routine Proceedings," *Hansard Debates* 26 June 1987: 5 & 10; Scott, "Gov't Killing Medicare," 3.

[63] Burton, "Tories Drilled on Dental Plan," A3.

[64] "Premier Defends Program Cutbacks," Regina *Leader Post*, 4.

[65] Randy Burton, "People Used too Many Free Drugs: Devine," Saskatoon *Star Phoenix* 26 June 1987: A18.

[66] Burton, "Tories Drilled on Dental Plan," A3; Greenshields, "Parents' Demands," A8; "Premier Defends Program Cutbacks," Regina *Leader Post*, 4.

Also on June 26th in the *Star Phoenix*, University of Regina Professor B. Barlow suggested the Conservative government was destroying Saskatchewan's social safety net through abolishing such programs as the SDP. Barlow said one reason for the dismantling was because it was a program the PC government did not believe in: "'(they're) looking for an excuse to cut back on things they don't like'"[67]. Savings from privatizing the Plan would be minimal at best since "therapists who used to go into all the schools have lost their jobs, and private dentists are now paid by the province to provide care to a smaller number of students." If the government did save $5 million through the privatization of the SDP, the province still had a $3.3 billion debt.[68]

At the end of the school year, therapists handed out certificates to students signifying the end of the school-based dental plan. As B. Buller, a fired therapist, stated, "'[t]he certificates are intended to thank the children and encourage them to continue good dental care'"[69]. These certificates indicated that children could no longer receive care at school and 5 to 13 year olds would have to seek care at a dentist's office. The certificates "were created and paid for at a cost of about $12,000 by members of the [SDTA]." Buller spoke of Grade 6 students from Hague who were planning to write to their MLA to voice their opinions of the cancellation of the SDP. She suggested children would be affected the most by the government's decision.

The June 1987 graduation ceremony for therapists having completed their training at WIAAS was a somber occasion. This would be the last class of therapists trained at WIAAS. With the SDP privatized and the school-based clinics being closed, prospects

[67] "Sask., Alta. Both Accused of Destroying Social Services," Saskatoon *Star Phoenix* 26 June 1987: D2.
[68] "Sask., Alta.," Saskatoon *Star Phoenix*, D2; W. A. Robbins, "PC Policies Irrational," A5.
[69] Kim Humphries, "Dental Staff Says Farewell," Saskatoon *Star Phoenix* 27 June 1987: A1.

for employment were not favourable for these graduates. The therapist training facility in Regina was shut down within a year after the SDP came to an end.[70]

On June 30th a *Leader-Post* article suggested the Regina School Board was concerned about the privatization of the SDP and wanted the government to overturn its decision to privatize the Plan. The School Board supported "dental clinics working out of Saskatchewan schools"[71]. A letter sent to Devine by the Chairman of the Regina Board of Education, R. Matheson, stated the board was "'dismayed and concerned that the decision had been made to dismantle one of the most progressive approaches to dental health for our youth.'" He suggested the clinics were already in place with the "equipment, facilities and personnel" and it would be a shame to do away with the SDP when there are so many people in the province who support the Plan. Matheson did not believe costs for dental care would decrease in the future; he said this would be especially true with the loss of the preventative component of the SDP factored in. The Plan teaches youth that good dental health is necessary not just in the present but also for an individual's future health. He concluded: by dismantling the Plan, the future health of our society is in jeopardy.

In a legislative debate on July 2nd, Blakeney called on the government to halt changes to the SDP if they were sincere about being committed to saving medicare. Devine responded by stating, "children can now go to private dentists and the government will pay the bills"[72], suggesting this was an upgrade to the old dental plan.

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[70] "Graduation Ceremonies for WIAAS Students 'Subdued,'" Regina *Leader Post* 29 June 1987: 4; Niedermayer 6; Michael Rachlis and Carol Kushner, *Strong Medicine: How to Save Canada's Health Care System* (Toronto: HarperCollins Publishers Ltd., 1994) 165.

[71] "School Board Wants Clinics Kept," Regina *Leader Post*, 3.

[72] Vern Greenshields, "'Medicare Day' Exchange Heated," Saskatoon *Star Phoenix* 2 July 1987: A12.

Blakeney said children would have further to travel to see a dentist rather than seeing a therapist at school. He suggested recommending a child should have to travel from rural, small town Saskatchewan to the nearest city/town with a dentist is by no means an upgrade when compared to the former dental plan.

In the *Star Phoenix* on July 3rd, L. Brazier (a teacher from Choiceland) responded to Caswell's letter from June 20th. Brazier suggested the privatization of the SDP was "greeted with disbelief, dismay and opposition in rural Saskatchewan"[73]. She felt the SDP did not interfere with academic activities and refuted Caswell's claims, saying children did see a supervising dentist and proper equipment for examinations was located at all of the school-based clinics. She suggested the new program would disrupt the classroom because children would be absent from school and, while the government may cover dental care costs, parents, especially from rural communities, would have to pay for gas and time away from work when taking their children to a dentist. Brazier said she "never heard anyone express dissatisfaction with the dental program" and suggested the privatization of the SDP would be very difficult for rural Saskatchewan since people would choose to shop in larger communities while traveling for appointments. She also suggested the changes would take more people away from rural areas because the therapists, who resided in the areas where they worked, would no longer feel a tie to the community.

On July 8th in the *Star Phoenix*, B. Chipperton of North Battleford noted the government was going on blind philosophy instead of using wisdom when privatizing the SDP. He suggests it is crazy to believe dentists could perform a cheaper service; changes

[73] Louise Brazier, Letter, "Rural Children Hit Hard," Saskatoon *Star Phoenix* 3 July 1987: A5.

to the dental plan "will result in reduced service at equal or greater cost"[74]. Chipperton asked why, the year before phasing out of the Adolescent portion of the Plan, the cost was more per capita for a dentist's services when compared to therapists. He suggested government statistics indicated the province would only save a minimal amount and would result from about 14,000 fewer youth being covered. Chipperton noted the cuts would cause more harm to rural residents because they travel further for services, children miss school and parents miss work. Children whose parents may not take them to the dentist and SDP employees who will have to access public programs like unemployment insurance or welfare will also be harmed by the changes. The only winners would be private practice dentists, who would have guaranteed government funding, and the "radical right of the Conservative Party which appears to believe the purpose of government is to benefit the few at the expense of the majority."

The August 17th legislative debate began with Tchorzewski stating "we used to have the best children's dental plan in North America until it was crippled beyond recognition by changes in policy of your government"[75]. He then asked McLeod why dental records had not been released to parents so they could hand them over to the dentist that would be seeing the child, instead of being kept by the government. McLeod believed the records would be made available, but asked why parents did not have access to the files through the SDP. Tchorzewski stated the files were available for parents to look at any time they wished, but, since the school clinics have been shut down, parents do not know how to access the files. McLeod offered a guarantee that parents would have access to their children's files, but could not guarantee when they would be

[74] Bob Chipperton, Letter, "Radical PCs in Charge," Saskatoon *Star Phoenix* 8 July 1987: A5.

[75] Saskatchewan, Legislative Assembly, "Routine Proceedings," *Hansard Debates* 17 August 1987: 5-7.

available. Tchorzewski then mentioned parents had to pay out of pocket when their children needed to see a dentist over the summer before the new dental plan began, and asked why there was no plan to cover children during this period. McLeod suggested, under the previous plan, children were not covered over summer, and stated "children will be covered by visits to the private dentists' offices … on a 12-month basis beginning on September 1."

On September 1st, the legislative debate again focused on the privatization of the SDP. The debate began with Atkinson stating, "this is a very sad day for Saskatchewan families, because it marks the official end of the best children's dental plan in North America and a replacement of that plan with the government's privatized inferior version"[76]. NDP MLAs Simard, Kowalsky and Atkinson criticized the government's belief that there would be savings of $5-$5.5 million, suggesting this could only happen by reducing usage through making services difficult to access. Atkinson noted the price of seeing a dentist was about $103 per child compared to about $92 per child to see a therapist. She suggested the costs (dependent on how many children would be eligible) would add up to at least $15 million and the only way the government could save money is because of the "many, many children in this province who will not see a dentist." However, according to Tory MLA Muller, the new program would "cover the same services as the old plan," have 187,521 children benefiting from coverage, and "save the taxpayers $9.7 million." He suggested the PC government had increased the health care budget by 63% and it was now "the largest in the history of the province." Tory MLA

[76] Saskatchewan, Legislative Assembly, *Hansard Debates* 1 September 1987: 1, 12, 14-15, 19, 27 & 30-32.

Kopelchuk stated the PC government was able to "save over 30 per cent[77] and preserve the best program in North America." He went on to say, while "the service provided by the dental therapists and the dental assistants was good quality care …. the care provided by a dentist is the best possible dental care available." He stated, "these changes to the dental plan take away from the government the right to decide who operates on my children and gives that right back to me."

During that debate Simard put forward a motion entitled "Resolution No. 29—Changes to Children's Dental Care Program," which asked that the "Assembly condemn the Government of Saskatchewan for its decision to gut the [SDP], thereby increasing the cost of dental care …, and undermining what was commonly agreed to be the best program of its kind in all of Canada"[78]. Muller suggested the resolution be changed to "congratulate the Government of Saskatchewan for its decision to change the [SDP] as to provide excellent and professional dental care for Saskatchewan children from five years to 13 years old, and thus make it the best dental care program in Canada." The debate proceeded with Atkinson asking why the SDP equipment was not being sold at a public auction and whether it was because "the public's so outraged by [the government's] decision to do in this excellent preventive health program." She also asked if the government was in such a rush to sell the equipment because they "want to make it more difficult for the next Government of Saskatchewan to reintroduce a school-based dental program." McLeod suggested the sale was private because the public would not be interested in owning the equipment, so it was decided the Property Management Corporation would handle the sale. Dentists would have the first chance to purchase

[77] Referring to the $5.5 million that the PC government has stated they will save by privatizing the program. A decrease from $15.2 million for the old plan compared to the new plan costing $9.7 million.

[78] *Ibid* 1-3, 10, 16 & 25.

equipment, then other dental employees, and finally it would be open to the public. McLeod referred any further questions to the Minister responsible for the Property Management Corporation.

Several studies were referred to during the September 1st debate. Simard discussed D. W. Lewis' 1981 study to illustrate the superb quality of the SDP and noted the Saskatchewan utilization rate was "20 per cent higher than in the three other universal dental plans in Canada[79] that were privatized." She also discussed the 1983 Periodontal Survey, which indicated the need for an adolescent program stressing prevention and proper education. Kowalsky discussed statistics illustrating the success of the SDP: the 1980 SDP utilization rate was 83 per cent and he suggested, when you add in children covered by employer-sponsored plans and those who visit private practitioners, "Saskatchewan has the highest utilization rate of dental programs in total of anywhere in North America." Atkinson referred to the Attitudinal Survey from 1979, which suggested an overwhelming rate of satisfaction with the SDP and that people wanted the SDP expanded. She proceeded to ask the government to bring forward their study showing people were unhappy with the SDP and wished to see it changed. She suggested the real reason the government privatized the program was mismanagement of finances and the huge deficit created by implementing luxury programs such as the home program where people could apply for a grant and have pools or Jacuzzis installed in their home. Muller accused the Opposition of "us[ing] the health care system to blackmail and manipulate the people of Saskatchewan" and suggested studies had shown a dentist's office is the best place for a child to have their teeth cared for. Kopelchuk claimed, rather

[79] The 3 provinces that Ms. Simard was referring to were Quebec, Newfoundland and Nova Scotia.

than "helping to explain to the people the substance of, and the need for, changes to the dental program, the NDP has chosen to spread falsehoods."[80]

Atkinson read a letter from a woman in rural Saskatchewan regarding dentists setting up "satellite" practices in rural communities. The letter suggested due to hurdles such as weather conditions in the winter months, loss of income because of travel time, and hiring extra personnel for the new clinic, the dentists soon gave up the satellite clinic and opted to work in larger centers. They wanted to make a profit; therefore, it was easier and more profitable to have the patient come to the dentist rather than the dentist travel to the patient. Rural citizens were left having to pay for long distance phone calls to book appointments and the costs in terms of time and money to travel to appointments. Kopelchuk addressed the concern that rural people would suffer most because of having to take time off work, saying the situation is the same for rural communities that do not have a medical doctor, not having a doctor working out of schools does not equate to rural children not receiving medical attention.[81]

Atkinson explained how the government notified dental workers that the government would no longer employ them. She read the letter workers were handed:

> Saskatchewan Health has undertaken a review of programs and priorities in keeping with the government's fiscal restraint program. As part of this review a decision has been made to change the delivery structure for the children's dental health program. Effective September 1, 1987, children's dental health services will be provided by dentists in private practice.
> I regret to inform you that as a result of this decision your position as a dental therapist, (or a) dental assistant, (or a) dental technical will be abolished effective Friday, August 7, 1987. You will be authorized leave with pay from July 1 to August 7, 1987, inclusive.
> As a permanent employee, you were entitled to the lay-off procedures under Article 132 of the Saskatchewan Government Employees' Union collective bargaining agreement. To expedite the bumping process, the attached lay-off

[80] *Ibid* 11, 14, 17, 21-22, 25 & 32-33.
[81] *Ibid* 27 & 30-31.

> options election form must be completed and returned to the Human Resources branch within five working days upon receipt of this letter in accordance with the Saskatchewan Government Employees' agreement.
> Should you wish to discuss the bumping process or your specific options, you're invited to contact Doug Pomfret in the Human Resources branch. (And at the end) I wish to thank you for your contribution to the department, and particularly to the dental program.[82]

Atkinson indicated therapists could not utilize their seniority to bump other employees because they were specifically trained for their jobs with the SDP and, therefore, had no employment opportunities once their jobs were terminated.

An editorial in the November 17th *Leader-Post* suggested the privatization of the SDP had upset people "both inside and outside party ranks"[83]. At the November PC Party Convention, Devine indicated people condemning the privatization of the SDP, especially in rural areas, had a valid reason. He also stated his government "would consider adjustments to the rural component of the revamped program." The editorial suggests the PCs made an error by not encouraging therapists to establish their own clinics in rural areas. It was also pointed out that, in most cases, the public would be supportive of cutting costs, however, in the case of the SDP, the public had not supported the changes, and seeing government ignore the public response has shown a weakness in governing by the PC party. In another article from the same day M. Borowko stated she was pleased to hear the government admit mistakes were made and that a program to ensure access to dental services in rural communities would be looked into. The government originally believed having more clients would lead dentists to establish rural practices, however, McLeod acknowledged the amount of dentists prepared to transfer to rural locations was lower than the government estimated. The government was not

[82] *Ibid* 29-30.

[83] "While Devine's at it, How About Drug Plan?" Editorial, Regina *Leader Post* 17 November 1987: A6.

prepared to "give any indication as to how or when the rural health program might be introduced"[84] since the program was still in the development stage.

The Saskatchewan Public Health Association sanctioned a report on "the economic, sociological, and psychological effects of the cutbacks in health care"[85]. C. Brown wrote the report, *Profiles of Reductions in Health Care in Saskatchewan*. The Report was published on November 21st, but the Association opted to not release it because they felt that it was outdated by the time it was completed. The Report, which was obtained by the media, contained information illustrating the impact of the cuts to social programs. The document discussed changes to human resources and, in the case of the SDP, the firing of dental personnel. Brown suggested this was an attempt to "'downsize' the public service" and reduce the amount of money spent on unnecessary staff, however, the result has been "staff-shortages and increased workloads." It was suggested the most dramatic example of privatization was the SDP and the contracting out of services to private practitioners. An increased burden was forced on to rural parents because of the cancellation of school-based clinics in favour of private practice dentists. Brown pointed out that the PC government reduced subsidies for dentists who had recently graduated, which made it even more difficult for rural areas to attract a dentist. As stated in this Report, "'government sacrifices quality control, consistency and universality'" when privatizing health care services. Disadvantaged groups were affected the most when the government cut health care services and "the government's policies perpetuate systemic social inequality."

[84] "Promise of Changes Pleases Therapists," Regina *Leader Post*, 4.
[85] Biggs and Stobbe 185-187.

In the *Leader-Post* on February 5th, 1988, Borowko suggested, if the government was not going to bring back a school-based dental plan for children, therapists should be allowed to set up their own clinics in rural locations, however, she felt an ideal scenario would be for the government to bring back the SDP, even if it is only in areas lacking dentists. The SDTA sent a document to the government to suggest legislation be changed to allow therapists to set up their own offices under the supervision of dentists. A dentist could perform initial examinations and set out the necessary treatment for the therapists to perform, much like how the SDP was operated. The dentist would not be required to constantly supervise therapists and this type of operation would allow therapists to work on all residents in the area. Borowko was hopeful the government might allow this scenario since Devine had already suggested that the new dental program was faulty.[86]

In a letter to the editor on February 22nd, Bouvier responded to a *Leader-Post* article about how much doctors and dentists earned. The article indicated that, as of 1985, a dentist in private practice earned $85,361 on average. Bouvier sarcastically stated, she could "really understand why the provincial government had to transfer the school-based dental plan to private-practice dentists"[87]. She noted that even the strongest PC government supporters would prefer to have therapists working and paying taxes rather than receiving government aid. J. Rieger, a Certified Dental Assistant from Regina, wrote in response to an article regarding possible employment for therapists. She suggested rural citizens would not be hurt by the privatization of the SDP because they have to commute to cities for other things such as other health services, shopping, and

[86] Zena Olijnyk, "Therapists Want to Set up Own Clinics," Regina *Leader Post* 5 February 1988: A3.

[87] Elaine R. Bouvier, Letter, "Better to Have Them Working," Regina *Leader Post* 22 February 1988: A7.

sports events. She believed if parents really cared about their children they would make sure they saw a dentist, and since some dentists were open on weekends, there is really no reason for the children to miss school. She reiterated a statement that was so common in the early days of the SDP, that two-years' training was not sufficient when compared to the training required to become a dentist. She suggested if therapists were truly "committed to providing quality dental care, … [they should] drop out of the work force to re-educate themselves as dentists" so they can take "total responsibility of patient care that they seem to be seeking"[88].

On March 17th, D. Moore, a dental therapist and hygienist from Regina, responded to Rieger's article suggesting, while Ms. Rieger may understand dentistry, she really does not understand what the SDTA was recommending as "a new community-based dental program"[89]. Moore suggested the SDTA presented the government with three options, all of which involved therapists, supervised by dentists, and having all forms of personnel working together to provide the best quality care. She went on to say for the 13 years that the SDP existed, therapists, hygienists and assistants worked to complement the care provided by dentists since the SDP was based around teams and teamwork. She suggested Rieger's comment regarding therapists dropping out of the workforce to become dentists is difficult since therapists were unemployed since the abolition of the SDP; a community-based program would give therapists a chance to return to the labour market.

[88] Janette Rieger, Letter, "Therapists not Trained to Aid Seniors," Regina *Leader Post* 22 February 1988: A7.

[89] Diane Moore, Letter, "Therapists' Plan Recognizes Proper Levels of Expertise," Regina *Leader Post* 17 March 1988: A8.

On April 11th Simard referred to the privatized dental plan in the Legislature. She referred to the SDP as "an excellent example of preventive health care" and suggested children "only needed minor check-ups on a yearly basis because their teeth were so healthy."[90] She proposed, while McLeod suggested there was almost 90% enrolment in the new dental plan, recent figures showed only approximately one-third of eligible children had accessed the program. She felt the costs incurred by the new plan would increase when children who have not utilized the dental plan on a preventive basis visit a dentist. Simard then read from the December-January 1987-88 issue of *Network of Saskatchewan Women,* which discussed the difficulty faced by E. Bouvier, a therapist from Kincaid, who had more than 10 years experience in the SDP. Bouvier was married to a farmer and the money received from her position in the SDP was necessary income for her family. Bouvier called her local MLA to complain about the privatization of the Plan and her job loss, and he said she should "apply for welfare." Simard emphasized the fact that the 411 workers fired were mainly women. She then discussed the *Leader-Post* article in which Devine admitted mistakes were made dealing with the SDP and stated the government would look at a new program for rural communities; however, Simard noted nothing had been mentioned in the budget about a new dental program.

Simard again read from the *Network of Saskatchewan Women* article, which discussed the affect of cutbacks to the SDP on rural communities. The article mentioned the case of the Arm River constituency, which had 12 clinics under the SDP, but under the new program, only 2 communities had dental offices. Assiniboia-Gravelbourg went from 9 clinics under the SDP down to only one under the new dental plan. She listed the

[90] Saskatchewan, Legislative Assembly, "Routine Proceedings," *Hansard Debates* 11 April 1988: 8-10.

school-based clinics that had existed in rural constituencies and stated, while she did not have exact figures as to how many practices were currently in each area, she believed there was a dramatic reduction. Liberal MLA R. Goodale stated under the SDP Gravelbourg had two options for dental care, utilizing the services of therapists and assistants, or visiting a dentist at a satellite clinic in the community. Shortly after the cancellation of the SDP, the dentist closed the clinic and left the community without any dental service. Goodale went on to say Devine "confessed that the so-called new dental plan is not working out … exactly as they had expected it would."[91]

On June 10th, a year after the SDP was privatized, approximately 45 former therapists attended the Legislative debate. They heard Devine suggest dental care improved since his government made changes to the dental plan because many rural communities have a dentist who makes weekly visits, which means they benefit from "services 52 times a year instead of twice a year as under the old program"[92]. He stated the increased access benefits everyone in the community. Simard argued the SDP had clinics in 338 communities, while the new program only offered clinics in 71 communities, and since October six dentists closed their practices. Devine suggested of the 111 therapists in the SDP, 106 of them were either employed or being retrained. This brought jeers from the opposition NDP and the suggestion that Devine could not count since there were 45 therapists at the Legislature that day. Once question period was finished, the therapists confronted Devine "demanding to know what the Premier intended to do about their unemployment." Retraining programs were offered but few therapists were being accepted and the government was not assisting them with the costs

[91] *Ibid* 10-11 & 20-21.

[92] Murray Mandryk, "Unemployed Dental Therapists Blast Devine," Regina *Leader Post* 11 June 1988: 1.

of retraining. It was pointed out that very few therapists had found employment; as stated by one therapist, "'if you are going to make comments in the House, it is your responsibility to make sure the comments are correct.'"

On June 14th, the *Leader-Post* announced the final graduating class of therapists was set to occur later that month. R. Fiala, a graduating therapist, said she owed $10,000 for student loans and had only received one response from the 100 resumes she had sent out. Fiala and the 15 others from her class had no employment opportunities since the SDP was privatized. There were 18 positions in the upcoming dental hygiene class at SIAST reserved for therapists employed in the SDP and another 12 spaces filled randomly, but none were reserved for the new graduates. G. Loewen said the government had spent $236,000 over the previous year for therapists to retrain in the hygienist program and he expected the costs to be about the same for 1988-89. A current dental hygiene student, D. Nelson, suggested just because they retrain in another program does not mean they will be guaranteed a job. She went on to suggest the government is putting out money to help the therapists retrain, and they are going to have to leave Saskatchewan to find work.[93]

Dentists credited the smooth running of the new dental plan to the dentists serving rural people. Dr. K. Hamilton advised the Commission on Future Directions in Health Care (Murray Commission) that "'(dentists) are best capable of delivering services'"[94]. The CDSS submitted a brief to the Commission with 27 recommendations, one being that "'market forces be allowed to continue to provide for a more even distribution of dental services to rural Saskatchewan.'" The brief suggested there were clinics (either full-time

[93] Beverley Spencer, "Graduating Therapists Ponder Future," Regina *Leader Post* 14 June 1988: 3.
[94] Girard Hengen, "Rural Dentists Praised," Saskatoon *Star Phoenix* 3 March 1989: A8.

or satellite) in most areas of Saskatchewan. Hamilton reiterated the idea that all individuals, not just children, were benefiting from the new program. The brief gave figures to indicate how wide reaching the program was, "126,293 children were enrolled in the children's dental plan in 1987-88, an increase from 122,645 in 1985-86." It was also mentioned "the cost per child is down to $71.47 in 1987-88 from $101.65 in 1985-86." Atkinson raised concerns to the Commission that the benefits of the new dental program may not be long-term since dentists may not be willing to continue working in rural areas.

The April 13th, 1989, Legislative debate began with NDP MLA Koskie asking the government whether they were protecting rural families when they privatized the SDP. Rural Development Minister N. Hardy spoke on behalf of the government saying, while there had been some disagreement over changes to the dental plan, in his opinion, the changes helped rural communities because many rural towns had dentists opening clinics since the SDP was terminated. He went on to say all people in the community could utilize the services of the dentist, and the extra service would entice people to spend more money shopping in the town. Hardy also suggested a dentist has more training than a therapist, so the dentist "has … a better knowledge of what is needed for not only the children, for the grown-ups and the rest"[95]. Koskie replied that Hardy had basically said dentists had more education and therefore more knowledge of treating teeth and that "therapists and dental nurses were providing inferior quality work."

On May 27th and June 13th articles appeared in the *Leader-Post* regarding the sale of SDP equipment. The first article announced, "[o]nly about one-third of the

[95] Saskatchewan, Legislative Assembly, "Routine Proceedings," *Hansard Debates* 13 April 1989: 31.

equipment"[96] from the SDP had been sold. This information was brought to light when the Provincial Auditor released the Annual Report the previous week. A government official admitted, "about two-thirds of [the] equipment still remains in storage or has been moved to other departments." NDP MLA Anguish stated, $2.2 million worth of SDP equipment had been handed over to the Property Management Corporation and money received from the sale of the equipment "should have been paid into the consolidated fund … but no record exists of this revenue in the consolidated fund." Public Participation Minister Taylor noted approximately $707,000 worth of equipment had been sold and some had been relocated to other departments. He suggested the Provincial Auditor had never inquired about the equipment. In the second article NDP MLA Brockelbank asked McLeod to confirm the Property Management Corporation "has plans to soon sell off the dental equipment … for scrap"[97]. McLeod said the equipment was out of his jurisdiction but suggested he would check into the status of the equipment and report back to the Legislature. Brockelbank suggested dentists were not as excited about setting up practices in rural areas as the government claimed they would be; if they were, the government would be showing more interest in making use of the equipment in the clinics dentists are racing to establish, rather than having three warehouses full of unused equipment. McLeod responded by stating "some of the dental equipment … was only being used once a year" while it was owned by the SDP.

The PC government purged many civil servants that were not of their political persuasion. In the interview with Wolfson, it was suggested this attempt at control extended to how the government hired its employees. For example, dental assistants

[96] "Gov't Dental Gear Gathers Dust," Regina *Leader Post* 27 May 1989: 4.

[97] "Leftover Dental Equipment Said Headed for Scrap Heap," Regina *Leader Post* 13 June 1989: A4.

were hired at the entry level of a government position. Before the PCs came to power, all hiring was done through the SDP, but once they gained power, assistants had to be hired with approval of the Minister. If the assistant was not of the proper political persuasion, the SDP could not hire the person. Wolfson indicated, for the first time since the SDP was established, there was direct interference in hiring practices. He also suggested the PC Government was guilty of "espionage going on in the office"[98]. He indicated that Lewis had told him conversations held in confidence among management of the SDP had made its way to the Deputy Minister's Office and been relayed back to him before the information discussed during the conversations was released. As Wolfson put it "either there was listening devices or people listening, but there were people listening to our conversations." Administrators of the SDP had to meet at a private location to discuss ideas relating to the Plan before submitting it to the Associate Deputy Minister or Deputy Minister. Wolfson acknowledged that much of the dental profession supported the PC government and that the government responded by acknowledging the concerns of the CDSS.[99] As stated by Wolfson, an "irritation for the private sector-oriented PC government was that the SDP was the most high-profile example of a socialized health program"[100].

Regarding the dental equipment Wolfson suggested some of it was fated for a surprising destination. He pointed out that while some was auctioned off, an interesting irony was some ended up being used in Mozambique where they were trying to start a national dental program. A video about the partnership between the countries of Mozambique and the NSDT in Prince Albert, entitled "*Mozambique: Building a Future*",

[98] Wolfson interview.
[99] Pitsula and Rasmussen 126-127; Wolfson interview.
[100] Glor 137.

shows how therapists from Mozambique came to the NSDT to train and take their teachings back to help the rural population of Mozambique. Wolfson said, "dental health is essentially better in Mozambique than it is in Canada"[101] due to not having access to sugar products like in the western world, where junk foods are more of the norm. He went on to say, "the actual amount of disease in their mouth is fairly low compared to dental disease in Canada." People that can afford to pay for care from a dental professional do not always have better treatment.

Up to this point, this thesis has detailed the history and important figures that brought about the SDP and the complex process that led to the dismantling of the Plan. The unique features of this plan have been clearly illustrated, the expansion of the Plan to include more age groups and the desire of the government to further expand the SDP to cover the entire population has been outlined, and the controversy that ensued with the change in government that led to the fall of the Plan has been explained. This leads to an examination of the legal proceedings that arose due to the governments' decision to privatize the SDP and allow the dental profession to take over the provision of service to the children of the province.

Legal Proceedings

On September 21st, 1987, three dental workers (two therapists and one assistant) filed a lawsuit at the Court of Queen's Bench. The plaintiffs were Y. Thorvaldson from Saskatoon, E. Bouvier from Gravelbourg and C. Topal from Regina. The three workers had the support of their union, the SGEU, in their claim against the government and the CDSS. The workers felt they were fired without cause and claimed there was interference by the CDSS in the employment of dental workers by the government. They

[101] Wolfson interview.

suggested the CDSS encouraged the government to alter the dental plan so dentists could get more work. The dental workers "are seeking monetary compensation for the mental stress and loss of dignity and self-esteem they suffered when their positions were abolished"[102]. F. Zinkhan, Council for the dental workers, planned to file a subpoena to attain confidential papers from the government and the CDSS that show there was collusion leading to the privatization and the termination of the workers. Peacock maintained the case was groundless because the "consultations with the government over the proposed changes started less than two months before the announcement."

Details of the court case between the three fired dental workers and the CDSS and the government were released in the *Leader-Post* on March 3rd, 1990. On March 2nd, a jury decided there was evidence that the CDSS "hindered the government in its employment contract with its employees"[103]. Justice K. Halvorson, who presided over the case, agreed with D. McKillop, lawyer for the government, who suggested, "the matter should be treated as a labor grievance, not a matter for the courts." The ruling in favour of the government meant the claims against the government would not go ahead. The court heard, on the same day the dental workers were fired, "a memorandum of agreement" had been signed between the government and the CDSS, which gave dentists the work previously provided under the SDP. Just 10 days before the agreement was signed, McLeod met with members of the CDSS to come to an agreement to pay $8.5 million to dentists to treat SDP patients; the court was also informed of several other meetings between government and dentists. R. Robertson, lawyer for the CDSS, argued "while the college certainly lobbied the government, that was its right."

[102] Smillie 19.

[103] Bill Doskoch, "Dental Workers Win Partial Court Victory," Regina *Leader Post* 3 March 1990: 1.

The March 2nd court case transcript outlines several matters before the judge for determination, including whether the collective bargaining agreement restricted the dental workers from taking legal action against the government for wrongful dismissal, whether the government was in breach of contract, whether there was evidence that the CDSS interfered with the contract between the government and the dental workers, and whether the CDSS and the government worked together to "injure" the dental workers. When dealing with the first matter, the government argued the dental workers should "seek relief in the mandatory grievance and arbitration procedure of the agreement"[104] and the courts should not be involved. The judge agreed because the workers were bound by the collective agreement, which suggests, if matters cannot be resolved between the parties, it "may" be referred to arbitration; the judge suggested this does not mean "the parties have an option to either proceed to arbitration or to sue in court." Regarding the second matter, the court heard there was no breach of contract because the procedures concerned with termination of workers were followed. Concerning the third matter, the judge suggested, while breach of contract was determined not an issue, there was still the "potential for liability on [an] … aspect … known as 'interference with contractual rights'" and he extended that principle to include interference even if it does not result in a breach of contract. The judge determined "there is evidence to go to the jury on the issue." On the final matter, the judge ruled because the CDSS' goal was to benefit its members, there was no basis to the claim that their goal was to "injure" the dental workers, and thus this matter had to be dismissed.

[104] Thorvaldson et al. v. Saskatchewan et al., No. 3357, Saskatchewan Court of Queen's Bench, 2 March 1990: 259-262.

During the trial, the lawyer for the dental workers had McLeod, Podiluk, and Peacock testify. It was acknowledged there had been meetings between the government and the CDSS to determine "what role the College might play in providing dental care … if the prevailing plan was changed or abandoned"[105] and also that McLeod and the CDSS had met on June 1st, 1987. At the June 1st meeting, the government advised the CDSS that they were "interested in taking the College up on its proposal to have its members provide the services formerly provided by dental therapists, on the condition the total yearly cost would not exceed $8.5 million." The CDSS agreed and, on June 11th (the same day dental workers were notified their positions were being terminated) the Department of Health and the CDSS signed an agreement to have dentists provide services previously provided by therapists. The lawyers for the CDSS and the government chose not to have any witnesses testify, and "moved at the close of the respondents' case to strike their claim." The judge agreed to strike the claim against the government, and also most of the claims against the CDSS. The only claim allowed was whether the CDSS interfered with the contract between the government and the workers. The judge instructed the jury "that interference by the College, to be actionable, must have prevented or hindered the government from performing its employment contract." The judge put the following questions before the jury: "'1: Did the College interfere in the employment contract between the government and the [dental workers]?'" and, if yes, then 2: "'how much in damages, if any, do you award for the interference?'" The jury determined there was interference and ordered the CDSS to pay the workers a total of $23,500.

[105] Thorvaldson et al. v. Saskatchewan et al., No. 512, Saskatchewan Court of Appeal, 14 June 1991: 23-24.

According to Peacock, the CDSS learned, during the court case, the government had made its decision months before the CDSS was notified about the privatization of the SDP[106]. However, Niedermayer stated "we were informed well in advance of the termination of the Plan and when I say that, I think at least six months ahead of time that we were told that the Plan would be finished at the end of that school year"[107]. During the interview, Peacock stated that Podiluk was worried that the PC government was planning on abolishing the SDP and he wondered if "there [was] some mechanism [by] which treatment could still be rendered that would be cost effective for the government"[108]. He also stated that he "posed the question to [Podiluk] if there's any way for the members of the College to be involved, basically, you know, contact us." According to Peacock, Podiluk had acted on behalf of the CDSS at one time (in the 1970s or 1980s), in which a document was presented to the government; a "submission the College made, … that was headed by Walter Podiluk."

On June 15th, 1991 the *Leader-Post* reported the ruling of the Saskatchewan Court of Appeal from June 14th regarding the case between the three dental workers and the CDSS. The CDSS launched an application through the Saskatchewan Court of Appeal and Justice T. C. Wakeling, Justice W. J. Vancise and Justice N. W. Sherstobitoff heard the case. Justice Wakeling suggested that there was no evidence to support the claim that the CDSS was preventing or hindering the government from honouring the employment contract with the dental workers. He stated that the CDSS' offer to provide the government with "a cheaper or better product" did not constitute an "actionable interference in an existing contract" and the "judge who presided at the jury trial …

[106] Peacock interview.
[107] Niedermayer interview.
[108] Peacock interview.

should have dismissed the matter before it went to the jury"[109]. Justice Vancise agreed with Justice Wakeling, but, while Justice Sherstobitoff ruled on the side of the CDSS, he suggested that it was for different reasons. The lower court ruling that awarded the three dental workers a total of $23,500 was overturned in favour of the CDSS. Peacock said that he was happy that the case was overturned and suggested that the CDSS had always been innocent. Zinkhan said that, due to financial barriers, they would not appeal the decision to the Supreme Court of Canada. Although the CDSS won in the Saskatchewan Court of Appeal, Zinkhan suggested that "his clients stand 'on the high moral ground,' in the matter."

The June 14th Court of Appeals transcript outlined the "opinions" and judgments of the judges who heard the case. Wakeling began, saying the duty of the appeal court was to address "the question of what constitutes an illegal interference with contractual relationships where there is no resulting breach of contract"[110]. He pointed out when the judge presiding over the original case gave instructions to the jury he did not give examples of what he considered to be actions that could constitute an attempt by the CDSS to prevent the government from maintaining the contract with the workers. He also suggested Zinkhan had admitted, "there was no evidence to show the Government was prevented or hindered in the performance of its contractual obligations." Zinkhan suggested whether the CDSS caused the government to break the contract or not was not relevant, because all they had to prove was direct interference by the CDSS to try to break the contract. Robertson suggested the CDSS was guilty of direct interference, but argued it would have to be illegal interference to be actionable, which it was not.

[109] Neil Scott, "Court Rules Dentists did not Interfere: Dental Therapists See Judgment Overturned," Regina *Leader Post* 15 June 1991: A2.

[110] Thorvaldson et al. v. Saskatchewan et al., No. 512, 23-30.

Wakeling suggested the government did not really break the contract because their employment contract stated, “their continued employment was subject to cancellation as a result of a change in government policy.” He concluded there was no proof to indicate interference on the part of the CDSS, and, as such, the original judge should never have put the case before the jury.

The three therapists were forced to abandon any further challenges against the CDSS and the government due to financial concerns and thus, this ruling marked the end of the legal battle. Would things have turned out differently if the case had been taken to a higher court? Would things have turned out differently had a larger number of therapists filed the lawsuit against the government and the CDSS? This rather unremarkable ending to a social program that benefited such a large number of children over the short amount of time that it was in existence leaves a person with many questions. This leads to my conclusion, which will discuss the historical context (as outlined in Chapter 2) that brought about these occurrences, why Saskatchewan is no further ahead (in terms of dental health care) than it was before the SDP was implemented, and whether a program similar to the SDP is necessary.

Chapter 7 -- Conclusion

> "That this dental innovation occurred on such a broad scale in Saskatchewan should come as no surprise, since in Canada this province traditionally has been the leader in innovative social programs for its citizens"[1].

This thesis examines the tumultuous history of how the SDP came about and the events leading to its demise. While the end of the court case does not bring us to the point in history when all services provided under the "new and improved" dental program were terminated, it does bring us to the point when the SDP, as it was known, became another fading part of Saskatchewan history. The use of the term "fading," is deliberate to emphasize how those who remember the program recall how wonderful it was, but lament on how horrible it was to have the program phased out. In reality, many do not even remember how or why it came to an end. They just knew it was there, and then all of a sudden was not, and do not even remember if a reason was given as to why it was taken away. That part of history seems to have faded from our memories. Have we forgotten this part of our history because it confused people so much to have this program here one day and gone the next, or was it easier to forget than to try to fight for something that people were not even sure they needed in the first place? It seemed the majority of Saskatchewan citizens were very happy with this program, while a minority and the PC government was not. The minority decided what was best for the majority.

At this point, it may be useful to look at why this topic is so important. There are many cases of people suffering severe medical emergencies due to dental health problems. CTV news in December 2007 reported on a Calgary man who almost died due to a lack of money to pay for a dentist to treat a toothache he endured for two years. The man was employed on a casual basis and could not afford insurance or other dental

[1] Canada, Health Services Directorate 67-68.

coverage; therefore, going to a dentist was not an option. He stated in the interview, "I left it alone because it would cost $200 to $500 to fix it. I couldn't afford it. I wasn't making a lot and it basically went for food and gas"[2]. This individual left his tooth until it became infected to the point he almost died. The infection went into his brain and doctors had to perform major surgery, removing a section of his skull to remove the infected tissue. How many other people are living in our society facing these same kinds of issues?[3] In 2006 an Ontario man who had not visited a dentist in 15 years was suffering pain from his dentures. He went to a dentist about the pain and the dentist immediately referred him to a specialist, who told him he had cancer. In an 11-hour operation cancerous tissue was found in the jawbone, tongue, soft palate, and tonsils. Without the surgery, he would have died within one year. In 2007 a man from Ontario lost his vision because an infected tooth went untreated. In the same year a 12-year-old boy living in the US died from an infected tooth; the bacterial infection spread to his brain and killed him. A regular dental check-up would have saved his life but his family could not afford a visit to a dentist and had no insurance. These cases are not unique, as Ms. Topola noted in her interview; suggesting dental health problems are far more common than we realize.[4]

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[2] CTV.ca News Staff, "Help Needed to Bring Dental Care to Working Poor," *CTV.ca* 2 December 2007, 12 February 2008 <http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20071130/dental_071130/20071202/>.

[3] CTV.ca News Staff; John Niedermeyer, Personal interview, 21 November 2007.

[4] CTV.ca News Staff; Mary Otto, "For Want of a Dentist: Prince George's Boy Dies After Bacteria From Tooth Spread to Brain," *Washington Post* 28 February 2007, 26 February 2008 <http://www.washingtonpost.com/wp-dyn/content/article/2007/02/27/AR2007022702116.html>; Diane Peters, "The Checkup That Can Save Your Life: The Dentist May be the Most Important Doctor you See this Year," *Reader's Digest* October 2006, 26 January 2008 <http://www.readersdigest.ca/mag/2006/10/checkup.php>; Leslie Topola, Personal interview, 15 October 2007.

According to a number of existing studies, socio-economic status is the number one determinant of the health of a population. Children of lower socio-economic status tend to have reduced access to dental care and treatments. Also, not all families have access to transportation, which poses a problem, especially if there is not a local dentist. In many cases, private health insurance, or the programs directed towards those with modest means, are not sufficient and are leading to people falling through the cracks. People living in low socio-economic conditions are struggling to survive from day to day, barely able to afford the essentials of life. When it comes to a choice between food and shelter, or much-needed dental treatment, it is easy to determine which will be chosen. But it is not right that this should be a decision families should have to make. Dental health is as much a part of overall health as general nutritional status and having adequate housing. The SDP was implemented as part of the social safety net and served to make Saskatchewan stand out because the provincial government was not bound by ideals of lowering taxes and paying into capital projects in support of big business at the expense of the community. The SDP was seen as a necessary program for Saskatchewan children because of the large rural population and the lack of dentists. It was designed to rectify the inequities that existed in Saskatchewan, especially amongst children. All children, regardless of parental income, and irrespective of geographical location, had the right and the opportunity to obtain proper dental care.

During the implementation of the SDP, there was no doubt a lack of agreement between the government and the CDSS. Peacock suggested there was always disagreement between the dental profession and the government in the implementation of

the SDP, but it was a "gentleman's disagreement"[5]. The disagreement did reach some low points where it looked like the two parties might come to all out war, and although war was averted it resulted in constant mistrust between the CDSS and the government. The major issues of contention were clear. Who had the right to claim the field of dental care? Should it be regulated by the government? Dentists felt their territory was being infringed upon and, according to Niedermayer, they felt threatened. They were upset because they were not being heard when the SDP was first implemented. In interviews, both Niedermayer and Peacock suggested the council of the CDSS had no input in the planning stages of the SDP. Peacock stated, "nobody in the College had any involvement or very little involvement"[6]. However, Barker suggested that while the government did try to stall the CDSS until there was a firm outline of the Plan, in the end the CDSS did get their say in guiding how several aspects of the SDP were dealt with.[7]

The advances made with regards to social programs have been offset by a dismantling of the KWNS in favour of an open market economy with little government intervention. This is most commonly referred to as neo-liberalism. The KWNS led governments to create programs designed to generate a social safety net to protect people from the ravages of the open market. This situation has arisen due to changes in government and in the thinking of those people that elect the governments responsible for political and policy decision-making. If we are to believe in an egalitarian society, programs have to be kept in place to help the disadvantaged at the expense of those in the higher income brackets. One issue to look at in dealing with such programs as a

[5] Peacock interview.
[6] Peacock interview.
[7] Barker 213; Niedermayer interview; Peacock Interview.

Children's Dental Program is the concept of universality, the idea of equal access for all, regardless of income.

The dental profession and how it operates is a classic example of flexible accumulation. Private practice dentists operate in a self-regulated market, on fee-for-service, as their own employer. Dentists are regulated by the CDSS, a group of dentists, and set their own prices, which gives them great control over their profession. They also have control over how dental care is distributed and administered. The dental profession determines whether they will focus on prevention or treatment, and what forms of prevention or treatment to utilize when dealing with patients. Also, dentists who own private practices are running a business and, as such, have to make money. This fact suggests "there may be little incentive to reduce … costs by performing less costly preventive services rather than more expensive restorative procedures"[8]. Dentists set up practices where it is economically beneficial, which means rural and low-income areas are largely neglected. By setting up shop in more economically developed areas, the dental practice maximizes profits. However, the dental profession saw profits being minimized with the establishment of the SDP. It was a proverbial turf war where dentists were not content with therapists, assistants, and other dentists working on salary; taking away an entire group of patients meant decreased profits for the profession.

It could be argued that having all SDP employees on salary took away the issue of providing treatment that was unnecessary, which is a possibility when going to a dentist in private practice. Some services are not necessary but dentists may utilize them because they get paid for each service they provide. The tendency is for the dental profession to focus on treatment and not deal so much with prevention; however, it is

[8] Swanson 3.

cheaper to prevent than to treat an illness. An example of the provision of services that may be unnecessary is x-rays being done on a routine basis. In many cases, the SDP did not utilize x-rays on a yearly basis. While therapists did focus on treatment, they balanced their work with promoting prevention through educating children about proper dental care. By using a salary payment system a professional may not be tempted to over treat a patient[9]. The SDP operated on a global budget and by using a salary payment system; the SDP was easier to plan for financially. This was also true when the Adolescent Program came into affect because dentists were paid on a capitation fee schedule. Health care is one field of social policy that cannot be left to the market.

The KWNS tended to possess an implicit patriarchal nature, "male providers and female homemakers"[10]. This was how things were, and, for the most part, people did not have to be told how to behave in their roles. Things began to change, men and women were both working outside the home, and household work and childcare were divided more equally. This, in part, led the implicit patriarchal nature to become explicit with the rise of neo-liberal thought. These changes led neo-liberal thinkers to a vocal assault against programs and services that allow for equality between the genders (demands for the closure of state run daycares allowing women to work outside the home while having a family, cries to ban Planned Parenthood centres allowing women to decide when they will have children, etc.). Leaving out the overtly patriarchal nature that is so embedded within neo-liberalism is not possible when looking at the privatization of the SDP. This is because the SDP employed mainly female therapists. There was a patriarchal division of labour where therapists were mainly female, while those up the hierarchal structure

[9] Wolfson interview.
[10] Privatizing a Province 219-221.

(dentists) were mainly males. Therapists were seen as an auxiliary or paraprofessional and, therefore, not equal to dentists. Early in the history of the SDP there were issues with the number of graduates from the dental therapy program because there was an assumption that therapists would practice for a brief period and then quit after marriage, leading to a high turnover. This led to the miscalculation of the number of therapists required for staffing the Plan since this tended to not be the case. The gender issue is of great importance when considering the fact that over 400 therapists (mostly women) were fired when the Plan was privatized and the uproar in public circles was minimal. Wolfson believed a major reason for the PC government's disdain of the SDP was "the gender issue" and suggested, "if they'd been all men they wouldn't have been fired"[11]. I believe things may have been different in the way the workers were fired if they had all been males; it may have played out more like Dr. Lewis who had to do as he was told if he wanted to keep his position. However, I believe the ideology of the Conservative government did not allow for a program like the SDP to remain in operation regardless of who was employed. It cannot be denied that this was an overt patriarchal decision made by males in political power at the expense of females.[12]

The PC government said the reason for dismantling the SDP was because the cost of the program was too great. However, because the cost savings were proven to be well below the amount predicted, it can be suggested that the main issue came down to a shift in ideology. Therapists, employed by government on salary, was not what the PC government believed in; their ideology was heavily based on notions of individuality. The PC government used the excuse that dealing with alcohol and drug abuse was more

[11] Wolfson interview.

[12] Glor 138; Harvey 152, 158 & 192; Jessop, "Liberalism," 459-460 & 469; Niedermayer interview; Topola interview; Wolfson interview.

important than a child's teeth. This shows just one ideological shift that took place during the rise of the neo-liberal state. Governments around the world were shifting to a near neo-liberal regime of accumulation by cutting social programs. Margaret Thatcher "vowed to reduce taxes and stomp on trade unions"[13]. Ronald Reagan suggested government intervention in the marketplace "'is not the solution to our problem; government is the problem'" and "promised to slash taxes, de-regulate industry, and clean up the bungling bureaucracy." Social, political and economic changes during this time played a part in policy decisions. Since the SDP was a government program, it was not meant to survive the waning days of the KWNS and the rise of neo-liberalism. It had not rooted itself fully into the foundation of social programs like Medicare and the children's dental program in New Zealand. Had it been introduced at an earlier time during Keynesianism, the program may have been secured with the rise of neo-liberalism, however, due to the structure of the program, it may have been easier to dismantle once a neo-conservative government began to set its ideological agenda into motion. The election of the PC government saw the final transfer of state support for the SDP to a deregulated, privatized entreprenuerialism, which put dental care on the open market and created the competitive nature advocated by a flexible regime of accumulation. Dentists in private practice had the ear of the government and both parties had the same objectives, to let the market dictate the cost of buying services.[14]

In the summer of 1999 a document was released based on Statistics Canada National Population Health Survey data. This survey showed Saskatchewan was amongst the worst when it came to residents aged 15 and over visiting a dentist.

[13] Gruending 214.

[14] Harvey 152, 158 & 192; Jessop, *Capitalist State*, 71, 234 & 264-276; Jessop, "Liberalism," 459-460 & 469.

Approximately 47 per cent of low-income Canadians said there was no reason to seek dental care and 20 per cent stated cost was a primary factor in not seeking care.[15] The *National Post* in January 2001 announced, "Saskatchewan Children Have Third World Teeth"[16], although the figures were from data obtained in 1998 and 1999, it shows the trend of Saskatchewan children's lack of adequate dental care that the dental plan tried to address. Of the 36,000 children involved in the study, approximately one in five had not seen a dentist by the time they entered Kindergarten and "[m]ore than 53% of Saskatchewan children entering Grade 1 have a history of dental disease." Topola was quoted in this article, saying the people that tend to suffer from poor dental health the most are those who live in "poverty, First Nations children, Hutterite children and children who live in the inner city." The study also showed, at the time the data were released, the majority of Saskatchewan health districts did not meet the objectives of the World Health Organization to have "a 50% cavity-free goal."

The *Canadian Oral Health Strategy* (COHS) was released in 2005 following a "Federal, Provincial, Territorial Dental Director's working group meeting"[17]. The idea of the COHS is to come up with policies to improve oral health across Canada and to try and achieve this goal by 2010. The COHS had specific goals, such as promoting oral health, improving the oral health of Canadians, and making sure all levels (federal, provincial and territorial) of government were involved. These goals were established because of the many people who cannot access dental services because of a lack of

[15] Wayne J. Millar and David Locker, "Dental Insurance and Use of Dental Services," *Health Reports* 11(1) (Summer 1991) 61 & 63.

[16] Tom Arnold, "Saskatchewan Children Have Third World Teeth: Study," *National Post* 6 January 2001: A3.

[17] Federal, Provincial and Territorial Dental Directors, "A Canadian Oral Health Strategy," *Federal, Provincial and Territorial Dental Working Group* 22 May 2008 <http://www.fptdwg.ca/English/e-cohs.html>; Regina Qu'Appelle Regional Health Authority, "Resolution," (15 January 2008) 3.

money. Many people do not have employment benefits that include dental care, and cannot afford the costs of insurance. For those who can afford the costs of insurance, some cannot afford to pay for the service before being reimbursed. There are many barriers that face people who do not have the money to afford the costs of dental care. Social Assistance recipients have access to dental care, as do those on employee benefit programs, but people who are the working poor are not covered at all. Dental visits are an extra expense. When the necessities of food, clothing and shelter are factored in, dental care is down the list of important concerns.[18]

Dr. J. Leake, Chairperson of the Community Dentistry Program at the University of Toronto, suggests the end of such programs as the SDP has led to a dramatically reduced utilization of dental health care. Leake believes that while health care is a right for all people in Canada, dental care has largely been ignored as an important aspect of health care. He suggests, "[t]he increasing costs of dental insurance and disparities in oral health and access to care threatens the system's sustainability"[19]. The Canadian dental care model needs to be reassessed in order to create a new and more efficiently delivered dental care system that does not promote the disparities that are currently in place. The answer to achieve equal access to dental care is increased subsidization for those people most in need of treatment through the "inclusion of dental care in social health insurance models"[20]. Preventive measures must also be utilized through decreasing prevalent risk factors and implementing a universal, across Canada "oral

[18] Federal, Provincial and Territorial Dental Directors; Regina Qu'Appelle Regional Health Authority 3.

[19] Leake, "Why Do We Need," 317.

[20] J. L Leake, and S. Birch, "Public Policy and the Market for Dental Services," *Community Dentistry and Oral Epidemiology* 36(4) (2008): 290.

healthcare delivery system"[21] in order for individuals, regardless of income, to have an equal chance of receiving proper dental care.

The evidence is clear. Insurance, employee benefits and government programs fall short when it comes to making dental care more accessible to low income people. The Canadian Association of Public Health Dentistry suggests dental care in Canada is not equitable. Canadians are treated differently based on whether an individual is insured or not. Dental insurance has an effect on whether and how often an individual seeks out dental care. In 2004 73 per cent of people had visited a dentist in the course of a year; however, only 45 per cent of individuals without insurance had been for dental treatment. The problem is that only about 53 per cent of Canadians have insurance for dental care, and about 46 per cent of dental care costs are delivered through a person having to pay out-of-pocket. Insurance does narrow the inequality between income groups, but there is still a significant difference with low-income groups not seeking treatment as often as high-income groups. In 2005 the Canadian Life and Health Insurance Association conducted a survey in Saskatchewan, which showed only 29 per cent of people had any coverage for dental care, and residents had less access to insurance through employment or private insurance companies. The unfortunate reality is Canadians living in poverty, and the working poor have limited accessibility to dental care and none of the available options for helping to finance dental costs make any difference to this reality.[22]

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[21] Leake and Birch 293.

[22] Canadian Association of Public Health Dentistry, "The Need for an Examination of, and Recommendations to Address, Inequities in Oral Health and Access to Oral Health Care in Canada: A Brief to the Commission on the Future of Health Care in Canada," (N.p.: n.p., 2001) 15; Locker and Matear ii; Patricia Main, James Leake and David Burman, "Oral Health Care in Canada – A View From the Trenches: A Presentation to the Access and Care Symposium," *Journal of the Canadian Dental Association* 72(4) (May 2006) 319a, 8 January 2008 <http://www.cda-adc.ca/jcda/vol-72/issue-4/319.pdf>; Marchildon and O'Fee 115.

Wolfson suggested one problem that was not addressed, and may have helped strengthen the SDP, was if a "community board advisory committee" would have been formed. This board would act as a liaison between government and the people in the community that would utilize the dental services. The idea of community committees would benefit each community since a group, which knew the needs of that particular area, would make decisions as to what is necessary for their community. This would also improve accountability, because there would have to be feedback from the dental plan to the committee in order to have the system work properly. This would create a program designed much like health regions that would take into account the population of each region. This may have helped when it came time to oppose the PC government's decision to privatize the SDP. One thing that would have helped the Saskatchewan population afford proper dental care services would have been the establishment of an external and independent board that would monitor the fees a dentist charges. However, this would have faced severe opposition by the dental profession.[23]

During the 2007 provincial election it was announced by Dr. B. White, C.E.O. of the CDSS, that there was soon going to be a shortage of dentists, especially in the northern regions of Saskatchewan. This problem has not gone away and may well mean a dental plan similar to the SDP will be necessary. The answer to this problem lays in examining the history of Saskatchewan public policy, which consisted of an innovative plan that was unique to North America, benefiting all children in the province, and then was taken away. History speaks for itself. This program was built on prevention and even Niedermayer had to admit his views had changed over the years because the SDP "did a lot of very good dentistry and looked after a lot of children throughout the

[23] Wolfson interview.

province in those years"[24]. He said, after the end of the SDP, he saw the results of the treatment done by therapists and admitted it was of a high standard. Blakeney said, "[t]he children's dental plan was dismantled for no good reason"[25]; he still considers the children's dental plan to be viable and a cheaper approach in the long-term for dealing with the shortage of dentists that is becoming a key issue in Saskatchewan once again. The best option would be a preventative approach similar to the SDP. To bring back a program like the SDP the state needs to be involved to implement what the marketplace cannot. As suggested in the publication, *Dental Care Programs in Canada: Historical Development, Current Status and Future Directions*, by Health and Welfare Canada, "only publicly-financed programs can assure universal eligibility, provincial governments should become particularly sensitive to the need for such programs"[26]. A program similar to the SDP is still attainable; the only barrier is governments, which subscribe to the neo-liberal way of thinking.[27]

Therapists are more than qualified to assume some of the duties that a dentist now performs, if a universal dental plan were to be put into place. This has been proven to work, not only in Saskatchewan during the SDP, but also in other countries. The New Zealand Plan began before the SDP and is still utilizing therapists and covering children from birth to 18 years of age[28]. Also, programs similar to the SDP are ongoing in the northern part of the province and in the Prince Albert and Saskatoon Health Regions. If

[24] Niedermayer interview.
[25] Blakeney, *Honourable Calling*, 211.
[26] Canada, Health Services Directorate 124.
[27] Biggs and Stobbe 187-188; Blakeney, *Honourable Calling*, 211; CBC News, "Dentists Call on Saskatchewan to Fix Shortage," *CBC.ca* 10 October 2007, 13 October 2007 <http://www.cbc.ca/canada/saskatchewan/story/2007/10/10/sask-dentists.html>; Niedermayer interview.
[28] New Zealand Ministry of Health, "Oral Health: Child Dental Care," *Ministry of Health* 8 April 2009 <http://www.moh.govt.nz/moh.nsf/indexmh/oralhealth-child#four>.

some regions of our province are able to offer such services, is it not possible to have a universal program throughout Saskatchewan, a program to fill the gaps that the marketplace cannot fill? This province has a National Dental Therapy School and therapists are eligible to practice in this province. We also have hygienists who are qualified to work in this province. These para-professionals could be used to introduce a new universal dental program. The NSDT in Prince Albert can produce a less expensive and well-trained para-professional to offset the coming shortage of dentists and the costs associated with dental care. Initial start-up costs may have to take into account clinics based in communities, not necessarily school-based clinics, but clinics (possibly mobile clinics) that are easy to access for children. It would be a good idea to have supervising dentists, similar to the old plan, and have therapists, hygienists and assistants doing routine procedures and have dentists available to take care of more complicated procedures. The need for such services is just as strong today as it was in the 1970s. In order to fill in the fractures of an archaic system similar to what was seen in the early history of the province, inequities in accessing dental care is an issue that must be addressed.

This thesis demonstrates clearly that it would be in the best interest of this province, and the people that reside within this province, to have the government assume a true leadership role and take the initiative to establish a dental program for children similar to what was provided under the Blakeney government. Such a plan may be difficult in some detail, based on the experience of the SDP. For example, dental teams (including supervising dentists, dental therapists and dental hygienists) providing service in schools is probably a good idea for the rural areas; however, it may not be the best

method of service for urban areas. I believe it would be equally as effective to have several central locations focussing on low-income populations in cities, which allow people easy access to dental clinics that are available to service the entire population. This option may solve some of the problems associated with the structure of the SDP since the rural areas would be the main focus of the school-based portion of the plan, while costs associated with urban clinics could be minimized since access is not as much of a problem in most urban locations. If a program of this type was possible in 1974, it is definitely possible in 2010. Ideally, what would be the best possible scenario would be to have funding available to serve the needs of all people in our province, rather than just children. A type of Denticare system similar to Medicare would best serve the people of Saskatchewan, since it would be available for everyone; however, this is not a likely option. All we need is a government with the initiative to allocate funds to make people's health a higher priority. A start could be made by showing there is a real need for this type of program by having a study conducted to determine how effective our current dental system is in caring for the dental needs of our province, and to measure how popular this type of program would be with the people of our province. If there was a study to prove that enough people felt this type of program would be beneficial, perhaps our politicians could be convinced to implement such a program.

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Appendix A

Ethics Board Approval Letter

UNIVERSITY OF REGINA

OFFICE OF RESEARCH SERVICES

MEMORANDUM

DATE: August 13, 2007

TO: Garry A. Ewart
Social Studies

FROM: K. Arbuthnott
Acting Chair, Research Ethics Board

Re: A Renewed Vision for the Saskatchewan Children's Dental Plan (90S0607)

Please be advised that the University of Regina Research Ethics Board has reviewed your proposal and found it to be:

☑ 1. APPROVED AS SUBMITTED. Only applicants with this designation have ethical approval to proceed with their research as described in their applications. For research lasting more than one year (Section 1F). **ETHICAL APPROVAL MUST BE RENEWED BY SUBMITTING A BRIEF STATUS REPORT EVERY TWELVE MONTHS**. Approval will be revoked unless a satisfactory status report is received. Any substantive changes in methodology or instrumentation must also be approved prior to their implemenation.

☐ 2. ACCEPTABLE SUBJECT TO MINOR CHANGES AND PRECAUTIONS (SEE ATTACHED). Changes must be submitted to the REB and approved prior to beginning research. Please submit a supplementary memo addressing the concerns to the Chair of the REB.** Do not submit a new application. Once changes are deemed acceptable, ethical approval will be granted.

☐ 3. ACCEPTABLE SUBJECT TO MAJOR CHANGES AND PRECAUTIONS (SEE ATTACHED). Changes must be submitted to the REB and approved prior to beginning research. Please submit a supplementary memo addressing the concerns to the Chair of the REB.** Do not submit a new application. Once changes are deemed acceptable, ethical approval will be granted.

☐ 4. UNACCEPTABLE AS SUBMITTED. The proposal requires substantial additions or redesign. Please contact the Chair of the REB for advice on how the project proposal might be revised.

Dr. Katherine Arbuthnott

c. Dr. M. Knuttila, Sociology & Social Studies, supervisor

**supplementary memo should be forwarded to the Chair of the Research Ethics Board at the Office of Research Services (AH 505) or by email to research.ethics@uregina.ca

Appendix B
Interview Consent Form

UNIVERSITY OF REGINA

DEPARTMENT OF SOCIOLOGY & SOCIAL STUDIES

Regina, Saskatchewan
Canada S4S 0A2
phone: (306)585.4186
fax: (306)585.4815

Consent Form

Thank you for participating in my research project on the Saskatchewan Children's Dental Plan. I, Garry A. Ewart, will be doing all interviewing and research as part of my Master's thesis requirements at the University of Regina. Dr. Murray Knuttila, at the University of Regina, has approved this project. This study follows the procedures of the Sociology and Social Studies Department at the University of Regina.

This project is entitled: The Saskatchewan Children's Dental Plan: Is it Time for Renewal?. The objective is to determine the reasoning behind the implementation and the phasing out of the Saskatchewan Children's Dental Plan; who supported and who opposed the Dental Plan; what the benefits and the shortcomings of this Plan were; and whether a similar program would be appropriate at this time.

I will ask you to spend 1 to 2 hours being tape-recorded answering questions about your involvement and knowledge about the Saskatchewan Children's Dental Plan. All information that is given in the course of the interview will be considered as being on-the-record due to the public nature of this topic and the relatively small size of the research group. The interview will take place at your convenience. Your participation in this study is voluntary. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time. If, in fact, you choose to withdraw, all records of the interview (notes and tapes) will be destroyed or erased immediately. During the course of our interviews, should any names of individuals crucial to the Saskatchewan Dental Plan be identified, these names would potentially be identified as further research subjects.

Upon completion of my thesis paper, I will inform you and you will have the opportunity to request copies. You are welcome to request a copy of the paper and your interview transcripts for your own records. Also, with your permission, I would like to supply copies of the transcripts to the Saskatchewan Archives.

This project was approved by the Research Ethics Board at the University of Regina. If research subjects have any questions or concerns about their rights or treatment as subjects, they may contact the Chair of the Research Ethics Board at 585-4775 or by e-mail: research.ethics@uregina.ca.

Signing below indicates informed and voluntary participation in the study. A copy of this consent form will be provided to all research participants.

_____ _____

Participant Signature Date

_____

Researcher Signature

If you have any questions or concerns about this study please feel free to contact:

Researcher– myself
Garry A. Ewart
Address: 29 Motherwell Cres., Regina
Phone Number: 585-3446 or 527-7790
E-mail: garryae@sasktel.net

Project Supervisor – Thesis Supervisor
Dr. Murray Knuttila
Address: CK 116 University of Regina
Phone Number: 585-5072
E-mail: murray.knuttila@uregina.ca

If you consent to having your transcripts supplied to the Saskatchewan Archives, please sign below:

_____

Signature

Appendix C

List of Questions for Interview Subjects

*In many cases, the questions overlapped for some of the interview subjects. In those instances, I indicate the overlap.

Questions for Mr. Blakeney and Mr. Smishek

History of how the Dental Plan came about and the implementation procedure

1. What do you feel led to the need to implement the Plan at the time that it was implemented?

2. Do you feel that the plan was well advertised to ensure public knowledge of the specifics of the Plan before it was introduced? What methods were used to ensure public knowledge of the Plan?

3. What kinds of difficulties were faced when attempting to implement, and after the initial establishment of the Plan, in terms of:
    a. Support and/or resistance from parents?
    b. Support and/or resistance from schools?
    c. Support and/or resistance from relevant interest groups?
    d. Setting up departments to oversee the running of the Plan?
    e. Having staff available to administer the services (nurses, dentists, etc.)?

4. How and why was the plan handled differently in the Swift Current Health Region?

Important social figures involved in the Children's Dental Plan

1. Who were the important actors that were directly involved in determining how the Plan would be administered? What was the nature of their involvement? Was the relationship between these individuals favourable to the most effective administration of the Plan, or were their disagreements as to how the Plan was to be run?

2. If there were disagreements:
    a. What was the nature of the disagreements?
    b. What was done to overcome the difficulties?

3. How did the disagreement affect the administration of the Plan?

4. What was the Thrust Group?

5. Throughout the implementation and while the Plan was in effect, what was the reaction of:
    a. The dentists who were involved in the Plan?
    b. The dentists who had opted out of the Plan?
    c. The College of Dental Surgeons?

d. The official opposition to the N.D.P.?
e. The school boards and the Department of Education?
f. The principals and/or teachers?

Effectiveness of the Dental Plan

1. Do you feel that the dental staff that was available for administering the dental services for the Plan was sufficient in terms of:
    a. Numbers of nurses, dentists?
    b. Education required to be a dental nurse? Why?

2. How was the Plan designed to serve the needs of those children who lived in urban areas? In rural areas? Were their shortcomings to the design of how the Plan was administered in urban and/rural areas? If so, what were they, and how could they have been overcome?

3. How was it determined, and who was responsible in deciding how much time would be spent in each of the urban/rural clinics? Was it completely based on the need of the children who attended the clinic, or on some other time schedule?

4. How was the level of care provided by the dental nurses monitored throughout the years and throughout the province?

5. What was your opinion of the decision to pay the staff a regular salary, rather than to allow them to bill on a fee-for-service basis? Was this payment structure the best option? Why?

6. What effect did the fact that the dental staff were on salary, as opposed to fee-for-service, have on:
    a. The running of the Plan?
    b. The budgeting for the Plan?
    c. The ability to retain staff for the Plan?
    d. How long the Plan was able to be kept in effect?

State of the Dental Plan when your involvement came to an end

1. What were the important characteristics of the Plan that made it stand out?

2. Overall, what were the effects (negative and positive) of the Plan?

3. When your involvement in the Plan came to an end, did it appear that there were flaws that would lead to the demise of the Plan? If there were flaws, do you feel that these flaws were crucial enough to lead to the decisions to dismantle the Plan? If there were no flaws, what do you feel led the Progressive Conservative government to dismantle the Plan?

If there is time for more questions

1. How and why was it determined, who was responsible for deciding, which ages of children would be added to the Plan at what phase of the implementation of the Plan? Do you feel that this was the best approach to phasing in the Plan?

2. In your opinion, how does socio-economic status affect dental health?

3. In your opinion, or to the best of your knowledge, what health problems are related to poor dental health?

4. Currently, to the best of your knowledge, are there any dental health initiatives targeted to the poor? How are they better [or worse] than the Children's Dental Plan?

5. How would you feel about the Plan being re-implemented in its previous format? What changes would be needed to make it last?

Questions for Mr. Wolfson

The important social figures involved in the Children's Dental Plan

1. When did your involvement in the Dental Plan start, and when did it come to an end?

2. What was your official position in regards to the Dental Plan?

3. Same question as was asked of Mr. Blakeney and Mr. Smishek as stated in number 1 of the same section.

4. If there were disagreements:
    a. What was the nature of the disagreements?
    b. What was done to overcome the difficulties?
    c. How did the disagreement affect the administration of the Plan?

5. What was the Thrust Group, and what relationship did it have with the Research and Planning Branch?

6. What were the Probe Groups, and what effect did they have on the implementation of the Plan?

7. Same question as was asked of Mr. Blakeney and Mr. Smishek as stated in number 5 and 5a-f of the same section

Aspects of the Dental Plan that made it unique

1. What were the important characteristics of the Plan that made it stand out?

2. Overall, what were the effects (negative and positive) of the Plan?

3. As quoted in the book Policy Innovation in the Saskatchewan Public Sector, 1971-82 edited by Eleanor Glor, "the SDP was the most high-profile example of a socialized health program within the government." Has there been any program since that has been as "socialized" as the SDP?

4. How and why was the Plan handled differently in the Swift Current Health Region? Was the Plan in Swift Current integrated in any way with the provincial Dental Plan, or did it remain autonomous from the rest of the province?

Specifics on the effectiveness of the Dental Plan

1. Do you feel that the dental staff that was available for administering the dental services for the Plan was sufficient in terms of:
    a. Numbers of nurses, dentists?
    b. Education required to be a dental nurse? Why?

2. Are you aware of the specifics of the training curriculum undertaken at WIAAS for the dental nurses? If so, what was required for a person to be a dental nurse? How was the hands-on training portion of the curriculum conducted? Were there any problems faced in regards to patients who were treated by the nurses that were in training?

3. How was the Plan designed to serve the needs of those children who lived in urban areas? In rural areas? Were there shortcomings to the design of how the Plan was administered in urban and/rural areas? If so, what were they, and how could they have been overcome?

4. How was it determined, and who was responsible in deciding how much time would be spent in each of the urban/rural clinics? Was it completely based on the need of the children who attended the clinic, or on some other time schedule?

5. How was the level of care provided by the dental nurses monitored throughout the years and throughout the province?

6. What was your opinion of the decision to pay the staff a regular salary, rather than to allow them to bill on a fee-for-service basis? Was this payment structure the best option? Why?

7. What effect did the fact that the dental staff were on salary, as opposed to fee-for-service, have on:
    a. The running of the Plan?
    b. The budgeting for the Plan?
    c. The ability to retain staff for the Plan?
    d. How long the Plan was able to be kept in effect?

The history behind the privatization of the Dental Plan and the process involved in the changes

1. What was your opinion of the decision to phase the Plan out? Why?

2. How was the public informed that the Plan was going to be phased out? Was public input allowed to determine whether the public agreed that the Plan should be abolished? If yes, how did the government seek the public input? If not, why?

3. How was the public informed about the process of phasing out this publicly owned service (including the sale of resources owned by the Plan)?

4. Why do you think that the government decided to phase the Plan out when they did? Did you feel that the government's decision was justified? Why?

5. In regards to phasing out the Plan, what was the reaction of:
    a. The public?
    b. The dentists who were involved in the Plan?
    c. The dentists who were not involved in the Plan?
    d. The College of Dental Surgeons?
    e. The people who had designed and implemented the Plan?
    f. The official opposition?
    g. The school boards and Department of Education?
    h. The principals and/or teachers?
    i. The dental nurses?
    j. If any of the responses were negative, do you feel their response was justified? Did they make their opinion public knowledge? How? What effect did this have?

6. How were the dental staff notified that the Plan and their jobs were coming to an end? Were there any initiatives put in place to help these displaced workers, especially the dental nurses who had undergone training specifically relevant to work in the Plan? What initiatives? Were they effective?

If there is time for more questions

1. What do you feel led to the need to implement the Plan at the time that it was implemented?

2. Do you feel that the plan was well advertised to ensure public knowledge of the specifics of the Plan before it was introduced? What methods were used to ensure public knowledge of the Plan?

3. Same question as was asked of Mr. Blakeney and Mr. Smishek as stated in number 1 of the same section.

4. In your opinion, how does socio-economic status affect dental health?

5. In your opinion, or to the best of your knowledge, what health problems are related to poor dental health?

6. Currently, to the best of your knowledge, are there any dental health initiatives targeted to the poor? How are they better [or worse] than the Children's Dental Plan?

7. How would you feel about the Plan being re-implemented in its previous format? What changes would be needed to make it last?

Questions for Dr. Peacock

The important social figures involved in the Children's Dental Plan

1. When did your involvement in the Dental Plan start, and when did it come to an end?

2. What was your official position in regards to the Dental Plan?

3. Same question as was asked of Mr. Blakeney and Mr. Smishek as stated in number 1 of the same section.

4. Same question as was asked of Mr. Wolfson as stated in number 4 and 4a-c of the same section.

5. Throughout the time that the Plan was in effect, while you were involved, what was the reaction of:
    a. The dentists who were involved in the Plan?
    b. The dentists who had opted out of the Plan?
    c. The College of Dental Surgeons?
    d. The official opposition to the Conservatives?
    e. The school boards and the Department of Education?
    f. The principals and/or teachers?

The aspects of the Dental Plan that made it unique

1. What were the important characteristics of the Plan that made it stand out?

2. Overall, what were the effects (negative and positive) of the Plan?

3. How and why was the Plan handled differently in the Swift Current Health Region? Was the Plan in Swift Current integrated in any way with the provincial Dental Plan, or did it remain autonomous from the rest of the province? Was the plan in Swift Current to be affected when the government of the time planned on phasing out the Children's Dental Plan?

Specifics on the effectiveness of the Dental Plan

1. Same questions as was asked of Mr. Wolfson as stated in number 1 through 6 of the same section.

The history behind the privatization of the Dental Plan and the process involved in the changes

1. Same questions as was asked of Mr. Wolfson as stated in number 1 through 6 of the same section.

If there is time for more questions

1. Same questions as was asked of Mr. Wolfson as stated in number 1 and 2 of the same section.

2. In the months and years after the plan was terminated, do you feel that the termination of the Plan caused many families to suffer economically? How?
    a. What about in terms of dental health? How?
    b. What about in terms of overall health? How?

3. Same questions as was asked of Mr. Blakeney and Mr. Smishek as stated in numbers 2 through 5 of the same section.

Questions for Dr. Niedermayer

History of how the Dental Plan came about and the implementation procedure

1. When did your involvement in the Dental Plan start, and when did it come to an end?

2. What was your official position in regards to the Dental Plan?

3. What do you feel led to the need to implement the Plan at the time that it was implemented?

4. Same question as was asked of Mr. Blakeney and Mr. Smishek as stated in number 2 of the same section.

5. Same question as was asked of Mr. Blakeney and Mr. Smishek as stated in number 3 and 3a-e of the same section.

6. How and why was the plan handled differently in the Swift Current Health Region? Was the Plan in Swift Current integrated in any way with the provincial Dental Plan, or did it remain autonomous from the rest of the province? Was the plan in Swift Current to be affected when the government of the time planned on phasing out the Children's Dental Plan?

Important social figures involved in the Children's Dental Plan

1. Same question as was asked of Mr. Blakeney and Mr. Smishek as stated in number 1 of the same section.

2. Same question as was asked of Mr. Wolfson as stated in number 4 and 4a-c of the same section.

3. What was the Thrust Group?

4. Same question as was asked of Mr. Blakeney and Mr. Smishek as stated in number 5 and 5a-f of the same section.

Effectiveness of the Dental Plan

1. Same question as was asked of Mr. Blakeney and Mr. Smishek as stated in number 1 and 1a-b of the same section.

2. Same question as was asked of Mr. Wolfson as stated in number 2 of the same section.

3. Same questions as was asked of Mr. Blakeney and Mr. Smishek as stated in numbers 2 through 6 and 6-d of the same section.

State of the Dental Plan when your involvement came to an end

1. What were the important characteristics of the Plan that made it stand out?

2. Overall, what were the effects (negative and positive) of the Plan?

3. Same question as was asked of Mr. Blakeney and Mr. Smishek as stated in number 3 of the same section.

4. What was your opinion of the decision to phase the Plan out? Why?

5. How was the public informed that the Plan was going to be phased out? Was public input allowed to determine whether the public agreed that the Plan should be abolished? If yes, how did the government seek the public input? If not, why?

6. How was the public informed about the process of phasing out this publicly owned service (including the sale of resources owned by the Plan)?

7. Why do you think that the government decided to phase the Plan out when they did? Did you feel that the government's decision was justified? Why?

8. In regards to phasing out the Plan, what was the reaction of:
   a. The public?
   b. The dentists who were involved in the Plan?
   c. The dentists who were not involved in the Plan?
   d. The College of Dental Surgeons?
   e. The people who had designed and implemented the Plan?
   f. The official opposition?
   g. The school boards and Department of Education?

h. The principals and/or teachers?
i. The dental nurses?

9. If any of the responses were negative, do you feel their response was justified? Did they make their opinion public knowledge? How? What effect did this have?

10. How were the dental staff notified that the Plan and their jobs were coming to an end? Were there any initiatives put in place to help these displaced workers, especially the dental nurses who had undergone training specifically relevant to work in the Plan? What initiatives? Were they effective?

If there is time for more questions

1. Same questions as was asked of Mr. Blakeney and Mr. Smishek as stated in numbers 1 through 5 of the same section.

Questions for Ms. Topola

The aspects of the Dental Plan that made it unique

1. Same questions as was asked of Mr. Wolfson as stated in number 1 and 2 of the same section.

2. Same question as was asked of Dr. Peacock as stated in number 3 of the same section.

The important social figures involved in the Children's Dental Plan

1. Same question as was asked of Mr. Blakeney and Mr. Smishek as stated in number 1 of the same section.

2. Same question as was asked of Mr. Wolfson as stated in number 4 and 4a-c of the same section.

3. Same question as was asked of Mr. Blakeney and Mr. Smishek as stated in number 5 and 5a-f of the same section.

4. What is the difference between the terms dental nurse and dental therapist, and why are there these distinctions?

5. Other than the dental nurses, were there other people involved directly in the care of the children? Who?

Specifics on the effectiveness of the Dental Plan

1. Same question as was asked of Mr. Blakeney and Mr. Smishek as stated in number 1 and 1a of the same section.

2. Do you feel that the Dental Nurses were sufficiently trained to be put into the situation where they were responsible for the majority of the care of the children in

the Plan? Was there anything that could have been done to better prepare the nurses to be in this position?

3. Same questions as was asked of Mr. Blakeney and Mr. Smishek as stated in numbers 2 through 6 and 6a-d of the same section.

<u>The history behind the implementation and/or privatization of the Dental Plan and the process involved in the changes</u>

1. What do you feel led to the need to implement the Plan at the time that it was implemented?

2. Do you feel that the plan was well advertised to ensure public knowledge of the specifics of the Plan before it was introduced? What methods were used to ensure public knowledge of the Plan?

3. What kinds of difficulties were faced when attempting to implement, and after the initial establishment of the Plan, in terms of:
    a. Support and/or resistance from parents?
    b. Support and/or resistance from schools?
    c. Support and/or resistance from relevant interest groups?
    d. Having staff available to administer the services (nurses, dentists, etc.)?

4. What was your opinion of the decision to phase the Plan out? Why?

5. How was the public informed that the Plan was going to be phased out? Was public input allowed to determine whether the public agreed that the Plan should be abolished? If yes, how did the government seek the public input? If not, why?

6. Why do you think that the government decided to phase the Plan out when they did? Did you feel that the government's decision was justified? Why?

7. In regards to phasing out the Plan, what was the reaction of:
    a. The public?
    b. The dentists who were involved in the Plan?
    c. The dentists who were not involved in the Plan?
    d. The College of Dental Surgeons?
    e. The people who had designed and implemented the Plan?
    f. The official opposition?
    g. The school boards and Department of Education?
    h. The principals and/or teachers?
    i. The dental nurses?
    j. The dental nurses' union?
8. If any of the responses were negative, do you feel their response was justified? Did they make their opinion public knowledge? How? What effect did this have?

9. How were the dental staff notified that the Plan and their jobs were coming to an end? Were there any initiatives put in place to help the dental staff who were losing their jobs? What initiatives? Were they effective?

<u>If there is time for more questions</u>

1. When did your involvement in the Dental Plan begin and when did it end?

2. What was required for a person to be a dental nurse? How was the hands-on training portion of the curriculum conducted?

3. Same questions as was asked of Mr. Wolfson as stated in numbers 1 through 7 of the same section.