

of us have been poor, or have lived with the poor. It is very hard for a man born in wealth with a golden spoon in his mouth to understand the difficulties that some of these people go through—and I can say that I went through when I went to school.

There are two sides to the theory that sickness causes poverty and poverty causes sickness. A great many examples could be given. I know many families that were ruined on account of medical bills that they had to pay for the rest of their lives.

Sometimes I believe that this committee here, is not going to solve the problems of the poor in these rooms here. We can find out what they are, but unless we take time to go out and visit places like St. Charles and St. Henri, and spend a whole week with these people and see the conditions for ourselves, and get the true picture, we are not going to arrive at very much. We are just going to have a stack of paper which will be thrown away later on.

I believe that whoever is responsible, possibly the Government on account of trying to squeeze the budget, it would be much better to spend a few more dollars and let the members of this committee take the time to live with the poor, stay with them, and visit all these institutions. We should go with these people and visit their homes. Then we will have a true picture of the poor. Unless we do that, we are not going to get very far.

I congratulate this group this morning for the effort they are making and for the community spirit they are developing. I think it is the right start to educate their people. You work with your people and get them involved in this program which was never done before. It is the right start; it is the right move, but it is going to take time and devotion and patience. We may have to hear things that will provoke us but we will have to swallow it and take it. For the time being, we have to be the victim of these efforts. I congratulate you for being here.

The Chairman: Are there any more questions? Is there anything you would like to say, Mr. Wilson?

Mr. Wilson: I would like to thank you, Mr. Chairman, and senators, for inviting us to appear today so that we could express our views. I trust that some of you will follow through with what we have said, maybe for even a longer time.

The Chairman: I would like on behalf of the committee to say that we appreciate your imaginative

undertaking, the interest, dedication and effort that you have for the poor, which we share in common with you. We hope that you are able to carry on the work which appears very beneficial to those in the community. We hope that what you expect in the way of grants will be forthcoming, and with that we wish you good luck. Thank you.

The Chairman: We have a brief now from the Canadian Medical Association. On my right is Dr. D. A. Geekie, Secretary of the Canadian Medical Association Council on Community Health Care. He will now introduce his colleagues.

Dr. D. A. Geekie, Secretary, Council on Community Health Care, Canadian Medical Association: Mr. Chairman, ladies and gentlemen, thank you very kindly for the opportunity to speak with the Senate committee. First of all, may I introduce my colleagues. On my far right is Dr. G. LaSalle, who is Chairman of the C.M.A. Committee on Medically Disadvantaged—Urban.

On his left is Dr. D. Cappon, Professor, Urban and Environmental Studies, York University. On my immediate right is Dr. J. S. Bennett, Secretary of the Council on Provision of Health Services for the Association, who will be the chief spokesman for the association this morning. I am going to ask Dr. Bennett not to read the brief but to very briefly review for you some of the highlights that are contained in it, and then ask Dr. LaSalle and Dr. Cappon to amplify one or two points from their particular point of view, and then throw it open to questioning.

Dr. J. S. Bennett, Secretary, Council on Provision of Health Services, Canadian Medical Association: Mr. Chairman, members of the Special Senate Committee on Poverty, on behalf of the Canadian Medical Association we would like to thank you for permitting us to come here this morning and tell you what we think about poverty and ill health.

We, as you know, represent over 21,000 doctors, and poverty enters into the delivery of health care at all levels. In the submission we have attempted in the beginning of the brief to relate the relationship between ill health and poverty, which has been pointed out by many people over the years. Just one or two specific examples were selected to point up this relationship and we have attempted to carry on and point out that this relationship still exists, and that in