

commonly rooted. The wisdom of the ages told us a long time ago that you cannot deal with the health system without affecting the others, and you cannot really make a decent report about poverty either, certainly not about health and poverty, without taking in the whole environment.

For instance, the labour unions have to relate themselves to this problem. Recently they promised to do something about the poor. Well, they have to relate themselves to the health of the poor. Industry has to do the same. In building developments you have to think of the health unit as part of the building development. You cannot really affect one system or implement one thing without affecting all the others.

So it is more than what Dr. Bennett says. It is more than the fact that we are only 25,000, and we do not have enough political power. It is a fact that we are caught in a "now" society where everything is extremely complex, and the question of health bears on wealth and even holiness. It has to be looked at as a totality or it is no good at all.

**Senator Fergusson:** On page 13, paragraph 49, you say:

... in the present system of the delivery of health care is the carrying out by highly trained individuals of procedures that could be done equally well by others with lesser training.

Could you explain that? I understand that we have Nurses' Aids, but how is that going to work among the medical profession? How is it possible for it to work?

**Dr. Bennett:** I can elaborate a bit on that. I think we mentioned a short while ago when talking with Dr. Sullivan that many of the tasks that are done by physicians, particularly in this day and age of increased demands by the public, could be very well done by someone else. In the armed forces particularly, people are screened so that only those who really need attention get to the physician. Others are very adequately treated by service orderlies. This is one method of medical care within the armed forces. We have to look at whether this could apply to civilian life. There are schemes in the United States, for example at the University of Denver, Colorado, where they have pediatric assistants. These persons have received a certain amount of training and can deal with the runny noses and minor ailments of childhood, leaving the pediatrician who is trained to deal with more complicated aspects of pediatrics to devote his time and his skills to that aspect. This is the type of thing that we have to look at.

We cannot say that this is necessarily the best method. There are all sorts of factors involved, the least of which is consumer acceptance.

**Senator Sullivan:** Mr. Chairman, I will be very brief. First of all, I want to thank you for allowing me to participate this morning, for I am not a member of your committee. As one who has been interested in welfare all your life—and I know your brothers very well—I know what this presentation means to you. This is an entirely new concept that you have heard this morning. I would ask that Dr. Cappon's complete brief be published. I think it is most important. That is all I have to say.

**The Chairman:** Senator Sullivan, you have not been reading our proceedings or you would know it has been published.

**Dr. Cappon:** At the risk of appearing impertinent, I do want to make a suggestion about the usefulness of Senate hearings and even royal commissions. I think they are marvellous forums for ventilating feelings and for putting ideas forward. But if you were to do something in the area of poverty, I would suggest that the results of Senate hearings should not be implemented in any kind of way, because these days you cannot and you must not do things *for* people. You have got to do things *with* people, and especially with the poor, because as you have all heard they are extremely sensitive.

Therefore, if you do not do anything else, I would suggest the single most important thing you might do is establish throughout the country what I would call listening posts, places, areas, ramshackle houses, even rural houses scattered all over Canada in strategic places where doctors and other experts interested in poverty may come and consult with the people on a continuous basis, say, for six months or a whole year. Make it so that people do not have to come to Senate hearings; it is too difficult for many. These experts could live, work and plan with these people for a half a year or a year before anything is done.

**The Chairman:** Doctor, if we did that, and it is admirable, we could only do it for a very small portion of the population, so that the 99 per cent of the population whom we could not reach in that way we would have to reach in some other way. This is the way we attempt to reach them and bring them within the fold, by letting them read the proceedings. They understand this pretty well, so there is really no substitute for airing a problem if you want to reach a broad area.