

Now, we developed a certain philosophy in regard to this whole problem and the philosophy went along this line. First of all, we considered that it was very definitely in the man's own interest as far as his welfare was concerned, as far as his morale was concerned and his physical health was concerned in the majority of cases that he should remain, if we could make it possible for him, a member of the community in which he was living for as long as possible.

We considered that in every case, looking at the man's interest as a whole, that we must not look only at his disabilities but at his assets and while we did what we could for his disabilities we must also develop his assets. We felt that we could not divorce his medical picture from his economical or sociological picture and then again we felt that every man was an individual whose problem was his problem and his problem only and they must be considered from that angle.

So we started in, after we had done this survey, and we set up what we called an "assessment and rehabilitation board". Now, that was the first step we took. The second step that followed along was the step of reorganizing the program for the Class 6 men who were in our care.

The assessment and rehabilitation board, as we have set it up, consists of two or three doctors, medical, social service workers, a psychologist, and they have available at their call all the facilities of the department, that is, all the facilities of the consultation service within the hospital, all the facilities of the welfare branch outside the hospital and as part of our educational program we went to the city and provincial health authorities, told them what our program was going to be and solicited and have been receiving their cooperation in every way with regard to the men who have come to us for various reasons other than their inability to live outside alone to be taken into Class 6, and we have attempted to rehabilitate them in the community without bringing them into our Class 6.

Now, as I said before, it is better—in every way better, for a man to remain in the community in which he lives. It is better in every way, if that man is able, that he be employed in that community. If he is employed in that community, it does not matter very much what he is doing, how productive it is, but if he is interested in what he is doing and he has got a job, he has a sense of self-respect, he has a sense of feeling wanted, and that is something I would like to see as part and parcel of the natural dignity of every veteran who is living in Canada and I speak now of the older veteran.

If I may digress for a moment, Mr. Chairman, to just give you an example of what I mean: I had in my home coming in at intervals a charwoman, a little wisp of a woman, bright, active, happy, who was one of twelve children brought up in humble and poor circumstances. She had a family of six and that family was being brought up very well. I said to that woman one day, "Mrs. So-and-So, what does your husband do?" And I will never forget this, she stood up from where she was stooping over dusting and with very definite pride in her voice she said, "Doctor, my husband is in the sewers." Now, she said that to me in the same way that another woman might say, "My husband is in the bank," "My husband is in the civil service," or "My husband is a member of parliament." But you can picture the natural dignity of that little woman and her pride in her husband's occupation, that he had a job and that he was contributing something to the community in which he lived.

I think it is a very essential part in the sum total of happiness of the older aged group in Canada, whether they be civilians or returned men, that they should be given that wherever possible.

So we started in our assessment and rehabilitation board and we asked that all applicants for Class 6 should be referred to us and that has been done, and they are completely assessed from a medical, sociological, physical and