

This increased mortality among the poor from intentional self-inflicted causes is particularly disturbing when we realize that death rates among the poor were also higher than those of other Canadians for most "natural" and "accidental" causes as well.<sup>(38)</sup>

Many experts are quick to point out that, apart from our humanitarian concerns with the relatively higher levels of ill-health among the poor, we cannot afford them. Government expenditure on health care in Canada was almost \$33 billion in 1987 and containing health care costs is a major problem faced by governments. In this context, it can be noted, that Dr. Robin Walker told the House of Commons Standing Committee on National Health and Welfare that the cost of caring for each surviving low birth-weight baby is estimated to be about \$100,000 and some of these babies will require ongoing health and educational care. Dr. Walker suggests that something can be done to lower the incidence of low birth weight and he told the Committee that:

Low birth-weight is common in certain populations characterized by young mothers, poor overall health care, poor lifestyle, high incidence of smoking, poor nutrition and poverty. It has been shown by a number of studies that many of these factors can be ameliorated. (Issue No. 45, p. 6)

The evidence seems to indicate that a precise estimate of even the economic costs of child poverty would be difficult, if not impossible to achieve given the many complex and interrelated factors involved. What does seem to be clear is that child poverty, in concert with the many other conditions and problems with which it is associated, is in fact very costly to Canadians in social and economic terms. Concerns about the various aspects of this issue are being expressed in many sectors of society.

The research and reports from experts in many fields suggest that this is a problem about which something can and must be done. The Foreword to Schorr's book on child poverty in the United States says:

She (Schorr) describes a number of programs which are in operation today and which by the most rigorous standards are successful. Successful means that these programs actually altering the stunting, pernicious conditions in which these kids grow. We do not have to change everything in order to change the odds, to make a difference. Nor, in order to act do we have to wait for more information.<sup>(39)</sup>

The evidence indicates that knowledge about the effects of child poverty, originating in many related disciplines as well as the human services and social policy fields, is beginning to be brought together and synthesized as a basis for action directed toward reducing child poverty and the problems associated with it. Many experts argue that this can be done through programs that are cheaper than the price we currently pay for neglected health, illiteracy, unemployment and crime.

<sup>(38)</sup> Wilkins, Adams and Brancker (1989).

<sup>(39)</sup> Schorr (1988), p. ix.