the availability of these health care services and what we think is required in terms of geographic and temporal terms.

We talked about the education that is required at various levels to bring these people from the poverty and ill-health cycle. We have looked at their environment and suggested means whereby this can be done. We have talked about rehabilitation. We have mentioned the preventative medical services and then we have specifically outlined what the Canadian Medical Association is doing. We are in the process of undertaking a detailed study, and I quote:

> Of the potential use, qualificaitons, training, licensing, controls and formal recognition of the physician-associate as a means of extending and improving the current health care system with particular reference to medically disadvantaged areas by isolation.

We have also along those lines made several other suggestions about health care to rural disadvantaged. We have also a committee looking into the medically disadvantaged. And we outline there some of the subjects which are either under study or will be studied; that is, recruitment of doctors, for group doctors' clinics; provision of allied health and social workers; examination of the role of the urban hospital with particular emphasis on the type of facilities offered and the availability of services, and the role of the medical student street-front clinics as currently instituted in several Canadian cities and the future of those clinics.

We have a committee looking into the delivery of health care not only to the poor but to all Canadians. Mr. Chairman, if I could just quote from the brief again, I think the last paragraph would certainly apply. I am quoting Prime Minister MacKenzie King when he said:

> The preservation in health and strength of its population is surely the best of all guarantees of a nation's power, of its progress and of its prosperity. Our greatest national asset is the health and well being of our people.

Dr. Geekie: Just a couple of comments before I call on Dr. LaSalle to amplify one or two things that Dr. Bennett has said.

I think it would be unfortunate if we lost contact or perspective of things as they are today compared to what they were and it would be disrespectful for us to be in a room with people like Dr. Gordon Bates and others who have been active in this area for some years and not point out that there have have been tremendous advances made in the area for all populations including the poor.

We earlier heard a presentation relative to an outbreak of diphtheria in Pointe St. Charles. I would point out to you that in this has become a rarity in the 1900s. It becomes a medical exception, and I think the delegation at the back would agree that when this happend practically every medical student in the city would be anxious to see this particular patient because it might be the last chance he would ever get to see one. They just don't exist any longer.

Within the last ten years we have seen practically the elimination of poliomyelitis as a major cause of disease, and as a major cause of poverty because there is no doubt it was very heavy financial drain.

On page 13 Dr. Bennett has referred to the undertaking of a detailed study by the association relative to the use of physician-associates. This is really an acknowledgement of a need to see an extension of care. Whether this is the answer or not, we don't know, but there is not doubt that we have a shortage of medical personnel to meet the demands of service to the general public and the actual financing of same by medical care insurance is not going to solve our problems in this particular area.

In fact some of our speakers will point out that in one or two areas it will in fact aggravate the problem rather than solve it. However, certainly it was a major step forward.

On page 14 of the brief Dr. Bennett made reference to the provision of services, particularly in some of the remote areas, through university teaching hospitals and some of the hospitals in local areas. There are about four or five universities that have taken an active part in this with the Universities of Toronto and McGill being involved. The University of Manitoba and the University of Alberta are also very actively involved in the provision of this type of service.

This is in many ways somewhat similar to the situation outlined to you earlier this morning. These provide, first, the service required in those areas where there are not medical personnel and, secondly, they do provide very excellent training opportunities for younger physicians, residents, and so on, in this type of area.

Earlier we all made reference to the medically disadvantaged to live in our major cities. Dr. Bennett