1) CANADA.

3) *Annual Report*

2) THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

FOR THE FISCAL YEAR ENDED MARCH 31ST

4) 1949

THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

ANNUAL REPORT

FOR THE FISCAL YEAR ENDED MARCH 31

1949

EDMOND CLOUTIER, C.M.G., B.A., L.Ph., KING'S PRINTER AND CONTROLLER OF STATIONERY, OTTAWA, 1949

To *His Excellency Field Marshal the Right Honourable The Viscount Alexander of Tunis, K.G., G.C.B., G.C.M.G., C.S.I., D.S.O., M.C., LL.D., A.D.C., Governor-General and Commander-in-Chief of the Dominion of Canada.*

MAY IT PLEASE YOUR EXCELLENCY:

The undersigned has the honour to present to Your Excellency the Annual Report of the Department of National Health and Welfare for the fiscal year ended March 31, 1949.

Respectfully Submitted,

PAUL MARTIN,
Minister of National Health and Welfare.

April 1, 1949.

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Assistant Directors of Indian Health Services,
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H. A. PROCTOR, M.D.
O. LEROUX, M.D.

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WELFARE BRANCH

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J. W. MACFARLANE

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L. TREBERT

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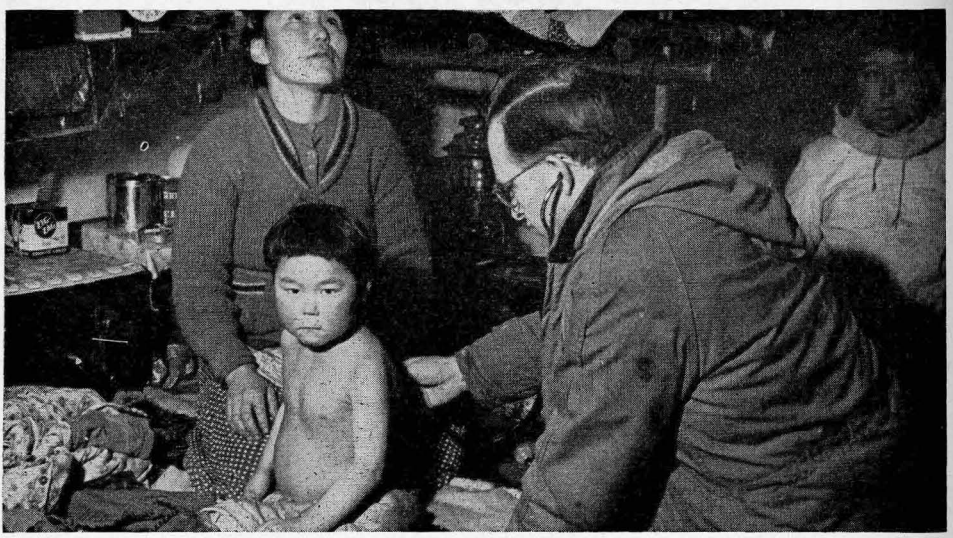
J. A. HICKSON

Acting Chief, Research Division,
J. W. WILLARD, M.A., M.P.A., A.M.

Chief, Translation Office,
G. A. SAUVE

Chief Treasury Officer,
T. F. PHILLIPS



INDIAN HEALTH SERVICES

There are now approximately 130,000 persons of Indian status in Canada and some 8,000 Eskimo who, while they consider themselves as quite distinct, have been legally grouped with the Indians.

The opinion is still expressed in some quarters that these native peoples are dying out. In the past year their birth rates varied from 30 to 55 per 1,000. Statistical treatment of small groups is not significant but the average birth rate would appear to be from 40 to 45 per 1,000. (For the white population the rate is usually about 25 per 1,000). The death rate from usual causes ranges from 12 to 35 with an average in the neighbourhood of 17 to 20. (A comparable figure for all Canada would be about 9.5 per 1,000). The death rate data, of course, provided an indication of groups needing more intensive care.

Tuberculosis is a much greater killer in the native population—up to 30 times more lethal— than in neighbouring white communities. Even so, the rate is falling at least as rapidly as within the population at large. Complete data are not yet available but preliminary figures indicate that the improvement accelerated during the past year. It is considered that the native population is gaining at about 1.5 per year, even though up to 400 annually are lost by absorption into the general population by enfranchisement alone.

There was a period when native populations were on the decline and their future was not promising, but in the 1920's the trend changed. Whether or not this reversal can be co-related or attributed to the development of a native health service is difficult to assess. It is a fact, however, that efforts to develop a health service were sporadic up to 1927 when the present organization began to take form. Prior to that date, and from the first migration to this continent, commendable but uncoordinated efforts had been made to improve the health of the native peoples by good-hearted men and women, missionaries and the surgeons of the Imperial forces.

Administration of Indian Affairs, which had previously been a separate department, in 1936 became the Indian Affairs Branch of the Department of Mines and Resources. The Medical Branch had expanded gradually. At the same time more attention was being devoted to Eskimo welfare. There was an Eskimo Health Service in the Department of the Interior using the advice of medical officers of the Department of Pensions and National Health, as well as those of the Medical

Branch of Indian Affairs. In 1936 the administration of Eskimos also became part of the functions of the Department of Mines and Resources. Eventually, on November 1, 1945, these two native health services were taken into the Department of National Health and Welfare as Indian Health Services, so that health matters for all persons of native status are now co-ordinated by the one directorate.

FACILITIES

Indian and Eskimo Health Services operate 20 departmental hospitals with a patient capacity of 1756 beds. In addition, there are 18 nursing stations each accommodating four patients as well as the field nurse and an assistant. These nursing station beds are for the treatment of short term disorders. Such conditions as tuberculosis or those requiring extensive treatment are passed to a hospital. There are 13 dispensaries serving as centres from which field nurses visit the surrounding native population and provide out-patient attention.

At the end of the fiscal year there were in the service 51 medical officers, five dental surgeons, 54 graduate nurses in the field and 123 graduate nurses in departmental hospitals. The total personnel was just over 1,000. During the summer months, when the greatest numbers of natives were accessible and the annual official administrative visits were made, some 15 senior medical students were recruited to assist and work under the supervision of departmental medical officers. Arrangements were made to provide extra X-ray teams at this time and contributions were made to the salaries of non-departmental medical officers and dental officers whose duties brought them into contact with native patients in the northern settlements.

ESTABLISHMENTS

Some 291 institutional beds were added during the past fiscal year. Unfortunately, 100 beds were lost when serious damage was caused by fire in November, 1948, to the Coqualeetza Indian Hospital at Sardis, B.C. Another 18 beds would have been added had it not been for the loss also, in March, 1949, of the Hobbema Indian Hospital, which had just reached completion.

Eleven new nursing stations accommodating staff and four patients were put into operation during the year at Coppermine, Fort Good Hope, Fort McPherson and Fort Norman, all in the Northwest Territories, at Driftpile, Alta., Island Lake, Oxford House, Nelson House, and Cross Lake, all in Manitoba, and at Osnaburgh House and Lac Seul, both in Ontario. Several have been equipped with radiophones further to enhance the quality of service.

The four new nursing stations in the Mackenzie District of Northwest Territories, and particularly that at Coppermine, represent feats of no small order. Both Fort McPherson and Coppermine are well within the Arctic Circle where the building season is very short. Coppermine, on Coronation Gulf, is not infrequently inaccessible by ship for years at a time. It is now the most northerly establishment operated by Indian Health Services and even in its short history has rendered splendid service.

Twelve new dispensaries or centres for field nurses were brought into use and four residences for medical officers where accommodation could not otherwise be provided. Added facilities were thus acquired this year at Aklavik, N.W.T., Whitehorse and Carmacks, Yukon Territory, Hazelton and Alert Bay, B.C., Saddle Lake, Alta., Pine Falls and God's Lake, Man., Seven Islands, St. Regis, Mistassini, Waswanipi, Maniwan and Obedjiwan, Que., Lennox Island, P.E.I., and Fredericton, N.B.

Under construction but not completed, were a 120-bed hospital at Moose Factory, a 62-bed hospital at Sioux Lookout, nursing stations at Trout Lake and Sandy Lake in Ontario. Ontario has the largest number of Indians and the northern part was greatly in need of these additional treatment centres. The Moose Factory Hospital will serve all of James Bay and much of the whole Hudson Bay area.

TUBERCULOSIS

The scourge causing the greatest concern to Indian Health Services and, hence, receiving the most concerted attention, is tuberculosis at all its stages. Surveys to detect active or incipient disease were in progress throughout the year. The nomadic people come together at the main settlements on certain special occasions, such as Christmas and Easter, at the termination of the main hunting seasons and generally at mid-summer. Advantage is taken of these assemblies to use portable X-ray equipment, to test for sensitivity and to give the young people who appear to have not yet been subject to the disease, inoculations of the Bacillus Calmette-Guerin vaccine which provides a degree of resistance to tuberculosis.

Indian Health Services has been one of the pioneers in the use of B.C.G. In a paper published during the year, Doctor A. B. Simes of Indian Health Services, with Doctor R. G. Ferguson of the Anti-Tuberculosis League in Saskatchewan, reported that, from 15 years of observations, the Indian child protected by B.C.G. had six times as favourable a chance of survival in an infective environment. The use of this procedure is being extended within the limits imposed by the instability of the vaccine and the difficulties in delivering fresh supplies to remote areas.

In the past, schools have been suspected of increasing the exposure to tuberculosis through enrollment of the occasionally unsuspected active case. Being aware of this danger, every effort has been made to have each new pupil examined, including X-rays and tests for sensitivity. So far as possible all students are examined at least once during the year. Too much praise cannot be expressed for the co-operation of school staffs and for their vigor in arranging these examinations. The general improvement in health has been widely commented upon by them.

Scores of thousands of X-ray plates were examined during the year by medical officers of the services. Something under two percent of these indicated active disease. Immediate action was taken to have the active cases admitted to a suitable institution and to keep contacts under supervision. In this connection the co-operation of the natives has been most gratifying. A recognition of the fact that every effort is being made to place the patient under the most modern active treatment impels those who were formerly reluctant or who once would have resisted admission to a hospital, to urge quick action in placing them in those hospitals which have shown the most progressive methods. In fact, there are waiting lists for these institutions. Our medical officers with long experience are most impressed by this change in attitude on the part of these people.

The increased use of streptomycin has been observed closely and as each trial has proved successful the use of the new anti-biotic has been extended. Many thousands of grams of the material were used in Indian Health Services hospitals and authorized for use on suitable cases in non-departmental institutions. The drug has gained favour in the treatment of childhood and miliary diseases and has been used increasingly for these conditions as well as in acute exudative disease and the lesions in which its efficacy had already been established. Radical surgical procedures in suitable cases are undoubtedly reducing the period of disability. The most advanced chest surgery was carried out, particularly at the Charles Camsell Indian Hospital at Edmonton, Alta.

IMMUNIZATION

In addition to the very spectacular extension of B.C.G. vaccination, the well established inoculations against diphtheria and whooping cough, typhoid-like diseases and smallpox are given every child who can be reached by the service. Protection against the less common communicable diseases was used where there was obvious threat of spread, but not routinely. It is confidently felt that the native population is at least as well protected by these measures as any other comparable groups.

TREATMENT ARRANGEMENTS

Over and above the facilities operated by Indian Health Services, arrangements are made for the treatment of persons of native status at several hundreds of general and special hospitals. These include the foremost teaching institutions, community hospitals and a number of mission hospitals whose clientele is almost exclusively Indian and Eskimo. Similarly, many hundreds of physicians and dentists care for the local native population, being reimbursed either by a part-time salary or fees-for-service.

In addition, and particularly for small and remote groups, minor ailments are treated by field matrons, dispensers and welfare-teachers in Indian schools. In several provinces the provincial health nursing service extends to native groups, a most happy arrangement which wipes out any feeling of distinction between racial groups. It is felt that native patients generally receive not only equal but preferential attention.

The native peoples, through Indian Health Services, have a very real and sincere appreciation of the goodwill of the many people who have aided in improving their lot. No monetary reimbursement could compensate for the unstinting efforts of these individuals, and it is not pretended that anything like commensurate reimbursement is made. In the vast majority of cases the stipend is a token only. No stipend is even offered to scores of missionaries, traders, government employees and other kind-hearted people who are giving freely of their time and skill. They are welcome collaborators in a service which has evolved through the desire and sense of moral obligation of government to improve native health. In this respect, practically no statutory obligation for medical attention exists, but increasingly large sums have been appropriated for this purpose in the trust that it has been dispensed wisely and with the ultimate promise that it will fit the native people for what must be, eventually, an equal place in the community at large.

Special mention should be made of the incalculable assistance rendered by other government services. The finest co-operation has been enjoyed in relations with all provincial medical services and with the medical facilities of the Department of National Defence. In those areas not served by commercial carriers, the Air Forces of Canada and of the United States of America have given splendid and heroic service. The communication establishments of the Defence Forces, the Department of Transport, the provincial services and private licencees have given prior attention to medical traffic and have spared neither time nor effort in our work.

What will undoubtedly prove to be one of the most outstanding advances in the history of native health was made when the Indians of British Columbia were included in the Hospital Insurance Plan which came into effect on January 1, 1949. Not only will this facilitate hospital arrangements in that province, but it is a major step in the social and economic development of these people. The Indians will, in every way, be on the same basis as all other residents and will be encouraged to contribute through Indian Health Services, reimbursing the Receiver-General on account of their premiums. The provincial authorities deserve commendation for a step which, while it undoubtedly taxed their administrative machinery, was most progressive.

EPIDEMICS

The year 1948-49 was marked by several epidemics of moderate severity and one which took on alarming proportions. Influenza of a fairly mild type spread through the Northern parts of Ontario and Manitoba, causing much incapacity but rarely death. There were circumscribed outbreaks of Mumps about Norway House and three cases of Typhoid at Sandy Bay in Central Manitoba where this disease has lurked for many years. The usual incidence of Measles and Chickenpox was reported.

Commencing in November, 1948, beyond Churchill and spreading north along the West Coast of Hudson Bay towards the Barren Lands, a devastating epidemic of poliomyelitis occurred among a people previously most fortunately free of this disease. The new cases occurred in a fanshaped zone from the point of detected origin and presented such spectacular features that there was no difficulty in enlisting the assistance of foremost clinicians and research men.

This will be one of the most thoroughly investigated discrete incidents in the history of this disease. By the end of March, 1949, 90 cases had been identified, with 14 deaths and a number with extensive residual paralysis. A large area was quarantined and all but essential travel west from Hudson Bay to the Barren Lands is to be discouraged for many months.

An incident of this magnitude demonstrates the teamwork which should be, and has been, found within this department itself. It would seem most unlikely that any other arrangement could ensure for the people of native status such full and immediate concentration of every type of specialist and laboratory facility as was applied in this emergency.

PUBLIC RELATIONS

A special point has been made of seeking to attract the interest in the directorate's objectives of active groups of both native and non-native races. Health has many facets, and medical treatment, without its proper relation to education, employment and home conditions, would be most inefficient. Indian Health Services medical officers and nurses infiltrate into Homemakers Clubs and other women's organizations, giving instructional chats and showing health films. Every effort is made to improve the standard of living by demonstration, example and gentle pressure.

The seemingly well, in addition to the apparently ill, were the concern of the services, from the prenatal care of the mother through the well-baby clinic to the pre-school child. The convalescing patient requires special attention and the aged present their own problems. This work was facilitated by the publication of a booklet *Good Health for Canada's Indians* which, although distributed late in the year, immediately received commendation on every hand. Four posters illustrating healthy habits were designed by the department's Information Services Division. Extensive use was made of the regional libraries of the National Film Board and in many areas suitable films were distributed on schedules.

Interest in health was stimulated among school children by competitions to design posters, and in conjunction with provincial associations, suitable awards in cash and trophies were made.

Separate mention should be made of the donation to Coqualeetza Indian Hospital by a Sorority of the Graduates of the University of British Columbia of a public address system with record player, which brought endless cheer to the patients. The directors of the sanatoria were given assistance by countless friends in arranging Christmas cheer. These tokens of good-will towards government institutions create warm feelings not only within the patients but among personnel who live and labour strenuously and often dangerously.

Indian Health Services has been host to professional meetings. Medical officers and nurses have been encouraged to attend professional meetings. They have enjoyed the respect of their confreres, and are grateful for innumerable courtesies extended to them.

The fullest measure of gratitude must go to the Superintendents of Indian Agencies. These officers of the Indian Affairs Branch of the Department of Mines and Resources are the administrators, councillors and agents of the Indians for whom the Indian Health Services directorate of the Department of National Health and Welfare has provided a family physician service. Without their whole-hearted

assistance and untiring labour a small but efficient health service would be impossible. The same applies to those officers in the Department of Mines and Resources, Northwest Territories Administration, who have charge of the Eskimo. Complete co-operation existed between the directorates of the various services.

NORTHWEST TERRITORIES

As in the past, Indian Health Services acted as advisor on health matters for the Northwest Territories. Medical Officers in the Territories have acted as health officers within their zones, their disciplinary functions being overshadowed by the more fruitful service in advising concerning the improvement and extension of sanitary facilities for the increasing population. An extensive health survey of the Mackenzie District was made with a view to keeping this vast area medically abreast of current developments.

DEPARTMENT OF NATIONAL HEA