CANADA

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

ANNUAL REPORT

for the fiscal year

ending March 31

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To His Excellency the Right Honourable Vincent Massey, C.H., Governor-General and Commander-in-Chief 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, 1952.

Respectfully Submitted,

PAUL MARTIN,
Minister of National Health and Welfare.

OTTAWA, April 1, 1952.

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To the Honourable Paul Martin, Q.C., M.P., LL.D., Minister of National Health and Welfare, Ottawa.

SIR:

The year under review was one of generally increased activity for the department. Three developments are worthy of special note: the widening area of achievement under the National Health Program; the completion of the transfer of the federal responsibility for civil defence to this department; the inauguration on January 1, 1952, of the new program for Old Age Security.

Under the National Health Program, federal grants for hospital construction and health services were taken up by the provinces at an accelerated rate. Expenditures under this program totalled more than $24,300,000, or 28 per cent more than in the previous year. Provincial health surveys, financed by these grants, approached completion; and the National Sickness Survey, also financed under this program, was successfully carried out in co-operation with the provinces and the Dominion Bureau of Statistics. These two searching reviews of health needs in Canada and of the facilities and services available to meet them provide a firm base for future planning.

In part because of increased federal health activity and because of the imaginative and intensified efforts of members of the provincial health departments, professional health groups and voluntary agencies, the health of the Canadian people continued to improve. The rapid advances made in recent years indicate that Canada's health standards, already high, can be brought to levels as high as any in the world.

In taking over civil defence from the Department of National Defence, in February 1951, the department was confronted with a new range of responsibilities. Previously its participation in civil defence was limited to activities in the health and welfare fields, in which continued progress was made during the year with the effective and public-spirited collaboration of many citizens and voluntary organizations.

The year was one of marked progress in civil defence planning and training to prepare Canadians to cope with disaster. In its role as guiding and co-ordinating agency, the federal division was supported by a steadily developing network of provincial and local civil defence organizations. The federal program expanded notably during the year: 1,300 key organizers and instructors were trained; a national warning system was begun and 200 sirens distributed; federal grants encouraged the standardization of fire-fighting equipment; training manuals were prepared and distributed in large quantities; several hundred thousand dollars worth of training equipment was distributed free to the provinces; and arrangements for mutual aid were initiated with the United States.

The outstanding development of this fiscal year was the inauguration, with the co-operation of the provinces, of the new program for Old Age Security. Under this program, assistance was made available to those in need aged 65 to 69, and a universal pension was provided for Canadians aged 70 and over. The Old Age Pensions Act of 1927 was superseded during 1951 by three new Acts of Parliament: the Blind Persons Act, Old Age Assistance Act and Old Age Security Act.

The administrative responsibility for the new federal pension threw a tremendous burden on the department's staff and facilities. By the end of the fiscal year, 643,013 pensioners were being paid under the Old Age Security Act, administered entirely by the department. For reasons of economy and efficient control, no new administrative machinery was created to handle this vast problem. Instead, the extra work was absorbed by the Family Allowances Division. Through good planning and the wholehearted participation of the members of this division, with a comparatively small addition of staff, the new program was quickly brought into effective operation.

The same emphasis on staff economy seen in this addition holds true for the entire department. While administering the expenditure of $498,900,000, its staff ranked 12th among federal departments, with approximately 75 per cent serving outside Ottawa. We take this opportunity to commend the members of the Department on the loyal and effective way in which they carried on their duties during the year under review.

Respectfully Submitted,

G. D. W. CAMERON,
Deputy Minister of National Health and Welfare (Health)

G. F. DAVIDSON,
Deputy Minister of National Health and Welfare (Welfare)

OTTAWA, April 1, 1952.

III. HOSPITAL AND MEDICAL SERVICES

INDIAN HEALTH SERVICES

The 80 health centres of Indian Health Services are strategically placed to serve the main groups of the 136,500 Indians and 9,300 Eskimos throughout Canada's provinces and north beyond the Arctic Circle. In 1951 some 30 of these health centres contained nursing beds to which short-term sick and obstetrical patients were admitted. Each nursing station was staffed by a graduate nurse and nurse's aide with caretaker assistance as required. The remainder of the health centres were dispensaries where medical officers or graduate nurses administered to the sick and reached out to provide public health care and search for incipient illness, particularly tuberculosis, which is still the major scourge of the Indians and Eskimos in this country.

Supporting the health centres is a network of 18 departmental hospitals. The larger of these are, in the main, sanatoria for the treatment of tuberculosis, but all—and especially the smaller hospitals—serve as community treatment centres providing all the facilities of modern community hospitals.

Public health education and practice has been the keynote of Indian Health Services, the avowed purpose being to forestall disease or detect it in the earliest stages. Emphasis has been placed on educational information for the Indians and Eskimos, immunization procedures and extensive surveys for early case-finding. Where protective efforts have failed to prevent illness, the patients have been either admitted to departmental treatment facilities or arrangements made for care by the professional and hospital services in the communities close by the patients' homes. Indian Health Services has endeavoured to ensure for Indians and Eskimos the highest quality of attention which can be provided, notwithstanding the wide dispersion and high degree of isolation of many of these peoples.

Health Education

On the principle that good health habits constitute the best insurance against disease, a steady drive has been maintained to raise the health consciousness of the Indians and Eskimos by exhibiting appropriate films, film strips and posters accompanied by instructive talks from the medical officers and nurses of the field staff. These messages must often be passed through an interpreter and hence must be built around fundamental principles. The publication "Good Health for Canada's Indians" has continued to be enthusiastically received by the Indians and required reprinting again during the year. A new edition of "The Book of Wisdom" for the Eskimos has been further developed. The film strip "The Starlight Story", depicting the onset, treatment and recovery of a case of tuberculosis, was completed and distributed during the year. It has received acclaim and has been in a demand even beyond Indian and Eskimo circles.

Protective Procedures

A determined effort is made to protect every child against the common communicable diseases through preventive inoculations. The goal is not easy to attain because of the isolation of some groups and the nomadic habits of many, making proper serial inoculations and checking exceedingly difficult. It can be stated with confidence, however, that the Indians are at least as well

protected as their neighbours while the small Eskimo groups, although not as fully protected, are less frequently exposed to communicable disease. Indian Health Services has been active in using the Bacillus-Calmette-Guerin vaccine as a protection against tuberculosis. Some 4,600 inoculations of this material were given by departmental officers during 1951 with additional numbers inoculated in community hospitals where this vaccination is regularly given each Indian baby.

Case-Finding

Because of the value of early diagnosis, particular emphasis has been placed on case-finding procedures. The use of diagnostic chest X-rays on admissions to departmental and community hospitals has been encouraged and, in addition, a very intensive survey program has been in effect each summer. A larger number of Indians and Eskimos can be reached in this interval between the active trapping seasons, when the annual official visits are made to those Indian bands which receive Treaty payments and the Eskimos congregate on the occasion of the arrival in the North of the annual supply vessels.

There were 16 departmental survey teams in operation in the summer of 1951, and, in addition, survey work was carried out by a medical party on the Eastern Arctic Patrol vessel and by a survey party in the western Arctic using aeroplane transportation. In all, some 40,024 X-ray plates were taken during the year. The surveys were not limited to the investigation of chest disease, departmental officers being alert for indications of other illnesses. Nor was this service restricted to Indians and Eskimos since, where provincial or other case-finding agencies do not ordinarily reach, the facilities of Indian Health Services have been extended to the whole population in the interests of public health.

While this case-finding goes on each year and a large proportion of the Indian and Eskimo population has been examined repeatedly, there is a proportion of reluctant individuals, as in any population. Gentle persuasion is used to encourage attendance at the clinics but no attempt at compulsion has been used. Undoubtedly many instances of active disease thus escape detection.

Properly included under the protective procedures is the work of the eight full-time dental surgeons. They have concentrated on dental care for children of school age, making regular visits to residential and day schools to promote hygienic habits and to provide essential treatment so that the young adults may commence life with reasonably healthy mouths. Fluoridine prophylactic treatment has been given in some areas, with encouraging results. Aside from its preventive aspect, the dental service has been confined to the relief of pain and the provision of dentures for medical reasons.

Active Treatment

The Indian Health Services' 30 nursing stations have 158 beds. The 18 departmental hospitals have a rated capacity of 2,163 beds but regularly the beds set up have exceeded the rated capacity. There has been a large waiting list for admission to the sanatoria and every foot of space has been utilized to the maximum. Some 8,000 patients were admitted to departmental hospitals during 1951 and 675,000 days of treatment provided. Of these just over 25 per cent of admissions, but 85 per cent of treatment days, were for tuberculosis. General cases remained on an average of 17 days but tuberculosis cases remain very much longer. Generally, 75 per cent of the departmental hospital beds are occupied by tuberculous patients.

In addition to those attended in Indian Health Services hospitals some 25,750 persons were admitted to community hospitals for a total of over 775,000 patient days. Although the majority of patients admitted to non-departmental hospitals are for general medical and surgical disorders, still 40 per cent of these patient-days were for treatment of tuberculosis and 14 per cent of non-departmental hospital-days were for mental illness. The departmental sanatoria are in the more western provinces. Indian and Eskimo patients are admitted to community institutions in the east and in the North-west Territories. The mentally ill are admitted to provincial institutions.

Of the 1,452,886 patient days of care provided during 1951, 849,729 were accounted for by tuberculous patients, 96,040 by the mentally ill and 507,117 by those with general medical and surgical disorders. This represents 5·8 days of hospitalization per capita on account of tuberculosis and 3·5 days per capita for general conditions. There was more than one admission to hospital for every five Indians and Eskimos living in the country.

While the 28 full-time field medical officers provided professional attention for the larger groups of Indians and Eskimos, an even greater volume of professional service has been provided through arrangements with part-time physicians and those rendering service on a fee basis. Accounts are regularly received from many hundreds of doctors and dentists in the communities near the smaller Indian groups. These, along with a host of qualified and lay persons who act as dispensers of the medical materials supplied to each group of Indians and Eskimos, have been very active partners in a service developed to provide, mostly gratuitously, comprehensive medical attention to persons of native status. It is not generally recognized that there is no obligation on the part of the federal government to provide this service except the moral responsibility of seeing that citizens do not suffer through callous neglect.

Field Nursing Service

The heart of the field service has been the graduate nurse force staffing the smaller hospitals, nursing stations and dispensaries where they are in most intimate contact with the everyday lives of the people and can do most to raise the level of health consciousness within the homes. Augmented by part-time graduates, provincial public health nursing services, the Red Cross Outpost nurses and the Victorian Order, they press the health educational program in homes and schools, assist in case-finding, search for contacts and assist in the rehabilitation of discharged patients. They have conducted clinics in child and maternal welfare, given instruction in first-aid and home-nursing and set forth in the most fearsome weather in every type of primitive conveyance to carry their skill and sympathy to the afflicted.

Some nurses are several hundred miles from the nearest professional guidance, and must rely on their own judgment and the radioed advice of the nearest departmental medical officer. The native peoples owe an incalculable debt to these intrepid women. The fruits of their labours are the recent increases in population through their influence on infant and maternal survival which has steadily improved over the years. What were once declining races now show a normal population increase of about 1½ per cent per year.

Tuberculosis

Although the incidence of tuberculosis among Indians and Eskimos is high in comparison with the rest of the population in Canada, it is similar to that in comparable groups of other countries. Over the past few years the tuberculosis death-rate among Indians and Eskimos has been reduced at a

rate parallel to or better than that in the remainder of the population. In 1949 the rate was 399·6 per 100,000 but in 1950 it was sharply reduced to 298·8. The comparable figures for the whole population were 1949—30·4, and 1950—25·9.

The attack on the tuberculosis problem is made through vigorous case-finding, isolation in the homes or sanatoria and the most modern medical and surgical procedures. Extensive use is made of all proven antibiotics as adjuncts to the accepted principles of rest for all patients and surgery for those whose period in hospital can be shortened by this means. The 550-bed Charles Camsell Hospital at Edmonton carried out 175 major chest operations during 1951. Similar work went on at other departmental institutions or in non-departmental hospitals.

All field nurses and certain particularly-experienced supervisors keep discharged patients under observation at home to guide rehabilitation and obviate relapse.

Extension of Services

During 1951 some 68 treatment beds were added through alterations made to existing facilities and the completion of a 28-bed hospital at Hobbema, Alberta. Health centres with beds were brought into operation at Lansdowne House and Pikangikum in northwestern Ontario and Rupert's House on James Bay in Quebec. Dispenseries were completed at Christian Island in Ontario; Seven Islands, Quebec; and Shubenacadie, Nova Scotia.

There was an addition of two medical officers, bringing the total of full-time medical officers to 65. Also four field nurses were added, for a total of 94. There were some 181 nurses regularly employed in departmental hospitals.

During the summer months 25 senior medical students were employed to assist in case-finding procedures and in the larger hospitals.

Co-operation with Other Agencies

It is considered essential for the social well-being of the Indians and Eskimos that the health program for them be identical with and, so far as possible, integrated with that of their neighbours. Every opportunity was taken to use provincial public health facilities on a reciprocal basis. Provincial health regulations guided public health procedures; provincial health insurance, such as the British Columbia Hospital Insurance Service, continued to be used where available.

Indian Health Services enjoyed extensive assistance from federal government agencies such as Department of National Defence treatment and air transport services, the Royal Canadian Mounted Police, and the Signal Services of the Departments of National Defence and Transport. Close co-operation existed between the officers of Indian Health Services, the Indian Affairs Branch of the Department of Citizenship and Immigration responsible for the welfare of Indians, and those of the Northern Administration and Lands Branch of the Department of Resources and Development which administers Eskimo affairs. Administration officers regularly acted as local public health officers while Indian Health Services provided the professional advice. The Director of Indian Health Services was officially appointed Chief Health Officer of the Northwest Territories.

As in the past, the goodwill of local practitioners, community hospitals and countless persons interested in Indians and Eskimos has contributed greatly to the success of the common endeavour on behalf of the health of these peoples.