



CANADA

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

ANNUAL
REPORT

*for the fiscal year
ended March 31*

1953



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**THE DEPARTMENT OF
NATIONAL HEALTH AND WELFARE**

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**Edmond Cloutier, C.M.G., O.A., D.S.P.,
Printer to the Queen's Most Excellent Majesty
Ottawa, 1953**

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, 1953.

Respectfully submitted

PAUL MARTIN,
Minister of National Health and Welfare.

OTTAWA, April 1, 1953.

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

MINISTER

United Nations
World Health
Organization
Narcotic Commission

Dominion Council
of
Health

HEALTH BRANCH

CIVIL DEFENCE

WELFARE BRANCH

United Nations
Social Commission
Children's Fund

National Council
of
Physical Fitness

HEALTH SERVICES

ENVIRONMENTAL
HEALTH AND
SPECIAL PROJECTS

MEDICAL
ADVISORY
SERVICES

RESEARCH
DEVELOPMENT

HEALTH DIRECTORATES

FOOD
AND
DRUG

HEALTH
INSURANCE
STUDIES

INDIAN
HEALTH
SERVICES

ADMINISTRATIVE SERVICES

DIVISIONS
DEPARTMENTAL SECRETARY
INFORMATION SERVICES
LEGAL
LIBRARY
PERSONNEL
PURCHASING AND SUPPLY
RESEARCH

WELFARE DIVISIONS

FAMILY
ALLOWANCES

OLD AGE
SECURITY

OLD AGE ASSISTANCE

PHYSICAL FITNESS

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

SIR:

For the fiscal year under review, the widening scope of the Department's activities is indicated by the increase of some \$250,000,000 in the amounts voted by Parliament for its work. This increase was accounted for largely by the fact that 1952-53 was the first full year of operation of the new three-part program embracing Old Age Security, Old Age Assistance and Allowances for the Blind.

Other significant developments contributing measurably to the increase in departmental appropriations included the additional \$12,000,000 required for Family Allowances payments to keep pace with the nation's steadily rising population; the wider utilization by the provinces of federal grant moneys available under the National Health Program; the increase of nearly \$2½ millions in appropriations for Indian Health Services; and, finally, the initiation of a system of grants-in-aid to assist the provinces in developing civil defence projects, for which an amount of \$1,400,000 was set aside.

During the year under review, steady progress was evident in the various areas of departmental responsibility for health, welfare and civil defence. On the health side, the Department continued to carry out its traditional statutory responsibilities for such matters as the control of food and drugs; the maintenance of proper sanitary standards on trains, aircraft, and ships; the medical examination of prospective immigrants; the maintenance of a central laboratory of hygiene; and so on. Through its specialist advisory divisions, the Department also continued to provide a wide variety of consultative services to provincial departments of health and to various voluntary agencies.

Particular mention should be made of the intensive work which went into the preparation of new food and drug legislation which, at year's end, had received approval in the Senate and awaited introduction in the House of Commons (passed in the House of Commons April 21, 1953). The new Food and Drug Act, which will come into force on proclamation, will supersede all previous legislation in this field and will consolidate the many amendments and regulations made under the old legislation over a period of years.

Reference should also be made to the marked expansion in the facilities and services provided for the health care of Indians and Eskimos. During the year there has been a further encouraging decline in the death rate from tuberculosis, the greatest single threat to the health of Canada's native population.

On the welfare side, the outstanding development of the past year was the successful implementation, with the co-operation of the provinces, of the new three-part program to replace the Old Age Pensions Act of 1927. At March 31, 1953, 782,134 Canadians were benefiting under the three new measures.

Under the Old Age Security Act, 686,127 persons 70 and over were receiving payments of \$40.00 a month, administered and financed entirely by the Federal Government without means test of any kind. Another 87,675 persons in need between 65 and 69 years of age were receiving old age assistance payments, administered by the provinces with the costs shared equally by the federal and provincial governments. Under the Blind Persons Act, 8,332 blind persons 21 years of age and over were in receipt of allowances administered

by the provincial governments, with the Federal Government bearing 75 per cent of the costs. Federal payments under these three measures totalled \$345,255,669.68 for the fiscal year under review.

At year's end, the National Health Program, inaugurated in May, 1948, approached its fifth anniversary. Under this Program, some \$94,000,000 has been granted to the provinces to assist them in surveying their present health facilities and future health needs, in overcoming serious shortages in hospital accommodation and in improving public health services and facilities in various fields of activity.

One of the outstanding features of this Program has been the support given to more than 400 individual hospital construction projects to provide some 46,000 additional hospital beds; 5,900 bassinets for infants; 5,700 beds in nurses' residences; and various public health facilities in hospitals considered, for grant purposes, to be the equivalent of 2,600 beds. Other notable achievements include the training of nearly 5,000 specialized health workers and the employment of an additional 4,700 on provincial and local health staffs; the financing of more than 200 health research projects in various fields; and the strengthening of provincial and municipal health services. As a result, the provinces generally have been able to intensify their campaigns against major health hazards such as cancer, tuberculosis and mental illness and to lay foundations for the introduction of health insurance.

As in the past, the Department has continued to work closely with the various voluntary agencies and professional groups in the health and welfare fields, and, during the year, effective two-way co-operation has been in evidence. With the appropriate agencies of the ten provincial governments, the Department has also enjoyed the most cordial and understanding relationships.

The Department's greatly augmented administrative responsibility, reflected in its increased appropriations for the year under review, was successfully assumed with a very modest increase in staff. At March 31, 1953, the total staff reached 3,428—an increase of 207 over the preceding fiscal year. Of this number, 137 or 66 per cent were doctors, nurses and other health workers to staff the Department's expanded health services for Indians and Eskimos. It is worthy of note that only eight persons, or less than four per cent of the total increase in personnel, were added to the Department's administrative staff. This evident economy of staff is a tribute to the loyalty and efficiency of the individual members of the Department who carried out their duties with commendable effectiveness.

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, 1953.

INDIAN HEALTH SERVICES

Function

The health service for Indians and Eskimos has evolved to augment the care normally provided by the home, the community and provincial agencies. Because of its role, this Service has expanded in response to demonstrated need and as newer methods in both active treatment and public health care have indicated that prompt action would preserve life and yield obvious economic returns. It stands ready to hand back the charge to the home, the community and the province when these agencies exhibit the will and the resources to take over.

The census of 1949 showed that there were 136,500 Indians and about 9,300 Eskimos. Although there has been enfranchisement of 500 to 1,000 Indians each year, the actual rate of increase of these people is such that the combined population in 1952 may be projected at 155,000. Their birth rates are high—between 25 to 50 per thousand. The death rates are high too, but the net gain parallels a normal population increase of about $1\frac{1}{2}$ per cent per year. The groups are too small and too widely varied in culture and environment to provide meaningful statistics.

Facilities

The field unit in Indian Health Services is a health centre under the charge of a graduate nurse who conducts out-patient, pre-natal, well-baby and health educational clinics. From this centre the nurse extends her influence into the homes, schools and community life, driving home the fundamentals of good health habits and ensuring that protective procedures are applied.

Some of the health centres have beds and sufficient auxiliary staff to care for maternity cases and disabilities which do not require extensive hospital facilities. There were 33 of these nursing stations, with a total of 172 beds, in operation during 1952. Some of the health units consist of a medical officer only or a combination of medical officers and graduate nurses. There were 23 of these units. There were 32 dispensaries with a graduate nurse only for a total of 88 health units in operation during the year.

Supporting the departmental health centres is a chain of 18 departmental hospitals with 2,189 treatment beds. The larger of these are in the main Sanatoria for the treatment of tuberculosis, but even these, and all of the smaller hospitals, are equipped to serve as community general hospitals for all Indians in the vicinity.

The departmental hospitals are almost exclusively in the West. The most easterly is that at Moose Factory, Ontario, near James Bay. In the East entirely and everywhere that community hospitals or provincial sanatoria have been able to give the necessary care, these facilities are used. In the Northwest Territories and in the James Bay area the Mission Hospitals are very closely associated with Indian Health Services as almost all of the patients are native for whom a patient day rate is paid, but as well, the medical officer, expendable supplies and ward stationery are provided by the department.

Staffing the field units were 26 medical officers and 103 graduate nurses of which staff two medical officer and nine nurse positions were acquired during 1952. In addition, there were nine dental surgeons visiting the Indian Residential and Day Schools to provide instruction in dental health, preventive and curative attention to the school-age groups. Where time permitted, palliative and essential prosthetic treatment was provided to needy adults.

The professional staff of departmental hospitals consisted of 34 medical officers and 217 graduate nurses. The additions during the year were two medical officer and 36 graduate nurse positions. Not all positions were occupied, due to the continuing shortage of qualified doctors and nurses.

Supporting the medical officers and nurses were 1,150 valued employees whose skills and efforts make a medical service possible. Of these 295 were Indians or Eskimos. The additions during the year included 138 positions of appropriate classifications.

Preventive Procedures

Health education was continually stressed by all of the professional staff because in increased health consciousness of the individual lies the greatest hope of improved health standards of any, and especially of native, peoples. Material for this important work was provided in the form of department pamphlets and posters. Extensive use was made of the T.B. film strip "The Starlight Story" and all but the final stages were completed on two new strips "Safe Water" and "Infant Feeding." Some of the information material is developed around posters prepared by Indian children as a result of the health educational work being carried on in their schools.

Routine immunizations were pressed towards the goal of 100 per cent protection against the communicable diseases of childhood. This is a herculean task among the nomadic and semi-nomadic groups. Indian Health Services is satisfied that the use of the Bacillus-Calumette-Guerin vaccine is fully warranted and 4,600 inoculations were made during the year by departmental officers. Many community hospitals give the inoculations to all Indian babies born therein.

Case Finding

During the spring and summer of 1952, extensive surveys were conducted seeking an x-ray view of the chest of every Indian and Eskimo who could be reached. In addition to the continuous routine admission examinations carried on by departmental and an increasing number of non-departmental hospitals, 10 survey teams covered the more isolated groups. In all 60,704 chest x-rays were taken during the year.

The professional staff and survey teams were on the alert for any remediable disorder and provided appropriate treatment as well as inoculations in the settlements, or arranged evacuation to centres where more adequate attention could be provided. An example of a survey and treatment team is the medical party which accompanied the Eastern Arctic patrol vessel "C. D. Howe". This consisted of two medical officers, a dental surgeon and assistant and an x-ray operator. This team treated 77 patients, made some 200 dental examinations and treatment and took 1,007 chest x-rays, of which 113 proved to be pathological.

Active Treatment

The 18 departmental hospitals admitted 7,600 patients and provided 707,903 patient days treatment. Non-departmental facilities accepted 23,843 patients and provided 730,142 patient days treatment. The break-down is given in some detail as appendices. These statistics indicate that there is not a significant difference medically between Indians and Eskimos and the other racial groups in this country. In addition to services provided by departmental personnel and facilities, many hundreds of local physicians, dentists, nurses and lay persons have provided care to the Indians and Eskimos. Some of these were in part-time positions, most were on a fee-for-services basis, but there was a host of individuals of many vocations who gave time, skill and sympathetic attention gratuitously. These included government officers, such as those of Indian Affairs and the R.C.M. Police, missionaries, traders and others imbued with good will and community spirit. These people remain the heart of any health service.

Tuberculosis

While this communicable disease persists as the scourge of native peoples, marked advances have been made in its control among the Indians of Canada over the past few years and 1952 contributed new evidence of progress. Although the latest complete figures indicated a death rate of 262 per 100,000 (1951), 11 times that for the population as a whole, it is in marked contrast to a rate of 579 in 1946. As an example of a straw indicating the wind, in October 1952, for the first time since records have been kept, there was not a death from tuberculosis among the 28,000 Indians in British Columbia.

Unfortunately the picture was not as bright for the Eskimos. The results of surveys in 1952 indicate that tuberculosis is on the increase in certain areas. Their environment makes these people most prone to chest disease.

Extension of Services

The only increase in facilities providing additional treatment beds was the completion of a hospital of 35 beds at Norway House, Man., replacing the former dilapidated building which accommodated 22 only. However, there were extensive improvements in physical plants at several institutions and additional accommodation for staff was acquired at Aklavik in the N.W.T. and at Moose Factory in Ontario.

Cooperation with Other Agencies

It is implicit to its role that Indian Health Services should embrace every opportunity to integrate its activities with those of the communities adjacent to the Indian and Eskimo groups. The extensive use of local professional and treatment services has been mentioned. Wherever possible, provincial agencies have been encouraged to take charge or take part in case-finding and other public health endeavours. Everywhere provincial institutions have been used to the fullest practicable extent.

Obviously Indian Health Services is strategically placed in the department of National Health and Welfare and has made ample use of the advisory and laboratory services of this department. A close liaison has been maintained,

both centrally and in the field, with the administrators of Indian Affairs in the Department of Citizenship and Immigration and the administrators of Eskimo affairs in the Department of Resources and Development.

In addition, a fine working relationship has existed with the other government agencies operating in the areas inhabited by Indians and Eskimos and with religious and commercial interests serving these people, to the mutual benefit of all.

Indian and Eskimo health statistics will be found in Tables 7, 8, 9 and 10, pages 115 and 116.

TABLE 7

INDIAN HEALTH SERVICES

1952 Admission and Patient Day Rates per 1,000 Population. Average Stay of Separations, and Patient Days Per Capita For Departmental and Non-Departmental Facilities

	Total	Tuberculosis	Mental
New Admissions.....	2,691	2,602	89
Native Population (1949).....	145,945	145,945	145,945
New Admissions per 1,000.....	18.4	17.8	.6
Total Patient Days.....	1,167,180	1,065,090	102,090
Patient Days per 1,000 Population.....	7,997	7,298	699
Discharges.....	2,487	2,430	57
Transfers Out.....	604	596	8
Deaths.....	210	199	11
Total Separations.....	3,301	3,225	76
Average Stay of Separations.....	353.6	330.2	1,343.2
Patient Days Per Capita.....	8.0	7.3	.7

TABLE 8

INDIAN HEALTH SERVICES

Eskimo, 1952 Admission and Patient Day Rates per 1,000 Population. Average Stay of Separations, and Patient Days Per Capita For Departmental and Non-Departmental Facilities

	Totals	General cases	Tuberculosis cases	Mental cases
New Admissions.....	545	347	191	7
Eskimo Population (1949).....	9,302	9,302	9,302	9,302
New Admissions per 1,000 Population.....	59	37	21	1
Total Patient Days.....	124,972	13,283	107,833	3,856
Patient Days per 1,000 Population.....	13,434	1,428	11,592	414
Discharges.....	458	311	144	3
Transfers Out.....	66	17	49
Deaths.....	44	22	22
Total Separations.....	568	350	215	3
Average Stay of Separations.....	220.0	38.0	501.5	1,285.3

TABLE 9

INDIAN HEALTH SERVICES

Indians, 1952 Admission and Patient Day Rates per 1,000 Population
Average Stay of Separations, and Patient Days Per Capita For Departmental
and Non-Departmental Facilities Not Including Indians under B.C.H.I.S.

	General Cases
New Admissions.....	21,635
Indian Population (1949) Excluding B.C.....	108,707
New Admissions per 1,000 Population.....	199
Total Patient Days.....	289,248
Patient Days per 1,000 Population.....	2,661
Discharges.....	21,145
Transfers Out.....	547
Deaths.....	355
Total Separations.....	22,047
Average Stay of Separations.....	13.1
Patient Days Per Capita.....	2.7

TABLE 10

INDIAN HEALTH SERVICE

Indians, 1952 Admission and Patient Day Rates Per 1,000 Population. Average
Stay of Separations, and Patient Days Per Capita for Departmental
and Non-Departmental Facilities Not Including Indians under B.C.H.I.S.

	Total	Tuberculosis	
New Admissions.....	2,493	2,411	82
Indian Population (1949).....	136,643	136,643	136,643
New Admissions per 1,000 Population.....	18.2	17.6	.6
Total Patient Days.....	1,055,491	957,257	98,234
Patient Days Per 1,000 Population.....	7,724	7,006	719
Discharges.....	2,340	2,286	54
Transfers Out.....	555	547	8
Deaths.....	188	177	11
Total Separations.....	3,083	3,010	73
Average Stay of Separations.....	342.3	318.0	1,345.7
Patient Days Per Capita.....	7.7	7.0	7.2