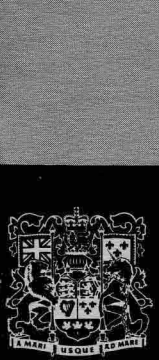
1955 ANNUAL REPORT



DEPARTMENT OF NATIONAL HEALTH AND WELFARE

CANADA

THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

ANNUAL REPORT

FOR THE FISCAL YEAR ENDED MARCH 31

1955

Edmond Cloutier, C.M.G., O.A., D.S.P.,
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Ottawa, 1955

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, 1955.

Respectfully submitted,

PAUL MARTIN,

Minister of National Health and Welfare.

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

SIR:

During the year under review, continued progress was evident in the various areas of established departmental activity, while certain new responsibilities were accepted to widen the scope and effectiveness of its work. Among the year's highlights, three developments stand out: the inauguration of the Disability Allowance program; the advance preparations for the anticipated widespread use of the Salk polio vaccine; and the changed emphasis in civil defence resulting from the publication by the United States authorities of information on the effects of thermonuclear weapons. The implications of these and other developments relating to the Department's responsibilities are fully dealt with in this Report.

The extent of the Department's activities is indicated by the fact that for the year under review Parliament granted more than $800,000,000 for its work—an increase of some $30,000,000 over the previous fiscal year. This increase was accounted for, in large measure, by the normal annual growth in the major social welfare programs—old age security, family allowances, old age assistance, and allowances for the blind—as the result of Canada's steadily increasing population.

As has been noted, the major development on the welfare side was the inauguration of the federal-provincial program of Disability Allowances under the terms of the Disabled Persons Act, assented to by Parliament on June 26, 1954. By the end of the fiscal year, agreements had been signed or were in process of negotiation with all ten provinces and allowances were actually being paid in five provinces. Under the terms of this program, payments up to $40.00 a month may be granted to totally and permanently disabled persons who meet the requirements of the Act and its Regulations. The allowances are administered provincially and their cost is shared equally by the Federal and Provincial governments.

On the health side, perhaps the most notable feature of the year's work was the detailed planning carried out to ensure that substantial supplies of rigidly tested Salk vaccine would be available for immediate use just as soon as its safety and effectiveness had been clearly demonstrated. It will be recalled that, during the summer and fall of 1954, a mass field trial—in which more than 1,800,000 children in the United States and Canada participated—was undertaken to assess the efficacy of the Salk vaccine. The results of this study were to be made known in the Spring of 1955. However, because the production and testing of the vaccine is a long and complex process extending over several months, it was decided in the Fall of 1954 that large-scale production of the vaccine should be initiated in Canada in advance of the publication of the results of the field trial so that supplies would be available in quantity for use during the 1955 polio season.

Accordingly, arrangements were worked out, in co-operation with the ten provincial departments of health, under which the federal and provincial governments would

share on a 50-50 basis the cost of underwriting the production of Salk vaccine by the Connaught Medical Research Laboratories at the University of Toronto. The vaccine thus produced was to be allocated to the various provinces on a per capita basis for administration to children in selected age groups. By the end of the fiscal year, sufficient vaccine for the immunization of more than 500,000 children had been provided to provincial and local health authorities for immediate release as soon as a favourable report on the field trial was announced.

All vaccine produced at Connaught Laboratories was subjected to the most rigid safety tests and samples of each lot were carefully retested at Ottawa by the Department's Laboratory of Hygiene.

It is of interest to note, in passing, that an important step in the research that led to the development of the Salk vaccine was the discovery of Medium 199 by Morgan, Morton and Parker during the course of a cancer research project carried out at the Connaught Medical Research Laboratories a few years ago. This medium proved to be a suitable agent for the large-scale culture of polio virus needed in the preparation of the vaccine. Two of the three scientists who undertook this work, Dr. Joseph Morgan and Miss Helen Morton (now Mrs. Helen Coval), are presently employed on the staff of the Department's Laboratory of Hygiene.

Turning to the Department's third area of responsibility, civil defence, it is our view that 1954-55 has been the most critical and yet, in many ways, the most productive year in the brief history of this departmental activity.

The Civil Defence College at Arnprior completed its first full year of operation. From its opening in January, 1954, to the end of the fiscal year in March, 1955, 1,999 candidates passed through the college. During this period, 74 different groups attended 22 types of courses; in addition, 15 conferences, sessions or special studies were conducted. A number of new courses were carried out for the first time during the year under review, including courses for physicians, pharmacists, police and other special groups, as well as a harbour study and a forum on natural disaster.

During the year under review, the accent in civil defence planning shifted to a policy of evacuation and shelter to meet the new threats posed by the hydrogen bomb and the dangers arising from radioactive fall-out. Tests of evacuation plans were held at St. John's, Newfoundland, and Brockville, Ontario, and plans were made for further tests in other cities.

To revert to some of our long-established responsibilities, the official opening took place on December 16, 1954, of an important addition to the Department's facilities, the new Virus Research Laboratory located at Tunney's Pasture in the west end of Ottawa. Already under construction in the same area is a new Headquarters for the Food and Drug Divisions which will, when completed late in 1955 or early 1956, provide the Department with a completely modern building specifically constructed for this specialized work. It might be noted here that, on July 1, 1954, the revised Food and Drugs Act, passed at the previous session of Parliament, was proclaimed and both the revised Act and its Regulations are now in operation.

The Opium and Narcotic Drug Act was amended by Parliament during the year under review to provide for more effective measures against the illicit traffic in drugs. Under the Act, as amended, the new offence of being in possession of drugs for the purpose of trafficking was established. By this, the onus is on the person found to be in illegal possession of drugs to prove that his possession was not for the purpose of trafficking. For this offence and for trafficking an increased penalty of up to fourteen

years was provided. The Act was also amended to permit the acceptance of telephoned prescriptions for medicated narcotic products.

As the result of field work carried out by the Department's Nutrition Division during the previous year, tables have now been prepared and distributed to physicians and other professional people, providing useful information on the average weights for height and age among Canadians.

With the co-operation of all ten provinces, the grants made available under the National Health Program continued to provide an effective stimulus to the development of health services, the construction of additional hospital facilities and the encouragement of fundamental research into many public health problems. Expenditures for the year totalled slightly over $31,500,000, the highest for any of the seven years of the National Health Program's history.

The Department's Research Division placed a major emphasis on research in the field of health and hospital care and comprehensive documentation was prepared on health services. For example, the Division collaborated with the Bureau of Statistics in the preparation of a number of bulletins based on the Canadian Sickness Survey. Studies were also conducted concerning such matters as the extent and cost of illness and the utilization of health services. During the year, comparative analyses of health, welfare and social security expenditures in the different provinces and among various countries were completed. In addition, a number of studies were initiated in the broad field of child welfare.

As in previous years, there was a steady and continuing growth in the extent of most of the major social welfare programs administered in whole or in part by the Department. For example, at year's end, 5,169,000 children in 2,195,000 families were benefiting under the Family Allowances program with payments for the year exceeding $366,000,000—an increase of nearly five per cent over the previous year. Expenditures on Old Age Security reached a total of more than $354,000,000. During the year the number of persons 70 years of age and over who were receiving the universal old age security pension increased from 720,255 in April, 1954, to 745,620 during March, 1955.

For the federal-provincial Old Age Assistance and Blindness Allowance programs, the combined federal contribution during the year exceeded $23,000,000. Under the Old Age Assistance Act, 94,625 needy persons 65 and over were receiving allowances at year's end, while total payments for the year reached nearly $42,000,000—of which the federal share was 50 per cent. The Federal Government also contributed 75 per cent towards the cost of allowances for the blind. For this latter program, the federal share approximated $3,000,000 and 8,122 blind persons were benefiting as at March 31, 1955.

In a novel public relations project, the Information Services Division staged an Exhibition of its work and procedures at Ottawa in May. Many parliamentarians, representatives of the press, radio and television, officials of government and voluntary agencies and others, who attended on invitation, completed questionnaires to assist the Department in the evaluation and future planning of its public health and welfare information activities. This program was further assisted by a Federal-Provincial Health Education Conference, also held in the Spring, and attended by representatives of all the provinces and some of the metropolitan health units.

As in the past, the Department continued to work closely with the various voluntary agencies and professional groups in the health and welfare fields and during the year effective co-operation was very much in evidence with these groups and with the

appropriate departments of government in the ten provinces. During the summer of 1954 two large international gatherings were held in Canada—the International Conference of Social Work and the World Congress of Mental Health—in both of which the Department played an important role.

Mr. Minister, we should not like to conclude this letter of transmission without making reference to the conscientiousness and to the generally high level of competence of the departmental staff. Special mention should also be made of the valuable assistance given to the Department by two auxiliary services provided by other federal departments through the Treasury and Translation Offices attached to this Department. It is our considered opinion that few government agencies are better served than the Department of National Health and Welfare and we here acknowledge our gratitude and thanks to the members of the Department's staff for their faithful and effective work during the year under review.

Respectfully submitted,

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

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

OTTAWA, Canada.

training, antibiotic sensitivity testing and enteric infections were some of the problems discussed. The need of a good haematology manual for hospital and public health laboratory technicians was stressed, and federal assistance for its preparation and publication was requested.

The Laboratory of Hygiene agreed to put on a special refresher training course in clinical chemistry at the request of six of the provincial representatives.

The significance of a positive T.B. culture when the sputum is negative on direct smear examination has been questioned, and the Committee went on record as being strongly opposed to any view depreciating the public health significance of the positive culture regardless of the result of direct smear examination.

The special sub-committee on laboratory costs presented a report on work evaluation and costs of laboratory work in the provincial laboratories during 1953. As a result of these studies carried on for the past three years, fairly reliable estimates of the cost of the different laboratory examinations are now available.

INDIAN HEALTH SERVICES

It is not too difficult nowadays to plan and operate a health service for a typical North American city of 160,000 people. If, however, the education of its inhabitants happened to be well below average, if their traditions and outlook on life differed from those of the remainder of the country, and their level of prosperity was so low that only a handful could meet their medical expenses in full, the situation would become much more difficult. If, in addition, they were divided into more than 2,000 groups, some nomadic and many isolated, and scattered over 3,500,000 square miles of territory, the task of providing a health service for them would become enormous. That is the task with which Indian Health Services is faced.

The program being carried out by the Service has not been developed under statutory direction. The Indians have never been made wards of the Crown nor has the Crown assumed a legal obligation to provide an all-embracing health and treatment service for them. The existence of the Service is evidence of the recognition by the State of a moral, rather than a legal, responsibility towards a group whose economy would not otherwise permit them adequately to care for themselves. It has expanded in response to the urgent need of many groups for help. It functions primarily as a public health service, because of the conviction that in the application of these principles lies the best prospect of a steady improvement in the health of the Indian and the Eskimo, but it also provides or arranges for the active treatment of individuals who would otherwise be denied it. It is prepared to hand back these functions to the home, the local community and the province when these agencies exhibit the will and the resources to take them over.

At the latest published census in 1949 the Indian population of Canada was shown as 136,500 and the Eskimo 9,300. The death rate is somewhat higher than the average; in 1953 the crude rate for all Canada was 8.6 per thousand while the Indian rate was somewhat over 10. Their birthrate is much higher; in 1953 the Canadian rate was 28.2 while that of the Indian was almost 38. About 1,000 Indians apply each year for enfranchisement, thus assuming the full rights and full responsibilities of Canadian citizenship. The net result is an increase in the Indian population of about 1½% per annum so the population in 1954 may be estimated at 150,000. These factors also operate in the Eskimo group whose population is now approximately 9,600.

Finally, administration of all aspects of Indian Affairs other than health is the responsibility of the Department of Citizenship and Immigration while the Northern Administration and Lands Branch of the Department of Northern Affairs and National Resources plays the same role in relation to the Eskimo.

Facilities and Staff

The country has been divided into five administrative regions with headquarters at Vancouver, Edmonton, Regina, Winnipeg and Ottawa. Each of these major units is further subdivided into zones and within each zone is a variable number of field installations. Facilities of one kind or another are maintained in all provinces and territories. When circumstances do not justify the operation of a separate unit, the native groups are cared for under arrangements with local agencies. In the more isolated districts where constant professional surveillance may be impossible to arrange, the system is rounded out by the help generously volunteered by scores of missionaries, teachers, traders and officers of all Government departments who supply simple drugs, provide such first-aid assistance as lies within their abilities and act as sentries who contact the nearest administrative centre at the first sign of emergency. Some of these people receive a small stipend; others give their services gratuitously; in all cases the work they are doing is motivated by an interest in and a desire to help their less fortunate neighbours.

The basic field unit within the Service is the Health Centre of which 61 were in operation during 1954. A typical centre of this type consists of a dwelling and an office and is staffed by a nurse. She provides medical attention within the limits of her resources, but her chief concern is with the planning and implementing of a public health program. She has to be active in many fields, but she tries to devote a good part of her time to home visiting, health education and preventive inoculations. Sometimes a few beds are added to this basic pattern, and provision is made for the admission of less serious cases such as maternity, childhood illness and minor accidents. The unit then becomes known as a Nursing Station and is usually staffed by a graduate nurse, a practical assistant and a fireman-labourer. One hundred and fifty-seven such beds were operated in 35 nursing stations during the year. Also in operation were 11 Clinics, staffed by one or two doctors and one or two graduate nurses. These are located in areas of high Indian population density and provide a combined health and treatment service. Usually the doctor is accorded privileges in the local hospitals. A similar doctor-nurse team was based on 14 of the 18 Departmental hospitals with the nurse carrying out the public health work under the supervision of the physician and the facilities of the hospital being used for the necessary follow-up and inpatient care. The functioning of this field-program during 1954 called for the full-time services of 39 medical officers and 106 graduate nurses. Their work was supplemented by a team of 11 dentists who practiced all types of dental surgery, sometimes under difficult conditions, but who attempted to concentrate on prophylactic care and dental health education in the youngest age-groups.

The 2,223 beds and bassinettes in the 18 Departmental hospitals were fully occupied. Now and again, due to pressure of circumstances, they had to be used beyond the rated capacity. These institutions range in size from 20 to 500 beds, and had a professional establishment of 43 medical officers and 232 graduate nurses. The greatest number of admissions are still tuberculous, but a large amount of general medical and surgical care is provided, particularly in the small institutions.

The total number of full-time employees both in the hospitals and in the field providing this health and treatment service was 1,600. Amongst these were 193 Indians and Eskimos. To round out the program and to ensure that even the most remote bands should have access to professional help, it was found necessary to employ 63 part-time physicians and to receive occasional accounts from more than 1,200 doctors and over 120 dentists in all parts of the country. Indians and Eskimos were treated in more than 600 non-Departmental hospitals which accounted for more than one-half of the total patient days during the year. On April 1, 1954, the Indians in British Columbia were accepted into the B.C. Hospital Insurance Scheme which became subsidized by a provincial sales tax. Until that time the Department had paid all the necessary premiums.

Data on patients treated in hospital, whether Departmental or non-Departmental, are shown in Tables 10 and 11, following.

Field Activities

The greatest problems facing the Directorate are racial rather than individual in scope, and many are peculiar to the Service. The depressed economic and educational level of most, the inadequate housing and poor nutritional status of many, the ignorance and superstition rife amongst some, all contribute to the high incidence of disease still found amongst the native peoples. Most striking at first glance is the relatively high rate of several communicable diseases, which may assume a severe form. Gastro-enteritis of infants, measles and pertussis are often followed in the young by a fatal pneumonia. Underlying these more striking differences and contributing to their prevalence is a widespread ignorance of the basic principles of sanitation. Most important of all, perhaps, and most difficult to treat, is the need these people have for help in spanning the cultural and educational gap that lies between them and full social integration.

Hence, the field campaign during 1954 was of necessity spread over many fronts. An intense immunization program was carried out in all areas using the triple diphtheria, pertussis and tetanus antigen. B. C. G. immunization was stressed, and an attempt was made to give this protection to every newborn Indian child. In those districts where the risk was judged to be high, T.A.B. courses were given. A complicating factor in many such campaigns was that several native groups could only be assembled at irregular intervals, and it was sometimes impossible to complete the course initiated on these occasions.

In all parts of the country heavy emphasis was laid on health education. For this to be effective it is essential that the field-nurse gain the confidence of those she is serving. Home visiting was given high priority, and in many areas first-aid and home-nursing classes were held. Wide use was made of the filmstrips which have been provided by the Directorate, supplemented by material borrowed from the National Film Board library. A poster-design competition was again held amongst the Indian children in British Columbia and prizes given to the successful entrants.

Two special projects were initiated in the field during the year. From a preliminary analysis of some records, the National Cancer Institute of Canada reported that the incidence of carcinoma of the cervix was unusually high in Indian women. In order that this observation might be confirmed and to ensure prompt investigation of suspect cases, a large proportion of field nurses were trained to take cervical smears, and machinery was set up to study the results.

Several immunological studies were planned in co-operation with the Laboratory of Hygiene, and some were commenced during 1954. The basic problem is to ascertain the natural immunological experience of the Indians by examination of specimens of blood from a representative sample of the population. Proceeding from this and other investigations an attempt will be made to produce an appropriate antigen mixture which gives the highest protection in the least number of injections. A start was also made on studying the protection afforded to the child by prenatal immunization of the mother.

Tuberculosis

It is not so long since a discussion on the health of Indians was synonymous with a discussion of the tuberculosis situation. The problem still loomed large in 1954 but not to the overpowering extent it did some years earlier. Until 1951 it was the leading cause of death among the native people, but in 1952 it had dropped to second place and in 1953 to fourth. It is expected that, when the final 1954 figures are available, it will have suffered a further displacement.

The drop in the death-rate has been the most dramatic result of the efforts made by the Service over the past ten years. This is summarized in Table 12, appended.

This striking decrease in the number of deaths is very gratifying, but the drop in morbidity, although considerable, has not paralleled that in mortality. Enough new

active cases were found during the year to prove that the point has not yet been reached where a less aggressive case-finding program can be justified.

Field survey parties were active in every part of the country and a greater coverage was attained than in any previous year. Some new ground was broken, notably in the East where a survey of the Labrador coast was undertaken with the co-operation of the R.C.M.P. and the provincial government. An important development in all regions was the increased number of Eskimos examined.

The results of field survey activities undertaken in 1954 are summarized in Table 13, following. The figures given do not include the many thousands of x-rays taken in hospitals, those referred by outside agencies, or the examinations carried out on non-Indian persons. The total field-survey films taken—75,187—represented a satisfactory coverage and in some areas more than 80% of the population was examined.

Extension of Services and Facilities

The eastern regional office was reorganized and strengthened, and a highly qualified and widely experienced medical officer was appointed as its superintendent. In all regions and at all levels the administrative machinery was examined and many improvements effected by the introduction of superior accounting, financial and procurement techniques. A regional administrative officer was appointed in British Columbia. The production of a manual on management methods for the guidance of administrative staff was undertaken in an attempt to consolidate the ground thus being gained.

There was no increase in the number of persons employed on public health work in 1954, but additional nursing positions were provided in Departmental hospitals to enable them to adjust to the amended work-week. The Directorate took over the full staffing of the Blood Indian Hospital at Cardston, Alberta, and the Blackfoot Indian Hospital at Gleichen, Alberta. In the first instance staffing had formerly been through arrangements made with the Sisters of Charity and in the latter it had been undertaken in conjunction with the Indian Band Council.

The new wing at Coqualeetza Hospital, Sardis, B.C., was completed and put into operation. This replaces the portion destroyed by fire in 1948, and its facilities made possible the development of a chest-surgical unit in the institution during the year. A new residence and health-centre was completed at Massett, B.C., and a new nursing station was put into operation at God's Lake, Man. Other new construction included two multiple dwellings for staff at Norway House, Man., doctors residences at Fort Simpson, N.W.T., and Miller Bay, B.C., a dispensary at Romaine, Que. and an erosion control project with new water intake system at Moose Factory, Ont. Most noteworthy of all, perhaps, was the construction of a new nursing station at Fort-à-la-Corne, Sask. Here, out of the total construction costs of $41,000, the Indians themselves voluntarily contributed $25,000.

Co-operation with Other Agencies

Indian and Eskimo Health Services, operating as it does in even the most remote parts of the nation, must lean heavily on the goodwill of many other agencies. Without the co-operation which has been so willingly given by the provincial and territorial administrations, the Royal Canadian Mounted Police, the Royal Canadian Air Force, and a host of other organizations, both governmental and private, much of what has been accomplished would have remained undone. The assistance provided at all levels and in every phase of the program by the administrators of Indian Affairs in the Department of Citizenship and Immigration and the administrators of Eskimo affairs in the Department of Northern Affairs and National Resources is worthy of special mention. Many problems are shared with these branches, and many have been overcome through co-operative action.

TABLE 10

(Indian Health Services)

INDIANS

Movement of Patient Population in Departmental and Non-Departmental Hospitals during the Calendar Year, 1954*.

Indian Population — 151,000.

—	General†	T.B.	Mental	Total
Admissions (Including Transfers)	27,875	2,893	117	30,885
Admissions per 1,000 population	230.4	19.2	.8	250.4
Total Patient Days	376,388	978,285	116,156	1,470,829
Patient Days per Capita	3.1	6.5	.8	10.4
Discharges	26,382	2,327	56	28,765
Transfers Out	714	685	8	1,407
Deaths	349	56	8	413
Total Separations	27,445	3,068	72	30,585
Patient days of Separation	352,349	1,121,435	51,444	1,525,228
Average Stay of Separations	12.8	365.5	714.5	49.9

(†) Data for Indians under B.C.H.I.S. not included in General figures.
Calculations in this column only based on Indian population of 121,000.
(*) Excluding Newborn.

TABLE 11

(Indian Health Services)

ESKIMOS

Movement of Patient Population in Departmental and Non-Departmental Hospitals during the Calendar Year 1954(*)

Eskimo Population — 9,600

—	General	T.B.	Mental	Total
Admissions (Including Transfers)	832	420	4	1,256
Admissions per 1,000 Population	86.7	43.8	.4	130.8
Total Patient Days	29,483	144,185	3,216	176,884
Patient Days per Capita	3.1	15.0	.3	18.4
Discharges	736	283	3	1,022
Transfers Out	52	111	.....	163
Deaths	15	10	.....	25
Total Separations	803	404	3	1,210
Patient Days of Separation	22,505	131,385	264	154,154
Average Stay of Separations	28.0	325.2	88.0	127.4

(*) Excluding Newborn.

TABLE 12

(Indian Health Services)

INDIAN TUBERCULOSIS DEATH RATES, 1943-54

1943 — 662.6	1949 — 399.6
1944 — 605.0	1950 — 298.8
1945 — 565.7	1951 — 268.2
1946 — 579.1	1952 — 167.5
1947 — 549.8	1953 — 100
1948 — 488.5	1954 — 46.3 (preliminary)

TABLE 13

(Indian Health Services)

INDIAN AND ESKIMO TUBERCULOSIS—1954

(Some preliminary figures)

Region	Approximate Population	X-Rays taken Field Surveys	New Active cases (Field Survey)	Deaths
Eastern—Indian	50,000	9,479	223	9
—Eskimo	5,314	2,975	100	4
Manitoba—Indian	30,500	19,586	125	20
—Eskimo	1,896	917	20	4
Saskatchewan	18,000	14,280	54	9
Foothills—Indian	23,400	13,734	93	15
—Eskimo	2,397	1,318	11	3
Pacific	30,000	12,898	270	17
TOTAL—Indian	151,000	69,977	765	70 (A)
Eskimo	9,607	5,210	131	11
	160,607	75,187	896	81

(A) Approximate death rates—Indian..... 46.3 per 100,000
Eskimos.....105 per 100,000
Combined.... 50 per 100,000.