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1) Canada



2) DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

1/2) **ANNUAL
REPORT**

4) FOR THE FISCAL YEAR ENDED MARCH 31, 1964



THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

ANNUAL REPORT

for the fiscal year ended March 31, 1964

OTTAWA



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OTTAWA

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To the Honourable Judy LaMarsh,
Minister of National Health and Welfare, Ottawa

MADAM:

The significant expansion of many complex areas of the Department's work during the year would not have been possible without the co-operation and aid so freely extended by other government and private agencies. We wish to express our grateful appreciation to all who contributed so much to the progress achieved.

Major emphasis was placed during the year on the development of the Canada Pension Plan, a comprehensive measure of old age, disability, and survivors insurance, and the Smoking and Health Program, which was planned in consultation with the representatives of government and private interests.

Legislation was passed on December 1st, 1963, raising Old Age Security pensions, as well as the maximum monthly assistance under the Old Age Assistance, Disabled Persons Allowances and Blind Persons Allowances programs, from \$65 to \$75.

Participation in international health and welfare matters has continued at an active pace. In addition to meeting our regular obligations, departmental officers have fulfilled important commitments in the executive bodies of the World Health Organization and U.N.I.C.E.F. as well as other U.N. agencies.

Problems related to the improvement of existing social assistance programs were under continuing study and discussion with the provinces. Aid under Welfare Grants, which totalled \$500,000 in the year under review, continued to contribute to the extension of training and the support of welfare research.

The Department continued to give assistance to the Royal Commission on Health Services which held hearings during the year, and information, as well as studies, were made available to the Commission's staff.

The Hospital Insurance and Diagnostic Services program was marked by a further increase in the number of persons covered, so that by the end of the year the number of persons not insured was less than one per cent of the eligible population. Programs were also extended somewhat during the year by the provision of some provinces of a broader range of out-patient services.

Under the Fitness and Amateur Sport program aid was increased to national sports governing bodies and other national agencies, to the scholarship, research and informational work of the program and to the provinces.

Plans were completed for moving the administrative divisions of the Department to the new Brooke Claxton Building; the Radiation Protection Division occupied its new building; the Environmental Health Centre was commenced as were additions to the Food and Drug and Laboratory of Hygiene Buildings.

In proportion to these increased outlays, and to expanding programs and increasing costs, departmental expenditures rose to \$2,012,245,897, from \$1,857,802,315 in 1962-63.

Again we wish to commend to you the devoted service of the hard working staff of this Department, which have contributed in full measure to a year of considerable achievement.

Respectfully submitted,

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

JOSEPH W. WILLARD,
*Deputy Minister of National
Health and Welfare (Welfare)*

Ottawa, Canada

have recently begun to be processed in Athens. It is hoped and believed that these new procedures will work out to the satisfaction of both Departments.

(e) Sick Mariners Service

The treatment of sick mariners is authorized by Part V of the Canada Shipping Act. The Act provides a compulsory levy of two cents per net register ton on all vessels arriving in Canadian provinces from foreign ports or from another province. This duty is collected not more than three times in the calendar year. The initial payment can in no case be less than \$2.00, and the total due in any calendar year is a sum calculated at six cents per net register ton, or the sum of \$2.00. Payment on behalf of fishing vessels of Canadian registry is voluntary but, if coverage is desired, the payment must be made before the first fishing voyage in the calendar year is undertaken.

The Sick Mariners Service is authorized to conduct a limited medical and surgical program and to supply a reasonable quantity of drugs on behalf of eligible sick mariners. Under agreements between the Federal and Provincial Governments sick mariners are not excluded from hospital insurance benefits and, consequently, hospital charges, other than co-insurance, are now paid only for those seamen or fishermen who are not covered by a Provincial Hospital-Insurance Plan.

Sick mariner clinics staffed by Medical Services personnel provide treatment at Halifax and Sydney, N.S., Saint John, N.B., Quebec and Montreal, P.Q., and Vancouver and Victoria, B.C. Part-time physicians are employed at St. John's, Nfld., Lunenburg, Liverpool and North Sydney, N.S., Tracadie, N.B., Port Alfred, P.Q., and Port Alberni, B.C. At most other ports treatment is provided by designated port physicians on a fee-for-service basis. Department of Veterans Affairs hospitals are designated for the hospital care of sick mariners in all areas where they exist.

A "Manual of Instructions to Port Physicians" has been prepared and is awaiting official approval of publication. It is believed that its circulation will materially assist in the administration of Part V of the Canada Shipping Act.

(f) Health Services to Indigenous Races

(i) General Policies

The departmental Medical Service arrange or provide to registered Canadian Indians resident on reserves both treatment and public health services. The Federal Government has never accepted the position that Indians are entitled to free medical services by Treaty rights. The only provision suggesting such in one Treaty merely requires superintendents of Indian Affairs to maintain a medical chest in their offices for the benefit of Indians, an emergency measure originally designed to mitigate the lack of available medical professional attention. The Government does, however, recognize a moral obligation to see to it that no Indian suffers from lack of medical attention by reason of inability to pay for it. The treatment services are therefore offered on the same basis, broadly speaking, as other forms of medical welfare relief organized by welfare agencies, i.e., only to persons unable to afford the expense of necessary treatment. Because of the low

economic status of most Indians living on reserves, this applies to the vast bulk of registered Indians and this has fostered the misconception that the Federal Government provides free medical services as a matter of Indian right. This has never been the case and, from the very earliest days of colonization, certain bands of Indians have always retained the services of a physician at their own expense. The Department of National Health and Welfare, through its Medical Services, pays for necessary medical treatment of indigents at rates which compare favourably with payments made by other welfare agencies for medical services given to non-Indian indigents. Indians are now insured persons under all provincial and territorial hospital insurance plans and receive the same benefits as all other residents but, in many cases, still cannot meet the personal co-insurance charge incorporated in some plans, in which case the charge is met through Medical Services. The basic principle is that the Federal Government will assist any Indian community unable to meet the obligations placed normally on a community, in respect of obtaining medical services, to the extent of the deficit in ability to meet the full cost from its own resources. Out-patient and office treatment is generally arranged through locally available facilities and practising physicians on a scheduled fee-for-service basis. In remote areas where local facilities do not exist or are difficult to reach, direct medical services are given by medical and nursing personnel of the Medical Services. Indians are encouraged to take out prepaid medical insurance to cover office treatment, like everyone else, and several bands of Indians have arranged this on a group basis, paying the premiums from their communal funds. Where these are not adequate to meet the full expense, Medical Services assist by making up the deficit. Medical Services personnel play an active part in promoting such enterprise and assisting in negotiating these arrangements. During 1963 high level negotiations were carried on with a view to arranging for the inclusion of Saskatchewan Indians under the Medicare Plan of that Province but so far without success.

(ii) *Tuberculosis Program*

Tuberculosis has always posed a particularly serious problem amongst Indians, so serious that, at one time, this one disease threatened the continued existence of the race. Consequently, the control and treatment of this disease has been a major concern to the Indian Health Service. Arrangements for its treatment vary markedly from region to region. Some provincial Tuberculosis Control Services assume full responsibility, other provinces co-operate closely and yet others still prefer to leave the entire program in the hands of Medical Services. The finding of cases and general protection of contacts is mainly left to Medical Services in most places though most provincial agencies give great help. As a result of these efforts, the mortality rate has been drastically reduced, deaths from active tuberculosis amongst the Indian population as a whole now being 17 per 100,000 of population. The majority of deaths occur amongst elderly persons with long established severe disease, males and females being almost equally affected.

The incidence of new cases has also been dramatically reduced but still persistently stands at some ten times the national rate. Whereas a few years ago in most areas, it was rare to find an Indian of school age or over who did not react positively to a tuberculin test, in 1963 a number of surveys done in one region showed that approximately half those tested now react negatively and in many of the better controlled areas the proportion of negative reactors is very much higher. There were, however, several local outbreaks of tuberculosis in some small communities of explosive and epidemic proportions which led to intensified effort. One problem that is apt to be more serious amongst Indians than in other groups is that, because of the peculiar stresses of the Indian way of life, arrested cases are more liable to reactivate. In the remoter Indian communities, this may occur and the person becomes an active source of infection for some considerable time before the fact is discovered. Each of the recent epidemic outbreaks has, in fact, been traceable to one such case in each community affected. To counter this danger, Medical Services presses an active vaccination campaign with B.C.G. The value of the tuberculin test as a rapid screening method of survey is such that there is reluctance to press mass B.C.G. vaccination as this interferes with the significance of the test but, in view of these epidemic outbreaks, it is felt necessary to use all available means to enhance resistance to infection and rely more on X-ray screening for detection of new cases. Mass radiography is done on a large scale by mobile units annually and in many places over 80 per cent of the population have been successfully screened during the year. The usual experience is that over half the registered Indian population of the country is screened each year but this still leaves too many possibilities for active cases to escape detection and continue to pose a danger to the increasingly susceptible population of negative tuberculin reactors. Unfortunately, most Indians must be regarded as possible contacts of some active case and "contact vaccination" amongst Indians can seldom be distinguished from mass vaccination of susceptibles. In a few Indian communities, however, the disease appears to have been brought under satisfactory control, no new cases having occurred for several years.

(iii) Public Health Amongst Indians

Medical Services attempt to ensure or provide a complete range of public health services to all Indian communities on reserves comparable to those provided by the Provincial Health Department to other residents and communities in the province. Where it can be arranged, the services of the Provincial Department of Health are enlisted, where this is not practicable, Medical Services personnel give direct services. In some provinces the public health services are shared between the federal and provincial services, a federal public health nurse serving the whole population in one area, Indian and non-Indian alike, while, in the adjoining area, the provincial public health nurse does likewise. This means each nurse has a more compact area geographically, the two nurses do not overlap or spend excessive time travelling to remote areas and can give more concentrated attention to their

nursing duties. This shared co-operative working arrangement is most highly developed in British Columbia where the federal nurses now work under the general supervision of the Provincial Director of Public Health Nursing Services. In this Province also, the Provincial Health Department has assumed full responsibility for providing public health services to over one-third of British Columbian Indians. Finally, during 1963, the British Columbia Department of Health placed the services of their health inspectors at the disposal of the federal service for the purposes of executing their responsibilities in regard to maintaining the sanitary standards in federal properties and such places as railway stations, bunkhouses, construction camps, etc., within the provincial boundaries. In Nova Scotia, the provincial services have long relieved the federal services from providing public health services to their Indian residents and federal-provincial co-operation is highly developed also in Manitoba. In other provinces, co-operation is not so highly integrated but there is considerable exchange of information and joint effort. In all provinces the federal public health program is aligned to the pattern of the provincial program to facilitate co-operation and exchange of information, making due allowance for the impracticality of applying all aspects of provincial health control on an unorganized reserve and the need for some special efforts in respect to Indian conditions. In some areas of Ontario the Indians themselves have negotiated with the nearby provincial health unit for public health services, and Medical Services have in some cases been able to facilitate these arrangements by giving financial assistance. Some Indian communities are grasping the idea of a "Board of Health" or "Health Committee" and passing sanitary bylaws to govern their own conditions. On the whole, however, much more educational work is still needed before the Indian population can achieve standards of hygiene comparable to their white neighbours even when money is available to them. A program of training Indian personnel as community health workers, employed by Medical Services, has been launched and is proving very popular and successful. During the year all Medical Services regional superintendents attempted to assess the degree of success of the public health programs and, though a marked degree of success can be claimed in many areas, notably in the care and health of mothers and children, the prevention of communicable diseases and greatly reduced mortality, it is still clear very much more requires to be done. The effectiveness of the federal anti-diphtheria immunization program was demonstrated in an unfortunately rather oblique way during 1963 when large numbers of Indians were found to have virulent diphtheria organisms in their throats, a veritable "epidemic" of "carriers", yet clinical cases of diphtheria developed in only seven unprotected infants while several cases, some fatal, did develop in non-immunized non-Indian groups living nearby. This did little to advance the cause of integration but it did demonstrate a very solid protection of the Indians had been achieved. Many regions were able to report immunization rates of 25 to 30 per cent of the total population achieved during the year against a number of diseases, tetanus, poliomyelitis, smallpox, diphtheria and pertussis principally. The

matters of most grave concern in 1963 were the mortality from accidents and respiratory diseases, abuse of alcohol and its results and a marked rise in the incidence of venereal disease.

Table 17

MEDICAL CENTRE STATISTICS

Ottawa Bureau Medical Services Civil Service Health Division

Calendar Year — 1963

Number of Visits		
Total		9,121
First visit	3,840	
Repeat visit	5,281	
Visits by Sex		
Total		9,121
Male	6,416	
Female	2,705	
Analysis of Visits		
Physical examinations		3,040
Pre-employment, periodic, P.S.S.A.	1,517	
Foreign service, isolated duty postings, etc.	1,061	
Referrals — voluntary, department, health unit, etc.	462	
Consultations, interviews, etc.		6,018
Psychological	909	
Psychiatric	523	
Special, eye, X-ray, immunization	4,586	
Accidents		63
Industrial	8	
Non-industrial	55	
Immunizations		
Total number of employees immunized		2,171
Total immunizations		5,938
Smallpox	1,455	
T.A.B.T.	1,660	
T.A.B.	574	
Cholera	557	
Typhus	253	
Yellow Fever	798	
Polio (Salk)	545	
Plague	21	
Other	75	
Disposal		
Total		9,121
Returned to work	9,089	
Sent home	32	
Referred to Family Physician		30
Total Laboratory Procedures		4,847
X-ray		
Total		3,670
Chest	2,357	
Chest (photoroentgen unit)	760	
Other	553	

Table 26

**MEDICAL SERVICES FACILITIES
(Canada)**

Region	Province	Facilities							
		Hospitals			Clinics	Nursing Stations		Health Centres	Health Stations
		No.	Rated	Capacity Bassinets		No.	Rated Bed Capacity		
Eastern	Nova Scotia.....				2			2	
	New Brunswick.....				1			3	
	Newfoundland.....				2				
	Quebec.....				4	6	24	16	9
	Ontario.....	2	180	9	7			11	
	N.W.T.....	1	19	2	2	2	8		7
	Total.....	3	199	11	18	8	32	32	16
Central	Ontario.....	1	70	5	1	5	20	5	
	Manitoba.....	4	218	14	6	11	44	6	4
	N.W.T.....					4	16		
	Total.....	5	288	19	7	20	72	11	4
Sask.	Saskatchewan.....	2	141	13	3	2	8	10	10
Foothills	Alberta.....	3	566	16	3	3	12	11	1
	Yukon.....	1	120	30	1	2	8	4	1
	N.W.T.....	1	100	12	4	9	39	3	6
	Total.....	5	786	58	8	14	55	18	8
Pacific	B.C.....	3	527	8	6			12	3
	Grand Total.....	18	1,941	109	42	44	179	83	41

Table 27
MEDICAL FACILITIES BY REGION, ZONE AND PROVINCE
 Department of National Health and Welfare

ADMINISTRATION AREAS			FACILITIES				
REGION and REGIONAL OFFICE	ZONE and ZONE OFFICE	PROVINCE	HOSPITAL	CLINIC	NURSING STATION	HEALTH CENTRE	HEALTH STATION
Eastern (Ottawa)	Atlantic (Halifax)	Nova Scotia		Halifax Sydney		Eskasoni Shubenacadie	
		New Brunswick		Saint John		Big Cove Chatham Kingsclear	
		Newfoundland		Gander St. John's			
	Quebec (Montreal)	Quebec (Northeast)		Caughnawaga Dorval Montreal Quebec	Fort Chimo	Bersimis Mistassini Pointe Bleue Restigouche Romaine Shefferville Seven Islands St. Regis	George River Koartak Mingan Natashquan Payne Bay Wakeham Bay
	James Bay (Moose Factory)	Quebec — Ontario (Northwest) (North)	Moose Factory	James Bay	Great Whale River Paint Hills Port Harrison Povungnituk Rupert House	Albany Fort George Sugluk	Belcher Island Eastmain Ivuyivik
	Ottawa (Ottawa)	Quebec (West)				Amos Maniwaki Manowan Obedjiwan Waswanipi	Rapid Lake
	Southern Ontario (Toronto)	Ontario (South and East)	Lady Willingdon	Fort Erie Malton Muncey Ohsweken Toronto		Chippawa Hill Christian Island Deseronto Orillia Peterborough Walpole Island	

Table 27 (Cont'd)
 MEDICAL FACILITIES BY REGION, ZONE AND PROVINCE
 Department of National Health and Welfare

Eastern (Ottawa)	Northern Ontario (Ottawa)	Ontario (North)		Manitowaning		Chapleau Parry Sound Sault Ste. Marie Sturgeon Falls Temiskaming	
	Eastern Arctic (Ottawa)	Northwest Territories (Franklin District)	Frobisher Bay	Frobisher Bay Pangnirtung	Cape Dorset Foxe		Arctic Bay Clyde River Igloolik Lake Harbour Padloping Pond Inlet
Central (Winnipeg)	Sioux Lookout (Sioux Lookout)	Ontario (Northwest)	Sioux Lookout Sioux Lookout	Sioux Lookout	Lac Seul Lansdowne House Pikangikum Sandy Lake Big Trout Lake	Fort Francis Kenora Nakina Pickle Lake Port Arthur	
	Southern Manitoba (Winnipeg)	Manitoba (South)	Fisher River Fort Alexander	Fisher River Pine Falls	Little Grand Rapids Little Saskatchewan	Berens River Brandon Dauphin Elphinstone Portage la Prairie Sandy Bay	
	Norway House (Norway House)	Manitoba (East)	Norway House	Norway House	Cross Lake Garden Hill God's Lake Narrows Oxford House St. Theresa Point		Poplar River
	The Pas (The Pas)	Manitoba (North)	Clearwater Lake	The Pas	Lynn Lake Nelson House Pukatawagan Split Lake		Brocket Shamattawa South Indian Lake
	Central Northern (Churchill)	Northwest Territories (Keewatin District)		Churchill	Baker Lake Coral Harbour Eskimo Point Rankin Inlet		
	(Region)	Manitoba		Central Region			

Table 27 (Cont'd)
MEDICAL FACILITIES BY REGION, ZONE AND PROVINCE
 Department of National Health and Welfare

ADMINISTRATION AREAS			FACILITIES				
REGION and REGIONAL OFFICE	ZONE and ZONE OFFICE	PROVINCE	HOSPITAL	CLINIC	NURSING STATION	HEALTH CENTRE	HEALTH STATION
Saskatchewan (Regina)	Fort Qu'Appelle (Fort Qu'Appelle)	Saskatchewan (South)	Fort Qu'Appelle	Fort Qu'Appelle		Broadview Kamsack Punnichy Rose Valley White Bear	
	North Battleford (North Battleford)	Saskatchewan (West)	North Battleford	North Battleford		Meadow Lake Onion Lake	Ministikwan Mosquito Patuanak Poundmaker Waterben
	Prince Albert (Prince Albert)	Saskatchewan (East)		Prince Albert	Fort a la Corne Pelican Narrows	La Ronge Shellbrook Uranium City	Montreal Lake One Arrow Red Earth Sandy Lake Stanley Mission
Foothills (Edmonton)	Northern Alberta (Edmonton)	Alberta (North)		Hobbema	Fort Chipewyan Good Fish Lake Hay Lake	Bonnyville Driftpile Edmonton Fort Vermilion High Prairie Saddle Lake	Fox Lake
	Southern Alberta (Calgary)	Alberta (South)	Blackfoot Blood	Gleichen		Calgary Cardston Peigan Rocky Mountain House Stony	
	(Region)	Alberta	Charles Camsell	Edmonton			

Table 27 (Concl'd)

MEDICAL FACILITIES BY REGION, ZONE AND PROVINCE

Department of National Health and Welfare

Foothills (Edmonton)	Mackenzie (Edmonton)	Northwest Territories (Mackenzie District)	Inuvik	Fort Simpson Fort Smith Inuvik Rae	Aklavik Cambridge Bay Coppermine Fort Good Hope Fort Liard Fort McPherson Fort Norman Spence Bay Tuktoyaktuk	Fort Resolution Hay River Yellowknife	Back River Fort Franklin Gjoa Haven Lac La Martre Perry River Sachs Harbour
	Yukon (Whitehorse)	Yukon Territory	Whitehorse	Whitehorse	Old Crow (Y.T.) Watson Lake	Dawson Haines Junction Mayo Whitehorse	Ross River
Pacific (Vancouver)	Vancouver	British Columbia (Southwest)		Vancouver Victoria			
	Coqualeetza (Sardis)	British Columbia (South)	Coqualeetza	Alexis Creek Sardis Williams Lake		Kamloops Lilloett Mount Currie	Merritt
	Nanaimo (Nanaimo)	British Columbia (West)	Nanaimo			Alert Bay Bella Bella Duncan Tofino	
	Miller Bay (Prince Rupert)	British Columbia (North)	Miller Bay	Miller Bay		Aiyansh Burns Lake Hazelton Masset Port Simpson	Greenville Kincolith
UNIT TOTAL.....			18	42	44	83	41

DIRECTORY OF DEPARTMENTAL OFFICERS

MINISTER

Honourable Judy V. LaMarsh, B.A., P.C., M.P., Q.C

Parliamentary Secretary, John C. Munro, B.A., M.P

Executive Assistant, J. K. Macbeth

Executive Secretary, Gwendolyn J. Blair

Deputy Minister of National Health and Welfare (Health)

G. D. W. Cameron, M.D., C.M., D.P.H., L.L.D., F.R.C.P.

Deputy Minister of National Health and Welfare (Welfare)

J. W. Willard, M.A., M.P.A., A.M., PH.D.

HEALTH BRANCH

Food and Drug Directorate:

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Associate Director, L. I. Pugsley, B.A., M.SC. PH.D

Assistant Director, (Foods) R. A. Chapman, B.S.A., M.SC., PH.D

Assistant Director, (Drugs) M. G. Allmark, B.A., M.A.

Assistant Director, (Scientific Services) J. A. Campbell, B.S.A., B.SC., PH.D.

Assistant Director, (Inspection & Enforcement Services) A. Hollett, B.SC., M.SC.

Chief, Narcotic Control Division, R. C. Hammond, PH.M.B

Chief, Consumer Division, Miss E. M. Ordway

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Chief, Medical Division, J. B. Murphy, M.D.

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East Central Region (Montreal), P. E. Jean, M.SC.

Central Region (Toronto), J. B. Jones, B.SC.

West Central Region (Winnipeg), D. A. Gray, B.S.A.

Western Region (Vancouver), E. L. Devlin, B.S.A. (Honors)

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Director, P. E. Moore, M.D., D.P.H.

Associate Director (Medical), H. A. Procter, D.S.O., PH.D., M.D

Associate Director (Administration), W. B. Brittain, D.F.C., B.SC.

Consultant, Aerospace Medical, Research and Safety, W. A. Prowse, C.D., M.D., C.M.,
D.P.H., D.I.H.

Chief, Civil Service Health Division, E. L. Davey, M.D., D.P.H.

Chief, Northern Health Services, G. C. Butler, M.B., B.CH., D.P.H.

Chief, Quarantine, Immigration Medical & Sick Mariners Services, W. H. Frost, M.D.,
C.M., D.P.H.

Regional Superintendents:

Eastern Region (Ottawa), J. H. Wiebe, B.A., M.D., D.P.H.

Central Region (Winnipeg), O. J. Rath, M.D.

Saskatchewan Region (Regina), T. J. Orford, M.D., C.M.

Foothills Region (Edmonton), M. Matas, M.D.

Pacific Region (Vancouver), W. S. Barclay, M.D.

European Region (London, Eng.), J. E. Grant, M.D., C.M.

Health Services Directorate:

Director, K. C. Charron, M.D.

Assistant Director, E. A. Watkinson, M.D., C.M., D.P.H.

Principal Executive Officer, J. H. Horowicz, L.L.D.

Principal Medical Officers:

Health Insurance, E. H. Lossing, M.D., C.M., M.P.H.

National Health Grants, G. E. Wride, M.D., D.P.H.

Research Development, L. B. Pett, B.S.A., M.A., PH.D., M.D., D.P.H.

International Health, B. D. B. Layton, M.D., M.P.H.

Special Projects, J. B. Bundock, M.D.

Special Health Services:

Child and Maternal Health Division, *Chief*, Jean F. Webb, B.S.C., M.D., D.P.H.

Dental Health Division, *Chief*, R. A. Connor, D.D.S., D.D.P.H., F.I.C.D.

Emergency Health Services Division, *Chief*, A. C. Hardman, M.D.

Epidemiology Division, *Chief*, E. W. R. Best, M.D., D.P.H.

Hospital Design Division, *Chief*, H. G. Hughes, B.ARCH., A.R.I.B.A., F.R.A.I.C.

Laboratory of Hygiene, *Chief*, E. T. Bynoe, M.S.C., PH.D.

Medical Rehabilitation, *Chief*, O. Hoffman, M.D.

Mental Health Division, *Chief*, Morgan Martin, M.D., C.M., M.S.C.

Chief Nursing Consultant, Dorothy M. Percy, R.R.C., R.N.

Nutrition Division, *Chief*, J. E. Monagle, B.S.C., M.D.

Occupational Health Division, *Chief*, T. H. Patterson, M.D., D.P.H., M.P.H.

Public Health Engineering Division, *Chief*, W. R. Edmonds, M.A.S.C., B.P.ENG.

Radiation Protection Division, *Chief*, P. M. Bird, M.S.C., PH.D.

WELFARE BRANCH**Family Allowances and Old Age Security:**

Director, J. Albert Blais

Assistant Director, R. H. Parkinson, B.A., M.S.W.

Regional Directors:

Newfoundland, St. John's, L. C. Abbott

Prince Edward Island, Charlottetown, J. E. Green, B.S.C., M.S.W.

Nova Scotia, Halifax, M. T. Blue

New Brunswick, Fredericton, A. Nicholson

Quebec, Quebec, J. A. M. Caron

Ontario, Toronto, W. F. Hendershot, B.A.

Manitoba, Winnipeg, W. H. Davis, D.P.A.

Saskatchewan, Regina, R. J. G. Mitchell, B.A., B.S.W., M.S.W.

Alberta, Edmonton, W. W. Dahl

British Columbia, Victoria, W. R. Bone

Old Age Assistance:

Director, J. W. MacFarlane

Unemployment Assistance:

Director, R. B. Splane, M.A., D.S.W.

Assistant Director, R. Rouleau, DIP. S.W.

Welfare Grants:

Director, W. W. Struthers, B.A., B.S.W.

International Welfare:

Director, J. A. Macdonald, B.A.

Emergency Welfare:

Director, P. H. Stehelin, L.L.B.

Fitness and Amateur Sport Directorate:

Director, R. Dion, B.A., M.A.

Assistant Director, Jean Carmichael, B.A., D.P.L.E., M.A.

ADMINISTRATION BRANCH

Departmental Librarian:

Mary D. Morton, B.H.Sc., B.L.S

Departmental Secretary:

Olive J. Waters

Information Services:

Director, Harvey W. Adams

Legal Services:

Legal Advisor, R. E. Curran, Q.C., B.A., L.L.B.

Personnel Services:

Director, E. J. Preston, M.A.

Purchasing and Supply:

Director, J. K. Wilson

Research and Statistics

Director, J. E. E. Osborne, M.A., D.H.A.

Translation:

Chief, G. A. Sauve

Treasury Office:

Chief, H. L. Rock

WELSH SPAREW

DIRECTORY OF DEPARTMENTAL ESTABLISHMENTS

ADMINISTRATIVE OFFICE

OTTAWA

Brooke Claxton Building, Tunney's Pasture

Family Allowances and Old Age Security

ST. JOHN'S, NFLD.	Building 102, Fort Pepperell
CHARLOTTETOWN, P.E.I.	Dominion Building
HALIFAX, N.S.	Ralston Building, Hollis Street
FREDERICTON, N.B.	Federal Building, 633 Queen Street
QUEBEC, P.Q.	15 Henderson Street
TORONTO, ONT.	25 St. Clair Ave., East, Toronto 7
WINNIPEG, MAN.	MacDonald Building, 344 Edmonton St.
REGINA, SASK.	Dominion Government Building, Corner Scarth St. & Victoria Avenue
EDMONTON, ALTA.	Federal Building, 107th Street
VICTORIA, B.C.	Federal Building, 1230 Government St.
MONTREAL, P.Q.	Room 310, Postal Station H, 1254 Bishop Street

Food and Drug Laboratories

OTTAWA, ONT.	Tunney's Pasture
HALIFAX, N.S.	P.O. Box 605, Ralston Building, 105 Hollis St.
MONTREAL, P.Q.	Room 800, 400 Youville Square
TORONTO, ONT.	55 St. Clair Ave. East
WINNIPEG, MAN.	Room 310, Federal Bldg., Main and Water Streets
VANCOUVER, B.C.	Room 504, 325 Granville Street

Food and Drug Offices

OTTAWA, ONT.	Tunney's Pasture
HALIFAX, N.S.	P.O. Box 605, Ralston Bldg., 105 Hollis Street
CHARLOTTETOWN, P.E.I.	P.O. Box 1311, Confederation Bldg.
SAINT JOHN, N.B.	P.O. Box 396, Room 517, New Customs Bldg.
SYDNEY, N.S.	P.O. Box 324, Federal Bldg.
ST. JOHN'S, NFLD.	P.O. Box 596, Sir Humphrey Gilbert Bldg.

QUEBEC, P.Q.	Gare Maritime Champlain, Room 398, Anse au Foulon
THREE RIVERS, P.Q.	P.O. Box 1146, Post Office Bldg.
HULL, P.Q.	Room 206, Federal Bldg., Rue Principale
SHERBROOKE, P.Q.	P.O. Box 1120, 315 King St. W.
MONTREAL, P.Q.	Room 800, 400 Youville Square
TORONTO, ONT.	55 St. Clair Ave. East
BELLEVILLE, ONT.	P.O. Box 93, New Federal Bldg., Pinnacle St.
HAMILTON, ONT.	National Revenue Bldg., 150 Main St. West at Caroline
KITCHENER, ONT.	P.O. Box 33, Dominion Public Building
LONDON, ONT.	P.O. Box 504, Dominion Public Building, 457 Richmond Street
WINDSOR, ONT.	Dominion Public Building
SUDBURY, ONT.	3rd Floor, New Federal Building
PORT ARTHUR, ONT.	Room 313, Public Building, 33 Court Street South
WINNIPEG, MAN.	Federal Building
BRANDON, MAN.	Federal Building
SASKATOON, SASK.	307 London Building, 20th St. East & 3rd Avenue
REGINA, SASK.	Room 312, Motherwell Building
CALGARY, ALTA.	Customs Building
EDMONTON, ALTA.	Room 541, Federal Building
KAMLOOPS, B.C.	Room 235, 317 Seymour Street
VANCOUVER, B.C.	Federal Bldg., 325 Granville St.
VICTORIA, B.C.	Room 408, Belmont Building, 805 Government Street

Immigration Medical Services Offices

CANADA

ST. JOHN'S, NFLD.	Federal Building
GANDER, NFLD.	Gander Airport
STEPHENVILLE, NFLD.	Harmon Field Airport
SYDNEY, N.S.	Marine Hospital and Reserve Airport
HALIFAX, N.S.	(1) Pier 21, P.O. Box 129 (2) 619 Ralston Building
LANCASTER, N.B.	P.O. Box 140
MONCTON, N.B.	Moncton Airport
SAINT JOHN, N.B.	P.O. Box 626
QUEBEC, P.Q.	Champlain Harbour Station, Wolfe's Cove
MONTREAL, P.Q.	(1) 150 St. Paul Street, W. (2) 320 Baldwin Street
DORVAL, P.Q.	Montreal International Airport
OTTAWA, ONT.	Ottawa International Airport

TORONTO, ONT.	175 Bedford Road
MALTON, ONT.	Toronto International Airport
WINDSOR, ONT.	Windsor Airport
LONDON, ONT.	London Airport
FORT ERIE and NIAGARA FALLS, ONT.	P.O. Box 1001, Fort Erie
WINNIPEG, MAN.	Immigration Hall, 83 Maple St., and Winnipeg International Airport
EDMONTON, ALTA.	Edmonton Airport
VANCOUVER, B.C.	Immigration Building, foot of Burrard St. and Vancouver International Airport
VICTORIA, B.C.	816 Government Street

OVERSEAS

LONDON, England	38 Grosvenor St., London W.1
BELFAST, Northern Ireland	22 North Street
BRISTOL, England	5-18 Wine Street
GLASGOW, Scotland	18 Woodlands Terrace, C.3
LEEDS, England	5-7 New York Road
LIVERPOOL, England	17 Harrington St., Liverpool 2
BRUSSELS, Belgium	230 rue Royale
PARIS, France	38 Avenue de l'Opera
ROME, Italy	Via Acherusio Sud 9
THE HAGUE, Holland	12 Carel Van Bylandtlaan
COPENHAGEN, Denmark	Canadian Embassy, Vestagervej 5
BERLIN, Germany	Berlin-Charlottenburg, 2, Uhlandstr. 20-25 Aufgang II
COLOGNE, Germany	Canadian Embassy, Visa Section, Buchheimerstrasse 64-66, Weiner Platz, Cologne-Meulheim
LISBON, Portugal	Canadian Embassy, Avenida da Republica 44-20
MUNICH, Germany	Josefspitalstrasse 7/4, Muenchen 2
STUTTGART, Germany	Marquardt Gebaeude, Koeningstrasse 20
HAMBURG, Germany	Canadian Consulate, General Visa Office, Schillerstr. 47/49, Hamburg-Altona
BERNE, Switzerland	Canadian Embassy, Medical Section, 43 Neuengasse, Interhaus, 2nd Floor
VIENNA, Austria	Canadian Embassy, Medical Section, Tuchlauben 8, Vienna 1
ATHENS, Greece	Canadian Embassy, Visa Office, 54A Queen Sofia Street
HELSINKI, Finland	Canadian Embassy, Visa Office, Bulevardi 10A
HONG KONG	3rd Floor, United Chinese Bank Bldg., 31-37 Des Voeux Road, Central, Box 183

Sick Mariners Clinics and Hospitals

HALIFAX, N.S.	Immigration Building, Pier 21
SYDNEY, N.S.	63 Charlotte Street
SAINT JOHN, N.B.	P.O. Box 626
QUEBEC, P.Q.	Champlain Harbour Station, Wolfe's Cove
MONTREAL, P.Q.	150 St. Paul Street West
VANCOUVER, B.C.	Immigration Building, foot of Burrard Street
VICTORIA, B.C.	816 Government Street

Quarantine Stations and Sub-Stations

GANDER, NFLD.	Gander Airport
ST. JOHN'S, NFLD.	Federal Building
SYDNEY, N.S.	63 Charlotte St. and Airport
HALIFAX, N.S.	Pier 21 & International Airport
SAINT JOHN, N.B.	Pier 9
QUEBEC, P.Q.	Champlain Harbour Station, Wolfe's Cove
MONTREAL, P.Q.	150 St. Paul Street West and 320 Baldwin Street
BAIE COMEAU, P.Q.	Sub-Station
SEVEN ISLANDS, P.Q.	Sub-Station
RIMOUSKI, P.Q.	Sub-Station
PORT ALFRED, P.Q.	Sub-Station
THREE RIVERS, P.Q.	Sub-Station
SOREL, P.Q.	Sub-Station
PORT CARTIER, P.Q.	Sub-Station
DORVAL, P.Q.	Montreal International Airport
VICTORIA, B.C.	816 Government Street
VANCOUVER, B.C.	Immigration Building and Vancouver International Airport

Regional Offices — Medical Services

Responsible for Indian Health Services; Northern Health Service;
Quarantine, Immigration, Sick Mariners; Civil Service Health and
Civil Aviation Medicine

EASTERN	Kenson Bldg., 233 Metcalfe St., Ottawa
CENTRAL	705 Commercial Building, 169 Pioneer Ave., Winnipeg
SASKATCHEWAN	735 Motherwell Building, Regina
FOOTHILLS	11344, 128th St., Edmonton
PACIFIC	1110 West Georgia, Vancouver

Laboratory of Hygiene

OTTAWA, ONT.	Tunney's Pasture
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Occupational Health Laboratories

OTTAWA, ONT. 45 Spencer Street

Public Health Engineering District Offices

TRURO, N.S. P.O. Box 608, Federal Building
MONCTON, N.B. P.O. Box 86, Post Office Building
MONTREAL, P.Q. 150 St. Paul Street, West
ST. CATHARINES, ONT. Dominion Building
WINNIPEG, MAN. 2nd Floor, Postal Station B,
Magnus Ave. at Main St.
EDMONTON, ALTA. Room 541, Federal Public Bldg.
VANCOUVER, B.C. Room 605, 1110 West Georgia Street

Emergency Welfare District Offices

VICTORIA, B.C. Room 241, 816 Government Street
EDMONTON, ALTA. Room 372, Federal Building
QUEBEC, P.Q. Room 10, 3 Buade St., P.O. Box 940
HALIFAX, N.S. Room 618, Ralston Bldg., 105 Hollis St.

Radiation Protection

OTTAWA, ONT. Brookfield Rd., Confederation Heights

Civil Service Health Centre

OTTAWA, ONT. No. 3 Temporary Building

DEPARTMENT OF NATIONAL HEALTH

MINISTER

PARLIAMENTARY SECRETARY

DEPUTY MINISTER HEALTH

HEALTH BRANCH

ADMINISTRATION BRANCH

DIRECTOR, HEALTH SERVICES

Office of Director

Assistant Director Planning and Evaluation Unit Principal Executive Officer Joint Administrative Unit

PRINCIPAL MEDICAL OFFICERS

Special Projects Health Insurance International Health National Health Grants Research Development

SPECIAL HEALTH SERVICES

Child and Maternal Health
Dental Health
Emergency Health
Epidemiology
Hospital Design
Laboratory of Hygiene
Medical Rehabilitation
Mental Health
Nursing
Nutrition
Occupational Health
Public Health Engineering
Radiation Protection
Consultant Health Education

DIRECTOR, FOOD AND DRUGS

Associate Director Assistant to Director

Assistant Director Food Assistant Director Drugs

Headquarters Divisions

Scientific Services
Narcotic and Controlled Drugs Division
Bureau of Operations
Medical Division
Administration Services
Consumer Division

REGIONAL ORGANIZATION

Eastern Region East Central Region
Central Region West Central Region
Western Region

DIRECTOR, MEDICAL SERVICES

Associate Directors

Chiefs of Programmes

Indian Health
Northern Health
Quarantine, Immigration Medical & Sick Mariners

Heads of Special Services

Medical Arrangements
Dentistry
General Public Health
Nursing
Health Education

Heads of Administrative Services

Engineering, Finance, Dietary
General Administration,
Systems and Statistics

Ottawa Bureau

Civil Service Health Clinic and Health Units
Civil Aviation Medical Review Section

Regional Organization

Eastern Region

Atlantic Zone Quebec Zone
Ottawa Zone James Bay Zone
Eastern Arctic Zone Southern Ontario Zone
Northern Ontario Zone

Central Region

Sioux Lookout Zone Norway House Zone
Central Northern Zone Southern Manitoba Zone
The Pas Zone

Saskatchewan Region

Prince Albert Zone North Battleford Zone
Fort Qu'Appelle Zone

Foothills Region

MacKenzie Zone Northern Alberta Zone
Southern Alberta Zone Yukon Zone
Edmonton Zone

Pacific Region

Nanaimo Zone Miller Bay Zone
Coqualeetza Zone Vancouver Zone

European Region

DIRECTOR, LEGAL SERVICES

Departmental Solicitors
Office Section

DIRECTOR, RESEARCH AND STATISTICS SERVICES

Administration Section
Health Economics Section
Health Services Section
Biostatistics Section
Welfare Services Section
Income Security Section

DIRECTOR, INFORMATION SERVICES

Administration Section
Welfare Information Section
Fitness & Amateur Sport Information Section
Health Information Section
Smoking & Health Information Section
Photographic Section
Production Section
Distribution Section
Film Library

DEPARTMENTAL LIBRARY

Administration Section
Main Reference and Circulation Section
Technical Services Section

Libraries

Brooke Claxton Building
Food and Drug Building
Laboratory of Hygiene Building
Occupational Health Building