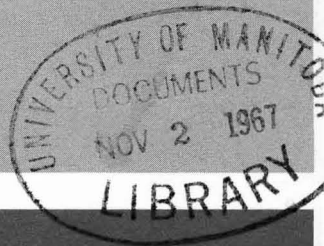


11-3/1966



ANNUAL REPORT

1) Canada
2) DEPARTMENT
OF NATIONAL HEALTH
AND WELFARE



FOR THE FISCAL YEAR
ENDED MARCH 31,
1966



THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

ANNUAL REPORT

for the fiscal year ended March 31, 1966

OTTAWA



THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

ANNUAL REPORT

for the fiscal year ended March 31, 1966



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Ottawa, 1967

His Excellency the Right Honourable Roland Michener, 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, 1966.

Respectfully submitted,

ALLAN J. MacEACHEN

Minister of National Health and Welfare

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To the Honourable Allan J. MacEachen,
Minister of National Health and Welfare, Ottawa.

SIR:

Several events of national scope were among major developments in the Department during the 1965-66 fiscal year.

In a national sense, perhaps the major development in 1965-66 was implementation of the Canada Pension Plan. The Act establishing the Plan was proclaimed on May 5, 1965 and contributions to the Plan began on January 6, 1966. The Plan will provide working persons with three classes of benefits: pensions when they retire, pensions should they become severely disabled; benefits for their survivors.

Another notable event in the field of social security was the beginning of the program to reduce the Old Age Security pensionable age from 70 to 65. Under an amendment to the Old Age Security Act, the age at which the pension becomes payable is being reduced from 70 to 65, one year at a time. This will have the effect of reducing the pensionable age to 65 by January 1970.

A significant national step in the field of fitness and amateur sport was the granting by the Department of \$750,000 to the Organizing Committee of the First Canadian Winter Games, to be held in Quebec City in February 1967. Sports events will include hockey, skiing, basketball and ten other activities. These first all-Canadian multiple games represent a highly significant event in Canadian amateur sports since, for the first time, teams from all provinces and territories will be competing in a variety of sports.

Efforts of Medical Services staff and others in the public health field have been responsible for bringing about a marked decline in the Indian infant mortality rate. The overall efforts of Medical Services have tended to improve health among the indigenous population, with a decline also in the Eskimo infant mortality rate.

The recently-initiated Drug Adverse Reaction Reporting Program is now well advanced and officials feel that it has served the purpose for which it is intended, namely to communicate to persons in the health field information on acute, unusual and chronic reactions to drugs.

Preliminary planning in connection with the Canada Assistance Plan, designed to assist those who will not be adequately cared for through pensions, is completed and the Plan will be functioning in the near future.

As the 1965-66 fiscal year drew to a close, final planning for national medical care services was well advanced and it was expected that this Canadian health program will be in effect some time in the near future.

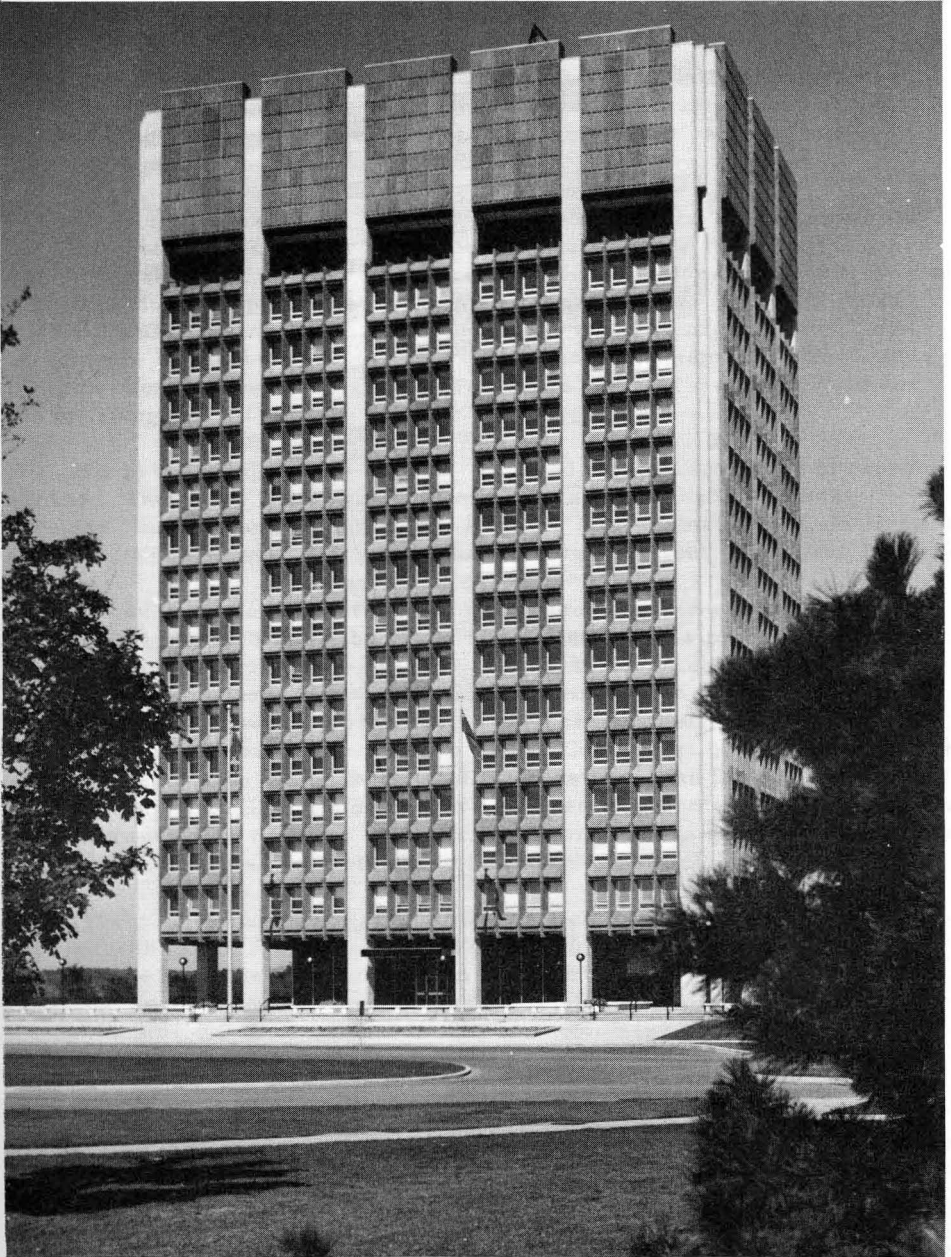
We would be remiss in closing this Letter of Transmittal without a word of appreciation to the devoted service and loyal co-operation we have received from all staff of this Department during 1965-66.

Respectfully submitted,

J. N. CRAWFORD,
Deputy Minister of National
Health and Welfare (Health)

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

Ottawa, Canada.



The Brooke Claxton Building, which dominates the government complex of Tunney's Pasture, Ottawa, is the nerve center of the Department of National Health and Welfare. It accomodates nearly 1,000 Headquarters personnel.

Accommodation

In all offices accommodation is shared with the Department of Citizenship and Immigration and, excepting in London, the rent is shared equally, as are all other costs common to both Departments. In London the Canadian Government owns the building occupied but in all other posts the accommodation is rented. In Malta and Latina working space is provided by local authorities. At many posts accommodation occupied was inconvenient and unsatisfactory and the policy of the Department of Citizenship and Immigration has been to improve accommodation in these posts. During 1965 new accommodation was obtained in Glasgow, Berne and Copenhagen and a new office was opened in Milan.

SICK MARINERS SERVICES

The treatment of sick mariners is authorized by Part V of the Canadian Shipping Act and constitutes the oldest form of insured "medicare" in Canada. This Act provides for a compulsory levy of two cents per net register ton on all vessels arriving in Canadian provinces from foreign ports or from another Canadian province. This duty is collected not more than three times in one calendar year and the initial payment can not be less than \$2.00. The total due in any one calendar year is calculated as six cents per register ton or \$2.00 should the former be less. The levy is compulsory for foreign shipping but voluntary for fishing vessels of Canadian registry. In respect of this primitive type of medical insurance premium, a medical service is provided to all members of the crew of an insured ship who fall ill or are injured, by the Government of Canada. Treatment is supplied at Sick Mariners Clinics staffed by full-time medical and nursing personnel with supporting staff at major seaports. In ports of medium size port physicians are engaged on a part-time salary basis and in smaller ports physicians are engaged on a fee-for-service basis. The trend has been towards engaging local practising physicians on a fee-for-service basis wherever possible and diminishing the number of part-time salaried port physicians. As an increasing number of seamen are now covered by some other form of hospital insurance plan, the need for this service has somewhat diminished. However, the service still covers all ports and outposts of both coasts of Canada and the port of Churchill on Hudson Bay. It does not now operate west of Montreal on the inland waterways. Full time clinics are now at the ports of Sydney, Halifax, Saint John, Quebec, Montreal, Vancouver and Victoria but not at Toronto or any port on the Great Lakes. Part-time physicians are employed at St. John's, Lunenburg, Liverpool, North Sydney, Tracadie, Port Alfred and Port Alberni. Department of Veterans Affairs hospitals are designated for hospital care of sick mariners where they exist. Elsewhere the hospital facilities existing in the locality are used, Medical Services meeting the costs where the patient has no other insurance coverage. Where the patient's insurance provides for co-insurance charges, these are met by Medical Services.

INDIAN HEALTH SERVICES

With the exception of the European region, the main work load in all Medical Services Canadian regions is still in regard to the care of Indians and Eskimos. Medical care, public health services and dental services are

provided, both directly by full-time personnel of Medical Services and indirectly by hiring locally available services where such are available. Indians, like everyone else are expected to contribute according to their ability towards the cost of their own medical services but relatively few are in a financial position to make any very significant contribution. For hospital services, all Indians are now included under the provincial and territorial hospital insurance plans and eleven Indian Bands, mainly in Ontario, have now taken steps to insure themselves under various medical care insurance plans. Where a Band cannot meet the full cost, Medical Services supplements the contribution made.

Treatment Services

The expansion and modernization of treatment facilities continued during 1965. A Nursing Station was opened at Fort Franklin on Great Bear Lake which has long been a problem area on account of poor communications and difficulties in evacuation of patients. A new portable type of Nursing Station was devised and installed at Rankin Inlet on Hudson Bay to replace the old mine bunkhouse hitherto used as a Nursing Station. The success of this portable design has made it possible to establish Nursing Stations in unstable communities where the cost of building permanent facilities has been a major obstacle and several more of these are scheduled for installation during the coming year. The inadequate Nursing Station at Aklavik was also replaced by a modern facility in 1965. The marked improvement in Eskimo infant mortality achieved during 1964 (down below 100 per 1000 live births for the first time in history) followed the opening of Nursing Station and other treatment facilities in remote areas hitherto without benefit of constant professional attention. It is expected that further improvement will follow as the network of treatment facilities continues to expand.

During 1965, a "Guide on Treatment for Nurses and Lay Dispensers" was produced and distributed widely. Arrangements were made to improve communications between outlying settlements and base areas so that medical advice could be provided promptly to Lay Dispensers faced with a medical problem and earlier evacuation of patients arranged when necessary.

In July 1965 the cornerstone of the new Charles Camsell Hospital was laid and construction has proceeded rapidly. The improved facilities with services to be available at the new hospital will be of great assistance in providing better care to the residents of the Yukon and N.W.T. as well as the native population of Northern Alberta.

Public Health Services

On most Indian reserves all public health services are still provided by full-time personnel of Medical Services. In Nova Scotia, however, the provincial health units provide most of the services, assisted by Medical Services nursing personnel. In British Columbia the provincial health units have assumed full responsibility for one third of the Indian communities where these are conveniently adjacent to the other communities for which they are responsible. During 1965 one Indian community on the north shore of Burrard Inlet opened negotiations to incorporate themselves into the North Vancouver Municipality. In Western Ontario, yet another provincial health

unit has assumed responsibility for the adjoining Indian reserve, even going as far as to have special legislation passed by the Ontario Government to enable them to do so. The situation in Quebec is under active discussion between the Federal and Quebec Governments. Formal agreement was signed on April 1st 1964 between the Director of Medical Services and the Deputy Minister of Health for Manitoba whereby the Provincial Northern Health Service would provide all public health services for Indians at Moose Lake, Grand Rapids, Cedar Lake and Churchill while Medical Services would provide public health services to the non-Indian population in The Pas and Norway House areas. This was a straight division of responsibility for services on a geographic basis and no financial adjustment was included. By a cost sharing agreement, Selkirk Health Unit provides health services to the Fort Alexander and Scanterville Indians. As already mentioned, in Saskatchewan, agreement has been reached with the provincial authorities regarding joint use of the Medical Services hospital at Fort Qu'Appelle. Close co-operation and consultation on public health control measures has been achieved.

Almost a quarter of all Canadian Indians reside in Ontario, 20% in British Columbia, Manitoba and Saskatchewan each have 14%, Alberta and Quebec each 11%. Over 2% of Indians reside in the Northwest Territories and a little over 1% in the Yukon. Nova Scotia and New Brunswick each have Indian populations comprising some 2% of all Indians. In 1965 the Indian population rose to 211,389 or a little over 1% of the total population, an increase of over 3% on 1964. The crude birth rate has been slowly declining since 1961, when it was 41.43 per thousand of population, and is now under 40 per 1,000 of population. Despite this decline, the natural increase has remained remarkably steady at 3% annually and has risen slightly to 3.04%, accounted for by the fact that the infant mortality has dropped from 83.03 per 1,000 live births in 1960 to 61.5. This rate is still high and leaves no room for complacency but it does show a dramatic improvement amounting to almost a 25% decrease in five years. It is interesting that the Indian neonatal and perinatal death rates (22 and 32 respectively) are not so markedly greater than the comparable Canadian rates (18 and 28 respectively). Between 95 to 98% of all Indian births now take place in hospitals or nursing stations under competent professional supervision and increasingly Indian women are availing themselves of pre- and post-natal clinical services. The excessive infant mortality occurs during the middle and later months of infancy and continues into the second year of life. Mortality amongst Indian children aged 1 and 2 years is some eight times the national death rate for children of those ages. Mortality during adolescence and early adult life, particularly amongst females, is also excessive. Amongst women aged 15-34 years, Indian mortality is four times that amongst other Canadian women and is due to causes other than associated with childbirth, mainly respiratory diseases and accidents. This should not be read to imply that repeated child bearing does not influence this mortality, only that complications of delivery do not directly kill Indian women at a rate much greater than all Canadian women. In later life, Indians, particularly males, do not die any more rapidly than other Canadians so that the excessive mortality shown amongst Indians occurs entirely in infancy, early childhood, adolescence and young adult life. Respiratory diseases and accidents are the outstanding causes of death, accounting for some 40-45 of all Indian deaths annually with remarkable consistency over the past five years.

Nevertheless, the crude death rate from all causes has declined from 10.75 per 1,000 population to 9.3 over the past five years, mainly as a result of the declining infant mortality. Expectation of life at birth, in the case of both males and females, is approximately ten years less than for all Canadians, due mainly to the increased risks of dying in infancy or early life. Relatively speaking, in comparison with Canadian females, Indian female chances of survival are slightly lower than those of Indian males as compared with Canadian males at nearly every year of life. The average age at death for males is 33.67 and for females 36.82, but rises to 50 and 53 respectively if deaths in the first two years of life are excluded. The vital index or ratio of births to deaths is 4.2746 births: 1 death.

The above figures relate to the registered Indian population as a whole but Indians in different parts of the country present widely varying health pictures. Indians in the eastern provinces are characterized by a relatively low birth rate, not much in excess of provincial rates, quite moderate infant mortality as compared with other Indians and low to average crude death rates. Indians on the central plains, however, are characterized by exceedingly high birth rates, one group in Northern Saskatchewan alone contributing as much as 10% of all Indian births in Canada. Except in Southern Alberta where the infant mortality is no greater than in the province as a whole, this high birth rate is associated with a high infant mortality and, consequently, a high crude death rate. The fertility rates of Indian women in Eastern Canada are not markedly higher than those of non-Indian residents of the province but prairie Indian women have fertility rates twice and more than that of other Canadian women, in fact, in Saskatchewan, almost every third woman capable of bearing a child appears to do so annually. Indians in British Columbia have average Indian birth and fertility rates but a disappointingly high infant mortality and significantly high death rates in adult life. Indians in this province show an excessively high mortality from accidents, shared with Indians in Nova Scotia to a lesser degree, possibly associated with maritime pursuits although this has not yet been clearly demonstrated. Canadian Indians thus show three quite distinct health patterns and problems, each requiring special measures.

Dental Services

The Department of National Health and Welfare through its Medical Services, provides dental services to Indians and Eskimos under definite terms and conditions. Each year, Parliament appropriates a certain sum of money for the provision of public health and essential dental and medical care, through Medical Services to assist Indians and Eskimos who are isolated or indigent. During the fiscal year 1964-65, a sum of \$258,000 was spent by Medical Services for "Dentists and Dental Surgeons' fees" as against \$212,000 during the 1963-64 fiscal year.

The relationship of the Division of Dental Health to Medical Services is no longer entirely advisory. In the interests of the Indians and Eskimos and the efficiency of the program, including the morale of the dental officers, some decisions respecting the practice of dentistry including program planning and implementation are now made by dentists. At headquarters the Public Health Dental Officer of Dental Health Division has some administrative duties and technical supervision over the dental program and on policy matters

acts in an advisory capacity. Each Region has a Regional Dental Officer responsible to the Regional Director for the planning and administration of dental health programs to be executed in each zone through Zone Dental Officers. On an average, each Zone Dental Officer spends 25 hours a month travelling or setting up equipment, 72 hours for treatment services and the balance of his time for the keeping of records, the preparation of reports, laboratory procedures and to some extent when possible, dental health education.

Medical Services have static dental clinics in hospitals such as: Camsell Indian Hospital, Norway House, Sioux Lookout, Frobisher Bay, the Zone Office in Calgary, etc., where Zone Dental Officers are based and operate, and from which they travel to remote and sparsely settled areas in the field. Under some circumstances Medical Services assists in arranging necessary dental treatment for adolescents and young adults who are undertaking a training course under the sponsorship of the Department of Citizenship and Immigration, Northern Affairs or Territorial Governments. In all such cases prior approval must be obtained except for emergency treatment. Remuneration is in accordance with a Schedule of Dental Fees which is presently being revised. In some areas dental practitioners are employed on a per diem basis to supply dental services in residential schools. In remote areas the white population may obtain dental care from the Departmental dentist but are expected to pay the Crown for such services in accordance with the fee schedule. For children under the age of 17, whose parents are unable to pay for private dental care or who live in isolated areas, an attempt is made by Medical Services to provide or arrange preventive and essential basic dental care services. In many parts of Canada these services are rendered by full-time dental officers who visit the schools on the Reserves and in some other communities. Each one of these Dental Officers saw per month an average of 180 patients, performed 103 mouth examinations, 15 prophylaxis, 72 fillings, 114 extractions and some 41 other treatments including the topical application of fluorides, periodontal treatments and the provision, repair or rebase of the odd prosthetic appliance.

In some areas the Regional Dental Officer has, with the approval of the Director, arranged basic dental care (prophylaxis, necessary fillings and extractions) by private dentists, for children under the age of seventeen years whose parents cannot pay all or part of the costs of treatment. In one of the regions over 40 private dental practitioners have thus supplied basic dental care. Children aged 10 years and under may be provided necessary dental care at public expense, without prior approval, where the total costs of such treatment for any one child do not exceed \$25 during a calendar year. However, in those districts periodically served by a Departmental dentist, any treatments rendered to native children by a private dentist ordinarily should be limited to emergency care, for the relief of acute pain or infection, unless the parents are prepared to accept financial responsibility for payment. When the cost of treatment exceeds \$25 in any one year, or elective dental procedures are rendered to children aged 11 or older, accounts from private dentists are accepted for payment at public expense only if and when prior approval to undertake treatment has been obtained.

In the Yukon, a pilot program includes a New Zealand trained dental nurse who works under the direction of three private practitioners. Diagnosis



A nurse of the Indian Health Services visits and counsels an Indian family at Sioux Lookout, Ontario.

and treatment planning are done solely by the dentist, while preventive prophylaxis and certain treatment services as well as dental health education are provided by the dental nurse. A recommendation has been made that two dental hygienists be employed to expand the dental program at that location.

A dental section was prepared and published for inclusion in the Medical Services "Guide to treatment for nurses and lay dispensers". This dental section is a technical paper comprising information on technique, their functions, classification, and common characteristics, as well as general instruction for the extraction of teeth and dental anaesthesia. It includes contra indication for tooth removal, complication which may arise, post extraction advice to be given to the patient and other instructions concerning the prevention of the need for extraction. Some thirty illustrations are included to describe the instruments and techniques advocated. This section of the guide is to be used to instruct nurses and lay dispensers of Medical Services who may be called upon to provide emergency relief of pain and/or infection of dental origin, in remote isolated areas where and when a dentist is not available. Other sections of the guide cover medical problems of varying degrees of severity. These are all situations with which the nurses and lay dispensers have been required to deal in the past. Formerly, directions have often had to be provided by radio only.

NORTHERN HEALTH SERVICE

Unlike the provinces, the northern territories, the Yukon and Northwest Territories have, as yet, not found it financially practical to establish departments of health although the Yukon is now moving rapidly towards this goal. By special agreement between the Privy Council and the Territorial Councils, the Department of National Health and Welfare has undertaken, by virtue of the general authority conferred on the Minister by Section 5 of the Act creating the Department, to provide to both these territories on a cost sharing basis the provision and supervision of health services until such time as one or both can organize and finance an independent health department. During 1965, this Service was administered through three of the Regional Offices located respectively at Ottawa, Winnipeg and Edmonton but, during the year, plans were made to create a new Northern Region comprising the two northern territories. This plan becomes operative as from April 1966. By this means it is hoped to facilitate implementation of certain recommendations made in the Report of the Royal Commission on Health Services. It is also in agreement with Medical Services policy to align Medical Services Regions geographically with provincial boundaries so that each Regional Director may be able to achieve closer co-operation with provincial health departments.

The health of permanent or long-term residents in the north presents some unique features and problems. Alcohol appears to be more abused than elsewhere. The incidence of venereal disease is significantly higher than elsewhere in Canada. The suicide rate is abnormally high. The accident mortality rate is high. The rate of mental breakdown is disturbing. The general death rate is above the Canadian rate, mainly as a result of high mortality amongst the relatively high proportion of the population comprised of Indians and Eskimos. Pneumonia is the commonest cause of

death, again reflecting the experience of the Indian and Eskimo population. Yet, that these things are not inherent in conditions of life in the north is demonstrated by the fact that in the larger, longer settled permanent communities, the health picture is not much worse than elsewhere in Canada. They can be brought under control although special measures may be necessary. Housing constitutes a major problem in these high latitudes, complicated not only by the low temperatures but by the peculiar problems presented by permafrost. Sewage disposal and the disposal of other domestic wastes can present peculiar problems. A pure supply of potable water is often difficult to provide. Solutions to these and many other related problems can and are being worked out and are proving effective. During the year considerable effort was directed towards stimulating local interest in community development. Eskimo Community Health Workers, trained and employed by the Department, are working among their own people, stimulating them to recognize and tackle some of the health problems with which they are faced. Under a plan introduced two years ago, health officers are being appointed in all major centres of population. These are generally physicians in local practice who agree to undertake health service duties on a retaining fee and fee-for-special-services basis and act under the guidance of the Zone Director. As regards hospital beds, the Yukon is better supplied per capita of population than most Canadian provinces. A modern first class general hospital is provided at Inuvik by the Department and Whitehorse also has a good modern hospital. Across the border in the Northwest Territories, a new hospital is being provided at Yellowknife. New hospitals have recently been opened at Frobisher Bay and Churchill, which, although in Manitoba, serves as a centre for the sparsely settled Keewatin District.

TRAINING PROGRAM

Subject to the exigencies of the Service, all grades of Medical Services personnel are encouraged to advance the level of their educational competence through appropriate study. Study leave is granted on a "no-pay" basis but educational allowances are paid equivalent to full or partial salary as circumstances dictate and in addition in many cases, tuition fees and expenses are met. In the professional and administrative fields special and approved university courses are used as well as scheduled Civil Service Commission courses and correspondence courses.

During 1965 nine candidates from the Headquarters staff availed themselves of the French courses organized by the Civil Service Commission, three Medical Officers attended courses leading to the Diploma in Public Health, twenty-eight attended a refresher course in Public Health, one, employed overseas, took a course in Tropical Medicine and Hygiene, another took special training in surgery and one Dental Officer took special training in oral surgery and several other officers attended various short refresher courses of a professional or technical nature. Twenty Nursing Officers attended courses in Public Health, five in Nursing Administration in Public Health, ten in Hospital Teaching and Administration, three in Nursing Unit Administration and one took special training in Midwifery, an important qualification for service in remote Nursing Stations. Four members of the administrative services attended courses in Hospital Administration and Management, two studied Medical Records and Personnel Management and one Public Health Education. A three weeks summer school on alcoholism,

organized at the University of Saskatchewan was well attended by a group of Nursing, Health and Lay Workers of Medical Services involved in problems of alcoholism in their work. In addition a school was held at Hobbema in Alberta for training Indian Community Health Workers who, on graduation, are employed by Medical Services to work on educational lines in their native communities.



One of the most effective programs of Medical Services is the Community Health Workers course. Indians and Eskimos are trained to work with their own people in various health areas. Here, three course members get advice from an instructor on proper handling and storage of food.

TABLE 9

TREND IN INDIAN MORTALITY 1960-64

| Year | Males | | | Females | | | Both Sexes | | |
|------|-------------------------------|-----------------|---------------------------------------|-------------------------------|-----------------|---------------------------------------|-------------------------------|-----------------|---------------------------------------|
| | Estimated mid-year population | Deaths reported | Crude death rate per 1,000 population | Estimated mid-year population | Deaths reported | Crude death rate per 1,000 population | Estimated mid-year population | Deaths reported | Crude death rate per 1,000 population |
| 1960 | 95,061 | 1,127 | 11.86 | 90,108 | 863 | 9.58 | 185,169 | 1,990 | 10.75 |
| 1961 | 96,718 | 1,094 | 11.31 | 91,721 | 792 | 8.63 | 188,439 | 1,886 | 10.01 |
| 1962 | 100,038 | 1,097 | 10.97 | 95,061 | 934 | 9.83 | 195,099 | 2,031 | 10.41 |
| 1963 | 103,394 | 1,155 | 11.17 | 98,192 | 887 | 9.03 | 201,586 | 2,042 | 10.12 |
| 1964 | 106,747 | 1,105 | 10.35 | 101,456 | 825 | 8.13 | 208,203 | 1,930 | 9.27 |

TREND IN INDIAN INFANT MORTALITY 1960-64

| Year | Males | | | Females | | | Both Sexes | | |
|------|------------------------|----------------------------|---|------------------------|----------------------------|---|------------------------|----------------------------|---|
| | Live births registered | Deaths under 1 year of age | Infant mortality rate per 1,000 live births | Live births registered | Deaths under 1 year of age | Infant mortality rate per 1,000 live births | Live births registered | Deaths under 1 year of age | Infant mortality rate per 1,000 live births |
| 1960 | 3,832 | 356 | 92.90 | 3,690 | 261 | 70.73 | 7,522 | 617 | 82.03 |
| 1961 | 3,978 | 334 | 83.96 | 3,829 | 262 | 68.43 | 7,807 | 596 | 76.34 |
| 1962 | 3,926 | 314 | 79.98 | 3,928 | 274 | 69.75 | 7,854 | 588 | 74.87 |
| 1963 | 4,044 | 323 | 79.87 | 4,027 | 245 | 60.84 | 8,071 | 568 | 70.37 |
| 1964 | 4,229 | 298 | 70.46 | 4,021 | 210 | 52.23 | 8,250 | 508 | 61.58 |

DIRECTORY OF DEPARTMENTAL OFFICERS

MINISTER

Honourable Allan J. MacEachen

Parliamentary Secretary: Mrs. Margaret Rideout
Special Assistant: W.M. MacEachern, B.A. (Journalism)
Special Assistant: M. McInnis
Private Secretary: Mrs. P. Hunter

Deputy Minister of National Health and Welfare (Health)

John N. Crawford, M.D.

Deputy Minister of National Health and Welfare (Welfare)

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

FOOD AND DRUG BRANCH

Director General: R.A. Chapman, B.S.A., M.Sc., Ph.D.
Deputy Director General: L.I. Pugsley, B.A., M.Sc., Ph.D.
Assistant Director General, Drugs: M.G. Allmark, B.A., M.A.
Assistant Director General, Foods: D.G. Chapman, B.S.A., M.Sc., Ph.D.
Chief, Administrative Services: A.B. Tennenhouse, B.S.A., M.Sc.
Director, Bureau of Operations: A. Hollett, B.Sc., M.Sc.
Chief, Field Programs Division: K.M. Render, B.Sc.
Chief, Advertising, Labelling and Registration Division: P. Soucy, B. Pharm.
Director, Bureau of Scientific Advisory Services: A.C. Hardman, M.D.,
D.P.H.
Chief, Medical Division: J. Bishop, M.B., B.S., M.R.C.S., L.R.C.P.
A/Chief, Pharmacological Evaluation Division: W.A. Mannell, B.Sc., Ph.D.
A/Chief, Standards and Additives Division: A.B. Swackhamer, B.S.A.
Chief, Veterinary Medicine Division: W.T. Oliver, D.V.M., M.Sc., Ph.D.
Chief, Consumer Division: Miss E.M. Ordway
Chief, Narcotics and Controlled Drugs Division: R.C. Hammond, Phm.B.
Director, Research Laboratories: J.A. Campbell, B.Sc., M.Sc., Ph.D.
Chief, Food Division: W.P. McKinley, B.Sc., M.Sc., Ph.D.
Chief, Microbiology Division: F.S. Thatcher, B.Sc., M.Sc., Ph.D.
Chief, Nutrition Division: T.K. Murray, B.Sc., M.Sc., Ph.D.
Chief, Pharmaceutical Chemistry Division:
L. Levi, B.Sc., B.Sc.(Pharm.), Ph.D., F.C.I.C.
Chief, Pharmacology and Endocrinology Division:
A.B. Morrison, B.Sc., M.Sc., Ph.D., M.S.

Regional Directors

Eastern Region (Halifax): L.B. McIsaac, B.Sc.
East Central Region (Montreal): P.E. Jean, M.Sc.
Central Region (Toronto): J.B. Jones, B.Sc.
West Central Region (Winnipeg): B.A. Gray, B.S.A.
Western Region (Vancouver): E.L. Devlin, B.S.A. (Honors)

MEDICAL SERVICES BRANCH

Director General: H.A. Procter, D.S.O., Ph.D., M.D.
Adviser, Civil Service Health,

Civil Aviation Medicine: E.L. Davey, M.S., D.P.H.

Adviser, Immigration Medical Service: R.W. Wood, M.D.

Adviser, Quarantine and Sick Mariners Service: R.W. Robertson, M.D.

Medical Liaison Officer: G. Graham-Cummings, M.B., Ch.B., D.P.A.,
D.T.M.

Medical Staff Officer: J.E. Gompf, M.D., D.P.H.

Senior Medical Adviser,

Indian and Northern Health: W.H. Frost, M.D., C.M., D.P.H.

Regional Directors

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.

Alberta Region (Edmonton): M. Matas, M.D.

Northern Region (Edmonton): G.C. Butler, M.B., B.Ch., D.P.H.

Pacific Region (Vancouver): R.D. Thompson, M.D., D.P.H.

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

HEALTH SERVICES BRANCH

Director General: E.A. Watkinson, M.D., C.M., D.P.H.

Deputy Director General: L.B. Pett, B.S.A., M.A., Ph.D.,
M.D., D.P.H.

SPECIAL HEALTH SERVICES

Aerospace Medicine, Consultant:

W.A. Prowse, C.D., M.D., C.M., D.P.H., D.I.H.

Child and Maternal Health, Chief:

Jean F. Webb, B.Sc., M.D., C.M., D.P.H.

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

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

Health Education, Consultant: M.E. Palko, B.A., M.P.H.

Laboratory of Hygiene, Director: E.T. Bynoe, B.S.A., M.Sc.,
Ph.D.

Occupational Health Division, Chief:

Radiation Protection Division, Chief: P.M. Bird, B.Sc., M.Sc.,
Ph.D.

R.W. Tooley, C.D., M.A., L.M.S.S.A., M.R.C.S.,

Special Programs, Chief: G.H. Josie, B.Sc., M.Sc., M.P.H.,
Sc.D.

HEALTH INSURANCE
AND
RESOURCES BRANCH

Director General: E.H. Lossing, M.D., C.M., M.P.H.

HEALTH FACILITIES DESIGN

Director: G.W. Peck, C.D., B.Arch., M.Sc., M.R.A.I.C.

HEALTH GRANTS

Principal Medical Officer: G.E. Wride, M.D., D.P.P.

HEALTH RESOURCES

Director: W.S. Hacon, M.B., B.S., D.H.A.

HOSPITAL INSURANCE AND DIAGNOSTIC SERVICES

Director: R.B. Goyette, B.A., P.C.N., M.D., D.P.H.

MEDICAL CARE INSURANCE

Director: R. A. Armstrong, M.D., L.M.C.C.

HOSPITAL SERVICES STUDY UNIT

Director: G.B. Rosenfeld, B.A.

INCOME SECURITY BRANCH

Director General: J.A. Blais

CANADA PENSION PLAN

Director: G.L. Pickering, B.A., B.S.(Accounting)

FAMILY ALLOWANCES, YOUTH ALLOWANCES AND OLD AGE SECURITY

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

Regional Directors

Newfoundland, St. John's: L. Abbott
Prince Edward Island, Charlottetown: J.E. Green, B.Sc., M.S.W.
Nova Scotia, Halifax: J.E. McKay
New Brunswick, Fredericton: A. Nicholson
Quebec, Quebec: J.A.M. Caron
✓ Ontario, Toronto: J.G. Parsons, B.Sc.(Educ.), M.Sc.
- Manitoba, Winnipeg: W.A. Wright, B.A., B.S.W.
- Saskatchewan, Regina: R.J.G. Mitchell, B.A., B.S.W., M.S.W.
- Alberta, Edmonton: W.W. Dahl
British Columbia, Victoria: W.H. Davis, D.P.A.

WELFARE ASSISTANCE AND SERVICES BRANCH

✓
Director General: R.B. Splane, M.A., D.S.W.

CANADA ASSISTANCE PLAN

✓ Director: N.F. Cragg, M.S.W.

WELFARE GRANTS

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

SPECIAL PROGRAMS BRANCH

Director General: J.A. Macdonald, B.A.

EMERGENCY WELFARE

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

FITNESS AND AMATEUR SPORT

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

INTERNATIONAL WELFARE

Director: B.J. Iverson, B.A., B.S.W., M.S.W.

ADMINISTRATION BRANCH

Director General: W.B. Brittain D.F.C., B.Sc.

FINANCIAL ADMINISTRATION

Director: D.R. Aitchison, A.C.W.A.

LIBRARY

Departmental Librarian: Miss M.J. Morton, B.H.Sc., B.L.S.

MANAGEMENT SERVICES

Chief: G.H. Aubut, B.Com.

MATERIEL SERVICES

Chief: I.C. Ellis, Ph.C.

OFFICE AND SECRETARIAL SERVICES

Chief: F.E. Goudge

PERSONNEL ADMINISTRATION

Director: J.B. Hartley, B.A., M.Sc.

REGISTRY SERVICES

Chief: G.E. Logan

TRANSLATION

Chief: G. A. Sauve

TREASURY

Chief: H. L. Rock

CENTRAL SERVICE DIVISIONS

INFORMATION SERVICES

Director: Harvey W. Adams

LEGAL DIVISION

General Counsel: R. E. Curran, Q. C., B. A., L. L. B.

RESEARCH AND STATISTICS

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

DIRECTORY OF DEPARTMENTAL ESTABLISHMENTS

ADMINISTRATIVE OFFICES

OTTAWA

Brooke Claxton Building, Tunney's Pasture

Canada Assistance Plan Offices

| | |
|------------------------|---|
| ST. JOHN'S, Nfld | Dept. Public Welfare, Confederation Bldg. |
| HALIFAX, N.S. | Dept. Public Welfare, P.O. Box 696 |
| FREDERICTON, N.B. | Dept. Youth and Welfare, P.O. Box 910 |
| QUEBEC, P.Q. | Quebec Social Allowance Commission, Parliament Buildings |
| TORONTO, Ont. | Dept. Public Welfare, Parliament Bldgs., Queens Park |
| WINNIPEG, Man. | Dept. of Welfare, 113 Norquay Bldg., Kennedy and York |
| REGINA, Sask. | Dept. of Welfare, 2240 Albert Street |
| EDMONTON, Alta. | Dept. Public Welfare, Administration Bldg. |
| VICTORIA, B.C. | Dept. of Social Welfare, R. 340, Parliament Bldgs. |

Canada Pension Plan Offices

| | |
|-----------------------------|---|
| ST. JOHN'S, Nfld. | Building 102, Pleasantville |
| CORNER BROOK, Nfld. | Federal Building, Fishers Hill |
| CHARLOTTETOWN, P.E.I. | Box 1238, Dominion Building |
| HALIFAX, N.S. | Room 328, Ralston Building 105 Hollis Street |
| ANTIGONISH, N.S. | Metropolitan Building, Main Street |
| SYDNEY, N.S. | Federal Building, Dorchester and Charlotte Street |
| MONCTON, N.B. | Suite 107, 1111 Main Street, P.O. Box 785 |
| SAINT JOHN, N.B. | P.O. Box 626 |
| FREDERICTON, N.B. | P.O. Box 175 |
| EDMUNDSTON, N.B. | 36 Court Street |
| TORONTO, Ont. | 25 St. Clair Avenue East |
| HAMILTON, Ont. | 4th Floor, 110 Main Street, West |
| LONDON, Ont. | Room 401, 4th Floor, Toronto Dominion Bank Bldg., 365 Richmond Street |
| SAULT STE. MARIE, Ont. | Room 209, New Dominion Building |
| TIMMINS, Ont. | 67 Pine Street |

| | |
|------------------------|--|
| KINGSTON, Ont. | Federal Building |
| SUDBURY, Ont. | Federal Building, Lisgar Street |
| OTTAWA, Ont. | 255 Argyle Avenue |
| WINDSOR, Ont. | Unemployment Insurance Commission Bldg., 441 University Avenue, West |
| PORT ARTHUR, Ont. | Federal Building |
| KITCHENER, Ont. | 220 King Street, East |
| WINNIPEG, Man. | MacDonald Building, 344 Edmonton Street |
| BRANDON, Man. | Room 225, Federal Building, Princess Avenue |
| REGINA, Sask. | 1975 Scarth Street |
| SASKATOON, Sask. | 608 Financial Building, 230-22nd Street, East |
| EDMONTON, Alta. | Room 474, Federal Building |
| LETHBRIDGE, Alta. | Room 317, Federal Building |
| CALGARY, Alta. | Room 707, Public Building |
| VANCOUVER, B.C. | Room 210A, 1231 Haro Street |
| VICTORIA, B.C. | P.O. Box 1177 |
| PENTICTON, B.C. | Federal Building, 283 Winnipeg Street |
| WHITEHORSE, Y.T. | Federal Building |

Emergency Welfare District Offices

| | |
|----------------------|---|
| VICTORIA, B.C. | Room 241, 816 Government Street |
| EDMONTON, Alta. | Room 301, Federal Building, 107th Street and 98th Avenue |
| QUEBEC, P.Q. | Room 10, 3 Buade St., P.O. Box 940 |
| HALIFAX, N.S. | Room 510, Sir John Thompson Bldg. |

Family Allowances, Youth Allowances and Old Age Security

| | |
|----------------------------|--|
| ST. JOHN'S, Nfld. | Building 102, P.O. Box 607, Pleasantville |
| CHARLOTTETOWN, P.E.I. | Confederation Bldg., P.O. Box 1238 |
| HALIFAX, N.S. | Ralston Building, Hollis Street |
| FREDERICTON, N.B. | New Federal Building |
| QUEBEC, P.Q. | Postal Terminal Building, Henderson Street, P.O. Box 1816 |
| TORONTO, Ont. | 25 St. Clair Avenue, East |
| WINNIPEG, Man. | Ellice Building, 344 Edmonton Street |
| REGINA, Sask. | Scarth Street and Victoria Avenue |
| EDMONTON, Alta. | Federal Building, 107th Street |
| VICTORIA, B.C. | Federal Building, P.O. Box 220 |

Food and Drug Laboratories

| | |
|----------------------|---|
| OTTAWA, Ont. | Food and Drug Building, Tunney's Pasture |
| HALIFAX N.S. | 105 Hollis Street, P.O. Box 605 |
| MONTREAL, P.Q. | Room 800, 400 Youville Square |
| TORONTO, Ont. | 55 St. Clair Avenue, East |
| WINNIPEG, Man. | Room 310, Federal Building, Main and Water Streets |
| VANCOUVER, B.C. | Room 504, Federal Building, 325 Granville Street |

Food and Drug Offices

| | |
|----------------------------|---|
| OTTAWA, Ont. | Food and Drug Building, Tunney's Pasture |
| HALIFAX, N.S. | 105 Hollis Street, P.O. Box 605 |
| CHARLOTTETOWN, P.E.I. | 5th Floor, Confederation Building, P.O. Box 1311 |
| SAINT JOHN, N.B. | Room 517, New Customs Bldg., P.O. Box 396, Prince William Street |
| SYDNEY, N.S. | Federal Building, P.O. Box 324 |
| ST. JOHN'S, Nfld. | Sir Humphrey Gilbert Bldg., P.O. Box 5115 |
| QUEBEC, P.Q. | Gare Maritime Champlain, Room 277, Anse au Foulon |
| THREE RIVERS, P.Q. | Post Office Building, P.O. Box 1146 |
| HULL, P.Q. | Room 206, Federal Bldg., Rue Principale |
| SHERBROOKE, P.Q. | Room 232, 315 King Street, West, P.O. Box 1120 |
| MONTREAL, P.Q. | Room 800, 400 Youville Square |
| TORONTO, Ont. | 55 St. Clair Avenue, East |
| CORNWALL, Ont. | Federal Building, 45 Second Street, East |
| BELLEVILLE, Ont. | New Federal Building, P.O. Box 93, Pinnacle Street |
| HAMILTON, Ont. | 530 National Revenue Building, 150 Main St. West at Caroline |
| KITCHENER, Ont. | Room 1517, Dominion Public Building, P.O. Box 33, Duke and Frederick Streets |
| LONDON, Ont. | Room 417, Dominion Public Building, P.O. Box 504, 457 Richmond Street |
| WINDSOR, Ont. | Dominion Public Building, 137 Ouellette Street |
| SUDBURY, Ont. | New Federal Building, P.O. Box 564 |
| PORT ARTHUR, Ont. | Room 313, Public Building, 33 Court Street, South |
| WINNIPEG, Man. | Federal Building, Main and Water Streets |
| BRANDON, Man. | Room 227, Federal Building, P.O. Box 416 |

| | |
|-----------------------|---|
| SASKATOON, Sask. | 307 London Building, Cor. 20th St. East and 3rd Avenue |
| REGINA, Sask. | Room 312, Motherwell Building |
| CALGARY, Alta. | 209 Customs Building |
| EDMONTON, Alta. | Room 541, Federal Building |
| KAMLOOPS, B.C. | Room 7, 345 Victoria Street |
| VANCOUVER, B.C. | Federal Building, 325 Granville Street |
| VICTORIA, B.C. | Room 408, Belmont Building, 804 Government Street |

Prosthetic Services Offices

| | |
|----------------------|---|
| HALIFAX, N.S. | c/o Camp Hill Hospital |
| LANCASTER, N.B. | c/o Lancaster Hospital |
| MONTREAL, P.Q. | c/o Queen Mary Veterans Hospital, 4565 Queen Mary Road |
| TORONTO, Ont. | c/o Sunnybrook Hospital, Bayview Avenue |
| OTTAWA, Ont. | c/o D.N.D. Medical Centre, 355 Smyth Road |
| LONDON, Ont. | c/o Westminster Hospital, Wellington Road |
| WINNIPEG, Man. | c/o Deer Lodge Hospital |
| REGINA, Sask. | Motherwell Building, Victoria Avenue and Rose Street |
| EDMONTON, Alta. | c/o University Hospital |
| CALGARY, Alta. | c/o Colonel Belcher Hospital |
| VICTORIA, B.C. | c/o Veterans Hospital |
| VANCOUVER, B.C. | c/o Shaughnessy Hospital |

Public Health Engineering District Offices

| | |
|----------------------|--|
| MONCTON, N.B. | Post Office Building, P.O. Box 86 |
| MONTREAL, P.Q. | 150 St. Paul Street, West |
| WINNIPEG, Man. | 2nd Floor, Postal Station B, Magnus Avenue at Main Street |
| EDMONTON, Alta. | Room 541, Federal Public Bldg. |
| VANCOUVER, B.C. | 6th Floor, Room 605, 1110 West Georgia Street |
| KINGSTON, Ont. | P.O. Box 535 |

Laboratory of Hygiene

| | |
|-------------------|------------------|
| OTTAWA, Ont. | Tunney's Pasture |
|-------------------|------------------|

Occupational Health Laboratories

OTTAWA, Ont. Environmental Health Centre,
Tunney's Pasture

Radiation Protection

OTTAWA, Ont. Brookfield Rd., Confederation Heights

Public Health Engineering

OTTAWA, Ont. Environmental Health Centre,
Tunney's Pasture

Aerospace Medicine

OTTAWA, Ont. Environmental Health Centre,
Tunney's Pasture

Ottawa Bureau

OTTAWA, Ont. 402 Albert Street

Narcotic Control

OTTAWA, Ont. Colonel By Towers, 66 Muriel Street

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 Building, 233 Metcalfe Street
Ottawa 4, Ontario
CENTRAL 705 Commercial Bldg.,
169 Pioneer Avenue
Winnipeg 1, Manitoba

| | |
|--------------------|---|
| SASKATCHEWAN | 500 Derrick Building Eleventh Avenue and McIntyre Street Regina, Saskatchewan |
| ALBERTA..... | 501 Chancery Hall Edmonton, Alberta |
| NORTHERN | 501 Chancery Hall Edmonton, Alberta |
| PACIFIC..... | 6th Floor, 1110. West Georgia Street Vancouver 5, B.C. |
| EUROPEAN | 38 Grosvenor Street London W.1, England |

Immigration Medical Services Offices

Canada

| | |
|--------------------------|---|
| ST. JOHN'S, Nfld. | Federal Building |
| GANDER, Nfld. | Gander Airport |
| STEPHENVILLE, Nfld. | Harmon Field Airport |
| SYDNEY, N.S. | 63 Charlotte Street |
| HALIFAX, N.S. | Immigration Building |
| MONCTON, N.B. | Moncton Airport |
| SAINT JOHN, N.B. | 89 Canterbury Street |
| QUEBEC, P.Q. | Champlain Harbour Station Wolfe's Cove |
| MONTREAL, P.Q. | 150 St. Paul Street West |
| DORVAL, P.Q. | Montreal International Airport |
| OTTAWA, Ont. | Ottawa International Airport |
| MALTON, Ont. | Toronto International Airport |
| WINDSOR, Ont. | Windsor Airport |
| LONDON, Ont. | London Airport |
| WINNIPEG, Man. | 705 Commercial Bldg., 169 Pioneer Avenue and Winnipeg International Airport |
| EDMONTON, Alta. | Edmonton International Airport |
| VANCOUVER, B.C. | Immigration Building, foot of Burrard St. and Vancouver International Airport |
| VICTORIA, B.C. | 816 Government Street |

Overseas

| | |
|-------------------------|--|
| VIENNA, Austria | Canadian Embassy, Medical Section Tuchlauben 8, Vienna 1010 |
| BRUSSELS, Belgium | 230 rue Royale |
| HONG KONG | 25th Floor, International Bldg., 141 Des Voeux Rd. Central |

| | |
|---------------------------------|---|
| COPENHAGEN, Denmark | Canadian Embassy, Visa Office Osterbrogade 43 |
| LIVERPOOL, England | 17 Harrington Street, Liverpool 2 |
| LONDON, England | 38 Grosvenor Street, London W.1 |
| LEEDS, England | City House, New Station St., Leeds 1 |
| BIRMINGHAM, England | The Rotunda, New Street Birmingham 2 |
| PARIS, France | 38 Avenue de l'Opera |
| HAMBURG, Germany | 2 Hamburg 50, Schillerstrasse 47 - 49 |
| COLOGNE, Germany | Canadian Embassy, Visa Section Buchheimerstrasse 64/66 Weiner Platz, Cologne-Meulheim |
| STUTTGART, Germany | Marquardt Gebaeude, Koenigstrasse 20 |
| ATHENS, Greece | Canadian Embassy, 8 Othonos St. Athens 118 |
| THE HAGUE, Holland | 12 Carel Van Bylandtlaan |
| ROME, Italy | Via Zara, No. 30 |
| MILAN, Italy | Canadian Consulate General, Visa Office Via Turati 27 |
| BELFAST, Northern Ireland | Canada House, 22 North St. |
| LISBON, Portugal | Canadian Embassy, Edificio L'Urbaine - Vie 50 Praca Marques de Pombal 14 -5D |
| GLASGOW, Scotland | Fleming House, 134 Renfrew St., Glasgow C 3 |
| BERNE, Switzerland | Canadian Immigration Medical Section Helvetia Life, 3rd Floor 11 Belpstrasse |

Quarantine Stations and Sub-Stations

| | |
|--------------------------|---|
| EDMONTON, Alta. | Edmonton International Airport |
| GANDER, Nfld. | Gander Airport |
| ST. JOHN'S, Nfld. | Federal Building |
| SYDNEY, N.S. | 63 Charlotte St. and Airport |
| HALIFAX, N.S. | Pier 21 and 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 St. |
| 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 |

Sick Mariners Clinics

| | |
|-----------------------|---|
| HALIFAX, N.S. | Immigration Building, Pier 21 |
| SYDNEY, N.S. | 63 Charlotte Street |
| SAINT JOHN, N.B. | 89 Canterbury Street |
| 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 |

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

