ANNUAL REPORT

Canada

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

FOR THE FISCAL YEAR
ENDED MARCH 31,
1967

THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

ANNUAL REPORT

for the fiscal year ended March 31, 1967

OTTAWA

H1–3/1967

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, 1967.

Respectfully submitted,

JOHN MUNRO

Minister of National Health and Welfare

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To The Honourable John Munro

Minister of National Health and Welfare, Ottawa.

SIR:

The fiscal year 1966-67 featured a number of significant advances in health and welfare programs for the benefit of Canadians.

In the health field, two important pieces of legislation were passed by Parliament: the Health Resources Fund Act and the Medical Care Act. The first sets aside a total of $500 million to go to the provinces for assistance in meeting capital costs of establishing health training and research facilities. The Medical Care Act, passed in December 1966 and scheduled to go into effect on July 1, 1968, permits the federal government to make payments to any province which implements a medical care plan that is comprehensive, universal, publicly administered and portable between participating provinces.

The fiscal year was an important one in the welfare field. Of considerable significance was the Canada Assistance Plan, which received Royal Assent on July 15, 1966, with effect retroactively from April 1, 1966. Its adoption represented the abandonment of the traditional "bits and pieces" approach to welfare assistance and provided for a modern, co-ordinated and all-inclusive public assistance program embodying for the first time federal cost-sharing of welfare services, public welfare administration and health services provided by provincial assistance programs.

The Guaranteed Income Supplement, an amendment to the Old Age Security Act, represented a significant reassessment and change of course in the Canadian approach to social security as a new concept embodying income support based on a guaranteed minimum income. This program is novel in that Canada is one of the few countries in the world which provides a selective type of payment geared to income. Royal Assent was given on December 21, 1966, and supplementary payments dated from January 1, 1967. By March, 1967, Old Age Security pension cheques including the supplement were mailed to 505,240 pensioners, of which 328,927 received the maximum amount payable. It is estimated that approximately 800,000 pensioners will receive full or partial benefits by March 31, 1968.

The Canada Pension Plan began payment of retirement pensions in January, 1967, and by March 31 these benefits were being received by 3,475 persons. A network of offices to serve the public, based on 37 district offices in major population centres, was developed and brought into operation during 1966-67.

The Food and Drug Directorate continued its careful control of the quality and safety of foods and drugs on the Canadian market. The establishment of the directorate was increased slightly in keeping with its important task, but is still below that considered desirable and recommended by the several parliamentary committees and others who have studied this question.

A reorganization of the Medical Services Branch established a Northern Region to provide better coordination in control of health services for the Yukon and the Northwest Territories.

An important event was the first National Conference on Child and Maternal Health which was held in Ottawa in March, 1967. Delegates from the provinces and visiting experts explored the total needs of mothers and young children and examined services now available, how they are used and what changes may be needed for increased effectiveness.

At the end of the fiscal year 1966-67 the Department's Smoking and Health program could claim wide interest and coverage by various means, with the result of awareness by nearly all the population of the hazards of cigarette smoking.

Under the national Fitness and Amateur Sport Programme, the principal objective has continued to be to assist the development of services at all levels of activity from the community to international games. Grants totalling close to $3.5 million were made to assist national and international sports governing bodies and recreation programs during the year.

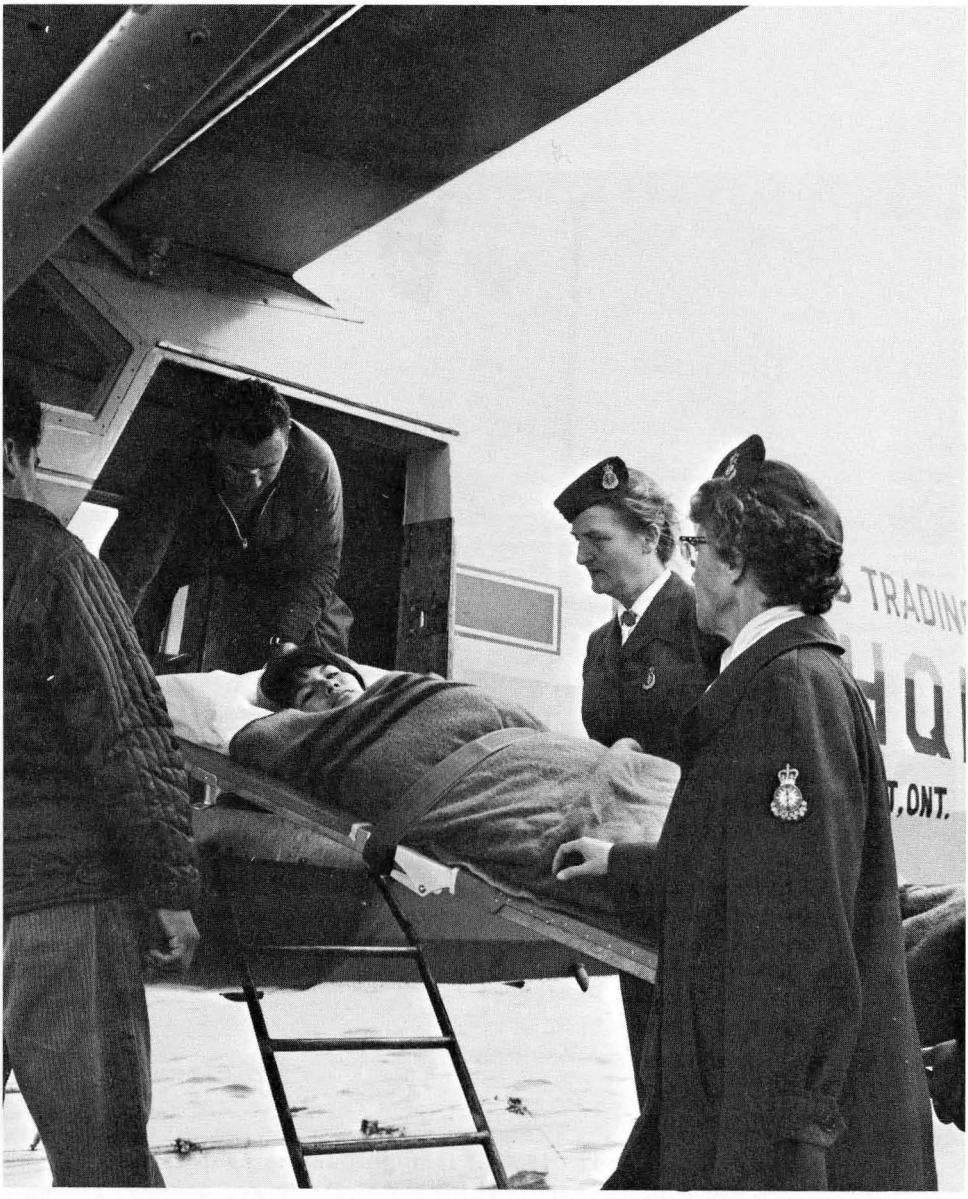
In closing, we wish to express our appreciation of the continued loyal and conscientious service and cooperation of all members of the staff of this department in 1966-67.

Respectfully submitted,

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

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

The new Charles Camsell Hospital, in Edmonton, Alberta, is the pride of the Medical Services Directorate's many medical facilities.



A young Indian child is about to be flown to hospital following an emergency radio message from Medical Services nursing station in Canada's Northland.

The Department of Transport ship, the C. D. Howe, serves, among other things, as transportation to Department of National Health and Welfare personnel on periodic health missions to the North. Here crew and staff of the ship gather near the stern during a quiet part of the voyage.

MEDICAL SERVICES

The Medical Services Branch of the Department of National Health and Welfare comprises a constellation of service programs more concerned with service to individuals and regulatory control of the hygiene of certain public services, such as common carriers, than with research or advisory services. These programs now include;

(a) quarantine services,

(b) immigration medical services,

(c) medical services to the Canadian Coast Guard Service,

(d) medical services to sick mariners,

(e) health services for indigent, registered Indians,

(f) health services in the Northern Territories,

(g) health services to Civil Servants,

(h) health examination and advisory services to the Department of Transport.

Administrative Organization

Although basically the same in principle as in previous years, 1966 saw considerable modification in the administrative organization. The Director General, together with his staff of advisory officers, still promulgates the guiding policies and principles and defends the estimates for financing operations but there has been a further decentralization of direct control of operations onto Regional Directors and other local directors and some internal rearrangement of the regional organization, the first steps in an ongoing program of reorganization which is continuing in 1967. A new Northern Region came into being on 1st April 1966, comprising both the Yukon and Northwest Territories geographically, formerly serviced by three Regional Directors based on Ottawa, Winnipeg and Edmonton respectively. Regional control of health services to all residents in the vast Canadian Arctic regions is now delegated to one Regional Director based on Edmonton, Alberta, who is concerned solely with the frequently unique problems of health and medical services in the far North. There was also some modification of the organization of some of the subordinate units of administration whereby certain Zones were redesignated "Areas", the distinction being that, whereas a Zone Office has its own supportive clerical and financial administrative staff, an Area Office relies for such supportive services on the Regional Office. The Area Director, a senior medical officer, is concerned only with directing the more professional aspects of the field programs. This was intended to effect some streamlining of administrative financial control at Regional level and to free the professional staff to concentrate on improving their local health programs. These steps were taken in implementation of the principles of reorganization

recommended in the Glassco Report and further developments are planned. As a result of this reorganization, there were seven Regional Directors onto whom responsibility for local implementation of Medical Services' policies were passed in 1966. The seven Regions administered by them respectively were:

(a) European Region, based on London, England,

(b) Eastern Region, based on Ottawa,

(c) Central Region, based on Winnipeg,

(d) Saskatchewan Region, based on Regina,

(e) Alberta Region, based on Edmonton,

(f) Northern Region, based on a separate office in Edmonton,

(g) Pacific Region, based on Vancouver.

In a further development completed at the end of the year, the huge Eastern Region, which comprised the Atlantic provinces, the province of Quebec and the province of Ontario, became three Regions, the Atlantic Region, based on Halifax, the Quebec Region, based on Montreal and the Ontario Region, based on Ottawa. At the same time plans have been prepared to amalgamate the three central Regions, comprising geographically the province of Manitoba, Saskatchewan and Alberta, into one Prairie Region with the Regional Office at Edmonton. There will thus still be seven Medical Services Regional Administrative Offices but the Regions will be more homogenous with particular problems specific to each.

Service Units

In addition to the various administrative offices, services are provided through departmentally owned and operated hospitals, nursing stations, health centres, health stations and a variety of out-patient clinics. The number of these varies from year to year as old units become obsolete and new units are developed. For example, it was possible to phase out two more obsolete hospitals during the year because of the development of much better communal hospital facilities in the areas. During 1966, Medical Services operated sixteen hospitals, thirty six major out-patient clinics, forty six nursing stations, eighty three health centres, fifty two miscellaneous health stations and, outside of Ottawa at Halifax, Point Edward, Montreal and Toronto, nine Civil Service Health Clinics. All Medical Services units are fully equipped with efficient modern medical equipment adequate to serve the purposes each is designed to meet. Nursing stations, for example, which are essentially small "cottage hospitals" used mainly for maternity work and emergency treatment and permanently staffed by nurses with physicians services on call, are equipped with X-ray machines, side room laboratory facilities and delivery facilities, frequently, where necessary, radio telephones. They are mainly located in sparsely

populated northern areas where it is uneconomical to establish a hospital. Most Health Centres are also equipped with X-ray machines, mainly for chest X-ray work. Considerable use is also made of portable units, X-ray, dental and other clinical facilities. Services must frequently be brought periodically to some more remote areas where it is quite impractical to establish a permanent unit.

Service Policies

Health being primarily a matter under provincial jurisdiction, it has always been the policy of the Central Government medical services to employ where possible the services of any local physician, medical or health facility prepared to co-operate, usually on an agreed financial basis. Direct services are given and units built only where no other arrangements can be made. Even in the North, where Medical Services acts for the two Territorial Governments in the capacity of their local "Health Departments", hospital and other facilities are usually provided on a cost sharing basis with the local communities and not solely by the federal Medical Services. On this basis some excellent modern general hospitals have been built in the major centres of population in the North and local residents take a very practical pride and interest in their hospital.

The services of travelling clinics organized by provincial health services to serve rural areas are routinely enlisted and not infrequently university faculties of medicine and specialist-professional associations offer their expert services, particularly in regard to specific problems. It is departmental policy to foster such co-operation and certain universities routinely make use of departmental facilities in the training of medical students. Close liaison has now been developed with all major schools of medicine and university schools of nursing whereby students undertake part of their undergraduate training in Medical Services hospitals and other units. In other arrangements with the provincial health departments and local provincial Health Units the work load in the area is shared equally by federal and provincial staff. As a result of this kind of co-operation, in most areas it can now be said that the native populations enjoy the benefits of the same services as are available to the general population. There are exceptions where the federal services still have to provide all services or augment what is locally available but this is increasingly becoming the exception rather than the rule.

During the year new financial arrangements were made with various provincial branches of the professional associations for the remuneration of private physicians serving Indians. The introduction of universal medical care insurance will ultimately accelerate the development of this integration of health services for our "First Canadians".

Construction Program

The construction of the new hospital to replace the old Charles Camsell Hospital at Edmonton continued throughout the year. This new large modern and fully equipped general hospital was to be ready for occupancy early in the summer of 1967. The hospital at Moose Factory was extended and

reroofed during the year and minor improvements were made to the hospitals at North Battleford and Norway House.

As regards Nursing Stations, two new standard type stations were built at Fort Franklin and Aklavik while an innovation was the purchase of portable type complete units. Each Nursing Station consists of three portable units which can be bolted together, completely wired for power and with heating and plumbing built in and ready for use. Such Nursing Stations were erected at Pond Inlet, Igloolik, and Foxe Lake.

Changes in Personnel Management

In May 1966, the Personnel Administration Directorate made available to the Medical Services Branch the nucleus of its own personnel division. This transfer was the first of its kind in the Department whereby a personnel division was created and transferred to work within a branch.

Plans have been developed during the early part of 1967 to decentralize, wherever possible and practical, the personnel function to certain regions. Recruitment for these very necessary personnel administrators is underway but it is most difficult to find suitably trained and experienced personnel who will be able to carry out their functions in connection with the staffing, classification and staff relations responsibilities which will be theirs to administer.

In addition to the very onerous responsibilities which this nucleus of a personnel division is bearing in the normal staffing and classification functions, it is also faced with the extensive classification revision program undertaken by the Government. With the advent of collective bargaining, considerable work is necessary in this regard as the Medical Services Branch has a staff of approximately 3600, most of which are in the various regions spread across the country. More than half of the staff is in the Professional and Scientific Categories with the remainder divided between the other occupational categories and groups.

Dental Services

The dental services program of Medical Services Branch is involved in three of the Branch's major activities, namely: Indian Health Services, Northern Health Services, Sick Mariners Service. The program objective is the improvement and preservation of the dental health of those groups whose health care, by legislation or custom, has been assigned to the Medical Services Branch of the Department of National Health and Welfare. Each of the three previously mentioned major activities may be considered to have its own subordinate objective, namely: the achievement and maintenance of a standard of dental health for Indian and Eskimo groups comparable with provincial standards within each region; the achievement of a standard of dental health for residents of the Territories comparable with that of the remainder of the population; and for the Sick Mariners emergency diagnostic and treatment services, the relief of pain and infection of dental origin.

The Medical Services Branch program arranges federal support as regards all of the above, under definite terms and conditions. For instance, Indians and Eskimos who are able to do so are expected to pay for professional dental and medical attention in the ordinary way; they are no more entitled to free care than any other Canadian. Essential and basic dental care and special treatment for selected cases, and also dental health education, are provided by departmental Dental Officers and the use of departmental facilities, as well as through arrangements with private dental practitioners. The Public Health Dental Officer, of the Dental Health Division, forms part of Medical Services' advisory staff at head office and has technical supervision over the dental program. Regional Dental Officers are responsible to Regional Directors for the planning and administration of dental health programs to be executed in the zones and areas of each region.

Medical Services have static dental clinics in hospitals such as the Charles Camsell Hospital, Norway House, Sioux Lookout and Frobisher Bay, where Zone Dental Officers are based and operate, and from which they travel to remote and sparsely settled areas in the field. For this last purpose, portable dental equipment is used. As a result of previous recommendations, some movable (though less portable) equipment, as well as equipment released by the Royal Canadian Dental Corps, has been purchased and set up in some residential schools where the number of children is sufficient and space is available.

The improvement of the dental program's working conditions has recently been very remarkable. For instance, in one school where a year ago a Dental Officer could be seen working in a small room without running water, three dental chairs now stand and allow dental hygiene students, on a rotation basis, to get some idea as to how they can, in the field, accomplish - under the supervision of a Dental Officer - some of the work for which they have been trained. Posters are presently advertising Dental Hygiene positions.

Improved working equipment and conditions increase the efficiency and productivity of Dental Officers and attract more dentists willing to practice, for short periods, for Medical Services' dental program. A major cause of complaint concerning the dental services program of Medical Services Branch has now been eliminated. A revised I. H. S. Schedule has been approved and published for the convenience of those dental practitioners who render professional services to Canada's Indians and Eskimos. It is now effective in all parts of Canada, with the exception of Alberta, where agreements were reached involving the use of the Provincial Schedule at a negotiated reduced percentage, and Northern Region where, because of special conditions, other agreements were required.

Arrangements for the purchase of services from private dental practitioners, by Medical Services, on a fee-for-service basis are becoming more and more popular. During the recent review of the dental program in the Western Regions and Northwest Territories, the Public Health Dental Officer was informed that in one region services were thus purchased from over five hundred dentists. A per diem rate method of payment is employed by Medical Services to provide basic dental care (prophylaxis, necessary fillings, and extractions) in some residential schools. Under special

circumstances, Medical Services also assisted in the establishment of at least three private dental practitioners in the Northern Region by providing space, equipment, and facilities on a rental basis to qualified dentists who can thus, with very little overhead expense, carry on a reasonably profitable practice in an office where equipment can be favourably compared to that of many dental offices in any of the smaller Canadian communities.

Civil Service Health

Three broad classes of service are given under this program; a basic advisory and consultant service to all government departments, several crown companies, corporations and commissions on employee health and welfare matters; a comprehensive nursing counsellor service to the employees themselves and diagnostic and emergency medical services to over forty thousand civil servants in the Ottawa area and upon departmental request elsewhere. The basic criteria laid down for establishing civil service health units require the concentration of a minimum of 750 to 1000 public servants in one or more federal government buildings within reasonable walking distance, suitable space and adequate professional personnel with essential referral facilities for treatment purposes as treatment of ailments, other than emergency treatment, is not included in the program. Major cities with federal employee concentrations meeting the above criteria include Vancouver, Edmonton, Calgary, Winnipeg, Toronto, Montreal and Halifax. Plans are well advanced for developing health unit services in these areas. Eleven such units have now been established in Victoria, Vancouver, Edmonton, Toronto, Montreal and Halifax and in certain Department of National Defence stations.

Medical Centre (Ottawa) Services

The highlight of the year under review was the move early in October of the Headquarters and Medical Centre of the Bureau from its old location in No. 3 Temporary Building to new, modern, spacious accommodation in the Civil Service Co-operative Credit Society Building, 402 Albert Street. Unquestionably these new well-appointed quarters will contribute greatly to the extension and improvement of services generally.

Health unit referrals, pre-employment medical examinations where assessment of physical or mental fitness is required, obligatory or statutory examinations and psychological assessments required by statute under the Public Service Superannuation Act, the Foreign Service Regulations and the Isolated Posts Regulations and periodic voluntary examinations at departmental request for special employee groups once again have made up the bulk of the clinical services conducted at the Medical Centre. The special employee groups include those employees assigned each year to summer field work, those engaged in especially hazardous jobs such as exposure to radio-active materials, pesticides and other toxic agents, scuba diving, hospital employees, selected groups of senior executive personnel and finally, special eye examinations for employees whose duties require optimum visual acuity and depth perception. Here we are fortunate in having the ophthalmological consultant services of the Chief of the Medical Rehabilitation Division, Health Services Branch, available for both major programs within the Ottawa Bureau.

Officers abroad represent Canada at meetings and conferences and make their reports available for Government use.

A Health Unit is located in the MacDonald Building, London, England, supervised as part of his regular duties by a Departmental Medical Officer and staffed by a Canadian Nurse, to provide medical services as necessary for Canadian public servants and locally employed staff. A Medical Officer of the London office is available on call 24 hours daily. During the year 706 persons received attention at the London Health Unit of which 136 were seen by a doctor. Two hundred and fifty persons were vaccinated against smallpox and 105 other immunizations were carried out. Forty-four blood specimens were obtained from Canadian Armed Forces recruits.

Current Workload

During 1966 a total of 320,409 examinations and re-examinations including medical assessments under the preliminary medical screening system were conducted by the Service in Canada and overseas as compared to 236,840 in 1965. The increase of 83,569 or 35.28% was occasioned by increased immigration activity in the European Region (218,189 as compared to 164,965 in 1965; an increase of 32.26%), in Asia (17,947 as compared to 13,817 in 1965; an increase of 29.89%), in respect of cases processed by the Preliminary Medical Screening Section at Ottawa (52,751 as compared to 31,163 in 1965; an increase of 69.27%), and a Medical Services Offices in Canada (31,522 as compared to 26,895 in 1965; an increase of 17.20%). The substantial increase in cases processed by the Preliminary Medical Screening Section at Ottawa is related to the Government announcement in July 1966 to the effect that applications for permanent residence would be accepted from certain categories of non-immigrants already in Canada, although there was also a significant increase in medical submissions processed at Ottawa from other countries.

Northern Health

Since 1st April 1966, the supervision of health matters in the two Northern Territories has been under the control of one Regional Director of Northern Health Services. The Regional Office is presently located in Edmonton which offers most rapid lines of communication with most major centres of population in this vast area. The Director travels frequently and extensively and keeps in personal contact with his subordinate officers in charge of local field operations. One other factor influencing the choice of base was that, until very recently Charles Camsell Hospital in Edmonton was used as the major treatment centre for seriously ill Indians and Eskimos evacuated from the Territories. This situation is now changing slowly with the development of better medical treatment facilities in the Territories themselves and, as more extensive lines of communication are developed between the sparsely populated North and better medical facilities in the South, the use of other treatment centres develops. With the projected development of Yellowknife as the Territorial Capital of the Northwest Territories, the possibility of developing a main base in that City is under consideration but, at present, Edmonton still provides the most convenient centre from which to direct operations.

Health problems in the North have many unique features. The population is small and widely dispersed over very difficult terrain. Good housing is extremely expensive to provide and maintain. The bulk of the indigenous population still depend largely on hunting for a livelihood. Climatic conditions are particularly testing. Many social amenities developed in the South are either lacking or severely limited. Communications are difficult and often completely cut off for days at a time by weather conditions. As might be expected, pneumonia is much the commonest cause of death. Alcoholism is a major problem. Mental Illness is unusually frequent. Venereal diseases are widespread and many times more prevalent than in Southern Canada although the Director reports that, in 1966, the incidence rate has remained the same as in 1965 and not doubled as it has been doing annually for the past three years. Accidental mortality is very common and infant mortality is extremely high even among the non-native population. In 1966 the respective infant mortality rates for the different ethnic groups were

Indian residents of the Northern Territories						46.2	per	1000	live	births
Eskimo	"	"	"	"	"	108.8	"	"	"	"
Other	"	"	"	"	"	52.4	"	"	"	"

With the interesting exception of the Indians, these rates represent an increase in infant mortality over previous recent years. Caution must be used in reading these rates, however, as they are based on relatively small numbers. There were actually only 11 deaths of Indian infants under 1 year of age out of 238 born alive, 58 Eskimo deaths out of 533 born alive and 16 deaths out of 305 children of other ethnic origin born alive. One Eskimo woman died in childbirth, giving the apparently startling high rate of 18.8 per 1000 births. This, however, is the only maternal death to have occurred in the North for three years.

In relation to the alcohol problem, recent research conducted by the Internist in charge of the Northern Research Unit, is tending to demonstrate that alcohol is metabolised by Eskimos at only half the rate at which it is metabolised by other ethnic groups which may result in a cumulative effect. These investigations, part of a larger study into glycosuria, are continuing.

Improvement is reported in the mental health program and a new mental health ordinance has been drafted. Most severely ill mental disease cases are transferred to southern provincial mental hospitals for treatment as psychiatric services in the North are still provided only on a sporadic basis by visiting consultants.

During the year a severe epidemic of influenza was experienced with 5013 cases being notified. This may account in part for the increase in infant mortality, almost entirely due to deaths from pneumonia.

Although the health situation in the North can not be regarded as satisfactory and is constantly hampered by lack and loss of competent professional staff, quite striking improvement has been achieved over the past decade. Better facilities have been built, more nursing stations provided, two more within the past year, as previously noted, local Community Health Workers have been trained and are effecting marked improvements among Indian and Eskimo communities and the dental health

services have been markedly improved. The Director reports that, "This is the first time in the history of Northern dentistry in which we have experienced the hope of an improvement". Eskimo mortality is probably the most sensitive barometer of what is happening in the North and it is significant that the crude death rate for Eskimos from all causes has been reduced from 29 per 1000 of population in 1956 to 12 per 1000 in 1966. The Eskimo infant mortality was sharply reduced from 238 per 1000 live births in 1956 to 94 per 1000 live births in 1964 since when it tended to increase again slightly and appears to be resisting all efforts to reduce further in contrast with the continuous steady lowering of the infant mortality rate among the Indian neighbours of the Eskimos. The Eskimo birth rate is now also tending to fall slightly but still stands at around 55 per 1000 of population, one of the highest birth rates recorded in the world. The Eskimo vital index in 1966 was 4.33, i.e. for every Eskimo death there were 4.33 live births.

Indian Health

Although statistical data for 1966 are not yet complete, the data for 1965 suggest that a definite improvement is developing in Indian health. The estimated mid-year population increased from 208,203 in 1964 to 214,744 in 1965, a net increase of 6,541 or 3.14% on the previous year. The vital index or the number of births divided by the number of deaths was 4.63, in other words, for every Indian death there were 4.63 live births. The natural increase or number of births in excess of the number of deaths was 6,829 or 3.28% of the estimated mid-year population in the previous year, 3.18% of the estimated mid-year population in 1965. The natural increase in the Indian population has been slowly increasing annually. In 1960 it was not quite 3% of the estimated mid-year population and is now 3.2%. The lower net increase is, therefore, not due to mortality but to the increasing number of Indians who now annually are giving up their "Indian status".

The number of Indian deaths recorded in 1965 was 1,881, the lowest number on record, giving a crude death rate of 8.76 per 1000 of population. This compares with the national death rate for all Canadians in 1965 of 7.6. The number of children recorded as born in 1965 was 8,710, giving a crude birth rate of 40.56 per 1000 on the basis of the estimated Indian mid-year population. The national birth rate for all Canadians in 1965 was 21.4, in 1966, 19.4 per 1000 of population. The Indian birth rate has been fairly constant at 40 per 1000 for the past four years while the national rate has been rapidly declining. The infant mortality, always a sensitive index of health conditions, has declined from 61.6 per 1000 live births in 1964 to 48.22 per 1000 of live births in 1965, almost precisely twice the national infant mortality rate in 1965 of 23.6 but still a most significant drop. In 1956, Indian infant mortality was at the rate of 96 per 1000 live births. In 1965 it had fallen to 48 per 1000 live births, a drop of 50% in one decade.

One not so pleasing feature was that, of the 8710 infants born in 1965, no less than 2779 or 32% were born out of wedlock. The Indian illegitimate birth rate in 1965 was, therefore, 12.52 per 1000 of estimated mid-year population, markedly in excess of the national rate.

A highlight of the year was the completion of a study in some detail of the causes of Indian infant mortality based on a careful recording of all the events happening to 5,598 infants born in 1962 who were followed closely for the first twelve months of their lives. Collection of the data was not completed until early in 1964 and the analysis took over two further years to complete. The results were distributed to delegates attending the National Conference on Maternal and Child Health held in Ottawa in March 1967. This study revealed a very significant difference in the mortality of infants whose mothers had attended pre-natal classes and had pre-natal care from that experienced among the infants of mothers who had not had such care. Infant mortality among the infants of Indian women receiving good pre-natal care and following nursing advice was at the rate of 3%, not much in excess of the national rate, whereas among the children of mothers not receiving care or following advice it was over 10%. The study also revealed that about one quarter of Indian mothers that year had escaped nursing oversight and this group of women lost almost as many infants as the other three quarters put together in spite of the fact that many of them had received only minimal care and had benefitted only moderately. The loss of infant life bore a direct relationship to the duration and quality of nursing care given, the quality of home care, adequacy and suitability of diet and even to the duration of breast feeding.

The principal causes of Indian mortality remained pneumonia and accidents but the proportion of deaths due to these causes is tending to drop slowly. The worst record for fatal accidents is held by Indians in British Columbia and automobile accidents are the principal cause closely followed by fire and drowning. Although infant mortality has declined as a whole it is still excessive among prairie Indians in particular and the general pattern of causes remains much as in previous years. Considerable improvement in environmental sanitation is reported from most areas but the general standard of living is still much too low.

Negotiations continue with provincial health authorities for further extension of provincial services to Indians. In Alberta and Saskatchewan progress has been made and it is anticipated that the introduction of general medical care insurance will greatly facilitate these negotiations. Ontario is considering special legislation to enable local Health Units to include neighbouring Indian reserves within their sphere of responsibility.

Treatment Services

For many years Medical Services has paid for medical care rendered eligible Indians in terms of its own Fee Schedule, which when published was in line with and, in some instances better than the various provincial fees for indigent care across Canada. During 1966 many of the provinces converted to paying a percentage of provincial Fee Schedules, as set forth by the provincial Colleges of Physicians and Surgeons or other official medical bodies, for professional services to indigents. Medical Services, usually with the concurrence of the appropriate provincial medical organizations, changed its fees to correspond with these arrangements. These new tariffs now apply in all provinces except the four Maritime provinces. Other events occurred in the past year which more closely integrated Indian health care with the rest of the country. The Nanaimo Indian Hospital was phased out, as the

physical plant was becoming antiquated and adequate facilities became available in the community. The reverse situation occurred at Fort Qu'Appelle, Saskatchewan, when local practitioners were granted admitting privileges for their private patients at the federal hospital there. At the Charles Camsell Hospital arrangements were concluded with the University of Alberta School of Medicine for the appointment of a full-time geographic paediatrician who will have his office at the Charles Camsell Hospital, be on the teaching staff of the University and also be available to Medical Services for consultative work in the field. Further explorations are being conducted into the feasibility of making similar arrangements with other departments of the University of Alberta Medical School. Other medical personnel at university teaching centers are becoming involved with the medical care of Indians and Eskimos, specialists' tours have been or are being arranged for the north: liaison has been established between our hospital in Moose Factory and Queens University, to name a few. Also, to familiarize the forthcoming graduates in medicine with the problems connected with northern health, the Department will be conducting a school in frontier medicine to be held in August 1967 in Inuvik which will be attended by 70 medical students from across Canada.

Food Services and Hospital Housekeeping in Medical Services

The principal dietitian at head office has continued to provide advice on matters relating to food service and nutrition, and on hospital housekeeping. Close co-operation is maintained with other programs in Medical Services notably health education and nursing. One result of such co-operation has been the production of a revised edition of the booklet "Mother and Baby".

In 1966, for the first time, two Home Economic students were employed for summer work. They were 1966 graduates of the University of Manitoba and worked under direction in Saskatchewan. It was a successful venture and will be repeated in 1967 in Manitoba and Alberta.

Bulletins

Ten issues of the "Food Services Bulletin" and "Hospital Housekeeping" have been prepared and distributed to food service and housekeeping staffs in Medical Services Hospitals. These publications provide a means of communication with these groups who are performing an important service.

During this year food services have been supplied on a contract basis in two hospitals - Frobisher Bay and Moose Factory. Housekeeping services are done on contract in three hospitals, Frobisher Bay, Moose Factory and North Battleford. The hospitals at Frobisher Bay and Moose Factory were visited during the year and reports on the food service and housekeeping were submitted. The results so far appear to be satisfactory. Though contracting services is not an economy, it does relieve the local and regional administration of much responsibility and the day-to-day personnel problems.

TABLE 18

21 (a) -

Birth Rates, Death Rates and Infant Mortality Rates

for Indians, Eskimos and all Canadians

1956 - 1965

Year	Crude Birth Rates per 1000 of population			Crude Death Rates per 1000 of population			Infant Mortality Rates per 1000 live births		
	Indian	Eskimo	Canadian	Indian	Eskimo	Canadian	Indian	Eskimo	Canadian
1956	X38.3	53.3	28.0	X9.6	28.5	8.2	96	238	32
1957	44.3	51.1	28.2	10.3	20.2	8.2	85	228	31
1958	44.0	53.4	27.5	9.3	25.3	7.9	86	235	30
1959	43.9	53.3	27.4	9.1	x19.4	8.0	75	206	28
1960	X41.9	56.2	26.8	X10.75	24.00	7.8	79	210	27
1961	41.43	59.0	26.1	10.01	22.00	7.7	76	211	27
1962	40.26	61.0	25.3	10.41	23.00	7.7	75	194	28
1963	40.03	59.8	24.6	10.12	17.4	7.8	70	157	26
1964	39.62	64.5	23.5	9.27	14.8	7.6	62	94	25
1965	40.56	55.8	21.4	8.76	11.1	7.6	48	95	24

X Prior to 1960, estimated on current year end population, from 1960 onward, estimated on current year estimated mid-year populations. Hence apparent increase in the mortality rate. The drop in birth rate at 1960 is even more significant than appears.

x Based on incomplete data. True rate probably in excess of 24 per 1000. Eskimo rate now approximating Indian rate in previous decade.

Sources: Canadian rates, Dominion Bureau of Statistics; Indian and Eskimo rates, Medical Services, Department of National Health and Welfare.

Note: Eskimo infant mortality is now at the rate at which Indian infant mortality stood ten years before. Eskimo rates in general show a ten year lag behind Indian rates. The drop in the past ten years has, however, been more rapid.

DIRECTORY OF DEPARTMENTAL OFFICERS

MINISTER

Honourable Allan J. MacEachen, P.C., M.P.

Parliamentary Secretary: Mrs. Margaret Rideout, M.P.
Executive Assistant: J. Bernier
Special Assistant: W.M. MacEachern
Special Assistant: M. McInnis
Private Secretary: Mrs. P. Hunter

Deputy Minister of National Health and Welfare (Health)

John N. Crawford, M.B.E., E.D., M.D., L.L.D.

International Health, Principal Medical Officer:
Dr. B.D.B. Layton, C.D., M.D., M.P.H.

Special Projects, Principal Medical Officer:
Dr. J.B. Bundock, O.B.E., M.D., F.R.S.H.

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: Vacant
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.
Assistant Director General, Nutrition: J.A. Campbell, B.Sc., M.Sc., Ph.D.
Chief, Narcotic Division: R.C. Hammond, Phm.B.
Chief, Consumer Division: Mrs. E. Margaret Pope
Chief, Statistical Services Division: D.F. Bray, B.S.A., M.S., Ph.D.
Chief, Finance and Administration Services: A.B. Tennenhouse, B.S.A., M.Sc.,
Director, Bureau of Operations: A. Hollett, B.Sc., M.Sc.
Chief, Field Programmes 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, Medicine and Pharmacology Division: J. Bishop, M.B., B.S., M.R.C.S., L.R.C.P.
Chief, Submission Control Division: G.L. Kalbfleisch, B.S.A., M.S.A.
Chief, Toxicology, Food Additive and Pesticides Division: W.A. Mannell, B.Sc., Ph.D.
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.
Director, Research Laboratories: A.B. Morrison, B.Sc., M.Sc., Ph.D., M.S.

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.
Planning and Evaluation, Consultant: G. H. Josie, Sc. D., M. P. H., B. Sc.
*Epidemiology Division, Chief: E. W. R. Best, M. D., D. P. H. (J. W. Davies, M. D., appointed 1-9-67)
Research Development, Medical Officer: R. W. Tooley, M. R. C. S., L. R. C. P., D. P. H. (to February 14, 1967) J. B. Murphy, M. A., M. D., D. P. H. (from February 15, 1967)
Chief Nursing Consultant: Miss Dorothy M. Percy, R. R. C., Reg. N. (to January 6, 1967)
*Public Health Nursing Consultant:
Miss V. H. Huffman, Reg. N., B. S., M. P. H. (now attached to Office of Deputy Minister of National Health)

SPECIAL HEALTH SERVICES

Aerospace Medicine and Safety, 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., D. P. H. (Vacant from 1-11-67)
Dental Health Division, Chief: R. A. Connor, D. D. S., D. D. P. H., F. I. C. D.
Emergency Health Services, Chief:
W. S. Hacon, M. B., B. S., D. C. H., D. H. A. (to December 31, 1966)
R. W. Tooley, M. R. C. S., L. R. C. P., D. P. H. (from February 15, 1967)
Health Education, Consultant: M. E. Palko, B. A., M. P. H.
Laboratory of Hygiene, Director: Dr. E. T. Bynoe, M. Sc., Ph. D.
*Mental Health Division, Chief: Morgan Martin, M. D., C. M., M. Sc. (to September 30, 1966) (A. E. Davidson, M. D., appointed 1-4-67)
Acting Chief: C. M. Mooney, Ph. D. (from October 1, 1966)
Nutrition Division, Chief: J. E. Monagle, B. Sc., 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. Sc. B. P. Eng.
Radiation Protection Division, Chief: P. M. Bird, M. Sc., Ph. D.
Rehabilitation Services, Director: O. Hoffman, M. D.

HEALTH INSURANCE AND RESOURCES BRANCH

Director General: E.H. Lossing, M.D., C.M., M.P.H.
Assistant Director General: E.W. Oliver, B.A.

HEALTH GRANTS

Director: G.E. Wride, M.D., D.P.H.

HOSPITAL INSURANCE AND DIAGNOSTIC SERVICES

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

HEALTH RESOURCES

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

MEDICAL CARE INSURANCE

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

HEALTH FACILITIES DESIGN

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

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.C. Abbott
Prince Edward Island, Charlottetown: J.E. Green, B.Sc., M.S.W.
Nova Scotia, Halifax: J.E. Green (to March 31, 1967) L.C. Russell
New Brunswick, Fredericton: A. Nicholson (to March 31, 1967) Vacant
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 (to March 31, 1967)
R. S. Johnston
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.
B. J. Iverson, B. A., B. S. W., M. S. W.
(from December 15, 1967)

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.
L. E. Lefaive, B. A. (from February 1, 1968)

INTERNATIONAL WELFARE

*Director: B. J. Iverson, B. A., B. S. W., M. S. W. (Vacant)

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. Sauvé

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.

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* Indicates status of position or incumbent as of time of preparation of this Directory.

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 Building
HALIFAX, N.S.	Dept. Public Welfare, P.O. Box 696
FREDERICTON, N.B.	Dept. of Health and Welfare, Third Floor Centennial Bldg., King and St. John Sts.
QUEBEC, P.Q.	Quebec Social Allowance Commission, Parliament Buildings
TORONTO, Ont.	Dept. of Social and Family Services, Hepburn Bldg., 5th Floor, Queen's Park
WINNIPEG, Man.	Dept. of Welfare, 270 Osborne Street North
REGINA, Sask.	Dept. of Welfare, 2240 Albert Street
EDMONTON, Alta.	Dept. of Public Welfare, 405 Executive Building, 109th Street and Jasper Avenue
VICTORIA, B.C.	Dept. of Social Welfare, R. 340, Parliament Bldgs.

Canada Pension Plan Offices

ST. JOHN'S, Nfld.	Sir Humphrey Gilbert Building, 165 Duckworth Street
CORNER BROOK, Nfld.	Office Floor, Millbrook Shopping Centre, Herald Avenue
CHARLOTTETOWN, P.E.I.	Dominion Building, 97 Queen St.
HALIFAX, N.S.	5th Floor, Sir John Thompson Building, 1256 Barrington Street
ANTIGONISH, N.S.	Metropolitan Bldg., 229A Main St.
SYDNEY, N.S.	Federal Bldg., Dorchester and Charlotte Sts.
FREDERICTON, N.B.	Federal Building, 633 Queen St.
MONCTON, N.B.	1111 Main St.
SAINT JOHN, N.B.	Customs Building, 189 Prince William St.

EDMUNDSTON, N.B.	36 Court St.
TORONTO, Ont.	25 St. Clair Avenue East
SCARBOROUGH, Ont.	2805 Eglinton Avenue East
NORTH YORK, Ont.	Newtonbrook Shopping Plaza
WILLOWDALE, Ont.	5851 Yonge St.
ETOBICOKE, Ont.	3269 Bloor Street West
HAMILTON, Ont.	Union Gas Bldg., 20 Hughson St. S.
LONDON, Ont.	Toronto Dominion Bank Bldg., 365 Richmond St.
ST. CATHARINES, Ont.	15 Church Street
SAULT STE. MARIE, Ont.	Sault Star Bldg., 369 Queen St. E.
TIMMINS, Ont.	273 Second Avenue
KINGSTON, Ont.	Federal Building, Clarence St.
PETERBOROUGH, Ont.	Federal Building, 411 Water St.
SUDBURY, Ont.	96 Larch Street
OTTAWA, Ont.	Concord Building, 280 Albert St.
WINDSOR, Ont.	Unemployment Insurance Commission Bldg., 441 University Avenue West
PORT ARTHUR, Ont.	Post Office Bldg., 33 South Court St.
KITCHENER, Ont.	220 King Street East
WINNIPEG, Man.	MacDonald Bldg., 344 Edmonton St.
BRANDON, Man.	Federal Bldg., Princess Ave. at 11th St.
REGINA, Sask.	4th Floor, Federal Bldg., 1975 Scarth St.
SASKATOON, Sask.	Room 608, Financial Bldg., 230-22nd St. E.
EDMONTON, Alta.	Federal Bldg., 107th St. and 99th Ave.
LETHBRIDGE, Alta.	Federal Bldg., 4th Ave. and 7th St. S.
CALGARY, Alta.	Petro-Chemical Bldg., 811-7th St. S.W.
VICTORIA, B.C.	1230 Government St.
VANCOUVER, B.C.	100 West Pender St.
PENTICTON, B.C.	Old Federal Bldg., 301 Main St.
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.	P.O. Bldg., 2nd Floor, 3 Rue Buade
HALIFAX, N.S.	1256 Barrington St., Halifax, N.S.

Family Allowances, Youth Allowances and Old Age Security

ST. JOHN'S, Nfld.	Building 102, Pleasantville
CHARLOTTETOWN, P.E.I.	Dominion Building, 97 Queen St.
HALIFAX, N.S.	Ralston Building, 1557 Hollis St.
FREDERICTON, N.B.	Federal Building, 633 Queen St.
QUEBEC, P.Q.	15 Henderson Street
MONTREAL, P.Q.	685 Cathcart St.
TORONTO, Ont.	789 Don Mills Road, Don Mills
WINNIPEG, Man.	MacDonald Building, 344 Edmonton St.
REGINA, Sask.	Dominion Government Bldg., Scarth Street and Victoria Ave.
EDMONTON, Alta.	646 Federal Building, 107th St.
VICTORIA, B.C.	1230 Government St.

Food and Drug Laboratories

OTTAWA, Ont.	Tunney's Pasture
HALIFAX, N.S.	P.O. Box 605, Ralston Bldg., 1557 Hollis Street.
MONTREAL, P.Q.	Room 800, 400 Youville Square, Montreal 1
TORONTO, Ont.	55 St. Clair Ave., East, Toronto 7
WINNIPEG, Man.	Room 310, Federal Bldg., Main and Water Streets, Winnipeg 1
VANCOUVER, B.C.	7th Floor, 1001 West Pender Street, Vancouver 1

Food and Drug Offices

OTTAWA, Ont.	100 Gloucester Street, Ottawa 4
HALIFAX, N.S.	P.O. Box 605, Ralston Bldg., 1557 Hollis Street
CHARLOTTETOWN, P.E.I.	Dominion Public Bldg., Queen St.
SAINT JOHN, N.B.	P.O. Box 396, Room 517, New Customs Bldg., 250 Prince William St.
SYDNEY, N.S.	P.O. Box 34, Federal Bldg.
ST. JOHN'S, Nfld.	P.O. Box 5115, Sir Humphrey Gilbert Bldg., Duckworth Street
QUEBEC, P.Q.	Room 277, Gare Maritime Champlain, Anse au Foulon
THREE RIVERS, P.Q.	P.O. Box 1146, Post Office Office Bldg.

HULL, P.Q.	Room 206, Federal Bldg., Rue Principale
SHERBROOKE, P.Q.	P.O. Box 1120, 315 King Street West
MONTREAL, P.Q.	Room 800, 400 Youville Square
TORONTO, Ont.	55 St. Clair Ave., East
CORNWALL, Ont.	Room 251, Federal Bldg., 45 Second St. E.
BELLEVILLE, Ont.	P.O. Box 93, New Federal Bldg.
HAMILTON, Ont.	Room 530, National Revenue Bldg., 150 Main St. W. at Caroline St.
KITCHENER, Ont.	Room 208, Federal Bldg., 15 Duke St. E.
LONDON, Ont.	P.O. Box 504, Dominion Public Bldg., 457 Richmond St.
WINDSOR, Ont.	Room 641, Dominion Public Bldg.
SUDBURY, Ont.	3rd Floor, New Federal Bldg.
PORT ARTHUR, Ont.	Room 313, Public Bldg., 33 Court Street S.
WINNIPEG, Man.	310 Federal Bldg., Main and Water Sts.
BRANDON, Man.	Room 227, Federal Bldg.
SASKATOON, Sask.	307 London Bldg., 256 - 3rd Ave. S.
REGINA, Sask.	402 Derrick Bldg., 2431 - 11th Ave.
CALGARY, Alta.	Customs Bldg.
EDMONTON, Alta.	Room 541, Federal Bldg.
KAMLOOPS, B.C.	Room 235, 317 Seymour St.
VANCOUVER, B.C.	7th Floor, 1001 West Pender St.
VICTORIA, B.C.	Room 408, Belmont Bldg., 805 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.	Coristine Bldg., Room 430, 410 St. Nicholas Street
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 Hgts.

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; Public Service Health and Civil Aviation Medicine

ATLANTIC	Immigration Bldg. Annex, Pier 21, Halifax, Nova Scotia
QUEBEC	Room 700, 515 St. Catherine St. W., Montreal, Quebec
ONTARIO	Kenson Building, 233 Metcalfe Street, Ottawa 4, Ontario
PRAIRIE	501 Chancery Hall, Edmonton, Alberta
NORTHERN	500 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.	Sir Humphrey Gilbert Bldg.
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	A1010, Vienna
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	4 Rue Ventadour 75
HAMBURG, Germany	2 Hamburg 50, Schillerstrasse 47 - 49
COLOGNE, Germany	Canadian Embassy, Visa Section Buchheimerstrasse 64/66, Koein Meulheim 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
BRISTOL, England	5 - 18 Wine Street
MARSEILLE, France	24 Avenue du Prado, 13 - Marseille, 6e

Quarantine Stations and Sub-Stations

Maritime Quarantine Stations

ST. JOHN'S, Nfld.	Sir Humphrey Gilbert Bldg.
SYDNEY, N.S.	63 Charlotte St.
HALIFAX, N.S.	Immigration Bldg., Annex, Pier 21
SAINT JOHN, N.B.	89 Canterbury St., Pier 9
QUEBEC, P.Q.	Champlain Harbour Station

Sub-Stations

BAIE COMEAU, P.Q.	
MONTREAL, P.Q.	150 St. Paul St., W.
PORT ALFRED, P.Q.	
PORT CARTIER, P.Q.	
RIMOUSKI, P.Q.	
SEVEN ISLANDS, P.Q.	
SOREL, P.Q.	
THREE RIVERS, P.Q.	

VICTORIA, B.C.	816 Government St.

Sub-Stations

VANCOUVER (incl. New Westminster and Burrard Inlet)	Immigration Bldg., Foot of Burrard St.
PORT ALBERNI	

Airport Quarantine Stations
Regular International Traffic

GANDER, Nfld.	International Airport
HALIFAX, N.S.	International Airport
MONTREAL, P.Q.	International Airport (Dorval, P.Q.)
OTTAWA, Ontario	Ottawa International Airport
TORONTO, Ontario	International Airport (Malton, Ont.)
WINDSOR, Ontario	Windsor Airport
TRENTON, Ontario	R.C.A.F. Airbase
WINNIPEG, Manitoba	Winnipeg International Airport

EDMONTON, Alberta	International Airport (Nisku, Alberta)
CALGARY, Alberta	Calgary Airport
VANCOUVER, B.C.	International Airport (Sea Island)

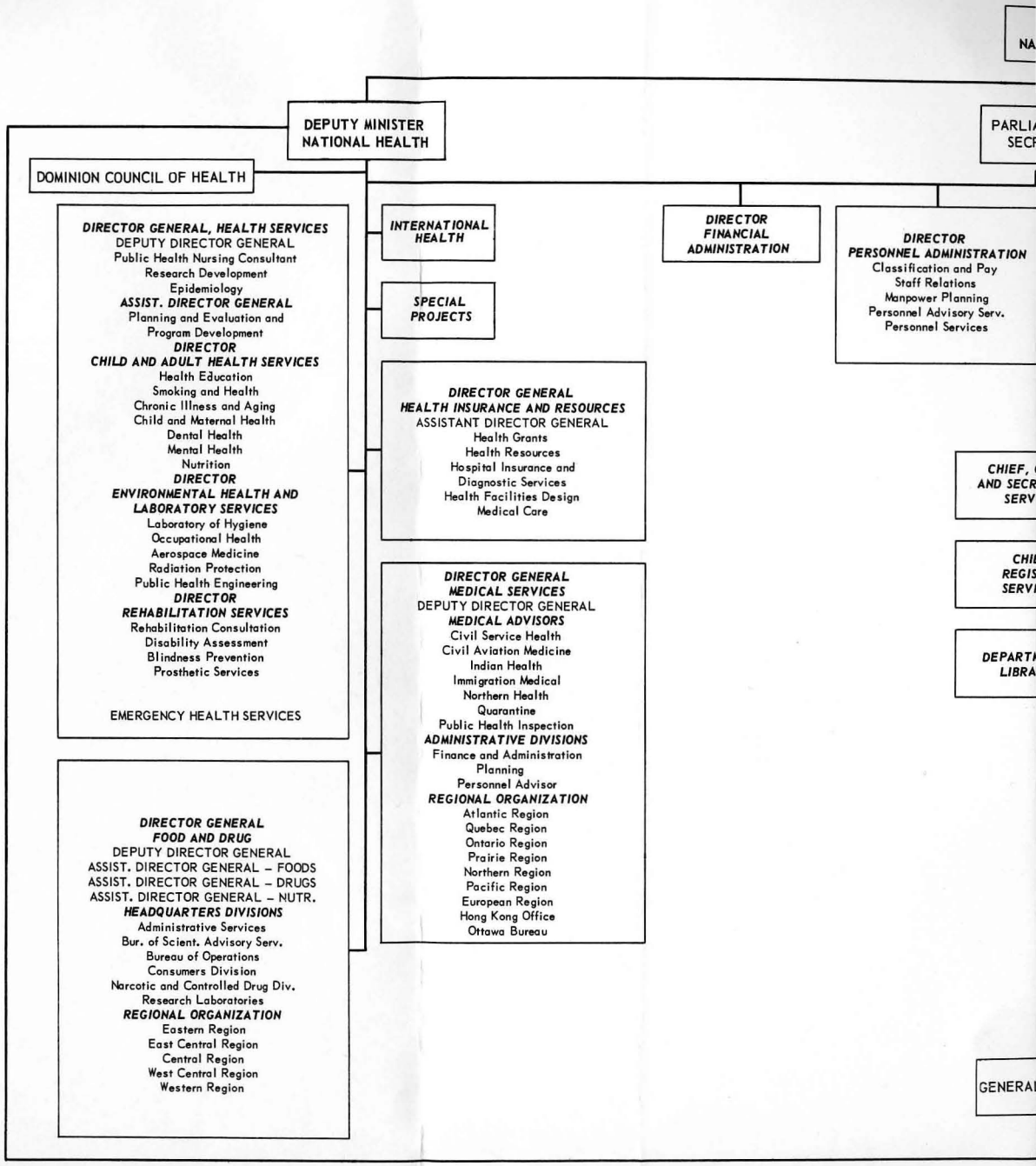
Infrequent International Traffic

ST. JOHN'S, Nfld.
STEPHENVILLE, Nfld.
SUMMERSIDE, P.E.I.
GREENWOOD, N.S.
MONCTON, N.B.
FREDERICTON, N.B.
QUEBEC CITY, P.Q.
LONDON, Ontario
SASKATOON, Sask.
REGINA, Sask.

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 NA



MENT OF NATIONAL HEALTH AND WELFARE