ANNUAL REPORT 1974.75

His Excellency the Right Honourable
Jules Léger,
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, 1975.

Respectfully submitted,

Marc Lalonde
Minister of National Health and Welfare

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HEALTH

WELFARE

MEDICAL SERVICES BRANCH

The Medical Services Branch Program incorporates nine distinct activities that provide a variety of health services. Indian and Northern Health Services provide treatment and preventive health care to the Indian and Inuit people and to all residents of the Northern and Yukon Territories. The Public Service Health activity is concerned with the health of Canada's federal public servants. Immigration Health assesses the health of prospective immigrants; Quarantine Services guard against the importation of serious communicable diseases, while Regulatory Services promote hygiene and sanitation in Federal properties and common carriers. The Civil Aviation Medicine activity guards the safety of air travellers by developing and implementing health standards for air crew and traffic controllers and by analyzing air accidents to assess human factors and try to find ways to eliminate their cause. Prosthetic Services aid the physically handicapped. Finally, Emergency Health Services initiate planning measures to safeguard the health of Canadians in conditions of natural or man-made disasters.

INDIAN AND NORTHERN HEALTH

Indian Health Priorities

A federal-provincial study of priorities in the area of Indian health was undertaken during the year, and agreement was reached on a priority ranking of major health issues including the need for emphasis on preventive programs, especially in such environmental areas as water supply and disposal systems and in combatting alcohol abuse. One immediate outcome of the study has been the formation of regional committees, with federal, provincial and Indian membership, which have the task of reviewing and coordinating health programs for Indian people.

Alcohol abuse

Plans were completed and approval was obtained for a Native Alcohol Abuse Program which will provide greater resources and will test and evaluate a variety of new approaches to this problem. Advice and direction will be provided by Regional Advisory boards to a National Advisory Board consisting of representatives from National Health and Welfare, Indian and Northern Affairs and National Native Associations. Regional Advisory will have similar representation, but will also include representatives from provincial health and alcohol abuse authorities. Alcohol Abuse Program projects will be conducted by the native people themselves with advice and guidance provided through the Regional Advisory boards.

3rd International Symposium on Circumpolar Health

The 3rd International Symposium on Circumpolar Health was held at Yellowknife, N.W.T.; 230 delegates from Canada, the Union of Soviet Socialist Republics, the United States, Japan, Finland, Norway, Sweden, Denmark and Greenland participated. As host country, Canada contributed over one third of the almost 150 papers presented.

Responsibility for Health in the Territories

Discussions were initiated with officials of the Yukon and Northwest Territorial governments concerning plans for the eventual take-over by the Territories of health services. Territorial assumption of responsibility for health is in consonance with the Government's policy to transfer progressively federal responsibilities to the Territories.

Liaison with the Department of Indian and Northern Affairs

The Joint Medical Services — Indian Affairs Committee has provided a mechanism for the planning and coordination of health and social programs between the two Departments.

Native Health Indicators

Although programs to reduce infant deaths have been intensified, their effects have yet to be reflected in significant reductions in mortality to this vulnerable age group. Total infant deaths remain at about two and a half times the national average of 16.5 per thousand live births, mortality being highest in the peri-and post-neonatal periods. Almost one third of native deaths reported were accidental; motor vehicles, drownings and fire accounting for over half of all accidental deaths reported. Rates for new and reactivated tuberculosis showed no significant change from the previous year and the overall rate remains approximately 133 per 100,000 population.

Nursing Activities

Patient days in nursing stations increased slightly during 1974. Home visits were intensified and patient visits to clinics increased almost 20 per cent. An upswing in pre- and post-natal instruction reflects the emphasis given to closer supervision of pregnancy and the newborn.

Mercury in the Environment

Mercury pollution of the Wabigoon-English river system in Northern Ontario was first detected in 1972, during a routine analysis of fish samples. In 1973, a Medical Services Branch task force conducted a comprehensive survey of the health implications to the Indian communities of White Dog and Grassy Narrows and, although cases of high organic blood-mercury levels were detected, no clinical evidence of mercury poisoning was evident. Public health measures were introduced to monitor health and to educate the population to the dangers of consuming mercury-polluted fish.

During the past year public health surveillance and health education programs were intensified. Due to the longer-term effects associated with the ingestion of organic mercury in a number of locations in other countries, the health of the residents in these communities remains a priority concern.

Native Involvement in Health

A major impediment to improving the health of Canada's native people has been the fairly low level of awarenes of the need for preventive health measures at the community and individual level, and a correspondingly heavy reliance on treatmen

services. Recognizing the social and cultural aspects of the problem, the Branch has moved over the years to increase Indian and Inuit involvement in health programs. While only a limited number of native people have entered the health professions, and few have joined the Indian Health services, greater success has been achieved in the para-medical and health auxiliary fields where the Community Health Representative Program has really taken hold and gathered momentum. At present, over 300 Community Health Representatives are working at the community level as active participants in the local health team. These valuable workers are known and respected in their communities. They bring irreplaceable local knowledge to the problems of health care delivery and are able to make the cultural and linguistic interpretation of the health message to the native people. By bridging the social and cultural gap that persists between the client and the health professional, Community Health Representatives are gradually making inroads into the severe communication problems that have inhibited preventive health programs in the past.

PUBLIC SERVICE HEALTH

Environmental Health and Lifestyle

Concern with the working environment, and modification of unhealthy lifestyles, continue as the main thrusts of the Public Service Health Program. Much of the focus in these areas is directed toward those in hazardous areas of employment and to troubled employees.

The Troubled Employee

Programs to increase management's and the employee's awareness of the consequences of alcohol abuse and to provide counselling and referral services to the troubled employee continue to receive high priority.

Accidents

Industrial-type accidents showed almost a percentage point increase during the year. Non-industrial accidents, however, declined almost two and a half per cent from last year's total.

QUARANTINE AND REGULATORY

Quarantine Regulations

A change in the Quarantine Regulations removed the requirement for vessels approaching Canada from abroad to seek radio pratique.

Quarantine Contingency Plan

Following consultation with provincial health officials, the Quarantine Contingency Plan, for reporting and controlling in isolation any serious contagious diseases imported from abroad, has been revised and updated.

Inspection and Regulatory Control

Progress has been made toward improvement of airport surveillance of passengers arriving from overseas, and toward achievement of compliance standards for sanitary practices in the preparation and handling of food and beverages aboard common carriers plying between Canada and the United States of America.

IMMIGRATION MEDICAL

Immigration Medical Assessments

The immigration medical assessment workload increased 14 per cent over the previous year and has passed the quarter million mark.

Chilean Refugees

Special arrangements put into operation for the medical assessment of refugees from Chile were continued during the year. In order to expedite processing of applicants, medical officers were stationed for six months in the capital, Santiago. Special procedures were also set up for refugees arriving through other countries; a substantial number were processed after arrival in Canada.

Immigration Health Policy

The Branch undertook policy review studies on the health aspects of immigration in connection with the Government's review of immigration policy.

CIVIL AVIATION MEDICINE

Medical Assessments

A total of 59,726 air medical examinations and assessments were completed during the year, an increase of nine per cent over the previous year's total. Approximately one case in every 10 was classified as contentious and referred for further assessment to the Air Medical Review Board. Almost half of contentious cases relate to cardiovascular conditions, while psychiatric disorders rank next in order of referrals.

Air Accident Investigation

Seventy fatal accidents involving a total of 172 persons were investigated and analyzed by Branch medical specialists for human factors components. A further 350 non-fatal accidents were also analyzed. As a result of this work, more accurate human cause factors of accidents are being determined and fed back to Air Medical Examiners and flight personnel.

PROSTHETIC SERVICES

Environmental Control Units

Twenty touch operated selector control (T.O.S.C.) units for use by severely paralyzed quadriplegics were installed in private houses and chronic care facilities during the year. These units enable persons with severely restricted mobility to carry out by remote control such functions as telephoning, dictating, reading, operating lights, television and radio, and unlatching doors. This equipment, still in the development stage, has the potential to bring about a profound change in the lives of persons previously totally reliant on the services of others.