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Health and Welfare Canada

Santé et Bien-être social Canada

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annual report

annual report 1976-77

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, 1977.

Respectfully submitted,

Monique Bégin
Minister of National Health and Welfare

Foreword

In November 1976, the Health and Welfare components of the Department of National Health and Welfare were brought together under a single Deputy Minister, Bruce Rawson. Previously, the Department had been administered by a Deputy Minister of Health and a Deputy Minister of Welfare sharing a central administrative unit.

This step was taken in order to ensure the careful and substantial integration of legislation and programs currently handled by both sides of the Department.

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Medical Services Branch

Federal programs relating to the enhancement and preservation of health are a critical component of the comprehensive health care system enjoyed by Canadians in all walks of life.

The Medical Services Branch Program is directed at certain groups in Canadian society whose care, by custom or legislation, has been assigned to the Department of National Health and Welfare.

The scope of this responsibility is awesome not only in geographic terms, but also in terms of variety and numbers. Passengers aboard a common carrier, Indians following the native way of life, Inuit seal hunters on an ice floe in the Arctic, foreign students on a CUSO scholarship at a Canadian University and the infant child of a Chilean refugee are a few examples of the sort of people whose health benefits through federal programs.

The ability to adapt and respond to changing health needs and problems is an essential condition of the Medical Services Program. Rare diseases present new problems, environmental pollutants call for new batteries of clinical tests, the stresses and emotional responses associated with social aud cultural change need to be understood and responded to appropriately. The manner in which the Branch responded to some of the more challenging events encountered during the fiscal year are illustrated by activity in the following paragraphs.

Indian and Northern Health

Lifestyle

Alcohol abuse remains the problem of major concern to the Government. During the fiscal year the joint Medical Services-Indian Affairs National Native Alcohol Abuse Program funded self-help projects totaling in excess of $3.7 million. Considerable emphasis has been given to training community workers in alcohol abuse counselling and health education and in developing greater awareness and lifestyle alternatives. There are now almost 100 community-based projects in this new and innovative approach to what can only be described as the leading health and social problem among our Native People.

Environment

Mercury pollution also remains a problem of major concern. A comprehensive methyl mercury testing program has now been developed and implemented in all provinces and territories. Test results are screened and reported back to each individual. Surveillance procedures are instituted and counselling is given to people at risk whose levels exceed the normal range. An epidemiological study of the effects of methyl mercury ingestion, involving federal, provincial, Indian and private sectors, is also in the advanced planning stage for implementation in the near future.

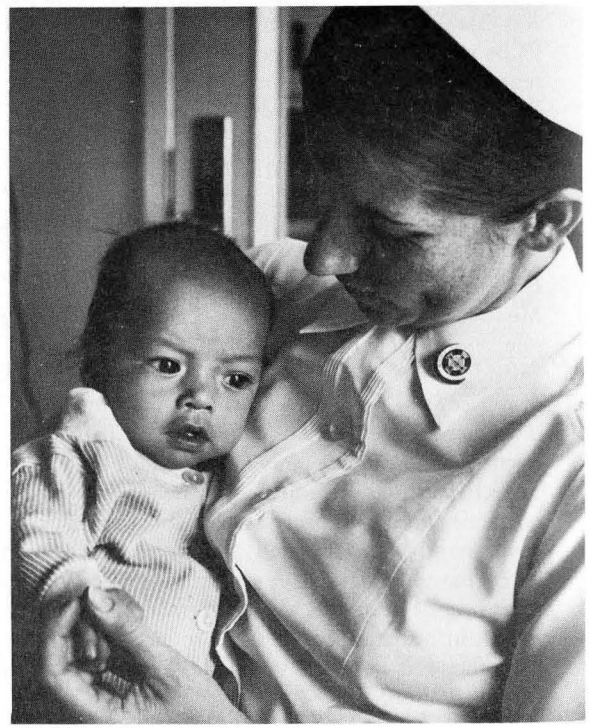
Cadmium, arsenic and mirex are other environmental contaminants that are of growing concern to the Medical Services Branch.

At the request of the Minister of National Health and Welfare, a Task Force on Arsenic in Yellowknife, N.W.T., has been appointed by the Canadian Public Health Association to carry out an independent investigation of the arsenic situation associated with mining operations close to that city.

Due to the slow rate of decay of many environmental contaminants, pollution is likely to remain a health problem for years to come.

Infant Health

The current level of Indian infant mortality is 38.6 per 1000 live births compared with a rate of 15.0 per 1000 for the general population. Since 1960, the rate of decline has averaged 2.7 per 1000 per annum compared with an average decline of 0.9 per 1000 for the general population, although a general levelling off is being experienced by both groups. The infant mortality rate for the Inuit has shown a marked



decline from 183.1 per 1000 live births in 1960 to 53.2 per 1000 in 1975, but is still far from satisfactory.

The objective of the Government to bring Indian and Inuit infant mortality rates down to levels approximating those of the general population is constrained by the harsh northern environment, isolation, low socio-economic status, contaminated water, improper sewage and waste disposal and sub-standard housing. A major reduction in infant mortality will only take place when living conditions show substantial improvement.

Tuberculosis

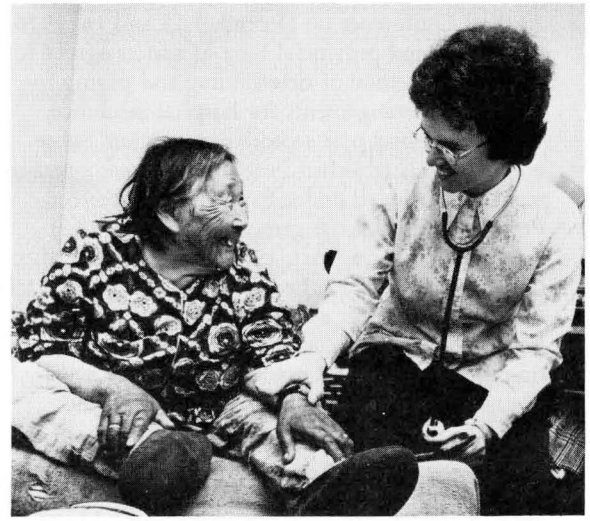
Although Indian and Inuit rates for tuberculosis have shown a marked decline in the past decade, 330 new

cases occurred during the year. Reactivations, however, showed a marked decline due in large measure to strict surveillance and closely supervised chemotheraphy regimens.

Native Involvement
One of the most successful programs to overcome feelings of paternalism, long associated with Indian and Northern Health Services, has been the introduction of Native Community Health Representatives. This program is being expanded each year as Native communities learn the value of representation on the local health care delivery team. The Government's objective is to establish Community Health Representatives in all Indian and Inuit communities large enough to require their services.

Apart from giving the community a sense of involvement in their own health care, Native health auxiliaries help bridge the cultural gap, conduct health education and preventive health programs and act as a catalyst for closer cooperation and understanding between the community and the health care delivery team.

Transfer to the Territories
Discussions are continuing with the Yukon Territorial Government and the Yukon Native Brotherhood concerning the eventual transfer of the health service to the Yukon Government. Similar discussions with the Northwest Territories Government and interested Native organizations will commence in the near future.



Civil Aviation Medicine

A Human Factors Development Group was established with the Ministry of Transport to co-ordinate research, evaluation and training in the human factors aspects of flight operations.

Public Service Health

A major thrust in this activity is in the area of occupational health. Growing management concern over the work environment has caused a dramatic increase in the number of requests for occupational environmental surveys, and over 50 000 separate analyses and 40 special occupational investigations were conducted by the Occupational Health Technical Support Unit.

During the year, federal public servants made over 350 000 visits to 102 Health Units for counselling, emergency treatment and health examinations. Health Units are also the focal point for troubled employee and lifestyle programs.

Immigration Medical Services

Medical Assessments
An amendment to the Immigration Regulations which terminated the arrangement whereby visitors to Canada could routinely apply for landed immigrant status, as well as the requirement that admissibility to Canada be linked to the existence of a guaranteed job offer, are the principal reasons for a reduction in the number of immigration determinations made during the year. Certain classes of non-immigrant are now screened for entry purposes. These include those whose planned length of stay exceeds twelve months and those who are destined for employment in the food or health industries.

Refugees
The Branch continued to be involved in the Vietnamese and Cambodian Refugee Program and has continued to health screen persons under the Chilean Refugee Program.

Quarantine and Regulatory

An incident at Toronto during August highlighted the health threat posed by the possibility of inadvertent importation of known and as yet unidentified viral haemorrhagic fevers, which have exacted a heavy toll of life in Central Africa.

Contingency plans, including means to improve contact tracing, have been developed and emphasis is being given to the need for an isolation facility and top-security laboratory for the identification and containment of dangerous pathogens.

Regulations have been drafted to establish standards and effect compliance in food sanitation and potable water safety for the travelling public.