

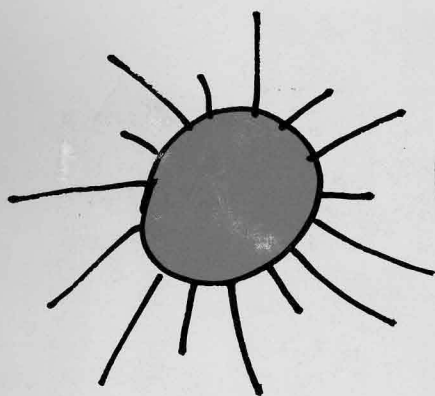


*1) Dept. of
2) National*
Health and Welfare
Canada

Santé et Bien-être social
Canada

3) annual report

4) 1977-1978



ANNUAL REPORT 1977-1978

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, 1978.

Respectfully submitted,

Monique Bégin
Minister of National Health and Welfare

THOMAS SANDERS
1978



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MEDICAL SERVICES BRANCH

Medical care, hospital and diagnostic services are provided to all Canadians through federally cost-shared programs. The introduction of these important programs did not, however, relieve the Government of its obligations to the health of Canadians in areas where federal legislation or custom establish that federally conducted services are required. The Medical Services Branch provides services directly to its various client groups and the health of all Canadians benefits through the protection these programs afford the general public.

For status Indians living on reserves, and for residents of the Yukon and Northwest Territories, Indian and Northern Health Services provides for or arranges the provision of many of the treatment and preventive health services needed to maintain the health of our Native people and northern residents. The Branch is also the medical consultant to a number of departments and agencies, and the provider of occupational health services to Government employees.

The medical and other health-related disciplines required to meet the demands for service placed on the Branch encompass many of the medical and technical specialties one would expect to find in a large municipal health service, as well as expertise in health-related areas that are uni-

que to the environment in which the Branch's clientele live or work. These include expertise in such diverse fields as aerospace medicine, epidemiology, northern medical research, environmental health and the toxic effects of heavy metals and complex halogenated organic compounds.

The day-by-day challenges that arise from the complex problems associated with the Branch program stimulate and encourage the development of new policies, programs and procedures. Advances in the field of medicine, new methods and aids in preventive health and innovative approaches to the special cultural and social problems encountered by the Branch's various client groups are adapted and modified to become new tools in the task of maintaining health.



A wide range of medical and technical specialties fall within the scope of the Health Services Branch.

INDIAN AND NORTHERN HEALTH

Alcohol Abuse

Despite major initiatives in the area of alcohol abuse and accident prevention, the 1976 ratio of Indian and Inuit deaths by accidents, poisoning and violence to total deaths showed a small increase over the previous year. Although precise data are not available, it is estimated on the basis of a detailed analysis in one province that over 70 per cent of these deaths are alcohol related. The joint Medical Services-Indian Affairs National Native Alcohol Abuse Program continues to fund over 100 community-based projects and is placing increased emphasis on counselling and community action to counter the threat that alcohol poses to the culture and social fabric of Canada's Native people.

Environmental Contamination

It is paradoxical that the Indian and Inuit desire to follow traditional eating and living habits increases their risk of exposure to environmental contaminants. The Indian and Northern Health Services Environmental Contaminants Program was established to survey levels of environmental mercury, other heavy metals and complex halogenated organic compounds such as mirex and PCBs and to conduct health education programs in Native communities to alert people to the dangers of consuming natural foods having high toxicity levels.

The Canadian Public Health Association Task Force on Arsenic in Yellowknife, N.W.T. submitted its findings and made 46 recommendations relating to environmental matters, occupational exposure to arsenic, and the organization of health services in the N.W.T. A committee of federal, territorial and municipal officials and representatives from industry, trade unions and the Native people has been established to review the report and implement its recommendations.



Infant Health

The Indian and Inuit infant mortality rate experienced a further decline over the previous year, and now stands at 32.5 per 1000 live births. While this is still over twice the national rate of 14.3, the continuing reduction demonstrates the effectiveness of the Branch's pre-natal and infant preventive health programs. The continuing convergence between native and national infant death rates is not only predicated on preventive health measures but is also related to improvements in socio-economic conditions, better housing and the availability of potable water.

Tuberculosis

Although the number of new cases of tuberculosis declined from 330 to 294, the number of reactivations increased from 58 to 76, reversing the trend established in the previous year. The problem of persuading inactive tuberculosis patients to take their preventive drugs conscientiously demands constant supervision by members of the local health team.

Native Involvement

The problem of educating the Indian and Inuit people to understand and adopt safe health practices and a healthy lifestyle is complicated by cultural and linguistic barriers. A major initiative in the Indian and Northern Health Program is directed toward the recruitment and training of Native people as active members of the local health team. The Branch now employs almost 500 Community Health Representatives who work in their home communities in the fields of preventive health and health education.

A new trend is being established to encourage Indian bands to take over total or partial responsibility for health services. Many bands now operate their own patient transportation services; a group of bands in Manitoba run their own dental service; sev-

eral bands are now hiring their own professional staff and running their own health programs. Ways are now being developed to facilitate community takeover of responsibility for local health services, while providing adequate safeguards to ensure that standards of health care are maintained.

Transfer of Health Services

Negotiations for the transfer of Northern Health Services in the Yukon to the Yukon Territorial Government were completed but the transfer did not take place as scheduled, as the Indian people withdrew their assent.

Negotiations are being entered into to transfer the Charles Camsell Hospital in Edmonton, Alberta, to the provincial government. The 400-bed hospital was planned and built when tuberculosis was the main threat to Indian health. Better surveillance and improved treatment methods have almost eliminated the tuberculosis threat, and the role of the hospital has changed to that of a local municipal general hospital.

CIVIL AVIATION MEDICINE

The fiscal year saw the implementation of a number of the recommendations made by a joint National Health and Welfare and Ministry of Transport management study. This has resulted in a greatly improved working relationship between Civil Aviation Medicine and the Ministry of Transport Air Administration. The volume of medical examinations for aviation licences increased four per cent over the previous year; despite this, Civil Aviation Medicine was able to assist with a greater number of accident investigations as well as increase the amount of training to medical examiners and pilots.

A number of studies were initiated during the year in support of current aerospace problems, including a study of pregnancy and

the cabin attendant occupation; a joint study with the Canadian Airline Pilots Association (CALPA); a study on retirement age of the professional pilot, and studies in support of the Air Traffic Controller Occupational Health program.

PUBLIC SERVICE HEALTH

Interest in occupational health continues to grow, and programs for the investigation of environmental conditions in work places are being actively pursued throughout the country. With the publication of the Treasury Board's Employee Assistance Program, a major effort is underway to provide counselling and assistance to those employees whose work is affected by health or social circumstances. Special training in this connection is being provided to health professionals, and the Medical Services Branch has assisted in setting up a new community resource in Ottawa — the Rideauwood Institute — which conducts programs directed to the prevention and treatment of alcoholism.

IMMIGRATION MEDICAL SERVICES

New Immigration Regulations which no longer permit application for immigrant status by persons in Canada, and the requirement that admissibility to Canada should be contingent upon the existence of a guaranteed job offer, accounted in large part for the continuing decline in the numbers of immigration medical examinations performed during the year.