Health and Welfare Canada
Santé et Bien-être social Canada

1) Canada
2) Dept of National Health & Welfare.

3) Annual Report 4) 1980-1981

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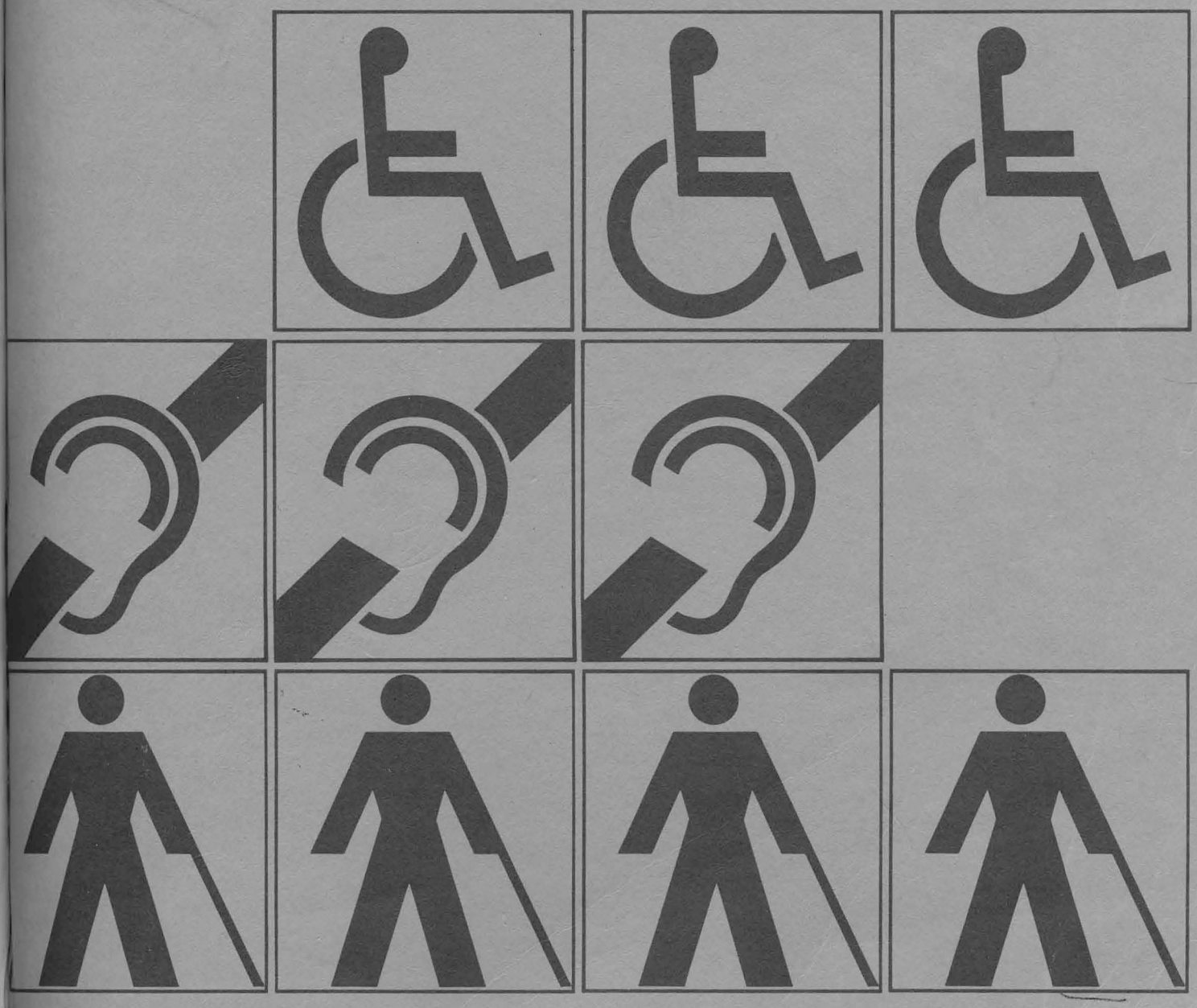

Annual Report 1980–1981

His Excellency the Right Honourable Edward Schreyer,
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 ending March 31, 1981.

Respectfully submitted,

Monique Bégin

Monique Bégin
Minister of National Health and Welfare

For the non-sighted or those who cannot read this print, the Annual Report is available on cassette.

Table of contents

Medical Services Branch

By legislation or custom, Medical Services Branch provides a variety of health services to a number of client groups. These clients include registered Indians and Inuit, all residents of the Yukon and Northwest Territories, immigrants and temporary residents, international travellers, federal public servants, civil aviation personnel, the physically handicapped and disaster victims. The programs under which services are provided to these clients are Indian Health Services, Northern Health Services, Immigration Medicine, Quarantine and Regulatory, Public Service Health, Civil Aviation Medicine, Prosthetic Services and Emergency Services.

The objectives of Medical Services are to promote, preserve and improve the health of those whom it serves. Meeting such comprehensive objectives requires expertise in virtually every area of health care—community health, medical testing and screening, laboratory analysis, aero-space medicine, health education and others.

Indian and Northern Health

Indian and Inuit Involvement

The involvement of Indian and Inuit people within the Medical Services Branch became a more tangible reality in 1980/81. The evolution of the 1979 Indian/Inuit Health Policy featured significant developments in several major areas.

Consultation agreements with the National Indian Brotherhood and the Inuit Tapirisat of Canada were functional for their first full fiscal year. Funding was also provided for the National Commission of Inquiry on Indian Health which dealt with issues pertaining to the present and future processes in the provision of health services to the Indian people.

Through contribution agreements and contracts with Medical Services Branch, Indian and Inuit groups provided direct services formerly delivered by the Branch. These included, for example, the construction of new health facilities in several communities, and delivery of health services at the Battleford Indian Health Centre and the Stoney Indian Health Centre. Medical Services Branch continues to subsidize the Blue Quills Native Educational Council, associated with Grant McEwan College in Alberta, in an effort to increase participation by native professionals in the health care delivery system. The financial support to this institution was increased recently so that more native candidates could take part in nursing education.

Progress was made in the area of native employment within Medical Services Branch. The number of natives employed increased in both indeterminate and term categories. There was also an initiative to create training positions for development of native people in administrative and program areas.

Transfer of Health Services

Negotiations with the Alberta Government and native associations to transfer the 400-bed Charles Camsell Hospital and staff of 585 to provincial jurisdiction were successfully concluded, and the transfer of the hospital was effected on December 1, 1980. The hospital has become a part of the newly-established Metro-Edmonton Hospital, District No. 106. The special needs of the native people will continue to be met by the hospital and the transfer will not change the traditional Indian relationship with the federal government. A part of the annual projected savings is now being used to sponsor a number of capital projects and programs directly related to Indian health services, which is in keeping with the federal government's objective of establishing managerial and professional independence by native associations.

As well, in accordance with the James Bay and Northern Quebec Agreement the department on November 11, 1980, transferred to the Quebec government and the Kativik Health Board the responsibility for health care and federal facilities for Inuit residents of the communities of Great Whale River, Ivukivik, Inukjuak, Povungnituk and Sugluk. On March 31, 1981, in accordance with the agreement, the department transferred to the Quebec Government and the Cree Board of Health and Social Services responsibility for health care and federal facilities for the Cree people in the three remaining untransferred communities of Great Whale River, Mistassini and Waswanipi.

National Native Alcohol Abuse Program

In 1975, the National Native Alcohol Abuse Program was established jointly by the Department of National Health and Welfare and the Department of Indian and Northern Affairs as a response to the extensive health and social problems created by alcohol abuse among native people. The program involves native people in combatting alcohol abuse and encourages the development by native people of a variety of approaches to the problem. Since the Treasury Board authorization for the program terminated in 1980/81, a one-year extension was sought and received. During the coming year an intensive review will be made of N.N.A.A.P. with the objective of establishing N.N.A.A.P. as an ongoing and enriched program that responds to individual community needs.

In 1980/81, contribution agreements replaced contracts as a method of financing projects. During the year 136 contribution agreements were approved, mostly for community projects offering counselling and referral services and educational and awareness activities, while several projects offered treatment and rehabilitative services.

The training of project workers continued through agreements made with St. Francis Xavier University, the Nechi Institute and the Northern Training College. In addition, an agreement was reached with the University of Sherbrooke to provide training for French-speaking native project workers.

Environmental Contaminants

Major resource development projects, especially energy projects, are projected for virtually every region of Canada and, in particular, for the northern territories and the northern parts of the western provinces. There is concern that these projects may generate environmental hazards affecting the health of the Indian and Inuit people, as well as impacting on their traditional way of life which is closely related to the natural environment. The aim of the Environmental Contaminants Program is to exercise extreme vigilance in order to identify, assess and prevent the adverse effect that environmental contaminants may have on human health.

In 1980/81, the mercury program was carried out in all areas of concern. The identification of the "at risk" groups is now complete, and the surveillance and education programs are ongoing. Since November 30, 1980, 49 419 tests have been completed. Of these, 982 showed levels of mercury in hair in excess of 100 parts per billion (ppb). Clinical examinations on persons with these levels have been performed. No serious conditions that could be attributed to mercury poisoning have been reported, but careful monitoring continues.

In cooperation with Health Protection Branch, a study on halogenated hydrocarbon residues in human milk is at present being done. Polychlorinated biphyenls (PCBs) and hyxacholrobenzene (HCBs) are of particular interest, but other contaminants are also included in the research. One of the objectives of this study is to guide the medical profession in their advice to breast-feeding mothers.

The study on the effects of fluoride, mercury and PCBs on the health of the residents of St. Regis Reserve officially started. The preliminary work is almost complete, and it is expected that the project will terminate March 31, 1982.

Exposure to organic compounds and pesticides pose a potential danger to human health. Investigative programs were designed and set up as needed by the particular communities. These programs included surveillance by human biological sampling, air and water monitoring as well as clinical investigations and education programs.

Tuberculosis

While over the years a dramatic lowering of tuberculosis rates has occurred amongst Indian and Inuit populations, the frequency of this infection is still approximately 10 times higher in native Canadians than for the rest of the population. At present, there are only sporadic outbreaks, and most cases which have been diagnosed have been a result of routine surveillance of the population at risk rather than by surveys. There is a continuing emphasis on health education in an effort to stimulate continued awareness of the dangers of tuberculosis.

In addition to tuberculosis, the health education activities of the Branch cover all types of infectious diseases in an effort to establish an awareness, among our native population, of their dangers, prevention and treatment.

Dental Health

Preventive dental procedures are emerging as a major area of interest, with research under way into the most appropriate measures to meet the specific needs of our clientele. The resulting dental procedures should ultimately prove to be a valuable addition to the treatment services at present being rendered. Development of current health education materials is progressing in some areas for use in classroom education programs to complement the brushing and mouth-rinse programs now in effect. Expansion of the dental therapist program, coupled with increased involvement of practitioners from the private sector, should enhance the present level of service in many areas.

Public Service Health

During 1980/81 the major emphases of the occupational health program in the Public Service were the maintenance of safe work-places, and increasing the ability of occupational health nurses to contribute fully to the Employee Assistance Program.

The Occupational Health Unit of the Branch, in support of the Public Service Health program, concentrated on the investigation and analysis of environmental contaminants affecting the occupational environment of federal government employees. As well, the Unit provided consulting services with respect to environmental contaminants, and participated on interdepartmental and intradepartmental committees established to investigate occupational environmental problems and to develop policy.

A new challenge was the impact of the Canadian Human Rights Act on traditional pre-employment medical standards, and the beginning of what promises to be a long period of collaboration with the Canadian Human Rights Commission in ensuring that the Public Service is not closed to applicants for unjustifiable medical reasons, whilst at the same time ensuring that the safety of other employees and the legitimate interests of employers are maintained.

Immigration Medical Services

Immigration to Canada requires each applicant to undergo a medical examination in the country of application. This examination, conducted by a designated medical practioner, includes certain laboratory tests and chest x-rays, depending on the age of the applicant. All medical documentation is then reviewed by physicians in the Branch's Immigration Medical Services, located at 14 posts abroad and at most regional and some zone offices in Canada, who provide Employment and Immigration with an individual assessment on each application. In 1980, a total of 215 586 assessments were completed by this activity. Actual immigrant landings in Canada in 1980 numbered approximately 135 000 persons. The difference (80 000) between this number and total assessments completed, represents the review of medical documentation for visitors, students and workers. The overall increased workload of 10 per cent over 1979, was borne by Overseas Region. This was credited to the refugee movement from South-East Asia.

The expanded Indo-Chinese refugee movement initiated in 1979 to accept 50 000 refugees, and later raised to 60 000, was realized by the end of 1980. The departmental blood-screening program for Hepatitis "B" virus among these refugees, started in October 1979, was completed on November 30, 1980. Some 41 748 refugees had been tested upon arrival at two reception centres, near Edmonton and Montreal. Test results were forwarded by Medical Services Branch to provincial departments of health. In the assessment of refugees abroad, nearly 1000 were diagnosed with pulmonary tuberculosis, the status of which deferred entry into Canada. Working closely with Employment and Immigration and provincial departments of health, most of these cases had been absorbed by the end of 1980.

In the latter part of the year, a number of meetings took place, involving officers from Medical Services Branch, Employment and Immigration and Overseas Region, for the purpose of examining procedural requirements and "streamlining" the services provided to both clients: the applicant and Employment and Immigration. A number of changes have been identified and brought before the Immigration Medical Review Board, an independent group of medical specialists, for its consideration.