

Public Service Health Abroad *

THE rapid expansion of Canada's Foreign Service in recent years reflected in the increased number of Canadians abroad and the opening of new missions, especially in unhealthy tropical areas, has drawn increased attention to the many health problems that service abroad may entail.

In the preamble to the constitution of the World Health Organization, health is defined as "a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity".

When this comprehensive definition is considered in its application to the public servant abroad, living and working in an environment that differs from his home environment in varying degrees, from slight to extreme, it is apparent that physical and mental health are at greater risk abroad than in Canada. In many countries, the facilities for protecting or restoring health do not parallel those in Canada.

The solving of this problem becomes exceedingly complex owing to the global distribution of public servants and the many differences between posts. Other countries have met the challenge by developing organizations which, while they were designed to answer their own specific requirements, provide valuable guidance regarding Canada's health services abroad.

The Department of National Health and Welfare has been represented abroad since soon after its establishment in 1945 to replace the Department of Pensions and National Health, which had also been represented abroad. The work of departmental officers stationed abroad related, until recently, to the examination of prospective immigrants, a function specifically assigned to the Department under the National Health and Welfare Act, which also vests in the Minister of National Health and Welfare responsibility for "promotion and conservation of the health of civil servants and other employees".

Geographic Redistribution of Doctors

In the postwar years, the flow of immigrants to Canada was primarily from Western Europe. In more recent years, this pattern has altered, a higher percentage of immigrants originating in countries other than those of Europe. Increased use of local medical resources has further reduced the requirement for Canadian medical manpower for this purpose in Europe. These changes have coincided with the increasing need for the provision of health services to public servants abroad. As a result, a geographic redistribution of medical manpower has been made possible. There is in progress a gradual withdrawal of Canadian medical officers from areas such as Western Europe, where medical

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