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MEDICAL AID IN THE DEVELOPING COUNTRIES

Mr. Paul Martin, Secretary of State for External Affairs, attended graduation ceremonies at the Hotel Dieu School of Nursing, Windsor, on June 4.

The following are excerpts from his address:

...No problem which confronts our world is more important than that of raising the living standards in the developing countries of Asia, Africa, and Latin America. In this modern era, it has become increasingly clear that a world community which is part rich and part poor cannot be stable or peaceful. His Holiness Pope Paul VI expressed this fact in a simple but profound way when he said that "development is the new name for peace".

At present, Canada's official external-aid programmes stand at approximately \$300 million a year. In response to the formidable challenge of international development, it is the Government's intention to raise the level of its aid programmes to an amount equal to one per cent of Canada's national income. This goal will, we hope, be achieved in the early 1970s.

The main thrust of our aid programmes must necessarily be aimed at assisting the developing countries to achieve economic development and thus become self-sufficient. Economic development entails the full mobilization not only of physical but of human resources. In countries where the hazards of endemic and epidemic disease are high, there can be no full mobilization of human resources until these hazards have been effectively attacked on the basis of long-term programmes for the eradication of disease and the establishment of proper facilities for treating them.

AID FOR VIETNAMESE

The need for medical assistance is particularly apparent in countries caught in the turmoil of conflict, such as Vietnam. A large proportion of our aid to Vietnam has, therefore, been concentrated in the medical field.

The supply of emergency hospital units, which are now being used at ten Vietnamese provincial civilian hospitals to supplement existing facilities, and an immunization programme for Vietnamese children, are among the projects carried out there.

Another medical aid project in Vietnam which is, I think, particularly worthy of mention is the anti-tuberculosis clinic at Quang Ngai, which provides a badly needed service in a country where tuberculosis is the greatest hazard faced by the people apart from war. This clinic is operated by Dr. Alje Vennema, who has been an external-aid adviser there since March 1965 and has provided a service not only to tubercular patients but also to the many other people who are suffering from other causes.

Dr. Vennema has now been appointed director of Canadian medical aid services to Vietnam and, in this capacity, he is exploring the possibility of extending our immunization programme to all Vietnamese children and of extending other forms of medical assistance to the civilian population of the country.

I had talks with Dr. Vennema last month, and I asked his advice specifically on the scheme which has been proposed to bring injured Vietnamese children to this country for treatment. His advice to