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HEALTH'S NEW HORIZON

An address by Hon. Paul Martin, Minister of National Health and Welfare, to the Health League of Canada, Toronto, February 7, 1947.

Subjects Covered:

World Health Organization - (Canadian Participation) Civil Aviation - Medicine in Canada - Health Services for Indians and Eskimos - Infant and Maternal Mortality Rates - Growth of Hospital Services

Mr. Chairman, Ladies and Gentlemen: The privilege you have given me of addressing this meeting is one which I greatly appreciate.

For some time past all those who have had even a casual interest in the problems of public health have been aware of the outstanding work being done by the Health League of Canada in promoting public interest in the value of health, of having it and how to keep it. A great deal has been accomplished; but each new season seems to bring something new to contend with.

For many years -- centuries would be a more exact word -- the trend in the organization of society has been toward larger and larger units of operation. After many bitter blunders, we are learning to think more intensely in terms of an international relation. The organization of the United Nations is an expression of that conception. Under the aegis of the United Nations several specialized agencies are in process of development. Destined to be one of the most significant among these is, I believe, the World Health Organization.

The original suggestion for such an arm of the United Nations was advanced by the Brazilian and Chinese representatives at the San Francisco conference in the early summer of 1945. The Canadian delegation supported the proposal, saying that Canada recognized the pressing need for a review of the existing institutions and for the establishment of effective and co-ordinated international machinery in the field of public health.

As a result of this recommendation the Economic and Social Council of the United Nations set up a technical preparatory committee of 15 persons to lay plans for an international health conference. Canada's deputy minister of national health was chosen by the Economic and Social Council as one of the members of this group. The committee met in Paris during March and April and subsequently reported its proposals to a meeting of the Economic and Social Council in New York City. The Council authorized the convocation of an international health conference which was held shortly after, in June and July. The torrid heat of New York City at that season of the year proved to be a gruelling test of the general stamina and physical fitness of the delegates!

By July 22nd the delegates had adopted a constitution establishing the World Health Organization as a specialized agency operating under the Economic and Social Council. The functions and responsibilities of the health assembly, the executive board and the secretariat were defined. It was agreed that the new organization should take over the health functions of the League of Nations, the health section of UNRRA and l'Office International d'Hygiene Publique, and that negotiations should be begun with the Pan-American Sanitary Bureau.

Perhaps I should mention at this point that the World Health Organization is open to non-members of the United Nations and that the constitution was signed by ten countries not members of the United Nations as well as by the 51 countries then members of it.

These 61 states also agreed to the appointment of an interim commission of 18 members to carry on until at least 26 nations had ratified World Health Organization's constitution and thereby brought it into legal existence.

At the first session of the interim commission Canada's close link with the development of the organization was further recognized in the choice of a Canadian as executive secretary. The chairman of the interim commission is a Jugoslav, Dr. Stampar.

It so happened that Parliament was still in session, and it was possible for the World Health Organization's constitution to be submitted to it for consideration at once. Thus it came about that Canada had the further distinction of being the first nation formally to join this new international agency.

It would be tedious to detail for you all the legal points in the constitution. But let us glance for a moment at a few of the organization's functions, keeping always in mind that they are on the international level.

It is to stimulate and advance work to eradicate epidemic, endemic and other diseases. It is to promote, in co-operation with other specialized agencies where necessary, the improvement of nutrition, sanitation, housing, recreation, economic or working conditions and other aspects of environmental hygiene. It is authorized to promote and conduct research in health problems and to assist in development of an informed public opinion among all people on matters of health. Most important of all, it is to act as the directing and co-ordinating authority in international health work and thus to replace the patchwork of organizations previously in operation.

Truly a new horizon has been opened for health!

The second session of the interim commission was marked by further progress. Committees were set up to deal with a variety of health problems, specifically malaria, yellow fever, venereal disease, narcotics and quarantine regulations. An indication of the wide range of world health problems is to be found in the appointment of a group to study regulations on pilgrimages! Canada was elected to membership on three committees, chief of which is the one on administration and finance. The other two are those to study the UNRRA budget for health projects and to prepare recommendations regarding a permanent headquarters. The next session of the interim commission opens in Geneva on March 31st.

Obviously the World Health Organization cannot operate successfully in a vacuum. It is not a scientific oddity to be preserved in a jar for the curious to gaze upon. Rather, it is a living part of our social order, and its growth and development depend to no small extent on the strength given it by its member states.

Let us turn, then, for a few minutes to consider a few of the developments in the Canadian health field which may be said to be contributing on the home front to strengthening the work of the World Health Organization, while at the same time contributing to the well-being of the Canadian people as a whole.

One of the most recent developments has been the establishment of a division of civil aviation medicine within the Department of National Health and Welfare.

With air travel becoming more and more common, and with larger and larger numbers of men and women being employed in civil aviation, the Department of Transport felt the need for advice on the health aspects of civilian flying. In line with the policy of consolidating all federal health services within a single department, the proposed division was set up under National Health and Welfare. The divisional chief will be responsible for directing the development and maintenance of medical standards for persons engaged in civil aviation. There are in Canada over 3,000 persons in this category. The division will be responsible for drawing up regulations to protect the safety, comfort and health of these people from a medical standpoint. It will provide advice on the general aspects of all problems connected with the health of travellers by air -- a not inconsiderable job when you recall that in 1944 Canadian airlines carried 403,938 passengers and that in the first nine months of 1946 the number was up to 670,680.

The chief of the division will be a medical doctor with at least four years in aviation medicine and substantial flying experience. One phase of his work will be to keep in touch with the R.C.A.F. and private organizations doing research in this specialized branch of medicine so that all the latest information and most advanced techniques will be readily available for the preservation of health and safety.

Another phase of our work which always excites a great deal of interest is in health services for our Indian and Eskimo population. You have all, I am sure, at some time or other read of some dramatic incident, some mercy flight whereby an Indian or an Eskimo suffering some serious injury or gravely ill has been flown to civilization to obtain the medical and surgical skill needed to restore him to health. Or you may have read about medical aid being flown to some isolated part of our northern territories to combat an epidemic or to bring emergency relief. Such an incident occurred two years ago when Dr. Noel Rawson of Winnipeg, then stationed at Chesterfield Inlet, was called to Cape Dorset to combat an epidemic of typhoid fever. More recently Dr. J.R. Moody, whose home is at Wainfleet not many miles from here, figured in newspaper reports of the return to civilization of a member of the Dominion meteorological service who had developed a serious heart condition and had to be brought from his isolated station to a metropolitan hospital for treatment.

Dramatic as these incidents are, and appealing to the imagination as examples of doctors' devotion to the healing art and of the triumph of hardy spirits over rough,, frontier conditions, they have another aspect. They serve to emphasize the need for substantially greater numbers of medical officers to serve the large sections of the population still without medical care. At the present time the Indian Health Services division is trying to find medical staff both for its hospital work and for what might be termed its general practitioner services on the Indian reserves. With medical men still in such short supply, the division has a difficult administrative job in spacing its personnel. The basic formula, however, is to place them at points of maximum density of the native population. In this way the largest possible number per physician will be within reach of medical aid.

The division has also been alive to making the best possible use of hospitals built and equipped during the war. Four of

these have been acquired. At The Pas in northern Manitoba is the Clearwater Lake Indian Hospital. Built originally for the United States Army Air Force, it now provides a hundred beds for Indian patients in that area. The largest addition to the division's hospital services was in Edmonton. What was originally a Jesuit College building was acquired by the United States Army as a hospital. Later, when American operations in the northwest shrank, the hospital was turned over to the Canadian army. When, in turn, its needs in that sector decreased until it no longer needed the hospital, the building was acquired by Indian Health Services. It was renamed the Charles Camsell Indian Hospital in honor of Dr. Charles Camsell, for many years deputy minister of the Dominion department administering Indian Affairs, and was formally opened last August by His Excellency, the Governor-General. This hospital has 350 beds, but by special arrangement with the Department of Veterans Affairs, up to a hundred beds are available for war veterans.

Two additional hospitals have been acquired in British Columbia, where approximately 20 per cent of Canada's Indian population lives. One is the former R.C.A.F. installation at Miller Bay, near Prince Rupert, where 150 beds are now available for Indian patients. The other is the former Nanaimo Military Hospital with a bed capacity of 200. The latter is not yet in operation but will be taking in patients soon.

In addition to using its own hospitals -- there are 18 of them now -- the division arranges for Indians to be treated in over 400 conveniently-located public hospitals and in this way took care of over 20,000 cases in the last fiscal year.

Those of you who are well-acquainted with the program of the Health League may be interested to know that our Indian hospitals are being used primarily for the treatment of tuberculosis. This disease is by long odds the main cause of death among our native population, with a rate in the neighborhood of 700 per 100,000 among Indians as against about 40 per 100,000 among the white population.

As another step toward combatting tuberculosis, the division has recently ordered a mass survey unit for use in Alberta and Saskatchewan. The division's treatment section is, of course, keeping close watch on the experimental work being carried on with streptomycin and other anti-biotics which promise suppressive, perhaps curative, action against this disease. BCG has been used in certain reserves for a number of years, and this program is being extended.

This past summer, for the first time, the division undertook the most comprehensive health survey done in the Eastern Arctic where our Eskimo population is concentrated. Nearly 1,600 persons were given X-ray and physical examinations during the Nascopie's annual trip. The results of these examinations are being codified, and the X-ray plates are being read with the aid of the Canadian Tuberculosis Association. The information gleaned from this survey should provide a firm basis on which to build the future development of health services in that area as well as, in the short term, give the division a lead on cases which require immediate hospitalization.

The division also had under way a program of developing nursing stations at points remote from other medical services where Indian bands foregather. Two of these were erected during the past summer: one at Fort George on James Bay and one at Lake Mistassini in the interior of Quebec. The Indians at Mistassini themselves cut and hauled the logs and erected the building. The department had only to provide the windows and doors.

This attitude is typical of the spirit of the Indians at these outposts. Gradually the seed sown years ago by pioneering doctors and nurses is bearing fruit. The Indians themselves are convinced of the value of these services. True we have no statutory commitment to do so,

but I am sure that you will agree with me that we are morally obligated to extend our efforts on their behalf.

Another development worthy of note on the home front is the continuing decline in the infant and maternal mortality rates. I have already touched on this matter in the broadcast I made last Saturday at the opening of "Health Week", but the subject is one which must give us all such lively satisfaction that I should like to refer to it again briefly.

If one looks back to 1921, immediately after the first World War, statistics show that out of every thousand live births in Canada, 102 infants died within their first year of life. Since then each year's figures have shown a fairly constant improvement until in 1945 the rate fell to an all-time low of 51. Contrasted with 1944, this was an eight per cent improvement, or, to put it more graphically still, this fall in the infant mortality rate means that under present conditions 1,100 Canadian babies are now alive who a year before would not have lived to their first birthday.

The figures I have cited are the national average. While a considerable improvement has been achieved by our joint efforts, in certain other countries the average rate is lower. That we can better these figures is shown by the fact that some Canadian cities have already achieved a lower rate than the national average.

Canada compares somewhat more favorably in the matter of deaths of mothers. The rate there has fallen from 4.2 deaths of mothers per thousand live births in 1939 to 2.3 in 1945. This is equal to the record in the United States and lower than that in Great Britain and Australia.

The reasons for this steady improvement are several. In the first place, the medical profession in Canada has given service second to none. If I might digress here for a moment, I should like to add my word of tribute for their devotion to duty, particularly during the war years, when those who remained at home had to shoulder so many extra burdens and those who served in the medical corps were called upon to make so many sacrifices.

A second factor in reducing our maternal and infant mortality rates is the fact that increasingly large numbers of babies are being born in hospitals. The experienced and expert care provided -- again in spite of staff shortages -- and the availability of the latest medical facilities have undoubtedly contributed to our improved record. A third factor is the cumulative result of educational work carried out both by government departments and private agencies on the many phases of pre-natal and post-natal care.

In this connection I must pay tribute to the generous spirit of co-operation that has existed between municipal, provincial and federal governments, and private groups working in the field of public health. The progress that has been made is largely the fruit of that co-operation and is an indication of what can be done in the future. Provincial and municipal departments of health together with associations such as yours have worked with my own department in raising the standards of public health in Canada.

No later than last week another significant advance in public health was made with the organization of the National Cancer Institute of Canada. In the conference which preceded formation of this group, practically every phase of the cancer problem was touched upon, but the emphasis throughout was on research to find the cause or causes of this mysterious malady. With a central organization to act as a clearing house for all the latest information on every phase of cancer control, we are now in a much better position than we were even ten days ago to explore every possible avenue of action against this dread disease.

It is no easy task we have before us. But we Canadians have been faced with tough problems before and have won through. I am confident we can do so again. As Tennyson put it, let "that which they have done be but earnest of the things that they shall do."

A little over 13 years ago the secretary of the Milbank Memorial Fund wrote that "no further great advance in the conservation of health can be accomplished unless and until the concept of public health is broad enough to include not merely a limited number of protective measures such as the control of communicable diseases, but all preventive and curative medicine and education in hygiene, as well as efforts to increase the economic security of the people.... These services -- preventive and curative -- should be made available to all classes of the population, not merely to the rich and the indigent, not only in some localities and some areas."

We have come a long way in our social thinking since those words were written. The concepts outlined there are much more widely accepted today than they ever have been before. As I noted a few minutes ago, a new phrasing of them appears in the constitution of the World Health Organization. Let us be done once and for all with the ancient narrow, negative concept of public health and set before our eyes this broader, more generous and humane ideal.

But truly, as St. James said, faith without works is dead. To achieve the goal of maximum standards of health and welfare services in Canada requires the united efforts of every organization presently engaged in these activities, whether they be governmental or private. We in the Department of National Health and Welfare have as our overall aim the ideal of seeing that by one means or another the Canadian people get the best possible health and welfare services. To that end we are prepared to work to the best of our ability and in any way within our power with any agency which is genuinely concerned with achieving that goal.

Let us bear in mind, however, that no act formulated by a government, no program sponsored by any group is of much value unless it gets down to individual cases. Health is paramountly a matter of individual concern -- not just for the man in the next block, for the farmer two concessions away or for the child across the street, but for you and me. It is up to us whether or not the high goals we have set are ever achieved.

(12/2/47)