



## STATEMENTS AND SPEECHES

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### THE DEVELOPING PATTERN OF PUBLIC HEALTH

An address by Mr. Paul Martin, Minister of National Health and Welfare, to the 77th Annual Meeting of the American Public Health Association, in New York City, on October 25, 1949. See also "A New National Health Programme", by Dr. G.D.W. Cameron, No. 48/58.

#### 1. OUR GOAL -- UNIVERSAL GOOD HEALTH

The first thing I want to do tonight is to express my thanks for the resolution that this organization passed last year when you resolved that Canada's new National Health Programme was "a step which makes the year 1948 memorable in the annals of public health on this continent".

For 77 years the American Public Health Association has given such inspired leadership that in the United States and Canada the next half century holds matchless promise for progress in public health.

After your long struggle to win public appreciation of its objectives and adequate support for its programmes, the Members of this Association should feel a sense of real achievement. As pioneers on this continent, and -- in many respects -- world leaders in this vital field of human endeavour, you have developed a pattern of public health equal to the magnitude of our peoples' needs.

We know how public health evolved from sporadic action against epidemics and communicable diseases to become a continuing concern for environmental sanitation and quarantine; we know how it then moved on to take account of all aspects of ill-health and to give increasing attention to preventive programmes. Now that we have come so far, in the half-century ahead our goal must be nothing less than universal good health -- that positive concept of total health defined in the words of the Constitution of the World Health Organization as a "state of physical, mental and social well-being and not merely the absence of disease or infirmity".

#### 2. PROSPERITY -- KEY TO HEALTH OPPORTUNITY

Public health is a public concern. As the members of this Association have so long insisted, it embraces everything within the compass of our society that affects mental and physical health.

National Health is founded on national prosperity. Since poverty and ill-health are closely allied, if we are to provide reasonable opportunity for health, we must ensure that our prosperity is shared.

Health and Welfare are closely related and are of national importance. This conviction was underlined five years ago when the Canadian Government created a new Department of National Health and Welfare, with an administrator of Cabinet rank. We believe that in providing for economic security we are providing for good health by guaranteeing better opportunity for acceptable standards of nutrition, housing, clothing, recreation and medical care.

In the past two decades, especially, to supplement long-established municipal and provincial welfare measures and those of voluntary organizations, the Canadian Government has set aside an increasing share of the nation's resources for the people's well-being. Canada's total expenditures on health and welfare now approach \$1,000,000,000 a year -- \$11,000,000,000 or more in United States terms.

In our two countries, record levels of prosperity and economic security have made possible -- and imperative -- record levels of public health activity. The vast cost to a nation of ill-health and disease justifies a comparable investment of the nation's wealth.

Towards the end of the war, in surveying the health scene in Canada, we found that we were one of the healthiest peoples in the world -- thanks to the initiative and devoted service of municipal, provincial and federal health departments, voluntary health agencies, the Canadian doctor, dentist, nurse -- all our health workers -- but we also found some health statistics that gave us little cause for pride.

We resolved to do something about this.

Since further advances would overtax provincial health budgets -- already increased six-fold during the past 20 years -- we decided to use federal monies to supplement municipal and provincial health activities, and to help equalize health opportunity across Canada -- and for all Canadians.

Because we felt that this was a time for massive advances, the Government last year inaugurated Canada's National Health Programme, under which \$165,000,000 is provided in the first five years to further provincial plans for health surveys, increased hospital accommodation and expanded health activities.

In assessing the job to be done in Canada, we set aside under our Programme more than twice as much per capita as that provided under the admirable health grants system in the United States.

### 3. CANADA'S PROGRESS IN PUBLIC HEALTH

This entry of the Canadian Government into the health field is of major importance, since our federal health action had previously been limited to such traditional services as those connected with sick mariners, quarantine, immigration, narcotics control, Indian Health, and food and drug supervision -- apart from everything done indirectly for health through welfare measures.

Already, in little over a year of full operation of our national programme, we can see a striking expansion of public health activity in every Canadian province. We now hope to raise health care in Canada to heights hitherto undreamed of. Everywhere there is a ferment of new ideas, new developments, new enthusiasm. Let me note a few highlights of the past year:

No fewer than 1,400 public health projects have been made possible by these grants.

Substantial aid has been given to the construction of badly-needed hospitals with more than 15,000 beds.

The number of public health workers has risen by 1,500 -- and 1,200 have been enabled to take additional training.

Rural health care is being brought closer to the level of that in urban areas.

New life has been put into provincial campaigns to lessen child and maternal mortality, to control diseases like diphtheria and typhoid, and to counter the great cripplers -- polio, arthritis and rheumatism.

Provincial governments are adding new divisions to extend the reach of their public health services.

Public health units and clinics are being established on an impressive scale. There are 22 new mental health clinics.

Scientific equipment is being provided wherever needed in hospitals, sanatoria and clinics.

Provincial campaigns against mental illness, cancer, tuberculosis, venereal disease and crippling conditions in children -- all are being strengthened and extended.

#### 4. NATIONAL ACTION FOR HEALTH ADVANCES

Canada's new National Health Programme is proof of our interest in accelerating our health progress. By such unprecedented moves in the United States and Canada, logic is taking over the direction of health planning where chance had left it. We are determined to keep abreast of the advances of medical science and to be impatient and intolerant of anything that debars our people from the best of health care.

Our goal for public health should be to make adequate provision to prevent illness while making health and hospital care available in some measure to all our citizens -- regardless of income or geographical location -- as rapidly as our resources will permit. In countries like ours -- unsurpassed among the nations of the world in their levels of living -- we must not permit lack of money to lead to neglect of health.

Let us not delude ourselves that this goal is near or that we can reach it without redoubled effort.

Public health has evolved over the centuries from action to care for the simplest needs of the family and community to action to provide health care for entire regions. As medical science advanced and public health measures followed, the increasing burden of these responsibilities finally made it necessary in our time for central governments to support the work of state or provincial governments. In this way health opportunity becomes national in scope.

For many generations the members of this Association have been fighting what was in effect a rearguard action against disease, but now the peoples of our two countries, impressed by your past efforts, have recently entrusted you through their governments with resources that make greater and more rapid advances possible.

#### 5. SHARING THE COSTS OF ILLNESS

As its support becomes more broadly based, public health is seen as an ever-widening concept -- for the recognition of which this Association has worked long and effectively -- of everything that affects mental and physical health. This was emphasized by the interest taken in recent years by the American Public Health Association in the provision of medical care. Having succeeded in providing improved health facilities and services, our next concern must be to ensure that what has been provided at the people's expense is made easily available to all the people.

We must also ensure that economic reasons do not prevent any of our fellow-citizens from having reasonable access to the health care they require. This, let me suggest, is today's challenge for all who work in the health professions and who are dedicated to clearing ill-health and disease from the highroads of human progress.

There is, therefore, greatly intensified interest in equitably sharing the costs of illness. In Canada, for example, the principle of health insurance has been endorsed by all leading professional and health associations and by all major political parties. Public opinion polls in 1944 and again this summer show that eight out of every ten Canadians favour some form of Government health insurance.

Two Canadian provinces now have compulsory hospital insurance systems. There is also a hospital and medical care insurance scheme in effect in a small section of the Canadian west. Voluntary hospital and medical care insurance programmes are also very widely supported in Canada.

It is now four years since the Canadian Government made its extensive proposals to the provinces to aid them with their plans for distributing the cost of illness across the whole population. Our National Health Programme, about which I have had something to say tonight, provides the basic pre-requisites of a nation-wide system of health insurance. The new services being developed, and the hospitals being built, are hastening the moment when in every province it will be possible to take further action toward hospital and medical care insurance -- for which the Federal Government will provide assistance under satisfactory agreements for Federal-Provincial co-operation.

In Canada, the primary constitutional responsibility for health policy resides in the provinces. It was with this in mind that the Prime Minister of Canada said a short time ago that "it is up to the people and the Government in each province to take the initiative in working out health insurance plans in line with their local conditions and their traditions".

## 6. WORLD HEALTH HORIZONS

Opportunity for good health is a fundamental human right. Government has no higher responsibility than to guard it. Because of our understanding of the problem and because of the action that we are taking to solve it, we need have no fear for the future of public health on this continent. But, this right should be the heritage of all peoples. Let us lift up our eyes beyond our frontiers to the health horizons of the world.

In united world effort the strong nations should lend of their strength and the fortunate share their good fortune. Nations like ours that have built sound systems of public health and that enjoy high health levels should extend aid -- and ideas -- to countries less advanced in their health plans or less capable of carrying them out. Certainly, no part of the United Nations programme holds more hope for humanity than what is done by such agencies as the World Health Organization -- through which much of the important purpose of President Truman's Fourth Point can be translated into effective action.

For everyone who works in the field of public health the half-century ahead is a time for great advances. Special effort, special vision will be called for. Let us face up to the magnitude and the complexity of our task. Least of all mankind's problems, can health be narrowly defined; everything that affects human welfare affects health; disease respects no distinction of class or of country.

By strengthening our defences against disease, by encouraging dynamic programmes for positive good health, by bringing all our people within the reach of good health care, we can continue to play our significant part in shaping on this continent an incomparable way of life.

In our democracies any neglect of the citizen's right to health opportunity dishonours the concept on which our countries were founded -- that we should organize our society for the good of all. Any failure to do our part to help other peoples to good health weakens world citizenship. Recent progress gives us confidence that within the limits of this century we can achieve a new measure of freedom from disease in our countries while helping to unite the world in search of good health.

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