

# STATEMENTS AND SPEECHES



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## CANADA'S HEALTH PROGRAMME

A statement by the Minister of National Health and Welfare, Mr. Paul Martin, before the Committee on Estimates, House of Commons, Ottawa, March 16, 1956.

In opening the discussion in this Committee on the Estimates of the Department of National Health and Welfare, I feel that it would be appropriate for me to give a preliminary outline of the extent of federal activities in the health care field generally as a preamble to what I have to report on the recent health insurance discussions with the provinces. The constructive and encouraging nature of these discussions is already generally known, since the Prime Minister, on January 26 last, gave to the House an account of the proposals advanced by the Federal Government for participation in provincial health insurance programs. It will be fitting for me this morning to discuss in somewhat greater detail than the Prime Minister was able to do on that occasion the nature of these proposals and their implications, financial and otherwise, future development of health services in this country.

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### PART I

#### 1. FEDERAL EXPENDITURES ON HEALTH

Although health is primarily a provincial and municipal responsibility in Canada, federal expenditures for health services will reach about \$107 million in 1955-56. This equals about 28 per cent of combined provincial and municipal expenditures for health services.

It is worth recalling that federal expenditures have almost doubled since 1948 when the National Health Program was introduced. During the same period, provincial and municipal expenditures -- if we include hospital insurance expenditures in British Columbia, Alberta, Saskatchewan and Newfoundland -- have trebled.

About 60 per cent of federal health expenditures are devoted to medical and hospital care for those groups for whom the Federal Government has assumed responsibility -- veterans, the armed forces, Indians, Eskimos, sick mariners and newly-arrived immigrants. These various groups number more than 500,000 persons.

While expenditures on behalf of veterans have stabilized in recent years, expenditures on behalf of Indians and Eskimos, for example, have risen from \$5.5 million in 1947-48 to over \$17 millions in the current fiscal year.

By spending these significant sums of money, the Federal Government has demonstrated its desire to give good health services to those groups for which it has assumed responsibility. At the same time, the Federal Government has encouraged the provinces, through the National Health Program, to develop and expand health services for their own residents.

## 2. GROUPS FOR WHOM THE FEDERAL GOVERNMENT PROVIDES SERVICE

The persons eligible for medical and hospital services through the auspices of the Department of National Health and Welfare are made up as follows. Medical and hospital care is provided to some 160,000 Indians and Eskimos. About 20,000 Canadian seamen and fishermen are insured under the Sick Mariners Program.

In addition to the services provided by the Department of National Health and Welfare, some 155,000 war pensioners are eligible, through the Department of Veterans Affairs, for care for service-connected disabilities. About 35,000 recipients of War Veterans allowances are provided with full medical and hospital care.

Necessary medical and hospital services are also provided, under special arrangements, for newly-arrived immigrants and, in conjunction with municipalities, to immigrants during their first year in Canada.

In addition, more than 500,000 other veterans may receive treatment free or on a repayment basis, depending on their income status.

In association with the Departments of Northern Affairs and National Resources, and Citizenship and Immigration, my Department has recently established a northern Health Service which will ultimately provide health care

services for residents of our northern areas. Finally, some mention should be made of the health services which the Federal Government provides to its own employees through the Civil Service Health Division of the Department of National Health and Welfare.

### 3. FEDERAL MEDICAL AND HOSPITAL CARE PROGRAMS

#### (a) Indian Health Services:

The Directorate of Indian Health Services maintains 18 hospitals, 36 nursing stations, and 61 other health centres throughout Canada, with a capacity of more than 2,000 beds. In addition, other hospital accommodation is obtained as necessary, and agreements are entered into with private practitioners for the provision of services in areas where departmental staff or facilities are not located.

The great success achieved in lowering Indian mortality through this program -- the death rate from tuberculosis, for example, has been reduced from 579.0 to 60.2 in the ten years before 1954 -- has been of material aid to provincial governments in raising health standards within their borders.

While treatment is made available to persons on reserves or who follow the Indian way of life, and to Eskimos, all who can afford to pay are expected to do so, and the band to which and Indian belongs is expected to assume as much responsibility as possible within its resources. Some groups are largely dependent, while others increase their degree of contribution each year as circumstances permit.

#### (b) Immigrants:

The Department of National Health and Welfare provides necessary health care to immigrants who become ill on arrival in Canada or are enroute to their destination in this country or are awaiting employment. In addition, under agreements between the Department of Labour and certain provinces, the Federal Government meets half the cost of medical and hospital care for indigent immigrants during their first year in Canada. Under these agreements, the municipality of residence is reimbursed in full for the cost of treatment.

(c) Sick Mariners:

The Federal Government, through the Department of National Health and Welfare, provides medical and hospital services on a prepaid basis to members of foreigngoing ships arriving in Canada, of coastal vessels in the interprovincial trade, under certain conditions of Federal Government vessels and, on an elective basis, of fishing vessels. Under this program, which has been in existence since Confederation, and is perhaps one of the oldest health insurance schemes in the world, treatment is provided for periods up to a year for all conditions except prolonged mental illness.

The program is financed through a tonnage tax on the ships concerned. Of the some 125,000 covered under the programs in a year, about 20,000 are Canadians. Total expenditures are now about \$700,000 in a year and approximately 15,000 persons are treated each year.

4. THE NATIONAL HEALTH PROGRAM

A federal health activity of interest and importance to all provinces is, of course, the National Health Program which, since its inauguration in 1948, has made grants available to assist the provinces in assessing their own health needs and strengthening and improving their facilities and services.

The following facts and figures will, I think, unfold a story of unprecedented progress in health. During the seven years covered by the program.

- more than 800 individual hospital construction projects have been undertaken;
- space for more than 65,000 beds all types has been made available under the Hospital Construction Grant;
- 9,100 health workers of various categories obtained professional training to enable them to give better service;
- 4,500 have been added to the ranks of Canada's public health workers by being employed under the grants by provinces, municipalities, hospitals and voluntary agencies;
- in addition to the greatly increased provincial, municipal and voluntary expenditures, more than \$154,000,000 have been spent through the federal grants program during the period covered by the program.

These combined efforts for improving health were instrumental in reducing general morbidity, in lowering the mortality from tuberculosis and generally in raising health standards and lengthening the span of life. In short, they have meant a healthier, happier, more productive nation.

Canada's striking success in its use of the Salk vaccine last year is another dramatic example of the National Health Program in operation. This program, like so many activities supported under the grants, has only been possible because of the co-operation of every person, both in government and private organizations, who is concerned with the development of sound public health practice in Canada. The federal grants have provided a stimulus which cannot be measured in economic terms. Their history is notable for the keen interest with which they were received and the co-operative way in which all agencies involved have worked together to provide the maximum benefits for the money spent.

The fact that we are able now to discuss health insurance problems with full knowledge of the basic facts is in no small measure due to the efforts of the provincial health survey teams who examined and assessed the health resources of the nation. Let me at this point mention also the additional important information gathered through our co-operative effort known to all of us as the Canadian Sickness Survey. These studies and investigations permit us now to look into the future with more clarity and put our plans on a more solid foundation.

The administrators of the grants program, both federal and provincial, have been alert to the many new developments and possibilities which progress in medicine and public health has placed at their disposal. The flexible structure of the program, with its yearly review of progress and trends, has enabled the provincial and federal governments together to make available with the least possible delay the benefits of this progress -- and to make it available to many thousands who might not otherwise have benefited from it.

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