



# STATEMENTS AND SPEECHES

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## HEALTH PROGRESS IN CANADA'S CENTURY

An address by the Minister of National Health and Welfare, Mr. Paul Martin, to a joint meeting of the Kiwanis Clubs of Ottawa, February 6, 1953.

The health of the nation is an important index of Canada's progress in this century. In global terms, I think it is no exaggeration to say that, during the lifetime of this audience, greater advances have been made in medical science than in all the previous centuries of mankind's history. Canada, as one of the world's healthiest nations, has been a leading beneficiary of this progress.

To appreciate the great forward sweep of medicine, we have only to think of such discoveries as insulin, the sulfa drugs, the antibiotics, the hormones, the local anaesthetics, the vitamin concentrates, and all the other powerful weapons that have been added to the armoury of health practice in this century. In the vast universe of medicine, many new worlds have been discovered in recent years. Who knows what secret ways of overcoming suffering and death lie just beyond the horizon of present medical knowledge?

For Canada, these unparalleled advances in medical science have won notable victories over suffering and ill-health. Many diseases like smallpox, once common in this country, now seldom claim a victim. Diphtheria, typhoid, and the communicable diseases of childhood, which formerly wrought such havoc, are no longer the uncontrollable scourges they once were. Other diseases, like tuberculosis and venereal disease, are daily giving ground under the weight of the determined attacks organized against them.

Let me give you a few brief statistics to indicate the extent of our progress in controlling our environment, in understanding and subjecting disease and in generally improving health:

- (1) Canada's death rate from all causes -- the best single index of a nation's health -- has been cut by more than 35 per cent during the past fifty years.
- (2) Reflecting this falling death rate, there has been a remarkable increase in life expectancy. Since the turn of the century, the average duration of human life has been extended by about 20 years.

- (3) Before 1900, more than one out of every seven babies died in infancy. Out of every thousand children born today, 124 survive who would have died within the first year of life fifty years ago.
- (4) Maternal mortality rates have shown an equally impressive decline. During 1951 only one mother in 1,000 died in childbirth.
- (5) Canada's death rate for tuberculosis -- once one of the highest in the world -- is now the third or fourth lowest. In 1900 our tuberculosis death rate was 200; for 1952 it is expected to be less than 20 per 100,000.

But health statistics alone cannot tell the whole story. In recent years, medical science has learned how to lessen the suffering from many diseases, to shorten the term of illness, to reduce the permanent effects of disability, and quickly to restore to health many who in other years would have been condemned to long and painful illness or to premature death.

Today health care in Canada is a complex co-operative effort involving professional health workers, voluntary health agencies and governments at the various levels. In looking back over the health progress of these years, we must acknowledge the great discoveries of research scientists whose patient efforts have uncovered many of the secrets of health and of disease. We must also pay tribute to the work of the doctors, dentists, and nurses and other health workers whose efforts have made the practical application of these new discoveries possible. Nor must we overlook the voluntary health agencies that have made such an incalculable contribution to human health and well-being in this country.

I should like, however, to call your attention particularly to the vastly increased concern for public health on the part of governments in Canada. The expansion of organized public health services can best be illustrated perhaps by the fact that, in 1900, there was no separate full-time health department of government anywhere in Canada. Today, every province has a full-time health department or a combined department of health and welfare organized into various specialized divisions.

At the local level, only a handful of Canada's largest cities had municipal health departments at the turn of the century. Even by 1925, outside of a few cities, there was only one experimental full-time local health unit. Today throughout Canada there are over 150 full-time local health units and 25 full-time city health departments under the direction of qualified Medical Officers of Health. These fully-organized local health services are now available to approximately 10 million Canadians.

The extent of public health activity in this country can be measured by the fact that our governments are now spending \$350,000,000 a year on the health of the nation. This means that the cost of health care is very substantially shared by all citizens through their support of public health programmes administered on the various levels of government.

When the extensive coverage provided by voluntary plans is considered -- and this fact is not generally realized -- almost half the cost of health care in Canada is spread across the whole population. In other words, Canadians are doing a good deal towards insuring themselves in a collective way against the cost of illness and of providing for health care.

The increasing magnitude of government expenditures has been matched by a significant widening in the scope of public health services. At the turn of the century, public health was limited mainly to environmental sanitation, communicable disease control and vital statistics. Today, these fields of action are still important concerns of public health authorities but comprehensive programmes have also been developed in many entirely new areas such as child and maternal health, public health nursing, nutrition, industrial health, the control of tuberculosis, mental health, social diseases, cancer control, dental health and others.

Under our constitution, public health is primarily a provincial and local responsibility. In recent years, however, the increasing weight of health expenditures has led the Federal Government to provide substantial financial assistance to provincial and local health services. The object of these federal expenditures has not been to usurp any initiative or prerogative that properly belongs to the provinces. The aim is to "stimulate" but never to "control" provincial and local health activities.

Public health in Canada is a dynamic developing movement. By the constant re-direction of our health efforts, public health authorities in this country have attempted always to keep abreast of the real needs of our people in a changing society. Let me illustrate this by reference to two important current trends.

(a) Our Aging Population:

In recent years there has been a very marked shift in our pattern of mortality. At the turn of the century more than one-third of all deaths could be attributed to infectious diseases; today, less than ten per cent result from this cause. In 1900, less than one out of every fifteen deaths was due to the heart and circulatory system. At the present time, heart disease alone accounts for nearly one-third of all deaths reported. As the field of acute disease comes more completely under the control of medicine, the long-term health problems become increasingly the concern not only of the practising physician but of public health authorities as well.

The increase in life expectancy over the past fifty years has altered the whole age structure of our population. Let me remind you that a child born two thousand years ago at the height of the Roman Empire had a life expectancy of only 23 years. By 1850, the expectation of life at birth in the United States was only about 40 years. In other words, after nearly 2,000 years, the increase in the average human life span, as exemplified in a young and vigorous nation, was only 17 years. On the other hand, in the last half century, life expectancy in countries like ours, has increased by about twenty years. To put it another way -- the chances of living to a ripe old age have improved nearly as much since 1900 as in all the preceding 19 centuries.

This aging of our population has led to a complete re-orientation of our public health thinking. A whole new field of medical science known as "geriatrics" has been developed to deal exclusively with the health problems of the aged. And here, I might just add that health is only one aspect of the problem of an aging population. We must also give thought to all the questions of housing, employment, the productive use of leisure time and, of course, the provision of adequate financial security.

(b) Increased Emphasis on Prevention:

A second significant trend in present public health thinking is the increased emphasis now being placed on prevention. More and more, medicine and public health are concerned with protecting rather than restoring health. All across the country greater attention is being given to the health care of our children. Immunization is becoming more widespread. Preventive dentistry, school health services, child guidance clinics and all the other preventive services aimed at the early discovery of disabilities in the growing child are receiving increased professional and public support.

Gradually public health authorities and private practitioners alike are coming to recognize that it is impossible to divorce care of illness on the one hand from prevention of disease and the promotion of health on the other.

I have spoken with some enthusiasm of Canada's health progress in this century. I hope no one will interpret this as complacency. We must not be content with present progress but forever eager to push ahead towards new horizons. In the words of the late Dr. Joseph W. Mountin, one of North America's most distinguished public health authorities:

"There are many areas of unfinished business in public health -- and even more important, many which are not yet started."

In the years ahead public health officials and professional and voluntary health workers alike, must rededicate themselves to the task of cleaning up this unfinished business and of tackling problems too long neglected. There are still many challenges to be met and overcome. We have yet to prove the effectiveness of new drugs, new therapies and new techniques. We have yet to find an effective cure for those great cripplers, arthritis and rheumatism. We have yet to unlock the secrets of cancer's wild and disordered growth. We have yet to take the final steps in solving the problem of sharing the costs of illness.

Today, we stand impatient on the threshold of many promising opportunities to enlarge the enjoyment of life, to restrict disease and to reinforce health -- not only here in Canada but in less fortunate lands that because of hunger, poverty and disease, lag generations and centuries behind the common forward march of humanity.

All progress is threatened today by the ever-present possibility of world conflict. We are forced to invest time, talent, and productive energy in building up our defences to safeguard national security. Through patient international

negotiation at the United Nations, we are working in good faith to provide a better world in which men and nations can walk together in friendliness and self-respect. But I say to you today that nothing serves more to strengthen the fabric of our national life and to give heart to our own people and faith to those in other lands than humanitarian efforts to further the cause of human health and well-being, not for ourselves alone but for all mankind.

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