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STATEMENTS AND SPEECHES

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NEW DEAL FOR HEALTH IN CANADA

An address by the Honourable Paul Martin, Minister of National Health and Welfare, to the Annual Meeting of the Canadian Public Health Association, Vancouver, May 18, 1948

1. THE NATIONAL HEALTH PROGRAMME

A new era has opened for public health in Canada.

Greatly accelerated progress in our fight against disease has now been made possible by the National Health Programme announced a few days ago by the Prime Minister. The Federal Government is going to take immediate action to put into effect this far-reaching plan for national health.

For some weeks I had been thinking about what I would say to the Canadian Public Health Association during this annual meeting at Vancouver. I had decided to speak to you about the future perspectives of public health in this country and to survey that final stage of public health progress in which our target would be a high level of health for all Canadians. But the rapid march of events last week has thrown my remarks into the discard. For the remote objectives about which I was to speak have now become proximate and possible.

Because of the vastly increased expenditures now possible for public health services, we stand on the threshold of a further and finer stage of our public health development.

In the history of public health in Canada, last Friday, May 14, marked a memorable occasion. For it was on that day that the Prime Minister of Canada announced the three-point programme to marshal the financial resources of this nation in support of the health campaigns so vigorously being carried on by each of the Canadian Provinces.

To you who have chosen the honoured profession of public health this programme is of vital importance. But it is important, too, for every citizen of this land because its long-range objective is no less than more healthful living for all Canadians. From this time forward, no picture of the Canadian way of life will be complete without reference to this Federal action to strengthen the already extensive and effective health services that have been developed in all our Provinces and that have given this country, in the councils of the nations, an honoured place as one of those most advanced in health services for its people.

The National Health Programme includes the following grants to the Provinces :

1. The Health Survey Grants

These grants, totalling $625,000, will make it possible for each Province to establish the planning machinery that will be necessary before it can adequately survey its existing health needs, lay its plans for the expenditure of the National Health Grants, study the extension of its hospital accommodation, and prepare the proper organization of hospital and medical care insurance.

2. The National Health Grants

These eight grants broadly cover the entire field of public health. In the first year, they will total as much as $17,000,000, but they will later rise to approximately $22,000,000, and continue indefinitely at that rate.

3. Grants for Hospital Construction

These Federal grants of $13,000,000 a year will act as a powerful incentive to hospital building. At the end of five years, the provincial needs will again be surveyed, and it is expected that the grants will continue for a further period of five years, probably at the rate of $6,500,000 a year.

In my years as a Member of Parliament and a Member of the Government, no event has given me as much encouragement as the fact that the National Health Programme is coming into effect in my period of service as Minister of National Health and Welfare. My colleagues in the Government and myself are proud indeed to be associated with the Prime Minister in the approval and the implementation of this programme that has inherent in it such tremendous possibilities for the health and well-being of all our fellow citizens.

Here I should like to pay tribute to all who have pioneered in the advocacy of these measures ; to my predecessors in Federal health work; to the health authorities of the Provincial Governments, who have always cooperated so closely with us; to national health organizations who have pressed for these plans; and to the members of all parties in Parliament who, in House and Senate Committees, have given such close attention to Canada's health problems.

I know that many of you in this audience have also played your full part in forwarding these programmes and all of you have helped create in Canada that informed public opinion which has become conscious of our health deficiencies and insistent on their correction.

The culmination of all the close studies of the Canadian health scene initiated by the Dominion Government was the National Health Programme that was included in the Dominion Proposals to the Provinces in August 1945. The present action of the Government covers and goes beyond all of the four-point programme previously set forward, except for the National Health Insurance scheme, for which all that is being done constitutes the essential first stages in the development of a comprehensive national plan. When the present programme is well under way, it will then be possible to proceed with the implementation of a national plan for hospital and medical care insurance.

It is clear, then, that the plan announced by the Prime Minister has a double purpose : (1) It represents an immediate attack direct at strategic points in the Canadian Health Programme; (2) It prepares the way for Health Insurance by putting into effect those steps that are the essential prerequisites to any adequate national plan.

Money is no measure of the effectiveness of health services, but some indication of the magnitude of the National Health Programme can be gathered from the fact that in its early stages - apart from health services for veterans - it will increase the total spent on health by all governments in Canada by 30%. It represents almost half of what the Provinces are now spending, and almost twice municipal health expenditures.

In its first full year of operation, this programme will total more than $30,000,000, more than four times what the Federal Government

is now spending on health services - apart from those for Canada's veterans.

Under the Canadian Constitution, health is primarily a provincial responsibility. The new programme takes full account of this. Co-operative arrangements will be worked out to determine the mutually acceptable conditions to govern all grants, but the administration of the monies expended will remain entirely under the jurisdiction of the various Provinces. The Provinces have built modern and efficient health services for their peoples. But the National Health Grants that they will now receive will permit them to extend their programmes and to do the sort of job that I am sure all of you who work in the public health field have long wanted to get ahead with.

2. HEALTH SURVEY GRANTS

For any worthwhile health programme, the facts must first be found. All health action should be based on accurate knowledge of the exact extent of health need, and all health programmes must keep in step with our developing information. Of necessity, for lack of a positive picture of Canada's health state, our past thinking has been largely in terms of negatives. We have often estimated our successes by the number of our failures. But statistics relating to deaths and contagious illnesses have been inadequate indications of the extent of disease. In many health fields, long-range planning has not been possible because of inadequacy of existing information.

The Health Survey Grants of the Dominion Government will change all this. Each Province will now be enabled to finance the carrying out of adequate studies of all its provincial health needs. Its first concern, presumably, will be to chart the provincial areas of health need so that the National Health Grant can be most effectively used. At the same time, large-scale surveys can be made of the relative shortages of hospital accommodation. Finally, each Province can now create facilities to plan the proper organization of its own provincial hospital and medical care insurance programme.

3. THE NATIONAL HEALTH GRANTS

The National Health Grants are given under eight headings, constituting a splendid eight-point programme for health progress. Today, however, I should like to sketch only the highlights of these grants, and indicate a few of the many possible lines of advance that they will now open up for all who work in public health. These eight grants are as follows :

a) General Public Health Grant : $4,404,000 to $6,500,000

A grant of 35 cents per capita, or $4,404,000 for all Canadians will be made to the Provinces to strengthen their general public health services, where, in their opinion, the need is greatest. These grants will increase by 5 cents a year to 50 cents per capita, when they will total approximately $6,500,000.

With these additional funds available, the Provinces will be able to force further downward their declining child and maternal mortality rates; they will be able to take preventive action against blindness; they will be able to keep well under control diseases such as smallpox, diphtheria and typhoid; to open a vigorous drive against the great cripplers, polio, arthritis and rheumatism; and to extend and consolidate all their other public health advances.

b) Tuberculosis Control Grant : $3,000,000 to $4,000,000

At long last, this Federal programme now makes possible the final and decisive campaign for the absolute defeat of the scourge of tuberculosis. For this purpose, the Dominion Government will make an annual grant of $3,000,000, which will rise over a period of years to $4,000,000 each year.

This grant will assist the Provinces to accelerate and intensify their efforts to eradicate this disease and will give tremendous support to the efforts of all those who for so long have led in this long fight to free Canadians from its domination.

c) Mental Health Care Grant : $4,000,000 to $7,000,000

In the confusion and stress of life today, no health problem is more urgent or disturbing than the spread of mental illness. One-third to one-half of all hospital beds in Canada are today occupied by patients suffering from mental illness. Research, hard work and clear thinking on the part of your profession will be needed to chart a course through the mental hazards that beset our civilization. But a new day is dawning in the fight against mental ill-health. These Federal grants, starting at $4,000,000 a year and rising over a period of years to a maximum of $7,000,000 will enable the public health worker to move his compaign beyond the narrow confines of the mental hospital and plan preventive action in the community itself.

d) Venereal Disease Control Grant: $500,000

To assist the Provinces in the control of venereal disease, Federal grants of $225,000 a year are now being made. To intensify present efforts to control this scourge, the Federal grant will now be raised to $500,000 a year.

e) Crippled Children's Grant : $500,000

While considerable progress has been made in recent years to bring childhood diseases under control, adequate programmes do not yet exist for the prevention, control and treatment of crippling conditions in children. For these objectives, a grant of $500,000 a year will now be made available.

f) Professional Training Grant : $500,000

In Canada there has long been an urgent shortage of professional personnel in the public health and related fields. Trained personnel have also been badly needed for our constantly expanding hospital services, and will be increasingly in demand to staff the new activities made possible by the National Health Programme. To make these specialists increasingly available, federal grants of $500,000 a year, twice the amount originally proposed, will now be provided for their training.

g) Public Health Research Grant : $100,000 to $500,000

A mark of enterprise in any public health department is its continuing interest in research. To encourage research in public health, the Dominion Government will give an annual grant of $100,000, which will increase for five years until it totals $500,000 annually. This grant will supplement those for medical research already being made by the National Research Council. Public health research is an excellent investment in the good health of tomorrow. The great advances in this century made possible by insulin, diphtheria toxoid, the sulfa drugs, and the anti-biotics, are all significant symbols of the end-effects of patient research effort.

h) Control of Cancer Grant : $3,500,000

Cancer is the second most dangerous killer in Canada. Now, for the first time, a really intensive nation-wide campaign becomes possible for the conquest of this dread disease. An entirely new grant of $3,500,000 will now be made to assist in the development of all-out provincial programmes. It is designed to make possible the mobilization of the special skills required to give the cancer victim his best hope of recovery, through early diagnosis and expert treatment. This is complementary to, and in no way supplants, the intensive research programmes necessary to find the cause of this dreadful malady.

4. GRANTS FOR HOSPITAL CONSTRUCTION

One of the most pressing health problems that faces Canada today is the urgent shortage of hospital accommodation. In the 1945 Proposals, low-cost loans were put forward to encourage hospital construction. But this problem is now considered so important that more drastic direct action has been planned. To get the results desired, the Dominion Government will now make matching grants to the Provinces, totalling up to $15,000,000 a year, for a period of at least five years, at which time the needs of the succeeding five year period will be examined and the grants adjusted accordingly.

For the allocation of this and of all the National Health Grants, formulas will be worked out in consultation with the Provinces, but it is expected that the effect of these hospital grants will be to help provide hospital accommodation of more than 40,000 beds.

The information about each provincial health plan that will be collected under the Health Survey Grants will provide a clear picture of provincial hospital needs. By carefully planning the type and location of new hospitals in relation to regional requirements, it will be possible to correct the present maldistribution of hospitals and of medical services - especially as between rural and urban areas. At the present time, the greatest shortages are of hospitals for mental care and chronic and convalescent cases. There are also urgent shortages of hospitals for tuberculosis care and active treatment.

5. HEALTH INSURANCE

The great three-point National Health Programme of the Federal Government that I have outlined does not indicate the immediate beginning of a national hospital and medical care insurance plan, but it does clear the way for that great eventuality. Since 1945, the Department of National Health and Welfare, in its special Division of Health Insurance Studies and its Research Division, has had its own officers and outside specialists working on foundation plans for the formulation of health insurance legislation.

There must be vastly increased hospital accommodation, the entire public health structure must be strengthened and extended, and there must be greatly increased numbers of public health personnel. But everyone who is interested in the advancement of the health levels of our citizens and in clearing the way for a National Health Insurance Plan can now be encouraged by the large-scale and bold health programme that the Federal Government is putting into effect. The eventual implementation of Health Insurance will depend to a great extent on our success in wisely and effectively expending the very considerable Federal monies that now become available.

6. PUBLIC HEALTH ACHIEVEMENTS IN CANADA

In outlining to you the great ramifications of the National Health Programme, and in speaking of all the possibilities that now unfold before us for accelerated advances in the entire field of public health in Canada, I would not wish to obscure in any degree the tremendous achievements that your efforts, the efforts of your predecessors and of all your associates have made possible. The history of the public health profession in Canada is a short but honourable one. In surveying the public health field from the vantage point of this Convention, we cannot help but be struck by the splendid accomplishments of the profession that you represent in all the municipal, provincial and federal health fields and as members of Canada's great national voluntary health agencies.

There are many encouraging entries on the credit side of Canada's ledger of living : the health of the average citizen has notably improved in the past fifty years, and the general death rate has been reduced by over one-third. The onward march of medical science in this country has added nearly an entire generation to the life-expectancy of Canadians.

Because of the close collaboration on all levels of government and because of this parallel development of all health services in Canada, there have been many successes. In many fields of health activity, Canada's prestige is world-wide. Much of this progress is proof of the successful work of your profession, for, as a United States authority, Dr. Lewis Dublin, recently said, Canada, even more than his own country, has developed a full-time professional health service in almost every part of the nation.

7. THE INTER-RELATION OF HEALTH AND WELFARE

Canada is among those countries where public health is shifting its emphasis and broadening its outlook to embrace all that affects human life. We now understand that social well-being is an essential and basic consideration of healthful living. It was in recognition of this new concept that the Dominion Government grouped Federal Health and Welfare divisions under a single department.

The composition of the Federal Department of National Health and Welfare is a practical expression of our belief that health and welfare are indivisible. This juxtaposition, however, must not be taken to indicate that, in the public health field, there can be any lessening of the weight of responsibility that must continue to fall on the medical profession.

The almost direct correlation between low income, and malnutrition and ill-health makes a study of the level of national welfare basic to any review of the public health situation.

A closely interwoven network of social welfare measures has slowly been developing across Canada. In the Provinces, there are such basic welfare measures as allowances for mothers, compensation for injured workmen, pensions for the aged and blind, and provisions for child welfare. Municipalities have their own welfare responsibilities - particularly for relief and associated services for the unemployed and for the provision of recreational facilities.

On the Federal level, there are allowances for families, pensions for the aged and the blind, insurance payments for the unemployed, financial support for housing, and a number of measures to assist farmer and veteran and fisherman. All of those are having their important effect on Canadian health.

8. WIDER HORIZONS FOR PUBLIC HEALTH

Proof of the progress of public health thinking in Canada is that the fight against ill-health has spread to campaigns against all the conditions that cause it. In those wider applications of public health, full weight is now being given to environmental hygiene. Nutrition, housing, sanitation, recreation, economic and working conditions - all are now part of our ever-widening field of public health interest.

There are three progressive stages in the history of public health work in Canada :

1. Sporadic Action against Epidemics - In its earliest years, public health work was almost always limited to emergency action to control disease, with a certain concern for sanitation and quarantine measures.

2. The Preventive Stage - in which public health work broadened its campaigns to include all the environmental aspects of the fight against ill-health - sanitation, pasteurization and immunization directed against specific diseases.

3. The Ultimate Goal of Universal Good Health - that positive concept of total health that is defined in 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".

For generations the public health profession in Canada has been fighting what in many respects was a rear-guard action against disease. It has had great successes, but it is now finally provided with the extra resources necessary for it to take the offensive.

Our programme for the future must be a dynamic one. It must change to fit the needs of the time. Our aim is to raise the level of health in Canada to the highest in the world. No less objective is worthy of our efforts.

Yours is a profession in which the results are tangible and self-rewarding, for they are measured in terms of human life and human happiness. The public health profession is one to which you must come with high ideals and sturdy determination. Today, as so often throughout the course of human history, the forces of destruction must be counterpoised by the higher human instincts to build and to progress. Over all our future plans there hangs a cloud of apprehension. We cannot altogether quarantine our economy against world economic disaster and the widespread malnutrition and disease that would follow in its wake. Another disaster - atomic war - could make a mockery of civilization, and sweep away the health advances of a century by employing the most brilliant discoveries of science to destroy all that science has created.

We can only trust that - despite the threats of chaos and disaster - men of good-will can continue their work for humanity. In this unstable world, in which so many elements and instincts are for destruction, the determined service and the enlightened sacrifice of the public health worker is a great stabilizing influence. In the quest for universal health of mind and of body, through all difficulties and all disasters, the members of your profession steadily carry civilization's shining light.

In the wider comprehension of health as one of the fundamental rights of every human being, there can be no greater goal for national cooperative effort and the expenditure of the nation's financial resources,

than to build the health of its citizens.

The Government of Canada holds a democratic mandate and - in investing so heavily in the good health of its citizens - it is responding in democratic fashion to the people's will. The extra incentive and support that the National Health Programme gives to those now working in the field of public health should go far to raise the level of living of all our fellow Canadians and provide for the peoples of the world an example and an inspiration.

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