Exhibit P-119

DOMINION OF CANADA

ANNUAL REPORT

OF THE

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

FOR THE

FISCAL YEAR ENDED

MARCH 31, 1951

OTTAWA
Edmond Cloutier, C.M.G., O.A., D.S.P.
Printer to the King's Most Excellent Majesty
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attention, and study of the various Canadian voluntary prepaid hospital and medical care plans has assumed an increasingly important role, because of the number of plans which have now been long enough in operation to provide important data on utilization and costs.

Excedingly valuable material will be made available through the health and sickness surveys now being carried on by the provinces, which will give very much more complete data than any hitherto available on existing health services, and the prevalence of illness and disability.

V
MEDICAL AND HOSPITAL SERVICES

Indian Health Services

During the year some 1,200 full time and many other part time health workers were employed in caring for the health of Canada's Indian and Eskimo population, from Old Crow in the Yukon to Sydney on Cape Breton Island. While the provision of health services to Indians and Eskimos is not a statutory obligation, a well-developed program, under which medical, hospital and dental care and general health services are provided, is administered by the Directorate of Indian Health Service, in an effort to improve the health of the native peoples.

In recent years the expansion of Indian and Eskimo health facilities and services provided by the Department has been greatly accelerated; expenditures rose from $2,299,763 in 1945-46 to $9,900,955 in 1949-50 and to $10,285,668 in 1950-51. Services are provided directly through the operation of a network of hospitals, nursing stations and other health centres, through the employment of full time medical officers, dental surgeons, and graduate nurses, and by special arrangement with private practitioners, private and community hospitals, provincial health services and lay persons who serve as dispensers of drugs and other medical supplies.

There is hardly any considerable area in Canada where Indians or Eskimos are not located; isolation and dispersal dominate the problem of providing health care, especially in the far north. More than half of all Indians are located beyond areas served by roads and railways, and all Eskimos live in the extreme northern areas. The northern Indians and Eskimos are nomadic or semi-nomadic people engaged in trapping, hunting and fishing.

Hospital and Health Facilities and Services. During 1950-51 Indian Health Services operated 18 hospitals with a patient capacity of 2,128 beds, 29 nursing stations with a total bed capacity of 159 beds and 49 other health centres. Size of hospital varied from the 456 bed Charles Camsell Indian Hospital at Edmonton to small units such as the 16 bed Fort Alexander Hospital at Pine Falls, Manitoba; many were formerly operated by the Department of National Defence, others were constructed in recent years by Indian Health Services. A notable event of the year was the opening of the new 200 bed Moose Factory Indian Hospital at the southern tip of James Bay, where the first patient was received on September 9, 1950. New construction under way during the year included the 18 bed Hobbema Indian Hospital in Alberta and an addition of 50 patient beds to the Fort Qu'Appelle Hospital in Saskatchewan. New Health centres were opened at Cape Dorset on Baffin Island and at Pointe

Bleue and Restigouche in Quebec and construction was commenced on seven others.

The services of 362 community and private hospitals were utilized for the treatment of Indians and Eskimos. Hospitals were paid per diem rates, except in British Columbia where Indian Health Services paid for the coverage of Indians under the provincial Hospital Insurance Service. In Manitoba, the Sanatorium Board operated three sanatoria on behalf of Indian Health Services.

Hospital Utilization. Departmental hospitals admitted 7,037 patients, an increase of about 1,000 over the previous year, and patient days totalled 629,026, an increase of about 100,000. Discharges totalled 6,916, of which 5,627 were general and 1,289 were tuberculosis cases. The average length of stay for general cases was 14.8 days. Tuberculosis cases accounted for 22.2 per cent of admissions, 18.8 per cent of discharges, and 86.8 per cent of patient days in departmental hospitals. At the end of 1950, 75 per cent of all Indian Health Service Hospital beds were occupied by tuberculous patients. About 60 per cent of all hospitalized tuberculous cases were hospitalized in departmental institutions and another 10 per cent in mission hospitals in the Northwest Territories, where they were attended by Indian Health Service medical officers.

Admissions to non-departmental hospitals totalled 16,038 during 1950, and patient days numbered 688,173. About six per cent of the new admissions reported were for tuberculosis. Nearly 43 per cent of the total patient days in non-departmental hospitals were for tuberculosis. Thirteen per cent of total days were accounted for by patients in mental hospitals.

Admissions to departmental and non-departmental institutions totalled 23,075 not including new admissions covered by the British Columbia Hospital Insurance Service; 2,539 or 11 per cent were tuberculosis. The admission rate was 159 per 1,000 population or 142 admissions per 1,000 not including admissions to mental hospitals and tuberculosis sanatoria; there was nearly one admission to hospital for every six Indians and Eskimos living in the country.

The overall total volume of hospitalization was 1,317,374 patient days. Close to two-thirds of this total or 842,125 days was for hospitalization of tuberculosis patients. Nearly 90,000 days were for mental illness, and more than one-quarter was for other general conditions. The volume of hospitalization for tuberculosis represented 5.8 days per capita in the native population and for general conditions excluding tuberculosis and mental illness 2.64 days per capita.

Medical Care. In addition to physicians' services in departmental hospitals provided by 35 full-time doctors, treatment services were made available by 28 full-time departmental field medical officers as well as by senior medical students who were employed during the summer months to work under the supervision of departmental officers. The great proportion of medical care was supplied, however, by private practitioners, in areas where there was not a sufficient concentration of population to justify the employment of a full-time medical officer. Private practitioners were either appointed to a part-time position or remunerated on a fee-for-service basis. Professional services were supplied by 58 part-time physicians and 1,224 doctors on a fee-for-service basis.

Supplies of medicine are furnished as required to Indian Bands and Eskimo centres for the use of part-time field matrons and lay persons such as missionaries, traders, police and other officials who serve as

dispensers, many of whom provide care for the ill and do welfare work without payment.

Field Nursing Service. Field nursing, the front line in the struggle to protect the Indian and Eskimo against disease, was carried on by some 90 graduate nurses stationed at the smaller departmental hospitals, nursing stations and health centres, as well as by 40 part-time graduate nurses and practical nurses serving as field matrons. Arrangements were also made with provincial Public Health Nursing Services, the Red Cross, and the Victorian Order to extend their services to Indian Reserves.

Primarily, Indian Health Services nurses participate in case finding and public health work, visit schools and conduct clinics in pre-natal, infant and maternal care, first aid, and home nursing. At times, however, they must provide treatment when physician's services are not immediately available in isolated areas; usually this is done under the direction, by radio, of a medical officer. The dog-drawn sleigh and komatik, freight canoe and freight caboose, saddle and carry-all are frequently the only means of transportation available to the Department's nurses in northern districts.

Dental Services. Dental care was provided by 8 full-time dental surgeons, an increase of 3 from the previous year and, in addition, by about 124 dentists in private practice, on a fee-for-service basis. Reserves and schools were visited to provide dental attention and in some areas, particularly in Manitoba preventive fluorine treatment was applied to the teeth of younger children.

Tuberculosis Services. Indian Health Services have pioneered in the development of immunization techniques. In 1950, 5,605 native children were inoculated with Bacillus-Calmette-Guerin vaccine; a number of community hospitals in Quebec, Ontario, and New Brunswick vaccinated Indian babies regularly.

The tuberculosis case finding program of Indian Health Services has been progressively intensified during recent years. While the scattered population presents peculiar problems, advantage has been taken of special assemblies when the nomadic people come together at Christmas and Easter, the termination of the hunting season, and treaty payment time. During the year almost all Indian Residential Schools, most Indian reservations, and a number of Eskimo centres were covered by x-ray surveys. About 60,000 Indians and Eskimos were examined, and thousands of chest plates of metis and whites were taken. In addition to these surveys, a proportion of community hospitals where Indians are treated filmed all new admissions and information collected by provincial health organizations contributed to case-finding programs. In Manitoba an Indian Tuberculosis Registry was set up at the Central Tuberculosis Registry operated by the Santorium Board.

Departmental facilities for treatment continued to be expanded; at the end of 1950 out of 2,584 cases under treatment, 1,512 or 60 per cent were hospitalized in departmental institutions. Sanatorium treament in Indian Health Service hospitals regularly includes pneumothorax and pneumoperitoneum procedures and the use of streptomycin and streptomycin with para-amino salicylic acid. Some 22,000 grams of streptomycin were used during the year along with 150,000 grams of PAS. Where useful results could be achieved, major chest surgery was undertaken. At Charles Camsell Hospital alone major chest operations totalled 266 as compared to 175 in 1949-50. Occupational therapy was provided and handicraft departments were operated in several hospitals.

Increasing attention is being directed to pre-admission supervision and post-sanatorium follow-up and rehabilitation. Special assistance was given in the form of supplementary diets for Indians convalescing from tuberculosis and to their families, through funds administered by the Indian Affairs Branch of the Department of Citizenship and Immigration; supplementary diets are provided to reduce incidence of relapse, to speed recovery of the breadwinner, and to educate Indians in the benefits to be derived from proper diet. Follow-up and rehabilitation work are difficult problems because of the scattered population and because the Indians are almost all engaged in manual occupations, whereas tuberculosis patients must generally be rehabilitated to non-manual work. Follow-up work was supervised by the nursing service, and use was made of local rehabilitation facilities.

Other Communicable Disease. In addition to the extension of BCG vaccination, established inoculations against diphtheria and whooping cough, typhoid-like diseases, and smallpox were given to every child who could be reached by the Service. Protection against the less common communicable diseases was not given routinely, but where there was obvious threat of spread.

Epidemics during the year were few and well controlled. Influenza was epidemic during the winter as in the general population, a few deaths being reported. There were measles epidemics at various places in Manitoba and five deaths occurred out of 505 cases. In August, 1950, an outbreak of severe common cold followed the visit of the supply ship to Fort Chimo, Quebec, three deaths occurring out of some 300 cases. Less venereal disease was reported. The Manitoba Regional Superintendency collected data on the exposure of Indians in Northern Manitoba to tularemia, a disease transmitted from wild animals.

Health Education. Health education work was undertaken by all members of the field staff of Indian Health Services. Aids frequently used were films, film strips, picture displays, posters, and reading material. Every effort was made to improve health standards by demonstration, example and gentle pressure, with special opportunities being taken through pre-natal and well-baby clinics, during tuberculosis surveys and follow-up visits. Material prepared by the Information Services Division was used extensively.

Professional Education. Several conventions and meetings were attended by departmental medical officers — especially the annual meeting of the Canadian Tuberculosis Association — and papers were read by departmental officers. A number of nurses were enabled to take special courses in public health and tuberculosis nursing, and staff officers at Indian hospitals gave courses of instruction to nurses, nurses aides, and orderlies.

Co-ordination of Facilities. Close co-operation existed between the officers of Indian Health Services, the Indian Affairs Branch of the Department of Citizenship and Immigration which is responsible for the welfare of Indians and of the Northern Administration and Lands Branch of the Department of Resources and Development which administers Eskimo affairs. Departmental administrative officers regularly function as local public health officials and Indian Health Services provided a family physician service.

As in the past, Indian Health Services acted as advisor on health matters to the Northern Administration and Lands Branch of the Department of Resources and Development with respect to the Northwest

Teritories. Each year Indian Health Services provides medical care to remote northern areas through a medical officer on board the C.G.S. C. D. Howe, during its Eastern Arctic Patrol. On the 1950 patrol, the medical officer was accompanied by a dentist, an x-ray technician and a medical attendant. More than 1,000 Eskimos were x-rayed, and hundreds received medical atention and dental treatment.

Treatment services were exchanged with the Department of Veterans Affairs and the Department of National Defence whenever such arrangements were advantageous. The transport facilities and signal services of the Department of Transport and the Department of National Defence were used extensively—particularly for purposes of emergency medical care in the north. The services of private air operators and commercial licensees were also extended generously when required for medical missions. Provincial health departments assisted in case finding and preventive public health work. As ever the main burden of active treatment was carried by local practitioners and community hospitals whose untiring efforts contributed greatly to the success of the common endeavour on behalf of the Indian and Eskimo.

Sick Mariners Service

Through the Sick Mariners Service the Department provides medical care and hospitalization for crew members of all foreign-going ships arriving in Canada, for crews of coastal vessels in the interprovincial trade and, on an elective basis, for crew members of fishing and government vessels. Treatment authorized under authority of Part V of The Shipping Act has been provided in various forms since 1867 and is available, for all conditions except prolonged mental illness, up to a maximum period of one year.

Sick Mariners' Dues are levied by the Collector of Customs on every ship arriving in any port in the provinces of Nova Scotia, Prince Edward Island, New Brunswick, Newfoundland, Quebec, British Columbia, and in ports bordering on Hudson Bay and James Bay in Manitoba and Ontario. During the year under review, the amount of Sick Mariners' dues collected was $236,056, with the cost of treatment extended being $442,810.

Conditions under which treatment is obtained are kept as simple as possible. The sick seaman applies to the captain of his vessel, who sends him to the collector of customs with a written statement, on concise forms provided for this purpose, setting forth length of employment on the vessel and details regarding Sick Mariners' dues paid. The patient is then referred to the port physician or hospital designated for the treatment of sick mariners. Emergency cases are taken directly by ambulance from the ship to the hospital.

Of a total crew membership of 93,188 on vessels arriving at Canadian ports during the year, the Sick Mariners Service provided treatment for 22,874; 24,823 were treated the previous year.

At Vancouver, Quebec, Saint John and Halifax sick mariners clinics were operated at locations convenient to waterfront facilities. Patient visits during the year numbered 10,863, a decrease of 801 as compared to 11,664 in the previous year. In the smaller ports and hamlets, sick mariners, the bulk of whom are fishermen from very small vessels, were treated by port physicians working on a fee for service basis. The number of treatments given was 20,123, a decrease of six per cent from the 21,464 treated the previous year. At ports intermediate in size, such as