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NORTHWEST TERRITORIES

SESSIONAL PAPER NO. 5
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REPORT ON HEALTH CONDITIONS
IN THE
NORTHWEST TERRITORIES
1964

DISPOSITION

Accepted as read.....

Amended..... See Text.

Rejected..... See Text.

Deferred..... See Text.

Not considered.

REPORT ON HEALTH CONDITIONS IN THE NORTHWEST TERRITORIES, 1964

SUMMARY

1. The population of the Territories is increasing at the rate of over 4% per year by natural increase alone -- this means that the population will double itself in 18 years. The estimated population for 1964 was 24,943 -- 5,885 Indians (24%); 8,928 Eskimos (35.8%); and 10,130 (40.2%) Others.
2. The crude overall birth rate of 49.2 was practically double the average National rate. 64% of all births took place in hospitals or nursing stations and a doctor or nurse was in attendance at 76% of the births. 13.3% of all live births were illegitimate.
3. The crude death rate of 8.6 per 1,000 population was the lowest ever recorded as also were the neonatal and infant mortality rates of 27 and 68.4 respectively per 1,000 livebirths. The average ages of decedents were:-

	<u>Indians</u>	<u>Eskimos</u>	<u>Others</u>	<u>Total Population</u>
All Decedents	29.9 yrs	19.3 yrs	34.3 yrs	24.5 yrs
Decedents over 1 year of age	52.5 yrs	32.2 yrs	50.8 yrs	40.1 yrs

The Eskimo death rate in the 1-4 year age group is 13 times the National average.

4. The chief causes of death were:-
 - Accidents, Injuries and Violence 24% of all deaths
 - Pneumonia 20% of all deaths
 - Diseases of Infancy 14% of all deaths
 - Cardiovascular 10% of all deaths
5. The incidence of Tuberculosis fell by over 50% in 1964 while the incidence of gonorrhoea doubled.
6. It is proposed that a large scale research program of mental health be undertaken.
7. Radiation fall-out studies show an increase of Caesium-137 levels in Territorial residents consuming large amounts of caribou meat.
8. The Northern Health Service is being re-organized to allow for the implementation of the recommendations of the Royal Commission on Health Services.
9. The new hospital at Frobisher Bay was officially opened on 13 November 1964. A new nursing station is under erection at Fort Franklin and the old facility at Aklavik is being replaced by a new structure. A 3-trailer nursing station is on order for Rankin Inlet.

REPORT ON HEALTH CONDITIONS IN THE NORTH-WEST TERRITORIES, 1964

POPULATION

The estimated population of the Northwest Territories in 1964, was:-

	<u>Indians</u>	<u>Eskimos</u>	<u>Others</u>	<u>Total</u>
Number	5,885	8,928	10,130	24,943
Percentage of Total	24%	35.8%	40.2%	100%

These figures were estimated by adding the Natural Increase for the years 1961 to 1963 to the 1961 Census figures of the Dominion Bureau of Statistics. No allowance has been made for immigration or emigration as no data are available on the movement of population in and out of the Territories.

VITAL STATISTICS

BIRTHS:-

Birth rates (per 1000 population) for 1964 were as follows:-

<u>Indians</u>	<u>Eskimos</u>	<u>Others</u>	<u>Total Population</u>	<u>All Canada 1962</u>
37.3	62.2	44.7	49.2	25.3

On examining the birth rates over the past five years we note that the Indian rate is on the decline, the Eskimo rate is remaining steady and the rate for the remainder of the population is on the increase, e.g.

	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>
Indians	48	42	41	37.5	37.3
Eskimos	56	64	61	59.8	62.2
Others	33	42	39	41.0	44.7
TOTAL	49.7	48.6	47.3	45.0	49.2

The ratio of male to female births in 1964 was:-

Indians	- 1,000 males to 1,000 females
Eskimos	- 989 males to 1,000 females
Others	- 1,137 males to 1,000 females
Total Population	- 1,043 males to 1,000 females

14 twin births were recorded and premature births occurred in 3.1% Eskimo, 5.7% Other, and 7.7% Indian births.

Place of Birth

The percentages of livebirths occurring in hospitals and nursing stations were:-

Table 1
NORTHWEST TERRITORIES
Livebirths by Age of Mother
1964

Age of Mother	INDIANS			ESKIMOS			OTHERS			TOTAL		
	Number	%	%	Number	%	%	Number	%	%	Number	%	%
12 - 14 years							1	0.2		1	0.08	
15 - 16 years	3	1.4		6	1.8		4	0.9		13	1.1	
17 - 19 years	16	7.3	8.7	63	11.4	13.2	41	9.0	10.1	120	9.8	11.7
20 - 24 years	47	21.3		157	28.3		152	33.5		356	30.0	
25 - 29 years	51	23.2		130	23.4		126	27.8		307	25.0	
30 - 34 years	55	25.0		100	18.0		82	18.1		237	19.3	
35 - 39 years	39	17.7	87.2	55	9.9	79.6	36	7.9	87.3	130	10.6	84.9
40 - 44 years	9	4.1		34	6.1		11	2.4		54	4.4	
45 - 49 years			4.1	10	1.8	7.9			2.4	10	0.8	5.2
50 + years	-			-			-			-		
TOTAL BIRTHS	220	100	100	555	100	100	453	100	100	1,228	100	100

Table 2
NORTHWEST TERRITORIES
Birth Order (Livebirths)

1964

	INDIANS			ESKIMOS			OTHERS			TOTAL			ALL CANADA	
	Number	%	%	Number	%	%	Number	%	%	Number	%	%	%	%
1st. Child	34	15.5		85	15.3		127	28.0		246	20.0		25.9	
2nd. Child	22	10.0		72	13.0		99	21.8		193	15.7		23.2	
3rd. Child	25	11.3	36.8	73	13.1	41.4	68	15.0	64.8	166	13.5	49.2	17.8	66.9
4th. Child	24	10.9		77	13.8		54	11.9		155	12.6		12.1	
5th. Child	24	10.9		63	11.4		38	8.4		125	10.2		7.5	
6th. Child	22	10.0	31.8	66	11.8	37.0	24	5.3	25.6	112	9.1	32.0	4.7	24.3
7th. Child	19	8.6		39	7.0		13	2.9		71	5.7		2.9	
8th. Child	18	8.2		29	5.2		7	1.5		54	4.4		1.9	
9th. Child	14	6.3	23.1	12	2.2	14.4	9	2.0	6.4	35	2.8	12.9	1.2	6.0
10th. Child	6	2.7		11	1.9		3	0.7		20	1.6		0.9	
11th. Child	2	0.9		12	2.2		2	0.4		16	1.3		0.6	
12th. Child	5	2.3	5.9	10	1.8	5.9	3	0.7	1.8	18	1.5	4.4	0.4	1.9
13th. Child or more	5	2.3	2.3	6	1.1	1.1	6	1.3	1.3	17	1.4	1.4	0.9	0.9
TOTALS	220	100	100	555	100	100	453	100	100	1,228	100	100	100	100

<u>Indian Births</u>	<u>Eskimo Births</u>	<u>Other Births</u>	<u>Total Births</u>	<u>All Canada</u>
77.3%	35.1%	95.4%	64.9%	97.8%

Medical Attendance at Birth

A doctor was in attendance at 58.8% of recorded births.
 A nurse was in attendance at 17.5% of recorded births.
 A lay person was in attendance at 23.7% of recorded births.

Stillbirths

The stillbirth rate for all groups in the Territories was 15.5 per 1000 livebirths which compares fairly favourably with the National rate of 12.5.

13.3% of all births were illegitimate, and the Indian community showed the highest percentage of 28.2%.

Table 1 lists livebirths by age and ethnic origin of mother and there is little difference between the three groups.

Table 2 lists the birth order of children born to Territorial residents and it shows that while 32.3% and 21.4% respectively of Indian and Eskimo births were to mothers who had at least 6 children, only 9.5% of non-native births were in this category. The percentages of births to mothers who had at least 9 children were as follows:-

<u>Indians</u>	<u>Eskimos</u>	<u>Others</u>
8.2%	7.0%	3.1%

DEATHS:-

Table 3 gives details of Mortality rates and compares them with the rates of the preceding two years.

Crude Death Rate (Total Deaths per 1000 Population)

The 1964 rate of 8.6 is the lowest ever recorded and compares favourably with the National rate of 7.7. However, when we estimate the rates individually for each ethnic group, we find that the Eskimos have a rate of 14.4 which is double the National figure, while the Indian and non-native populations respectively have rates of 6.3 and 5.9 which are below the National average.

Age Specific Death Rates

Table 4 gives details on age specific death rates in Indians and Eskimos and the high proportion of deaths in the Eskimo infant and child age groups should be noted, e.g.

The Eskimo Death Rate under 1 year is 3.4 times the National average.
 The Indian Death Rate under 1 year is 2.6 times the National average.

The Eskimo Death Rate in the 1-4 year age group is 13 times the National average.

The Eskimo Death Rate in the 5-9 year age group is 9 times the National average.

The Indian and Eskimo Death Rates in the 20-49 year age groups are over 3 and 4 times the National average.

Average Age at Death

The average ages of Northwest Territories decedents in 1964 were as follows:-

	<u>Indians</u>	<u>Eskimos</u>	<u>Others</u>	<u>Total</u>	<u>All Canada</u>
<u>All Decedents</u>					
1964	29.9 yrs	19.3 yrs	34.3 yrs	24.5 yrs	61 years
1963	33.16 yrs	15.05 yrs	31.11 yrs	22.0 yrs	
<u>Decedents Over 1 year of Age</u>					
1964	52.5 yrs	32.2 yrs	50.8 yrs	40.1 yrs	
1963	47.48 yrs	35.9 yrs	53 yrs	?	

Place of Death

38.6% of all deaths took place in institutions -- this figure is increasing gradually year by year as more medical institutions are erected but it is still much below the National figure of 63.7%.

Maternal Deaths

No maternal deaths occurred during the year.

Perinatal Deaths (0-7 days)

This rate is obtained by adding together the number of stillbirths and the number of deaths in the first 7 days of life and showing same as a rate per 1000 total births (live and stillbirths). The 1964 rates are much lower than in previous years.

Neonatal Deaths (0-28 days)

A glance at the following figures and at the graph depicting the trend of the Eskimo neonatal death rate shows the satisfactory decline in Eskimo deaths under 28 days of age:-

	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1962</u> All Canada
Rate	115	109	98	74	75	60	50	64.5	27.0	19

The Indian rate has risen from 18.7 in 1963 to 31.8 in 1964 but the Indian figures are so small that 2-3 deaths cause a big increase or decrease in rate -- the trend is therefore more significant than the rate in a single year.

Table 3
NORTHWEST TERRITORIES
Vital Statistics 1964(g)

	<u>INDIANS</u> (1964 Population 5,885)				<u>ESKIMOS</u> (1964 Population 8,228)				<u>OTHERS</u> (1964 Population 10,130)				<u>ALL GROUPS</u> (1964 Total Pop. 24,243)				<u>ALL</u> <u>CANADA</u>
	1964		1963	1962	1964		1963	1962	1964		1963	1962	1964		1963	1962	<u>RATE</u> 1962
	Number	Rate	Rate	Rate	Number	Rate	Rate	Rate	Number	Rate	Rate	Rate	Number	Rate	Rate	Rate	
Livebirths(a)	220	37.3	37.5	41	555	62.2	59.8	61	453	44.7	41.0	39	1228	49.2	46.8	47	25.3
Illegitimate Births(b)	62	28.2	27	26	47	8.4	7.9	8	54	11.9	8	10	163	13.3	11.7	12	4.8
Stillbirths(c)	4	18	23	4	10	18.0	10.2	18	5	11.0	13	16	19	15.5	13.7	15	12.5
Livebirths born in Hospitals and Nursing Stations(e)	170	77.3	70	7	195	35.1	39	7	432	95.4	94	7	797	64.9	65	55.9	97.8
Maternal Deaths(d)	0	0	0	0	0	0	20	19.8	0	0	25		0	0	18	9.1	4.6
Perinatal Deaths(f) (0-7 days)	8	36.3	41	7	16	28.8	54	7	14	30.6	56	7	38	30.5	52		28.6
Neonatal Deaths(c) (0-28 days)	7	31.8	18.7	27	15	27.0	64.5	50	10	22.1	47.4	19	32	26	46	35	19
Infant Deaths(c) (Under 1 year)	16	72.7	65.5	103	52	93.7	157	194	16	35.3	60	27	84	68.4	97	120	28
TOTAL DEATHS(a) (Crude Death Rate)	37	6.3	7.5	10	129	14.4	17.4	23	49	10.8	5.9	6	215	8.6	10.4	13	7.7
Deaths in Hospitals and Nursing Stations(e)	18	49	40.5	7	39	30.3	29.6	7	26	53.1	58.7	7	83	38.6	38.4	32.4	63.7
Natural Increase(a)	183	31.0	30	30	436	47.8	42.4	38	404	33.9	35.1	33	1023	40.6	36.4	34	17.6

(a) Rate per 1,000 population. (b) Rate is percentage of total livebirths. (c) Rate per 1,000 livebirths. (d) Rate per 10,000 livebirths.
(e) Rate column shows percentages of livebirths or deaths occurring in Hospitals or Nursing Stations.
(f) Perinatal Death Rate is Stillbirths (28 weeks +) plus infant deaths under 1 week per 1,000 total births (live and stillbirths).
(g) Based on certificates received up to 15 April 1965.

Table 4
NORTHWEST TERRITORIES

Age Specific Death Rates - 1964 - Registered Indians and Eskimos

Age Group	INDIANS				ESKIMOS				ALL CANADA
	Population	Deaths	Rate(a)	Rate(a)	Population	Deaths	Rate(a)	Rate(a)	Rate(a)
Under 1(b)	220	16	72.7		555	52	93.7		27.6
1 - 4	882	-	-		1,420	20	14.0		1.1
5 - 9	786	1	1.3		1,300	6	4.6		0.5
10 - 14	675	-	-		1,055	3	2.8		0.4
15 - 19	533	-	-	0.3	943	2	2.1	6.6	0.8
20 - 24	474	1	2.1		733	4	5.5		1.2
25 - 29	375	1	2.7		646	6	9.3		1.1
30 - 34	357	1	2.8		515	3	5.8		1.3
35 - 39	292	1	3.4		393	3	7.6		1.8
40 - 44	237	5	21.1		391	2	5.1		2.8
45 - 49	192	1	5.2	5.1	296	2	6.7	6.7	4.5
50 - 54	186	1	5.4		235	7	30.0		7.3
55 - 59	187	1	5.4		148	2	13.5		11.9
60 - 64	163	1	6.1	5.6	113	6	53.1	30.2	18.4
65 +	322	7	21.7		175	11	62.8		
TOTAL	5,885	37	6.3		8,928	129	14.4		7.7

(a) Rates per 1,000 population in specified age groups.

(b) Per 1,000 Livebirths.

NOTE: The number of deaths in many age groups is so small that comparisons of rates would be very misleading.

Infant Deaths (0-365 days)

The Infant Mortality rate in all ethnic groups continues to decline satisfactorily:-

	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>All Canada 1962</u>
Indians	105	81	103	65.5	72.7	
Eskimos	211	193	194	157	93.7	
Others	73	21	27	60	35.3	
ALL GROUPS	144	111	120	97	68.4	28

Natural Increase

The natural increase in population has continued at a high level during 1964. The Eskimo rate of increase is now 4.78% or 2.7 times the National average of 1.76%. The total population of the Territories is now increasing naturally at the rate of 4% per annum -- this means that the population will double itself by natural increase alone in 18 years, and this fact must be kept in mind when future health, education, housing, and other requirements of the Territories are being considered.

Causes of Death

The major causes of death for the three ethnic groups are listed in Table 5. The major causes of death were:-

Injuries and Violence	- 52 deaths	- 24% of total
Pneumonia	- 43 deaths	- 20% of total
Diseases of Infancy	- 30 deaths	- 14% of total
Cardiovascular	- 22 deaths	- 10% of total
Senility and Unknown Causes	- 18 deaths	- 8% of total

Therefore 58% of all deaths were due to three main causes and 24% were due to injuries and violence.

Table 6 shows a breakdown of deaths due to injuries and violence and we see that 10 deaths were reported as 'drownings' and that 5 suicides were recorded. Nine deaths from poisoning occurred, 6 of which were due to consumption of denatured alcohols.

Table 5
NORTHWEST TERRITORIES

Causes of Death by Ethnic Group and Selected Age Groups, 1964 (a)

Numbers of Cases

Causes of Death Group	GRAND TOTAL	INDIANS							ESKIMOS							OTHERS									
		Infants		Pre sch	Sch	Young Adult	Adult	Eld	Total	Infants		Pre sch	Sch	Young Adult	Adult	Eld	Total	Infants		Pre sch	Sch	Young Adult	Adult	Eld	Total
		Neo.	Neo.	1-4 yrs	5-14 yrs	15-34 yrs	35-64 yrs	65+ yrs		1-28 days	29-365d	1-4 yrs	5-14 yrs	15-34 yrs	35-64 yrs	65+ yrs		1-28 days	29-365d	1-4 yrs	5-14 yrs	15-34 yrs	35-64 yrs	65+ yrs	
Injuries (E817-50)	52	1			1	3	1	6	3	4	4	4	9	6	1	31		1			1	6	7		15
Pneumonia (B31)	43		3				2	1	6		19	7		2	3	4	35		2						2
Diseases of Infancy (E11-14)	30	6	1					7	11	1						12	10	1							11
Cardiovascular Diseases (E24-29)	22						2	5	7					2	2	4						6	5		11
Senility & Unknown Causes (E45)	18		1					1	2	1	6	3	1		3	2	16								
Gastrointestinal Diseases (B33-36)	10		4					4		1	1	1	1	1	1	5		1							1
Neoplasms (E18-19)	10						3	3						2	1	3						3	1		4
Diseases of Nervous System (E22-23)	9									6	1	2				9									
Other Respiratory Diseases (B30 & B32)	6						1	1			1		1	1	1	4						1			1
Infective & Parasitic Diseases (E3-17)	6										3	1			2	6									
Tuberculosis, All Forms (E1-2)	4						1	1					1	2	3										
All Other Diseases (E46)	3												1		1			1				1			2
Nephritis & Nephrosis (B38)	1																					1			1
Diabetes Mellitus (E20)	1																					1			1
ALL CAUSES																									
Including Injuries	215	7	9	1	1	3	10	7	37	15	37	20	9	15	22	11	129	10	6		1	6	20	6	49

(a) Based on certificates received up to 15 April 1965.

Table 6
NORTHWEST TERRITORIES
Deaths Due to Injuries and Violence
1964

	<u>Indians</u>	<u>Eskimos</u>	<u>Others</u>	<u>Total</u>
Motor Vehicle Accidents			2	2
Fractures Other Than in Motor Vehicle Accidents			1	1
Poison		8	1	9
Suicides		3	2	5
Anaesthetic			1	1
Burns		6		6
Homicides			1	1
Drownings	3	3	4	10
Exposure	2	1	2	5
Asphyxia (Overlying, inspiration of vomit, etc.)	1	7	1	9
Other		3		3
TOTALS	6	31	15	52
% of Total Deaths	16.2%	24%	30.6%	24.2%

HOSPITALIZATION

Table 7 shows the incidence of Hospitalization of Territorial Residents broken down into age and ethnic groupings. Interesting facts which emerge from this Table are:-

- (a) the high rate of hospitalization of the younger age groups,
 - (b) the higher average stay of Eskimos and Indians as compared to non-natives,
- and (c) that Indians, who are 24% of the population, used 26% of patient days,
- that Eskimos, who are 35.8% of the population, used 40% of patient days,
- that Others, who are 40.2% of the population, used 33% of patient days.

These facts are as one would expect, taking into consideration the social structure of the three ethnic groups.

Table 8, shows that the diseases responsible for most hospitalization are:-

Table 7
NORTHWEST TERRITORIES
Insured Hospitalization by Ethnic Origin and Age Groupings
(Territorial Hospital Insurance Services)
1963

Age Group	SEPARATIONS				PATIENT DAYS				AVERAGE STAY			
	Indians	Eskimos	Others	Total	Indians	Eskimos	Others	Total	Indians	Eskimos	Others	Total
Newborn	158	296	426	880	1,075	2,237	2,922	6,234	6.8	7.6	6.9	7.1
Under 1	253	325	195	773	2,874	3,970	1,661	8,505	11.1	12.2	8.5	10.9
1 - 4	366	537	424	1,327	4,299	7,102	3,110	14,511	11.7	13.2	7.3	10.9
5 - 9	118	181	207	506	1,061	3,210	1,442	5,713	9.0	17.7	7.0	11.3
10 - 14	81	102	111	294	617	1,385	785	2,787	7.6	13.6	7.1	9.5
15 - 19	85	150	154	389	656	1,324	801	2,781	7.7	8.8	5.6	7.3
20 - 24	125	192	300	617	1,016	1,703	1,998	4,717	8.1	8.9	6.5	7.6
25 - 29	108	200	282	590	901	1,868	1,720	4,489	8.3	8.8	6.1	7.4
30 - 34	91	144	228	463	678	1,392	1,647	3,717	7.5	9.7	7.2	8.0
35 - 39	101	124	206	431	958	1,390	1,810	4,158	9.5	11.2	8.8	9.6
40 - 44	38	90	133	261	474	906	1,386	2,766	12.5	10.1	10.4	10.6
45 - 49	35	64	91	190	510	824	1,000	2,334	14.6	12.9	11.0	12.3
50 - 54	31	53	90	174	251	575	1,388	2,214	8.1	10.8	15.4	12.7
55 - 59	26	16	81	123	238	198	1,053	1,489	9.2	12.4	13.0	12.1
60 - 64	45	38	59	142	837	410	656	1,903	18.6	10.8	11.1	13.4
65 - 69	37	23	28	88	442	35	366	843	11.9	15.3	13.1	13.2
70 - 74	24	7	31	62	276	66	512	854	11.5	9.4	16.5	13.8
75 - 79	25	14	25	64	401	123	325	849	16.0	8.8	13.0	13.3
80 - 84	18	2	19	39	206	69	290	565	11.4	34.4	6.0	14.5
85 +	11	2	8	21	124	12	206	342	11.3	6.0	25.2	16.3
TOTALS (Excl. Newborn)	1,618	2,264	2,672	6,554	16,819	26,553	22,156	65,528	10.4	11.7	8.3	10.0
%	25%	35%	40%	100%	26%	41%	33%	100%				

Table 8

NORTHWEST TERRITORIES - Territorial Hospital Insurance Services - 1963

Separations, Patient Days and Average Stay by Ethnic Grouping and Major Disease Categories

Disease Category	INDIANS			ESKIMOS			OTHERS		
	Separations	Patient Days	Average Stay	Separations	Patient Days	Average Stay	Separations	Patient Days	Average Stay
CLASS 1 Infective & Parasitic Diseases	73	1,030	14.1	117	2,070	17.7	85	885	10.4
CLASS 2 Neoplasms	13	300	23.1	12	358	29.8	52	787	15.1
CLASS 3 Allergic, Endocrine System, Metabolic & Nutritional	14	252	18.0	25	501	20.0	57	824	14.5
CLASS 4 Diseases of Blood & Blood Forming Organs	7	97	13.9	6	129	21.5	12	134	11.2
CLASS 5 Mental, Psychoneurotic & Personality Disorders	9	53	5.9	17	114	6.7	68	587	8.6
CLASS 6 Diseases Nervous System & Sense Organs	91	1,238	13.6	207	2,699	13.0	114	1,412	12.4
CLASS 7 Diseases of Circulatory System	28	374	13.4	57	1,035	18.2	99	1,351	13.6
CLASS 8 Diseases of Respiratory System	688	6,636	9.6	777	9,827	12.6	540	3,509	6.5
CLASS 9 Diseases of Digestive System	134	1,368	10.2	199	2,144	10.8	303	2,616	8.6
CLASS 10 Diseases of Genito-Urinary System	50	553	11.1	58	830	14.3	176	1,301	7.4
CLASS 11 Deliveries & Complications of Pregnancy, Childbirth & the Puerperium	218	1,346	6.2	391	2,199	5.6	612	3,678	6.0
CLASS 12 Diseases of Skin & Cellular Tissue	55	608	9.4	70	622	8.8	85	729	8.6
CLASS 13 Diseases of Bones & Organs of Movement	28	494	17.6	15	384	25.6	56	1,238	22.1
CLASS 14 Congenital Malformations	7	274	39.1	17	390	22.9	22	143	6.5
CLASS 15 Certain Diseases of Early Infancy	T 29	432	14.9	25	193	7.7	19	142	7.5
	A+C 28	416	14.9	25	193	7.7	14	95	6.8
	NB 1	16	16.0	-	-	-	5	47	9.4
CLASS 16 Symptoms, Senility & Ill-Defined Conditions	33	227	6.9	87	705	8.1	93	517	5.6
CLASS 17 Accidents, Poisonings, Violence	123	1,352	11.0	135	1,984	14.7	265	2,287	8.6
CLASS Y Supplementary Classification for Special Admissions	T 161	1,170	7.3	308	2,362	7.7	435	2,959	6.8
	A+C 4	111	27.7	12	144	12.0	11	72	6.5
	NB 157	1,059	6.7	296	2,218	7.5	424	2,887	6.8
Unspecified	T 6	33	5.5	46	507	11.0	15	61	4.1
	A+C 6	33	5.5	45	486	10.8	15	61	4.1
	NB -	-	-	1	21	21.0	-	-	-
ALL DIAGNOSES	T 1,777	17,837	10.0	2,569	29,053	11.3	3,108	25,160	8.1
	A+C 1,619	16,762	10.4	2,272	25,814	11.8	2,679	22,226	8.3
	NB 158	1,075	6.8	297	2,239	7.5	429	2,934	6.8

Table 9

NORTHWEST TERRITORIES

Returns of Inpatients in Nursing Stations
(Figures extracted from Monthly Nursing Station Returns)

Nursing Stations	1963				1964			
	Number of Admissions		Days of Care		Number of Admissions		Days of Care	
	Adults & Children	Newborn	A & C	N.B.	Adults & Children	Newborn	A & C	N.B.
Aklavik	38	7	79	17	26	6	40	13
Baker Lake	23	16	112	102	33	12	89	45
Cambridge Bay	144	15	912	79	107	20	423	82
Coppermine	62	27	297	99	35	17	117	64
Cape Dorset	40	8	249	19	41	12	196	27
Coral Harbour (opened Nov. '63)	7	1	22	5	25	4	81	13
Eskimo Point	40	11	175	65	29	10	144	47
Fort Good Hope	35	9	92	31	30	8	69	28
Fort Liard	26	11	153	59	21(1)	7	102	44
Fort Providence	143	13	242	43	78(2)	7	124	27
Fort McPherson	34	13	73	40	25	16	70	51
Fort Norman	19	4	50	7	17	6	36	16
Fox (Hall Beach)	130	16	613	104	65	11	321	48
Rankin Inlet	53	16	251	81	16	10	54	38
Spence Bay	136	13	816	52	40	7	248	30
Tuktoyaktuk	44	16	103	39	25	12	72	39
TOTALS	974	196	4,239	842	613	165	2,186	612

(1) 10 months only.

(2) 4 months only.

Table 10

NORTHWEST TERRITORIES

Returns of Non-Notifiable Diseases Treated in Outpatients
at Nursing Stations and Health Centres - 1963
(Figures extracted from Nurses' Monthly Reports)

Diseases	1963		1963		1963	
	INDIANS & ESKIMOS		OTHERS		TOTAL POPULATION	
	Number of Patients	% of Total	Number of Patients	% of Total	Number of Patients	% of Total
Respiratory System	11,884	50.08	3,814	55.25	15,698	51.24
Skin	2,783	11.72	690	10.0	3,473	11.33
Accidents, etc.	2,472	10.41	777	11.25	3,249	10.60
Digestive System	2,152	9.06	477	6.9	2,629	8.58
Dental Conditions	1,462	6.16	305	4.41	1,767	5.76
Eye Diseases & Conditions	936	3.94	169	2.44	1,105	3.60
Bones & Organs of Movement	593	2.5	208	3.01	801	2.61
Allergies, etc.	384	1.61	50	0.72	434	1.41
Gynaecological conditions	306	1.29	165	2.39	471	1.53
Diseases of Cardiovascular System	298	1.25	78	1.13	376	1.23
Nervous System	242	1.02	102	1.47	344	1.12
Diseases of the Breast	105	0.44	11	0.15	116	0.38
Complications of Pregnancy	78	0.32	27	0.39	105	0.34
Prematurity	35	0.15	29	0.42	64	0.21
TOTALS	23,730	100%	6,902	100%	30,632	100%

	<u>Admissions</u>	<u>Patient Days</u>
Diseases of Respiratory System	2,005	19,972
Pregnancy and Childbirth	1,221	7,223
Diseases of Digestive System	636	6,128
Diseases of Nervous System and Sense Organs	412	5,349

Table 9 gives the number of Admissions and Days of Care in Nursing Stations in the Territories, during 1963 and 1964, while Table 10 lists the diseases treated in Outpatients at Nursing Stations and Health Centres throughout the Territory in 1963.

NOTIFIABLE DISEASES

There were no serious outbreaks of acute notifiable disease. Notifications were as follows:-

German Measles	- 189 cases	Infectious Hepatitis	- 23 cases
Red Measles	- 183 cases	Botulism	- 3 cases (3 deaths)
Mumps	- 168 cases		
Gastroenteritis	- 65 cases	Meningitis	- 2 cases
Dysentery	- 43 cases	Typhoid	- 2 cases

TUBERCULOSIS

Table 11
NORTHWEST TERRITORIES
Tuberculosis Control 1962 - 1964

	<u>ESKIMOS</u>			<u>INDIANS</u>			<u>OTHERS</u>			<u>TOTAL POPULATION</u>		
	1962	1963	1964	1962	1963	1964	1962	1963	1964	1962	1963	1964
Population (a)	8282	8565	8929	5461	5714	5085	9487	9787	10130	23230	24066	24943
Number of New Active Cases	155	212	68	49	35	31	21	14	20	225	261	119
Incidence of New Active Cases in Population (%)	1.9	2.48	0.76	0.9	0.6	0.53	0.2	0.14	0.2	1.0	1.08	0.4
Number of Reactivated Cases	(b)	37	23	(b)	16	11	(b)	2	3	(b)	55	37

(a) Population estimated on 1961 Census figures plus natural increase.

(b) Figures not readily available.

The incidence of new active cases of Tuberculosis has dropped considerably in 1964 -- i.e. 119 cases as against 261 in 1963.

As has been noted in previous reports, we were particularly concerned regarding the rising incidence of Tuberculosis in Eskimos over the past four years.

	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>
Incidence of New Active Cases in Eskimos	1.4%	1.6%	1.9%	2.48%	0.76%

It is gratifying to note this reduction in incidence but we cannot even begin to feel confident until we can show a continued reduction over a period of 4-5 years. We must face the fact that, although the death rate from Tuberculosis has reduced markedly over the years (see graph), we have not succeeded in reducing the incidence at a satisfactory rate -- this can be seen from the following records of Eskimo patients in Tuberculosis Sanatoria at the end of each year:-

<u>1953</u>	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
348	344	698	703	535	450	345	295	279	292	331

The rise in cases in 1955-56 resulted from the mass chest X-ray surveys instituted at that time and which have continued through the years.

These figures show that we must increase our efforts in the control of tuberculosis but, as environmental factors play a major role in this disease, I cannot stress too strongly the urgent need for improved housing among all the lower income groups in the Territories, -- more will be said on this subject later in this report.

VENEREAL DISEASE

The following Table shows the incidence of Gonorrhoea over the past seven years:-

	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>
Number of Cases of Gonorrhoea	105	45	74	138	178	186	373
Rate (per 100,000 population)	525	214	336	600	742	775	1495
National Rate	88	85	88	90	95	102	

It will be noted that the incidence has practically doubled in 1964 and the main areas of infection are in the major towns of the Mackenzie District. Much of the increase was due to the increased numbers of transient population associated with major construction projects in the area.

The age distribution of cases was as follows:-

	<u>10-14 years</u>	<u>15-19 years</u>	<u>20-39 years</u>	<u>40-59 years</u>	<u>60 years</u>	<u>Age Not Stated</u>	<u>Total</u>
Number of Cases	2	53	291	-	-	27	373

An intensive control program is in operation and all contacts are being followed up vigorously.

EYE DISEASE

The Northern Health Service has been taking an increased interest in eye disease in the Territories during the past year. This interest resulted from a report by the Ophthalmologist in the Mackenzie Zone on the rather high incidence of Tuberculosis of the eye in that area. Arrangements were immediately made to have two other experienced Ophthalmologists visit the Central and Eastern Arctic to carry out surveys of eye disease. The reports from these specialists indicate that while there is an increased incidence of Phlyctenular eye disease which is commonly considered to be an allergic reaction to the Tubercule bacillus, there is little evidence of any high incidence of serious ophthalmic conditions in these two areas.

MENTAL HEALTH

Our Mental Health Program in the Territories leaves much to be desired — this is due to many reasons:-

- (1) We have no mental institution in the Territories and it would be impossible to adequately staff such an institution.
- (2) We have no psychiatrist in the North.
- (3) Our population is composed of three major ethnic groups, two of whom are going through the transition from a hunting and fishing economy to a wage earning economy, and the stresses and strains of same are reflected in the mental health of these groups.
- (4) The "isolation" and long dark winters of our northland accentuate minor mental conditions which in the south would have gone unnoticed.
- (5) We do not as yet know the extent of our mental retardation problem as we have not been able to procure the necessary experienced staff to assess many children who require this service. However many children have been referred south to the Alberta Child Guidance Clinics for assessment and the Alberta Government has been most co-operative in allowing us the use of their clinic facilities.
- (6) The treatment of mental conditions among our native population poses a difficult problem as cultural and language barriers exist which make it difficult or impossible for southern psychiatrists to accurately assess the mental state of the patient.
- (7) Our suicide rate is double the National average.
- (8) The crime rate in the Territories is very much in excess of southern standards, e.g.

	<u>Yukon and Northwest Territories</u>	<u>All Canada</u>
Non-Capital Murder (per 100,000 population)	6.6	0.6
Sexual Offences (other than rape)	116.3	39.4
Wounding	29.9	8.2
Assaults (not indecent)	1272.4	130.3
TOTAL Criminal Code Offences	6511.6	3338.6

These facts suggest that we require a major research project into the whole field of mental health in the Territories and the Northern Health Service is requesting funds from the Federal Government to sponsor such a research program. It is envisaged that the Research Team would consist of a Psychiatrist, a Psychologist, an Anthropologist, and possibly a Sociologist, together with the necessary interpreters and clerical staff, and that the project would take about 3 years to complete and cost approximately \$300,000.

Meanwhile, the Northern Health Service will attempt to recruit a Psychiatrist who would specialize in northern mental health and who would pay regular visits to all major centres in the Territory, and approaches will also be made to Provincial Child Guidance Teams to see whether they would agree to pay regular visits to major towns and settlements in the Territories to assess children which doctors, nurses and teachers wish to refer to them.

RADIATION FALL-OUT STUDIES

In 1963, the Radiation Protection Division of the Department of National Health and Welfare initiated a study of radioactive fall-out in the Northwest Territories.

To date comparison of fall-out levels suggest that the amount deposited in the north is somewhat less than that deposited in southern Canada. However, estimation of Caesium-137 levels in caribou meat and in the urine of Eskimos showed increases similar to those reported from Alaska and Sweden. This is due to the fact that lichens tend to accumulate high concentrations of fall-out nuclides — when these are eaten by caribou, Caesium-137 is distributed throughout the flesh of the animal and is carried over into the human body when the meat is eaten. In contrast Strontium-90 localizes in the animal's bones and does not, therefore, contaminate the human diet to the same extent.

Results to date indicate that northern residents who consume large amounts of caribou have increased concentrations of Caesium-137 in their bodies, but the highest concentration found was less than half the "maximum permissible body burden" suggested by the International Commission on Radiological Protection. Studies are continuing and arrangements are being made to have direct estimates of Caesium-137 body burdens, in Eskimos and Others, carried out by the whole body counting technique at the Radiation Protection Laboratory in Ottawa.

Studies are also in progress on the Strontium-90 levels in the bones of recently deceased residents of the Territories.

NORTHERN MEDICAL RESEARCH UNIT

A Northern Medical Research Unit was formed during the latter part of 1964. The purpose of this unit is

- (a) the execution of field research into the varied health problems of the North, and
- (b) the encouragement of universities and major hospitals in Southern Canada to undertake research into specific northern health problems.

Two field projects are to be undertaken in 1965:-

- (a) A Nutrition Survey, in co-operation with the Laboratory of Hygiene and the Nutrition Division of the Department of National Health and Welfare, of the Eskimo population of Baffin Island, and

- (b) An investigation into the problem of Glycosuria in the Eskimo population.

REORGANIZATION OF THE NORTHERN HEALTH SERVICE

At the present time, the Northern Health Service, which is responsible to both the Federal and Territorial Governments for their respective health interests in the Territories, is organized as follows:-

- (a) The Chief, Northern Health Service has his office in the headquarters of the Medical Services Directorate in Ottawa and he is responsible for the planning and assessment of all health programs in the Yukon and Northwest Territories and advises the respective Commissioners and Councils on all matters included in the Health Services Plans.
- (b) The field operation of the Health Services Plans is delegated to the three Regional Superintendents of Medical Services located at Edmonton (Mackenzie and Inuvik Zones), Winnipeg (Central Northern Zone), and Ottawa (Eastern Arctic Zone).

This arrangement had the advantage of following the normal lines of communication and all told, has worked out fairly well. However it had the disadvantage that the responsibility for the efficient operation of the Northwest Territories Health Plan was divided among three Regions, two of whom had the major portion of their responsibilities located south of the 60th parallel, and that while the Chief, Northern Health Service was responsible to the Territorial Councils for the health services in their respective areas, he had not direct control over the program operation.

For some time past, it has been considered that it would be preferable to have a Northern Region which could concentrate in toto on the health problems of the Canadian North (Yukon and Northwest Territories) and that the Regional Superintendent of the Northern Region should also be Chief of the Northern Health Service. This would mean that the planning, operation and assessment of health services in the whole Territory would be carried out by the same Regional office and that a more integrated program could be developed — this is especially important in view of the accelerated development as proposed by the Royal Commission on Health Services.

The formation of a Northern Region as from 1st. April 1966, based at Edmonton, has therefore been approved by the Deputy Minister of Health. The Region will contain five Zones i.e. Yukon Zone (Yukon Territory), Inuvik Zone, Mackenzie Zone, Keewatin Zone and Baffin Zone. The Zone Superintendents of these Zones will be based at Whitehorse, Inuvik, Edmonton, Churchill and Frobisher Bay, but the Zone Superintendent, Mackenzie Zone, would move into the Territory as and when a decision is confirmed on the site of the capital of the proposed Mackenzie Territory.

Recommendations of the Royal Commission on Health Services:

The recommendations in Chapter 9 of the Royal Commission's Report were as follows:-

Recommendation 235 - That every possible support be given to the Northern Health Service of the Department of National Health and Welfare to speed the implementation of the five-year plans to provide adequate health services for the Yukon and the Northwest Territories, and that the implementation be telescoped into a shorter period of time as resources become available.

Recommendation 236 - That the Northern Health Service implement by 1967 its proposed comprehensive flying health service system linking the various communities with their health service base.

Recommendation 237 - That, as far as possible, such transportation services be integrated with the needs of other agencies; and that at each of the communities covered, suitable landing strips and other facilities be prepared and maintained to serve aircraft and, where feasible, helicopters in all seasons.

Recommendation 238 - That an integrated telecommunication system be established to provide a 24-hour service for voice communication and that a visual system be implemented when this becomes practical; such communication systems for the purposes of the health services to be integrated with the needs of other agencies in a community.

Recommendation 239 - That provisions be made for regular periodic visits to northern stations by medical specialists for consultation and seminars.

Recommendation 240 - That provisions be made for regular periodic visits to northern stations by dentists and dental auxiliary personnel.

Recommendation 241 - That training, refresher courses, manuals and the necessary equipment be provided to maintain a high degree of effectiveness among lay dispensers.

Recommendation 242 - That the provision of "family medical packs" to isolated families and small groups be speeded up and that the necessary instruction manuals be made available.

Recommendation 243 - That, while the present five-year plans for the improvement of health services in the Yukon and the Northwest Territories are implemented, more far-reaching plans for a further five-year period be formulated in order to ensure the future development and improvement of health services in the Territories.

Recommendation 244 - That the budgetary requirements of the Northern Health Service of the Department of National Health and Welfare be considered within the framework of the territorial budgets rather than as part of the departmental budget.

Recommendation 245 - That every effort be made towards the training of indigenous residents of the Territories by intensifying the on-going training of nursing assistants and progressively for more advanced education and training of professional and technical health personnel.

Recommendation 246 - That, as part of a seven-year crash programme, grants be made available from the Professional Training Grant, to cover the cost of such education or training.

Recommendation 247 - That, on the coming into operation of a medical school at Memorial University at St. John's, Newfoundland, part of the curriculum and training be directed towards the needs of health services in Canada's North and other sparsely settled areas.

Recommendation 248 - That Memorial University at St. John's, Newfoundland, establish in connection with its future medical school, specialized courses for the training of other health personnel in the specific knowledge and skills required for the practice in the North and other sparsely settled areas.

Recommendation 249 - That financial assistance be made available from the Professional Training Grant to enable personnel in training for health service in the North to do their field work in the Yukon or the Northwest Territories.

Recommendation 250 - That conditions of employment for health personnel be such as to attract and maintain for periods of at least

three to five years well qualified personnel. This relates to remuneration as well as other benefits designed to equalize working conditions as far as possible with those in the South. Among such provisions should be:

- (a) competitive and attractive salaries and allowances to compensate for cost differentials,
- (b) upgrading of positions,
- (c) leave of absence provisions to provide for
 - (i) regular periodic vacations with transportation for the personnel and their family paid to and from a predetermined home base;
 - (ii) compassionate leave for the personnel in cases of serious illness in the family, and transportation paid to and from the nearest centre in the South for personnel and/or their family in the case of serious illness or death among their nearest relatives in the South;
 - (iii) educational leave to facilitate continuing education and self-improvement;
- (d) financial aid towards the education and maintenance of children where service in the North entails separation from their parents,
- (e) suitable housing accommodation.

Recommendation 251 - That the selection of health personnel for service in the North be exercised with great care with regard to professional qualification as well as personal suitability and aptitude required under the circumstances.

Recommendation 252 - That all residents of the Territories requiring medical attention not available in their home areas be flown out for such attention and returned on discharge as part of the Medical Services Benefit.

Recommendation 253 - That the Health Sciences Research Council provide funds for the conduct of applied research into specific health and health service problems in the North.

Recommendation 254 - That the existing agencies for the co-ordination of the activities in the Territories of federal government departments be strengthened, with adequate representation for the health services, both at departmental headquarters end at the regional and local levels.

Recommendation 255 - That intensive efforts be made for general community services to be developed simultaneously with the health services.

Recommendation 256 - That the Centennial Commission as a centennial project survey the possibility of adopting the implementation of a demonstration project, in two far northern locations, of community development including adequate housing, proper sanitation services and essential education, health and other facilities.

Some of these recommendations have already been implemented and most of the remainder will be included in our 1967-72 proposals now being prepared. It is estimated that these increased services will cost approximately an extra \$1 million dollars per year, much of which would be divided between the Federal and Territorial Governments on an agreed cost-sharing formula.

NORTHERN HOUSING

Many of our health problems in the Territories are associated with inadequate housing, e.g. Tuberculosis, Enteritis, Pneumonia, Skin diseases.

As evidenced in this Report, we have, with increased facilities and modern drugs, succeeded in reducing the mortality associated with these diseases but the incidence remains very high, and we cannot hope to reduce this incidence satisfactorily by means of public health measures alone.

The standard of housing varies considerably throughout the Territory and, while there is no doubt that there has been a considerable improvement over the past 3-4 years, it must be admitted that many hundreds of families are still living in housing units which are grossly substandard and that much of our disease is directly attributable to this fact.

It is suggested that our whole philosophy on housing in the Territories is out of date — e.g. we have been providing the smallest housing units to indigent families irrespective of the size of the family, with the result that the occupants have not even the minimum requirement of air space (400 cubic feet per person) which is stipulated in our Territorial Health Regulations. This is a most undesirable practice and will do little to contribute to the betterment of health conditions in the Territories.

The Oxford Dictionary defines a house as 'a building for human habitation' and adequate as 'proportionate to requirements'. Therefore 'adequate housing' may be defined as 'buildings for human habitation whose size, design, structure, fittings and furnishings are proportionate to the needs of the occupants'.

The American Public Health Association states that healthful housing must provide for the fundamental physiological and psychological needs of the inhabitants and must protect them against contagion and accidents, and lists 30 such requirements.

The Public Health Regulations of the Northwest Territories states that a building is unfit for human habitation if there is not in all sleeping rooms an air space of 400 cubic feet for each occupant over 10 years of age, and 200 cubic feet for each occupant under 10 years and over 1 year of age.

If we list the minimum requirements of an adequate house, we find that it must provide -

- (a) adequate shelter and warmth for its occupants,
- (b) adequate air space for its occupants, and arrangements for a fresh air intake without the production of draughts,
- (c) cooking and eating facilities,
- (d) facilities for sleeping, allowing for separation of the sexes in older children,
- (e) facilities for the sexual side of marriage in some degree of privacy,
- (f) toilet and bathing facilities in adequate privacy,
- (g) facilities for the storage of food and clothing,
- (h) protection against fire hazards, and provision for escape in the event of fire,
- (i) sufficient natural and artificial light to carry out household chores, and to read without undue strain.

These are minimum standards which are accepted all over the world and while it may be possible to provide such facilities in a single room dwelling for bachelors, childless couples and old people, it is impossible to do so for the large families of most of our northern indigent residents.

It is interesting to note that in Greenland the Danish Government spends \$4,000 - \$7,000 per welfare house, while in the Northwest Territories the cost of Eskimo welfare housing is about 1/3 this amount. Money spent on adequate housing pays big dividends in reducing the incidence of communicable and preventable disease, e.g. the treatment of each of the 261 cases of Tuberculosis discovered in 1963 will cost \$10,000 -- this means that \$2½ million dollars is being spent on the treatment of cases of Tuberculosis from the Northwest Territories each year. If this amount of money was spent on housing for a period of 3-4 years every family in the Territories would be adequately housed and the incidence of Tuberculosis would be markedly reduced.

The Royal Commission on Health Services has stressed the need for better housing in attacking the health problems of the Arctic and the Northern Health Service has been stressing this point for many years. Much improvement has been achieved over the past few years through the efforts of the Department of Northern Affairs and National Resources and the Department of Citizenship and Immigration but, as with Health Services, a 2-3 year crash program is required to solve this major problem. Finally, it should be noted that this crash program should include our non-native indigents, many of whom are living under worse conditions than our native population.

NEW FACILITIES

The new Frobisher Bay Hospital was opened on 13 November 1964 by the Honourable Minister of Health, Miss Judy LaMarsh. No other facilities were erected during 1964. A new Nursing Station is currently being erected at Fort Franklin and the old Nursing Station at Aklavik is being replaced. The bunk-house which housed the Nursing Station at Rankin Inlet, is being demolished by the Department of Northern Affairs and National Resources and arrangements have been made to ship in a three-trailer Nursing Station to this settlement in 1965.

STAFFING

The year 1964 has been most satisfactory as regards staffing of health services. We have been able to keep every medical officer post filled and the present position as regards Government Medical Officers, is as follows:-

Inuvik	- 4 doctors	Fort Simpson	- 1 doctor
Frobisher Bay	- 3 doctors	Fort Rae	- 1 doctor
Fort Smith	- 2 doctors	Cambridge Bay	- 1 doctor
Churchill (Central Arctic)	- 1 doctor		

Three private practitioners are in practice at Yellowknife.

We have been able to keep dentists posted at Inuvik, Fort Smith, Hay River and Frobisher Bay but we require another 6-8 dentists to enable us to give adequate service.

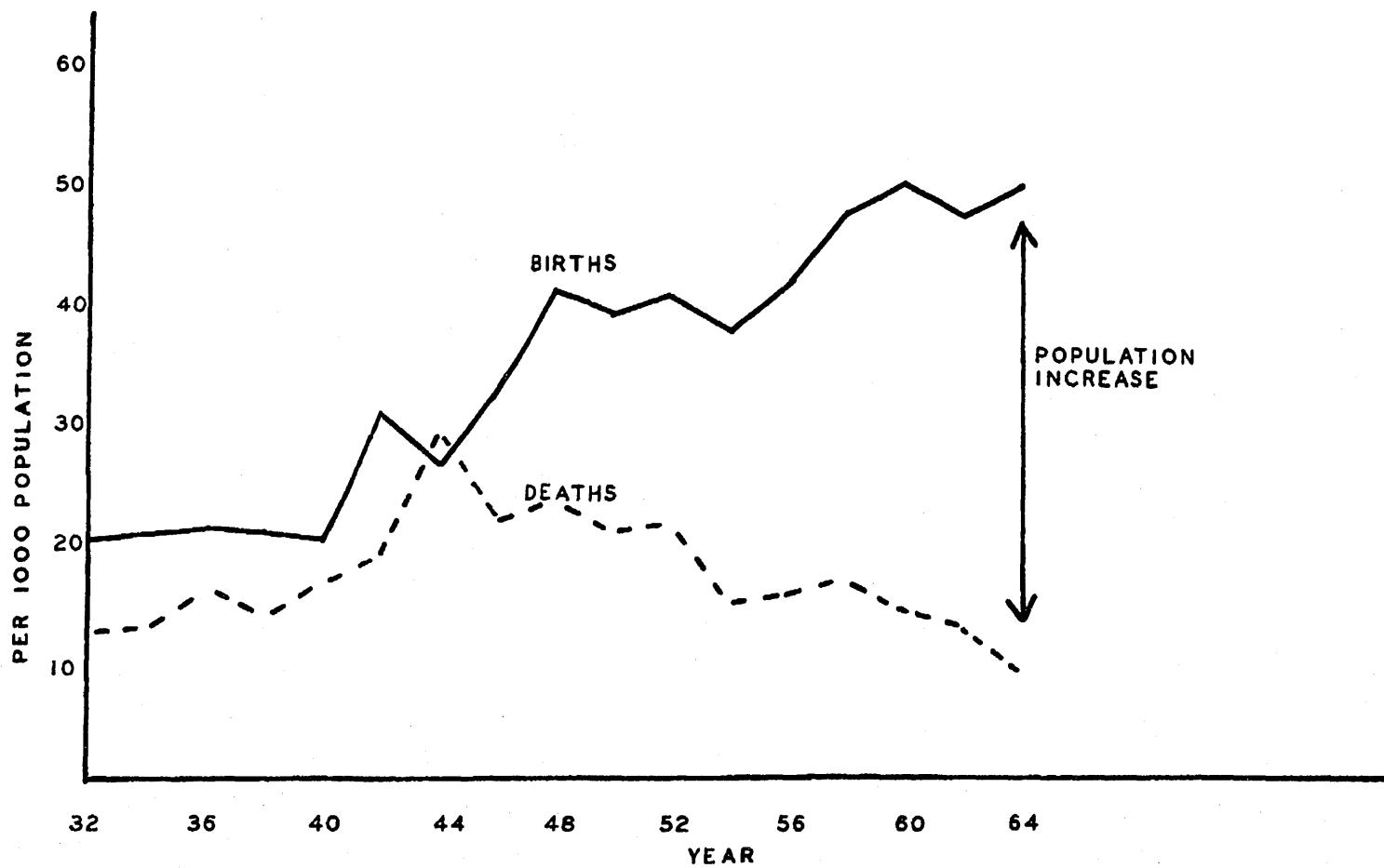
The recruitment of public health nurses has generally been satisfactory although there is usually a temporary shortage during change over periods. Through the co-operation of the Royal Canadian Mounted Police and the Northern Administration Branch of the Department of Northern Affairs and National Resources, married nurses are now employed at Igloodlik and Pond Inlet.

A major and frequent complaint from our unmarried staff is the inadequacy of single quarters. This is a valid and justifiable complaint and it is having an adverse effect on our recruitment of experienced and well qualified staff and it is also responsible for a rapid turn-over of staff.

The existing Federal Government ruling is that an unmarried employee is only entitled to single quarters and these usually consist of a single room in a barracks complex. It is of the utmost urgency that Government provide adequate bachelor apartment accommodation for unmarried staff as one cannot expect staff in northern posts to put up with living conditions much inferior to those they would enjoy in southern Canada.

Northern Health Service
May 1965

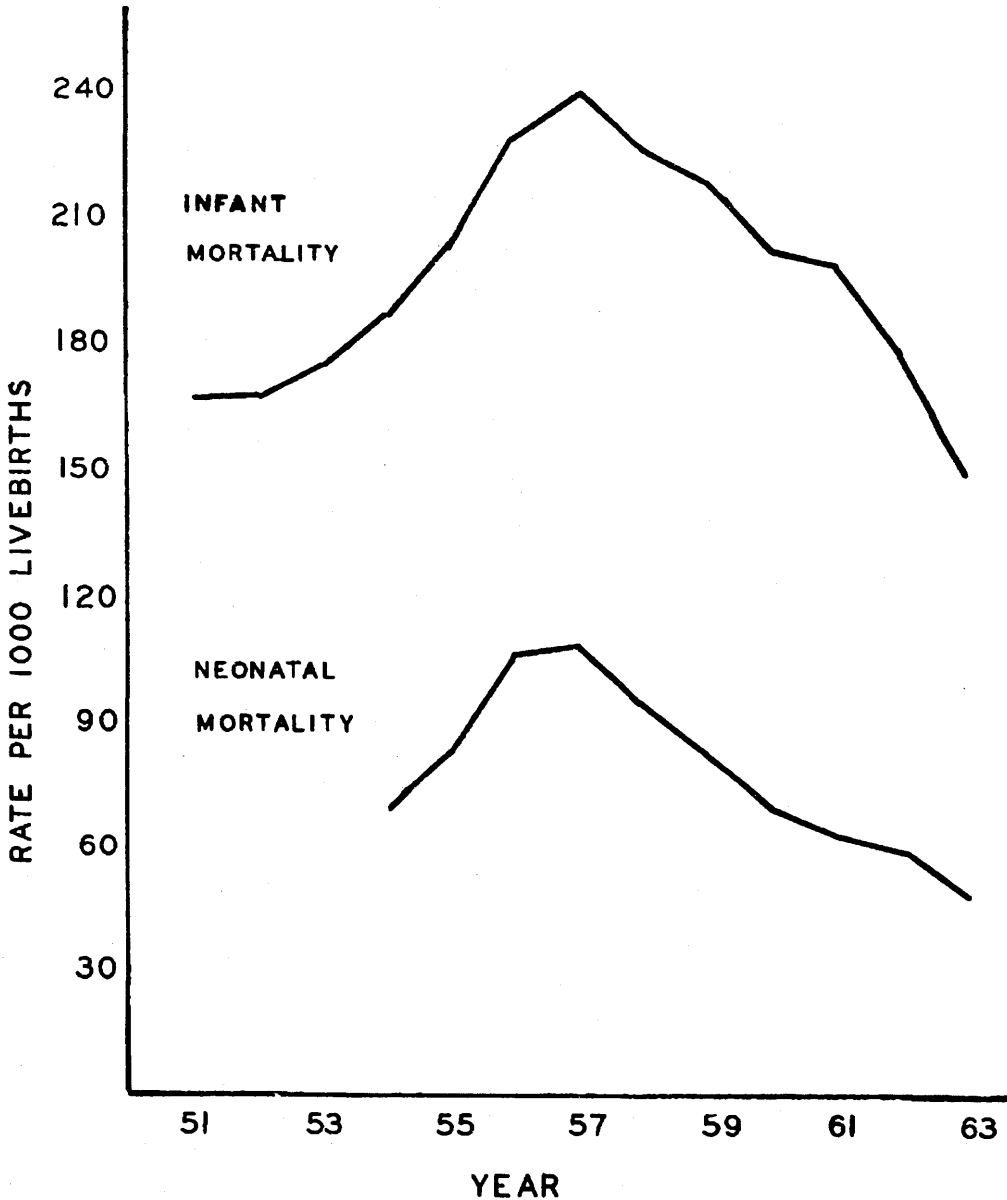
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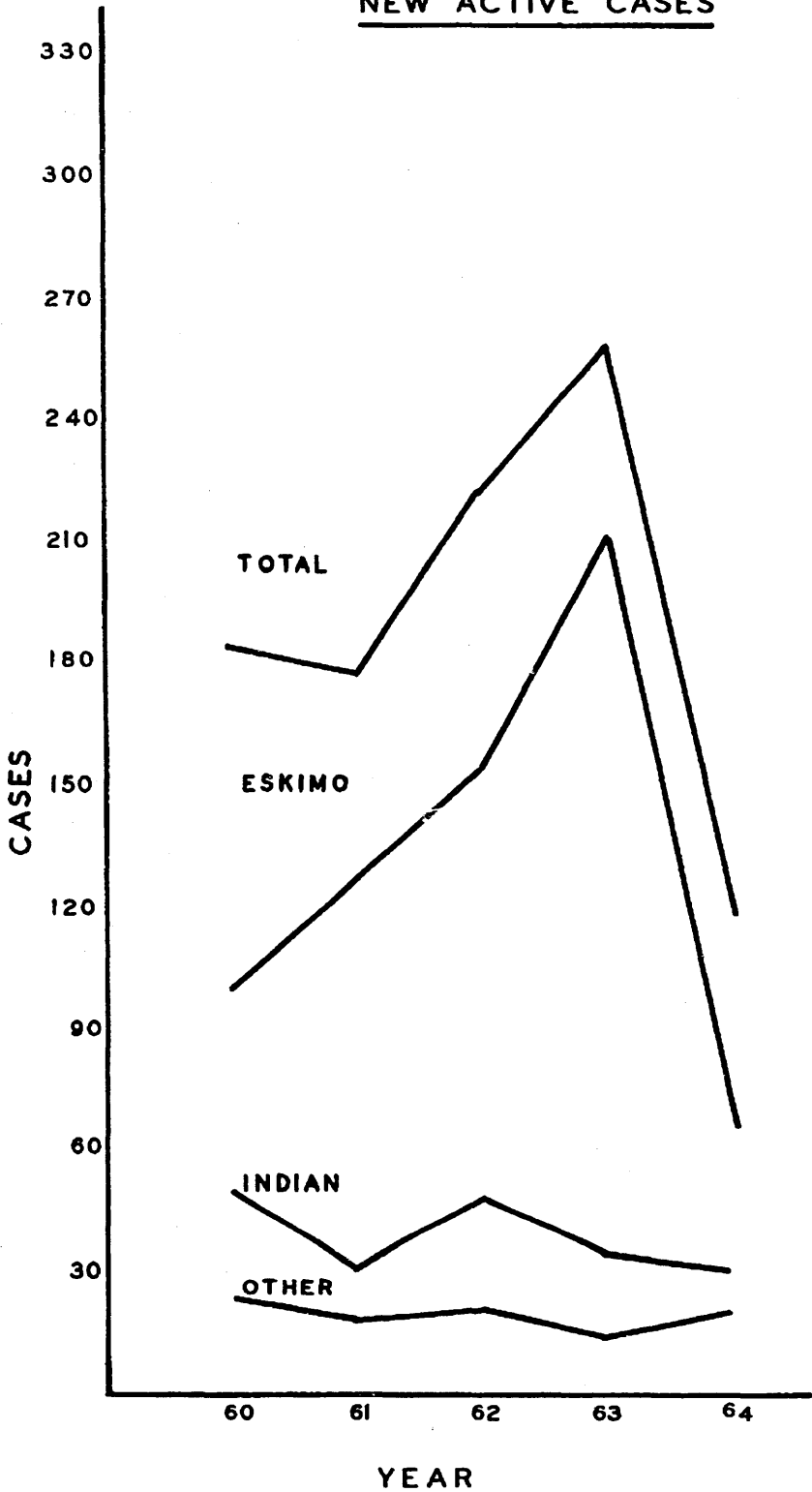
ESKIMO

THREE YEAR RUNNING AVERAGE



TUBERCULOSIS. N.W.T.

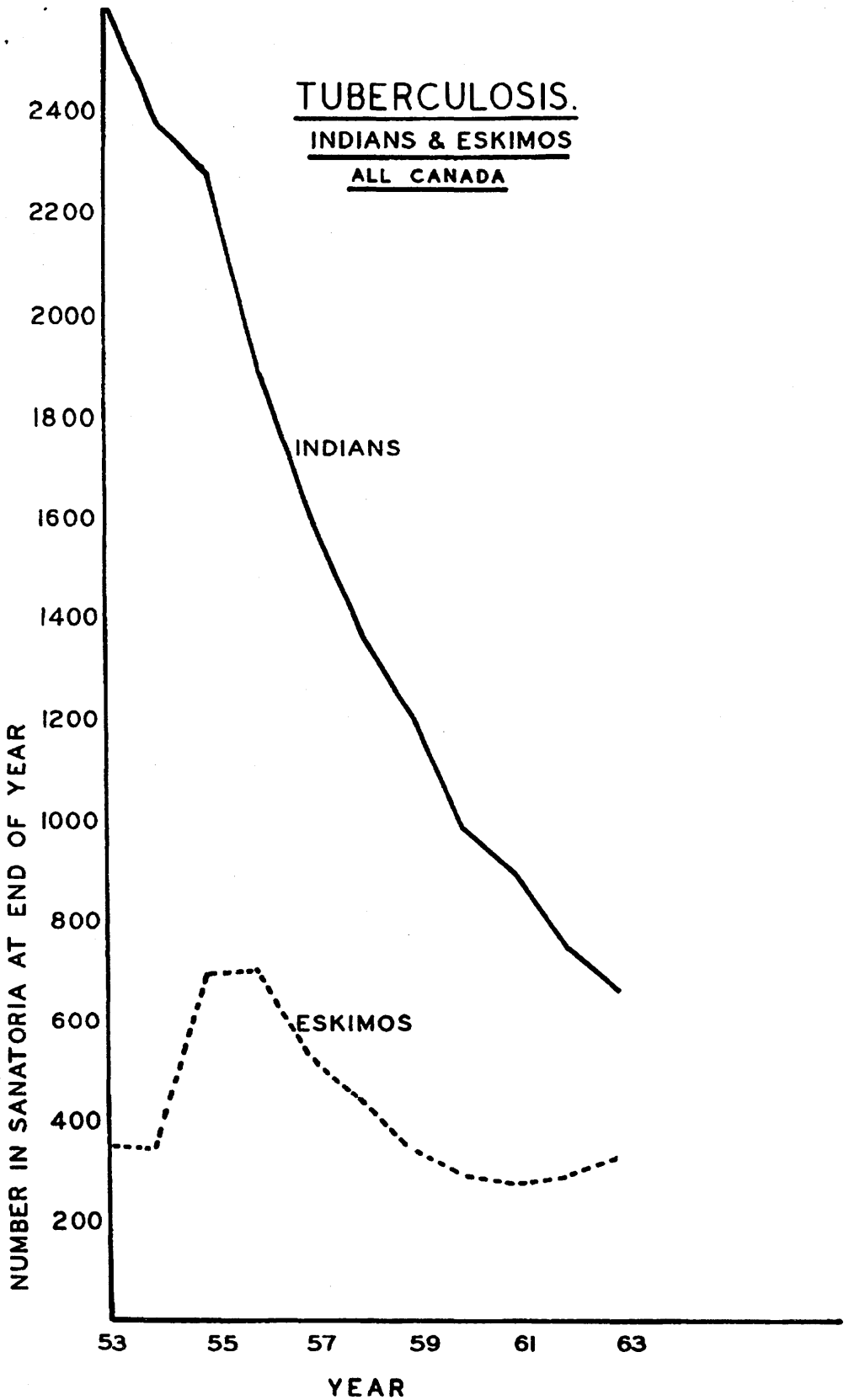
NEW ACTIVE CASES



TUBERCULOSIS.

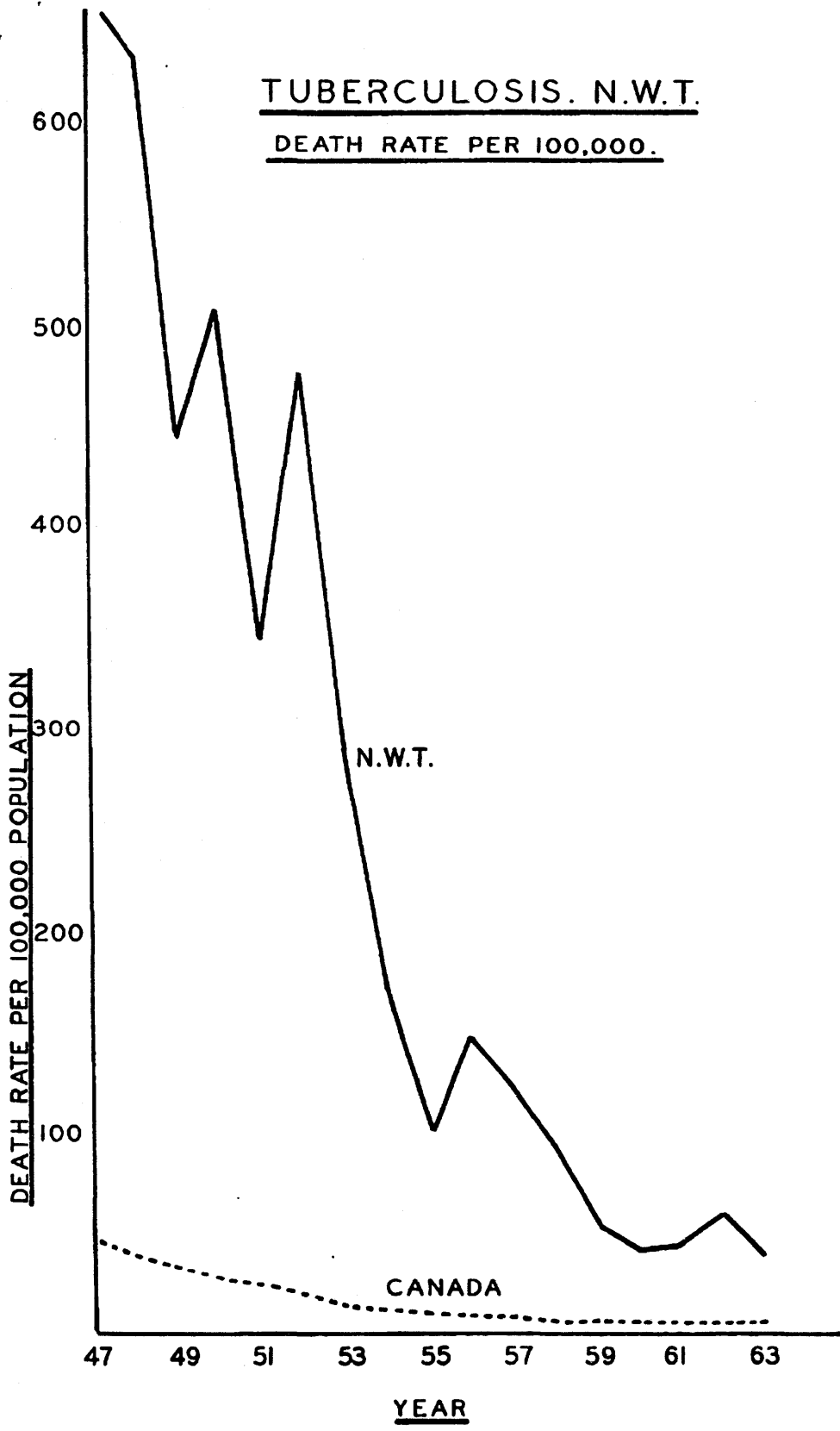
INDIANS & ESKIMOS

ALL CANADA



TUBERCULOSIS. N.W.T.

DEATH RATE PER 100,000.



GONORRHOEA. N.W.T.

1958 TO 1964

