

CHAPTER VII.—PUBLIC HEALTH, WELFARE AND INCOME SECURITY

CONSPPECTUS

	PAGE		PAGE
Part I.—Public Health	237	Subsection 4. Veterans' Programs...	266
SECTION 1. FEDERAL HEALTH ACTIVITIES.....	237	Subsection 5. Prairie Farm Assistance	267
SECTION 2. HEALTH ACTIVITIES OF THE PROVINCIAL GOVERNMENTS.....	240	Subsection 6. Government Annuities.	267
SECTION 3. INSTITUTIONAL STATISTICS..	250	Subsection 7. Welfare Services for the Indian and Eskimo.....	269
Subsection 1. Statistics of Hospitals, Other Than Mental.....	253	SECTION 2. FEDERAL-PROVINCIAL PROGRAMS.....	271
Subsection 2. Statistics of Federal Government Hospitals.....	258	Subsection 1. Old Age Pensions and Pensions for the Blind.....	271
Subsection 3. Statistics of Mental Hospitals.....	261	Subsection 2. National Physical Fitness Program.....	274
Part II.—Public Welfare and Income Security	263	Subsection 3. Training Programs....	276
SECTION 1. FEDERAL GOVERNMENT PROGRAMS.....	264	SECTION 3. PROVINCIAL PROGRAMS....	276
Subsection 1. Family Allowances....	264	Subsection 1. Mothers' Allowances	276
Subsection 2. Unemployment Insurance.....	266	Subsection 2. Welfare Services.....	280
Subsection 3. National Employment Service.....	266	Subsection 3. Workmen's Compensation.....	288
		Subsection 4. Care of Dependent and Handicapped.....	288
		Part III.—National Voluntary Health and Welfare Activities	289

NOTE.—The interpretation of the symbols used in the tables throughout the Year Book will be found facing p. 1 of this volume.

While the major responsibility for public health and welfare has rested with the provinces, the fiscal capacity of these Governments has not always been sufficient to meet the demands for either improved or new social legislation. On the other hand, the Federal Government, which occupies a much stronger financial position than do provincial and local governments, has faced certain constitutional limitations with regard to social security measures. In order to circumvent these difficulties in the furtherance of social legislation different approaches have been used. In the case of unemployment insurance an amendment to the British North America Act was obtained placing this field of activity under Federal jurisdiction. But in the field of old age benefits a joint Federal-Provincial pension program was established. While this pension plan is administered provincially, Federal financial assistance is provided through grants-in-aid representing 75 p.c. of the pension. Similarly, in the area of public health, financial aid is being extended through several Federal health grants for the strengthening of Provincial Health Services. Family Allowances, a Federal non-contributory program, illustrates a third approach.

In addition, the Federal Government administers a number of programs which do not fall within provincial jurisdiction, such as health and welfare services for Indians and Eskimos, narcotic control, immigration health services, the sick mariner medical and hospital care program, and health and welfare programs for disabled veterans and the Armed Forces.

During colonial days, private charity including church aid, together with very limited public provision for institutional care of the indigent, the mentally ill and the sick, were the main social services. In 1871, four years after Confederation, Canada, with a population of about 3,700,000 persons, was spending around