

health and safety of all those involved in Canadian civil aviation. Regional and headquarters aviation medical officers review all medical examinations, participate in aviation safety programs, and assist in air accident investigations. Close liaison with authorities responsible for foreign aviation medicine is maintained as standards are usually based upon international agreements.

The objectives of Prosthetic Services are to make available high quality services in prosthetic and orthotic rehabilitation under the terms of agreements in effect with the provinces and with the Department of Veterans Affairs, and to provide a national focal point for expertise in this field.

A number of Medical Services physicians provide an assessment and advisory service to the Unemployment Insurance Commission in relation to claims for benefits under the Sickness and Maternity Benefit Plan. The Canada Pension Plan maintains its own disability assessment service.

Emergency Health Services prepares plans to ensure that the health component of the Department is able to continue operating in the event or threat of nuclear attack and to advise, assist and stimulate provincial and municipal health departments in emergency health planning for both peacetime and wartime emergencies.

### 5.1.2 Health protection

Through the Health Protection Branch, the Department is responsible for developing an integrated program to protect the public against unsafe foods, drugs, cosmetics, medical and radiation-emitting devices, against harmful microbial agents and technological and social environments deleterious to health, against environmental pollutants and contaminants of all kinds, and against fraudulent drugs and devices.

The Branch is composed of six operational directorates — Foods, Drugs, Environmental Health, Laboratory Centre for Disease Control, Non-Medical Use of Drugs, and Field Operations. It is responsible for enforcing the Food and Drugs Act and Regulations, the Narcotic Control Act and Regulations, the Proprietary or Patent Medicine Act, and the Radiation Emitting Devices Act and Regulations.

**Food.** Standards of safety and purity are developed through laboratory research and maintained by means of a regular and widespread inspection program. The inspection of food-manufacturing establishments plays a major role in the production of clean, wholesome foods containing ingredients that meet recognized standards. Changing food technology requires the development of methods of laboratory analysis to ensure the safety of new types of ingredients and packaging materials. The Food and Drug Regulations list chemical additives that may be used in foods, the amounts that may be added to each food, and the underlying reason. Information on new additives must be submitted for careful review before they are included in the permitted list. Considerable emphasis is placed on studies to ensure that the levels of pesticide residues in foods do not constitute a health hazard. The effect of new packaging and processing techniques on the bacteria associated with food spoilage is also of special concern.

**Human nutrition.** The field work for Nutrition Canada, the first survey of the nutritional health of Canadians throughout the country, was completed in the fall of 1972 in collaboration with the provinces. This consisted of physical and dental examinations, anthropometric measurements, detailed dietary studies and biochemical tests on blood and urine samples from approximately 20,000 people representative of the populations of all provinces and the banded Indian and Eskimo population segments. The first report of results, released on November 6, 1973, was an overview of the nutritional status of the general, Indian and Eskimo populations. This revealed a very high prevalence of obesity without grossly excessive caloric intakes, emphasizing the importance of low levels of physical activity as a primary cause. It also revealed significant proportions of the population with sub-optimal intakes and/or amounts in blood or urine of several vitamins and minerals, particularly iron, vitamin D, calcium, vitamin C and folic acid. The nutritional status of native peoples was worse than that of the general population. Vitamin C deficiency was particularly common among Eskimos. Goitre of unknown cause was frequently observed, particularly in the prairie region. Protein status was generally satisfactory, although problems must be watched for in vulnerable groups, such as infants, pregnant women, and the elderly. Individual detailed reports on the findings in each province and for the Indian and Eskimo groups are in preparation, to be followed by reports on