1971 January

THE ONTARIO BRANCH

CANADIAN INSTITUTE OF PUBLIC HEALTH INSPECTORS

NEWSLETTER

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Stan Cowan, 665 Oriole Parkway, Toronto 12.
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James Watt, 496 Esther Street, Pembroke.
Charles Young, 23B Manitou Crescent, Amherstview.

January, 1971

PRESIDENT'S MESSAGE

On behalf of your executive, I extend to you the very best of wishes for continued prosperity and good health in 1971.

It is most encouraging to note our membership is steadily on the increase, and I am confident this trend will continue in 1971. We have a very strong, interested executive, with the Committees now well under way. Your 1971 calendar should be in the mail very shortly if you have not already received it. You will note your membership dues notice is also included, and I trust the first thing you will do with that extra, well deserved money you received for 1971, will be to submit a small portion to our Secretary-Treasurer. If you have any fellow workers who are in doubt as to their standing in the Institute, have them write Gord Anderson and he will provide them with all the necessary information.

A most encouraging report was received from Mr. Al Tomlinson at our last executive meeting in regards to the 1971 Branch Conference in Hamilton. For any of us who attended our last conference in Sudbury, it would seem rather doubtful that such an all out success could be repeated two years in a row, but it certainly looks like the Hamilton fellows have every intention of pulling it off. If you are aware of any firm interested in advertising or setting up a display booth, please contact Mr. Ross Campbell of the Hamilton-Wentworth Health Unit.

In closing I ask all members to read the minutes of our meetings and committee reports closely, and if there are any suggestions or questions, do not hesitate in bringing them to my attention.

W. Straughan, C.P.H.I.(C)
President - Ontario Branch
Canadian Institue of Public
Health Inspectors

****** 1971 CANADIAN INSTITUTE OF PUBLIC HEALTH INSPECTOR'S ******
CONFERENCE (ONTARIO BRANCH)

The dates are September 22nd. to 24th. inclusive. The place is Holiday Inn, Hamilton, Ontario.

The Holiday Inn is one of the most modern on the Continent with every facility available. The guest rooms and convention rooms leave nothing to be desired.

1971 is also Hamilton's 125th. Anniversary since its inauguration as a City.

September in Hamilton is still Summer, so bring your bikini and golf clubs. There will be a nine hole golf tournament with prizes for the best and most honest. There will be a full programme for the ladies and a dance after the banquet. We have already reserved the orchestra. The President's reception, banquet and dance on the second evening may be formal, but this is only if it is the wish of the majority. Let's hear from you, ays and nays.

The theme of our Conference will be "Facing the Future", and from what I hear is going on around us, we must stand up and face it, and maybe fight it a little too.

We have many good speakers in mind and will be approaching them at the proper time.

Our Inspectors and their wives will be working on entertainment for the evenings, including Tuesday evening, September 21st., when we would like as many delegates and their wives as possible to register. It will be a "Get Acquainted" night and should be fun for all.

There will be plenty of guest rooms set aside for reservations, but we would suggest you register early. You may do this through your Conference Chairman or directly with the Holiday Inn, 150 King Street, East, Hamilton, Ontario. We will be sending out further information on room rates, etc.

The Registration Fee will be $20.00 single and $25.00 for a married couple.

This year we will try to get the programme out in good time to all members.

So don't forget those dates: September 22nd to 24th., 1971. Mark it down, we want you here."

POLLUTION AND PUBLIC HEALTH

E.W.R. Best, M.D.,D.P.H.,C.R.C.P.(C),
Director,
Local Health Services Branch,
Ontario Department of Health

Presented at the Annual Meeting of the
Ontario Health Units Association,
Cornwall, Ontario,
September 28, 1970.

Mr. Chairman, your Worship Mayor Kaneb, ladies and gentlemen :-

Last week, I was in Sudbury attending the 31st Annual Conference of the Ontario Branch of the Canadian Institute of Public Health Inspectors. Most Health Units and Health Departments in this Province were represented by members of their Public Health Inspection staff. One of the topics of discussion at their meeting was pollution control. There is widespread public interest today in pollution control and I think it is appropriate to remind you that Public Health Inspectors have been in the business of pollution control for over 100 years and pollution control continues as their primary concern.

While in Sudbury, the guest speakers were warmly welcomed by the Public Health Inspection group, by the Chairman of the Board of Health, who is here today, and by the Mayor of the City of Sudbury. I was reminded of a slogan that has been very successfully used by one of our neighbouring Provinces; to quote - "Ici on parle hospitalité", or if I could put it another way, "Here the language of communication is good will and hospitality". I have personally found good will and hospitality in my travels in Northern Ontario. It is found in large measure in Eastern Ontario as highlighted here in Cornwall by the welcome that you have given to us. I can also report that the language of good will and hospitality can be found in large measure even in the heart of darkest To-ron-to. This should surely be one of the major international languages.

In light of my opening remarks, I have chosen to call this address "Pollution and Public Health". These words can mean different things to different people and I think it appropriate to consider some of the different meanings. One definition of pollution is, "that which causes DIS-EASE",

or "that which offends the senses and diminishes one's ability to enjoy his environment". It is not difficult to mention several examples. The eyes are offended by unsightly piles of rubbish. The ears are offended by loud or continuous noises. The nose is offended by strong odors.

Another definition of pollution is "that which causes disease" as the word is commonly understood. Many diseases can be caused by water pollution, by milk pollution and by food pollution.

And now to consider various meanings that are attached to the words "Public Health". Some people think of Public Health as the health of the public. Others think of Public Health as the body of scientific knowledge pertaining to disease in population groups, the mode of spread of these diseases and the means of control. A third concept of Public Health refers to people like Medical Officers of Health and Public Health Inspectors who are devoting their careers to the prevention and control of disease in population groups as a full time occupation. Yet another concept of Public Health is simply Government activities in the field of health. Finally, Public Health may be viewed by individuals in the context of services that they or their children have received. For example, the mother of a young child may think of the help she received in the growth and development of her child by the wise counselling of a Public Health Nurse. The restaurant operator may think of the help he received from a Public Health Inspector who advised him how to prepare, store and serve his foods in a safe and attractive manner, which would not only be of significant help in the operation of his business but would also protect the health of his customers. Again parents of school children who have received topical application of fluorides to the teeth of their children may be grateful to the Public Health Dental Hygienist for the sound, good looking teeth of their children. Further, persons who have gained a better understanding of health may appreciate the knowledge imparted to them as a result of the efforts of Public Health Educators. Finally, many individuals are very appreciative of advice and assistance received from Medical Officers of Health. These individuals would probably think of Public Health in terms of personal services received.

I want to return to pollution as it concerns the spread of disease. And here it is helpful to think of pollution in two broad categories: pollution of the environment; and individual self pollution.

I mentioned earlier that pollution of the environment has been the business of Public Health Inspectors for over 100 years. Indeed the science and technology related to Public Health Inspection has its origins in the control of communicable diseases. I want to give further examples of this. The ability of water to carry disease organisms is legendary. There are countless examples of water borne epidemics of typhoid, of dysentery and of cholera. We don't hear much of these diseases now in Ontario, thanks to the efforts of Public Health Inspectors and others associated with them. Milk borne disease is now rarely reported in this country but it is necessary to maintain a constant surveillance of the production and distribution of milk. Unfortunately, we cannot say that food borne infections or food borne intoxications are matters of historical interest. Outbreaks of food borne disease still continue to occur with an embarrassing frequency in spite of our knowledge of how they can be controlled by rather simple techniques. I refer here to staphylococcal contamination of foods or to use current terminology staphylococcal pollution of foods. And outbreaks of intestinal disease due to salmonella contamination or pollution are all too common. Education on the careful handling of food is a major preoccupation of Public Health Inspectors.

Examples of land pollution could easily be given by everone here today. The problems of human waste disposal are enormous. So too are the problems of disposal of other domestic wastes and industrial wastes. I need hardly mention our concern about air pollution. Air pollution causes not only disease in the sense of being offensive to the senses, but also can cause organic disease. Urban air pollution is associated with excess deaths of elderly persons and persons with cardiovascualr diseases, chronic bhest disease and other illnesses.

I have deliberately directed attention to examples of environmental pollution since they are the concerns of Public Health Inspectors, and therefore, your concerns as Board of Health members responsible for environmental health conditions in your communities, and representing the largest group of Public Health Inspectors in Ontario. Our most recent information is that right now there are 450 Public Health Inspectors employed in official Health Agencies in this Province. Only 6% of these Inspectors are employed by the Provincial Department of Health. The remaining 94% are employed by Local Baards of Health.

Now I want to turn from consideration of environmental pollution to self pollution and this is a growing public health problem in Ontario. In large numbers, we continue to pollute ourselves by cigarette smoking. We know that prolonged cigarette smoking may shorten our lives; that cigarette smoking is a major factor in the development of cardiovascualar disease, of chronic chest disease and of lung cancer. But cigarette smoking is only one example of mass self pollution. What about ways in which we pollute ourselves with drugs and chemicals. It is fashionable now to talk about our present drug oriented society. I am sure that many people will think that this is mainly a problem of youth who have access to a greater number of drugs and chemicals than you and I had; and who seem to have less inhibition in their use. However, before you and I point our fingers at youth let each one of us ask - how long have I been reliant on various drugs, such as appetite depressants, and barbiturates or other drugs which promote sleep? Also let each one of us ask - how long have I been using alcohol or more particularly abusing alcohol? I am suggesting that some drugs and chemicals have been with us for a long time and that large numbers of people through the misuse and abuse of drugs and chemicals have caused untold damage to their health. This problem of self pollution and self inflicted disease is causing grave concern in our society and it is a problem to which people interested and trained in public health are becoming increasingly concerned and devoting increasing amounts of their time.

I want to explore with you now another aspect of pollution which requires our attention. Concern for pollution is now the sole preserve of any one agency or professional group. Therefore, our efforts at control of pollution will be largely unsuccessful in the absence of full and freely given cooperation of all interested persons.

With so many agencies and individuals concerned about pollution, the question must be asked - what are the specific aspects of pollution to which persons interested in public health should give their priority attention. I would like to share with you my views on this question. I consider that the following are specific aspects of pollution to which people interested in public health should give their primary attention.

(1) To have overall responsibility for the protection of the public from the adverse effects of pollutants and other environmental agents on human health and well-being.

(2) To ensure that corrective action is taken by enforcement agencies when human health and well-being are involved.

(3) To conduct studies of the effects of environmental agents on human health and well-being.

(4) To conduct or ensure adequate monitoring and surveillance of the environment for those pollutants and other environmental agents which may have an adverse effect on health and well-being.

(5) To conduct biological monitoring (i.e. monitoring of people).

(6) To provide guidelines for environmental quality in order to protect human health and well-being.

(7) To support and assist other agencies engaged in prevention and control of pollution.

I want to illustrate the points that I have just made. This year there have been major developments in the Province in pollution control. I am sure that you are more familiar with some of them than I am. However, I will confine my remarks to those in which local Health Units and Health Departments and the Provincial Department of Health have been jointly concerned. During the summer months of 1967, 1968 and 1969, the Department has been engaged in a survey of pollution of recreational waters to determine the extent of the problem. Early this year, the Advisory Committee on Pollution Control of the Ontario Government expressed its mounting concern about the reported pollution of recreational waters in the Province. This Advisory Committee is composed of Deputy Ministers of those Departments closely involved with pollution. Pollution of recreational waters has been attributed in numerous instances to unsatisfactory sewage disposal procedures at cottages and other shoreline premises. As a result of this growing concern, the Advisory Committee recommended the establishment of a task force to examine the problem and prepare recommendations for an aggressive and effective program to achieve significant improvement during 1970; and recommendations for a continueing program designed to control shoreline sewage disposal systems and thereby provide future protection of recreational waters in Ontario. The task force was formally constituted in February 1970 and membership included representatives of the following departments: - Health, Municipal Affairs, Energy & Resources Management, Ontario Water Resources Commission and Lands & Forests. This task force completed its work within two weeks and reported

its findings and recommendations. In March 1970 these were presented in the task force report to the Advisory Committee on Pollution Control on Environmental Management of Recreational Waters in Cottage Areas of Ontario. This report was subsequently made public. The summary of the report is as follows.

"Summary of Problems

There are between 140,000 and 200,000 cottages in Ontario at the present time, and this number is increasing at the rate of at least 11,000 each year. Recent surveys by the Department of Health and the Ontario Water Resources Commission indicate that 10% of existing cottages are contributing to water pollution.

Summary of Recommendations

The task force recommends:

1. That a program of investigation and correction be undertaken during 1970 for a minimum of 4,000 cottages on selected lakes.
2. That all land in the Province of Ontario be placed under subdivision control and building control.
3. That development plans for recreational areas be provided.
4. That uniform minimum standards for private sewage disposal systems be adopted throughout Ontario.
5. That an increase in the staff and authority of the Department of Health and local health agencies be provided.
6. That public information programmes be expanded.

Conclusion of the Task Force Report

Although an intensive program of investigation and correction should be initiated during 1970, because of the magnitude of the existing problem and the annual increment of new cottages it is emphasized that only a major revision of the present control system will achieve the desired results."

Specific recommendations were made in the report respecting a control program. These recommendations were made in two parts, one being a preventive programme and the other being a treatment programme. The prevetive program is designed to prevent the development of new sources of pollution and the treatment program is designed to control existing sources of pollution. Many of you will be familiar with the program as its affects your own areas.

The program this summer has been very successful. The three principal

agencies and groups associated in the programme are the Department of Health, the Ontario Water Resources Commission and Local Health Units. To this I should add a fourth agency or group - Pollution Probe. This consisted of the efforts of a large number of highly motivated young people who had only one objective in mind and that was to make a personal contribution to Pollution Control. By their efforts, they gave considerable empetus to arousing public concern and to distribute information. In this process they prepared some remarkabley useful pamphlets. Their enthusiasm was well directed and I am sure that each of the individuals indentified with Pollution Probe feels well rewarded for his efforts.

In conclusion, it must be recognized that persons interested in public health have a major role to play in the prevention and control of pollution.

Medical Officers of Health and Public Health Inspectors are in close touch with citizens in their communities and they frequently receive questions and complaints about pollution of air, land and water. They have a direct role to play in the health aspects of pollution and can refer appropriate problems to other consulting and enforcement agencies. These include the Local Health Services Branch and the Environmental Health Services Branch of the Ontario Department of Health. Thus Medical Officers of Health and Public Health Inspectors have an important liaison function between local citizens and enforcement agencies.

You as members of Boards of Health have a major role to play in supporting the pollution control activities of your Health Units and Health Departments.

A meeting of the Ontario Branch Committee, Canadian Institute of Public Health Inspectors was held at the Anndore Hotel, 15 Charles Street E., Toronto, on January 9, 1971, commencing at 10:00 A.M. with the President, W.S. Straughan, in the Chair.

PRESENT: K. Adams, G. E. Anderson, R. deBurger, H.R. Gibbon, R. Paquette, J. Sandul, K. Spencer, W. Straughan, J. Watt, W. Wright and C. Young.

BY INVITATION: G. Skipwith, Newsletter Editor, and A. Tomlinson, 1971 Conference Chairman.

Moved by R. Paquette, seconded by C. Young, that we do adopt the Minutes of the October 23, 1970 meeting as circularized. CARRIED.

PRESIDENT'S REPORT: Since our meeting in October, I had the pleasure of attending an Area #2 meeting in Stoney Creek, and participating in a panel discussion on "The Public Health Inspector 1980!". The meeting was well organized and chaired with a very lively discussion. The majority of the 49 Inspectors present from the different Units and Departments were Institute members, with the exception of the Niagara District Unit. The men employed in this District are very progressive, and I am confident a direct sell by our Membership Committee would show a vast improvement in their District.

Mr. Ken Pollitt, our representative on the Plumbing Regulations Review Committee, has brought to my attention a proposed amendment which he opposed personally. I would recommend we advise Mr. Pollitt that he could speak on behalf of the Institute on this matter.

Since my President's Message in the last Newsletter, I have received a number of comments from members suggesting the message be forwarded to Pollution Probe. I will set up a Committee, chaired by W. Wright, to review and comment on the Pollution Probe report, and after approval by the Branch, these comments could then be forwarded to Pollution Probe before this summer.

I have been appointed to the National Committee on Professional Development, and will be attending a meeting in Toronto on January 20, 1971.

W. Straughan, C.P.H.I.(C),
President, Ontario Branch.

Moved by K. Adams, seconded by K. Spencer, that the President's report be accepted. CARRIED.

SECRETARY-TREASURER'S REPORT: 69 letters have been received since our last meeting and 211 items sent. Important items will be reviewed with the Branch Committee.

10 members had to be dropped from Branch roles on December 31, 1970. However, 3 others have been reinstated since January 1st. Membership now stands at 286 plus 2 honorary, a net loss of 3 since our last meeting. The following applications for membership require approval.

Lawrence Richard Anions, Box 583, High Street, Southampton.
Gerald Hubert Dafoe, 68 Palsen Street, Ottawa 3.
Robert Courtland McGeein, 5 Terrace Hill Street, Brantford.
David Alexander Thomas, Box 9, R. R. #3, Elmvale.
Joseph Spencer Yari, Pearson Road, R. R. #1, Welland.
Robert Elgin Young, R. R. #3, Staynor.

As the Branch previously agreed to a reinstatement program, now would be an ideal time for it's implementation.

Consideration should be given to the spiralling cost of producing the Newsletter.

FINANCIAL STATEMENT

OCTOBER - Balance Forward				543.90
Receipts			310.15	
Expenditures		929.03		929.03
	BALANCE		(Def)	74.98
NOVEMBER - Balance Forward			(Def)	74.98
Receipts			2,140.30	
Expenditures		864.93		864.93
	BALANCE			1,200.39
DECEMBER - Balance Forward				1,200.39
Receipts			60.00	
Expenditures		278.88		278.88
	BALANCE			981.51
In-Service Training Course Balance Forward			874.43	
Received from In-Service			1,751.50	
	TOTAL		2,625.93	
Expenditures			1,067.38	
	TOTAL		1,558.55	
General Fund Overdraft			577.04	
	BALANCE		981.51	

N.B. The December statement cannot be verified until receipt of a corrected Bank Statement.

Moved by G. Anderson, seconded by C. Young, that the Secretary-Treasurer's Report be accepted. CARRIED.

Correspondence as received was reviewed, and the Secretary-Treasurer was instructed to take appropriate action on some matters.

Moved by H.R. Gibbon, seconded by R. Paquette, that all bookings for hotel accommodation relative to Branch Executive meetings be arranged through the Secretary-Treasurer. CARRIED.

1971 Conference Chairman, A. Tomlinson, reviewed progress to date. Still needed are some speakers. Consideration is being given to a golf tournament, possibly a formal dinner dance for the President's reception and evening, tours of local interest and a full program for the lady delegates. Have sold about $800.00 of advertising, will receive a grant of $500.00 from the County, expect the City will host a luncheon and the Health Unit will pay full registration fees for all local Inspectors and their wives.

31st ANNUAL BRANCH CONFERENCE REPORT:

Amount of cheque presented at October 23, 1970 meeting		1,900.00
Outstanding Receipts Collected	237.38	
Statement of Final Adjustments 1. Phone Calls - $2.89 2. Bank Charges - 1.00	3.89	
Amount of final cheque presented at January 9, 1971 meeting		233.49
Total Profit from 1970 Conference		2,133.49

J. Sandul, C.P.H.I.(C), Chairman.
R.G. Paquette, C.P.H.I.(C), Co-Chairman.

Moved by R. Paquette, seconded by J. Sandul, that the final 31st Annual Conference financial statement be accepted. CARRIED.

The meeting was adjourned for lunch at 12:25, reconvening at 1:50 P.M.

MEMBERSHIP COMMITTEE REPORT: The recently revised 1971 publication "Directory of Public Health Inspection Personnel in Ontario and Place of Employment" published by the Local Health Services Branch of the Ontario Department of Health, has just been made available to us.

It is hoped that an accurate list of non members can be compiled by utilization of this publication along with our active membership list and our delinquent membership file. An appropriate letter of appeal for membership can then be sent to the non members.

R. G. Paquette, C.P.H.I.(C).

Moved by R. Paquette, seconded by H.R. Gibbon, that the Membership Committee Report be adopted. CARRIED.

IN-SERVICE TRAINING COMMITTEE REPORT: Several topics, among which are: Urban Public Health; Practive and Problems; Public Health Education Program; Objectives and Methods; are receiving the active consideration of the Committee. Preliminary approaches have been made to Ryerson and Mr. L. Dodgson is to meet with the Committee on Wednesday, January 20 to discuss the In-Service Program.

As no definite program has been accepted and no arrangements have been made, a full report will be made to the next meeting of the Institute.

R. deBurger, C.P.H.I.(C).

Moved by K. Adams, seconded by J. Watt, that the In-Service Training report be accepted as read. CARRIED.

EROSION AND DUPLICATION COMMITTEE REPORT: A draft letter has been prepared along with a questionnaire draft dealing with the extent of duplication. These drafts are being sent to the National Executive for their study and comments. Upon approval, the questionnaire, together with the covering letter, will be forwarded to some governmental office in each Province as well as a Federal government office.

The choice of office is yet to be determined. It will, however, need to be an office without bias towards any part of the questionnaire. Probably one that has a more overall concern about the added cost of duplication of services.

A discussion with a federal cabinet member is arranged within the next two weeks. It is hoped that he will provide a definite opinion as to the recipients of the questionnaire.

K.G. Spencer, C.P.H.I.(C).

Moved by K. Spencer, seconded by R. deBurger, that the report of the Committee on Erosion and Duplication be accepted. CARRIED.

ASPECTS OF COLLECTIVE BARGAINING COMMITTEE REPORT: As indicated at our last meeting a discussion had just taken place between the members of this Committee and Mr. A. Riseley, Director-Ontario Region, CUPE. I would like now to discuss the points raised at this meeting for your information and direction.

Mr. Riseley was of the strong opinion that our Ontario Branch could now allow CUPE to begin a promotional campaign for membership. It was made clear to him at that time, and in later correspondence, that our membership rolls will not be opened to his office until our membership so directs by written ballot as resolved at our last Annual Meeting. It was also found that words "direct affiliation" held two definite and separate connotations between this Committee and CUPE. In CUPE's eyes this apparently meant all the services of their organization, etc., once they are certified by O.L.R.B. as bargaining agents for all Public Health Inspectors. This of course is not feasible at this time since O.L.R.B. will not grant this as pointed out previously but it is possible at a later date. In the mind of this Committee these two words were taken to represent a working alliance towards the goal we have been directed to achieve. From a December 18, 1970 letter received from Mr. Riseley following a discussion with his National Officers, I feel confident that they desire our full, eligible, membership in their organization and will work with us to achieve this.

Several points raised in my lengthy October 27, 1970 letter to Mr. Riseley remain unanswered as yet but I feel confident that these points can be easily clarified. It is therefore recommended that at our next meeting this Committee's final report and recommendation be tabled for your consideration and submission to our membership for their decision by written ballot.

C.L. Young, C.P.H.I.(C).

Moved by C.L. Young, seconded by W. Wright, that the report of Collective Bargaining be accepted as read. CARRIED.

AREA CONFERENCES COMMITTEE REPORT: Following is a list of Area Conferences and the newly elected Chairmen and Secretaries. This list was provided through the Regional Consultants in their respective districts.

AREA #1 - Chairman - Peter Raeburn,
21 Seventh Street,
Chatham, Ontario.

Secretary - Ledley Coates,
21 Seventh Street,
Chatham, Ontario.

AREA #2 - Chairman - F.S. Shimoda,
Hamilton-Wentworth Health Unit,
64 Hughson Street S.,
Hamilton 20, Ontario.

Secretary - R. Zinkewich,
70 King Street E.,
Stoney Creek, Ont.

A recent meeting was held in Area #2 on December 9, 1970 and Mr. A. Chaisson, Regional Consultant, stated that the minutes would be forwarded as soon as they are completed.

AREA #3 - Chairman - H. Rankin, Bruce County Health Unit, Walkerton.
Secretary - J. Orr, Bruce County Health Unit, Walkerton.

AREA #4 - (Toronto Area) There has not been a meeting of this Area for many years and it is impossible to find out who the Chairman or Secretary really are.

AREA #5 - Usually meets with Area #6.

AREA #6 - Chairman - W. Armstrong, Leeds, Grenville & Lanark District Health Unit, P.O. Box 30, Perth.
Secretary - J. Craig, same address as above.

I understand from information received from D. Porter that the meetings held between the two conference areas are usually very good and are held in Perth due to its central location.

The Mideastern and Eastern Regional Offices propose to co-operate in retaining the one conference area between the two regions. In their view, if it was split, then the numbers of inspectors that would be in position to attend would be too few to guarantee good conferences on a continued basis. I agree on these points, because in Area #8, our inspectors are few and no meetings have been called since last spring and no word for one in the future. In addition to the above, I agree with Mr. Porter that the Conference areas boundaries should be adjusted to meet the boundaries of the various regional offices in Southern Ontario.

AREA #7 - Chairman - T. Elliott, Box 185, North Bay.
Secretary - J. Stone, same address as above.

Meetings are held on a regular basis.

AREA #8 - Inspectors are too few to hold a good educational meeting. Last meeting held in this conference area was on May 4, 1970. Sault Ste. Marie Health Unit also attended this meeting. No date has been set for future meetings.

Chairman - J. Scott, Thunder Bay Health Unit, 300 N. Lillie Street, Thunder Bay "F".
Secretary - P. Boban - same address as above.

Should the area conference meetings be changed to involve the Regional Consultants' areas?

K.G. Adams, C.P.H.I.(C)

Moved by K. Adams, seconded by R. deBurger, that the report on Area Conference Committee be accepted as read. CARRIED.

NEWSLETTER: There was a discussion on the rapidly rising costs of this publication. Some exploration will be carried out by the Editor and Secretary-Treasurer regarding the advantages of an alternate printing method, in the hope that costs could be reduced.

Moved by J. Watt, seconded by K. Spencer, that the report of the Newsletter Editor be accepted. CARRIED.

Moved by R. Paquette, seconded by K. Adams, Notice of Motion: Amend the Branch By-Laws dealing with Area Conference boundaries as defined by the existing By-Laws to conform with the Regional area boundaries as defined by the Provincial Department of Health. CARRIED.

SALARY SURVEY COMMITTEE REPORT: A number of salary and benefit schedules have been prepared and circulated or made available to health agencies in the past few months.

Included in this number and attached are: Ontario Department of Health - Salary Schedule - October, 1970; Haldimand-Norfolk Health Unit Survey - November, 1970; Canadian Public Health Association Recommendations - 1970. Copies of these reports may be obtained by requesting same from the chairman.

In view of the above, it was felt that another survey at this time by this Branch would have little if anything in addition to offer.

A salary and benefits questionnairre will be prepared and circulated to all health agencies early in the new year and the results will be presented at a future committee meeting.

It should be remembered that this Branch requested The Ontario Health Units Association to conduct a professional evaluation of Public Health Inspector salaries. This request is now being considered by that organization.

J.M. Watt, C.P.H.I.(C).

Moved by J. Watt, seconded by W. Wright, that the report of the Salary Survey Comm. be accepted. CARRIED.

Moved by J. Watt, seconded by K. Adams, that the combined National and Branch Conference be held on July 9 to 13th inclusive in Windsor, Ontario in 1972. CARRIED.

Moved by K. Spencer, seconded by R. deBurger, that the travelling allowance for Executive members of the Branch attending committee meetings be increased to six cents per mile from five cents per mile. CARRIED.

Moved by R. deBurger, seconded by W. Wright, that the next Branch Committee Meeting be held on Saturday, March 6, 1971 at 10:00 A.M. at the Anndore Hotel in Toronto. CARRIED.

Moved by R. Paquette, seconded by J. Watt, that the expenses involved with this meeting be paid. CARRIED.

Moved by C.L. Young, seconded by R. Gibbon, that the financial statement for publication in our Newsletter be condensed for reasons of space conservation. CARRIED.

Moved by R. Paquette, seconded by K. Adams, that we do now adjourn. CARRIED. Time 4:45 P.

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PRESIDENT SECRETARY-TREASURER