

MINISTER OF NATIONAL HEALTH AND WELFARE
OTTAWA, CANADA

February 28, 1946

Hon. J. A. Glen,
Minister,
Department of Mines and Resources,
Ottawa.

My dear Colleague:

The transfer of Health Services for Indians and Eskimos from two branches of your department to the Department of National Health has presented certain difficulties which arise from the divided control between our two departments in matters pertaining to the health and welfare of the native population.

The chief difficulty and the one which will present the greatest problem regarding the payment of accounts is the division of charges on invoices which will, of necessity, contain items applicable to both Departments. This condition will exist in numerous instances and under numerous circumstances. The following are types of cases rather than actual cases.

In certain outposts single orders for supplies and services such as coal, oil, food, electricity, materials for repairs and maintenance, and shipping of same, etc. are placed in large amounts to cover the requirements of both the Medical Services Division and the Indian Affairs Branch at the same location. This is an economy measure but is also necessitated by delivery conditions. It applies to locations where -

- (a) The Indian agent is also the district doctor.
- (b) The agent and the doctor are both located at the same post.
- (c) In addition to (b) the hospital, school and staff residences are located at the same post.

If the present system of handling transportation warrants were continued, charges in the monthly billings from Railway, Bus and Air Transport Companies would require division between Departments. Such division could be obviated by the use of separate Departmental warrants but as both would be the responsibility, in most cases, of the Indian agent the possibility of error and confusion would be thereby made greater.

In cases where administration costs are charged to Indian Trust Funds the splitting of accounts already presents a minor difficulty which would become greater by the entry of another Department into the picture.

Periodically a plane is chartered by a party of officials who visit the several tribes at the time of payment of treaty money. This party invariably includes a medical officer who also makes his medical inspections at such times. The costs of these journeys would also have to be divided between Departments.

While it would be possible to have separate invoices prepared in respect of the particular charges applicable to the Indian Medical Services and to the Indian Affairs Branch, this would necessitate the placing of orders separately and in some instances would mean completely divorcing the two administrations. An example of this is the electricity production plant at Norway House which furnishes both light and power for the hospital, the school, the agent's office, the warehouses, as well as the staff residences located there.

The only alternative is the allocation of charges on each invoice concerned. This could be done as at present but with considerable loss of time and possibly of files in passing them to and from the different buildings concerned. Also the possibility of duplication of payment under this procedure becomes very real. Otherwise the accounts may be paid entirely in the first instance by one or other of the two Departments and an elaborate accounts receivable section established in the paying Department, in order to recover the respective portions from the other.

Section 30 of the Consolidated Revenue and Audit Act contemplated that accounts would be certified before payment by an officer of the Department responsible for the

funds to which such payments were to be charged. As practically all Indian medical accounts are now certified by the Indian agent concerned, it would be necessary either to continue this practice or appoint an additional administrative officer under the Department of National Health and Welfare to work in conjunction with every Indian agent in the country. The former would seem to be a contravention of the Consolidated Revenue and Audit Act, whereas the additional Administrative costs of the latter are readily apparent. Alternatively, medical and hospital accounts chargeable to Indian Trust Funds are presently certified by Medical Services officials.

Undoubtedly ways could be found to take care of the above difficulties but not without a huge organization problem and/or the amendment of existing legislation.

A survey of the Indian Affairs Branch files with a view to segregating and transferring that correspondence pertaining to Indian Medical Services only, indicates that numerous difficulties will be encountered which can only be surmounted by an enormous amount of copying and file splitting. This situation would appear to have been caused by the necessary close co-operation which has prevailed between the Medical Services and Welfare Services of Indian Affairs.

Frequently a Doctor on a reserve is not only the Health Services representative but is also the Indian Agent, and as such is responsible for Welfare and Administration. Reports from the Agents have in the past incorporated both Welfare and Medical matters which it will now be necessary to have copied to cover both the services.

Frequently a school teacher on a reserve is not only a school teacher but also a reserve nurse. This may involve the creation of two files on the individual, one to cover employment insofar as this Department is concerned and one for the Dept. of Mines and Resources.

Accommodation files in general will have to be very closely scrutinized. In some instances the same building is occupied by both services. In such cases who would

retain the correspondence re heating, maintenance of building, etc?

In some agencies boats, canoes, motor boats, etc. are used in both medical and Agency, or Welfare work. Frequently chartered aircraft are shared by various officials in carrying out their duties. There are many points where a decision will have to be made as to which department is to retain the boat or existing buildings.

At headquarters most of the difficulties of administration could be solved if space could be allotted to accommodate both the Indian Health Services of this department and the Indian Affairs Branch of Mines and Resources, preferably on one floor of the same building. This would be possible in the Jackson Building, and the staffs of both departments would have access to all files and it would be unnecessary to divide or copy these complicated files.

Frequent consultation between officials of Indian Affairs and Indian Health Services are essential. The present space occupied by the Indian Health Services in the Booth Building is inadequate and I have been informed that the Indian Affairs administration is also in very cramped quarters.

I will be very glad of any suggestions that you can make for greater efficiency in this Service, and will co-operate as fully as possible.

Yours sincerely,



Ottawa, Ontario
November 1, 1945

Memorandum:

The Deputy Minister
Department of National Health & Welfare

P.C. #6495 dated October 12, 1945 provides for the transfer of that part of the public service administering the medical care and hospitalization of Indians, including the Eskimos, together with the staff now employed in the said part of the public service and the hospital equipment and other physical assets used in connection therewith, from the Department of Mines and Resources, to the Department of National Health and Welfare as of, and from the 1st of November, 1945. Provision is also made in the Order in Council for the transfer of funds voted by Parliament for the said medical care and hospitalization.

I am given to understand that the estimates of the Northwest Territories and the Yukon Branch of the Department of Mines and Resources did not include a special amount for the care of Eskimos, but that bills incurred in this connection were charged to other appropriations. In the 1945-46 Estimates a total sum of \$2,425,000 is provided for Indian hospitals and general medical care of Indians. As on September 30, 1945, \$831,944.61 had been spent and approximately an additional \$200,000 had been incurred.

Certain problems in connection with administration immediately arise when the transfer becomes effective. I will endeavour to list a portion of these with my recommendations as to how these difficulties can be met on a temporary basis, pending a permanent adjustment.

In the administration of medical services under the Indian Affairs Branch, the Indian Agent has been considered the administrative officer of the department for his Agency. There are approximately 100 Indian Agents and these Agents are responsible for the administration of approximately 1000 Indian reserves. The total Indian population is 118,378.

As far as medical services are concerned, our field officials are as follows:

- 11 full time permanent medical officers
- 3 full time temporary medical officers
- 2 permanent full time medical officers whose salaries are paid from Band Funds
- 33 permanent, part time medical officers
- 39 temporary part time medical officers

The department also employs thirteen field nurses full time a number of whom are permanent and the balance temporary

employees. In addition to these full time and part time salaried employees, there is a variety of positions that are filled part time on a basis of payment for services rendered. These positions include doctors, nurses, field matrons, drug dispensers and others who give some assistance in medical care to natives in remote areas. These total about 800.

In the case of all these employees, it is necessary for them to get the authority of the Indian Agent to incur expenses for the medical care of Indians. It will readily be seen that with the exception of the full time or, in certain instances, the part time salaried employees, it will be necessary to have the Indian Agents act as administrative officers.

The field administration of the fifteen hospitals operated by this service will not be so difficult. Their staff totals about 250. Certain of these hospitals are now under the direction of the Medical Superintendent. In some instances, however, the Indian Agent is the administrative officer of the hospital, due to the fact that services such as water, light, and power often serve the administrative offices, schools and other employees' residences, as well as the hospitals. Certain of the hospitals have no business offices or office staffs and are dependent upon the Indian Agent's office for these necessary services.

All accounts for medical services to Indians in any Indian Agency are sent to the Indian Agent who certifies that these accounts were incurred on behalf of an Indian who is eligible for treatment at the expense of the federal government. Until other arrangements are made, it will be necessary to request the Indian Affairs Branch to have Indian Agents continue this practice.

Each of the Western provinces has a senior official known as the Inspector of Indian Agencies, or, in the case of British Columbia, the Commissioner of Indian Affairs, in charge of the business administration for that province. These Inspectors continually carry out manifold duties on behalf of the medical service. Until some other organization is set up, it will be necessary to request the Indian Affairs Branch to make their services available on the same basis as at present.

The Indian Act and the Regulations for Medical Services thereunder, makes the Indian Agent Health Officer for his Agency. He is directed to act on the advice of the medical attendant. This arrangement should also continue for the present. Under the Indian Act the Superintendent General has power to pass various regulations and under these regulations we are able to enforce isolation, quarantine and compulsory treatment of infectious diseases, including trachoma, venereal disease and tuberculosis. I would suggest the continuance of present arrangements pending the working out of any system that might be more desirable.

The Department of Mines and Resources has certain Purchase Regulations and members of the Purchasing Division are familiar with our regulations. I do not know whether the Department of National Health and Welfare has a purchasing organization able to handle the requirements of the medical service, if not, temporary arrangements might be made with the Department of Mines and Resources to continue to purchase on our behalf.

The Medical Division has an extensive and comprehensive programme of construction. There are certain projects now under way and there are several others that it is imperative to get under way with as little delay as possible. Early consideration should be given to the handling of this programme. The Surveys and Engineering Branch of the Department of Mines and Resources is working on certain of these projects at this time. Engineering services are frequently required in connection with medical buildings, hospitals, etc.

A number of our building projects are in remote areas such as Fort George in the northern part of James Bay and Trout Lake about 300 miles north of Sioux Lookout and at Island Lake 200 miles inland from Norway House. In areas such as these, all local arrangements have to be made by the Indian Agent or members of his staff.

There are many instances where Welfare and Medical Services overlap, such as the care of the blind, the aged, destitute and the physically incapacitated. These are not strictly medical cases. It would be necessary to make a division of responsibility in these cases.

Some social service workers are employed and are, at present, being paid from the Medical vote.

The medical inspection of children prior to admission to residential schools has always been a problem. It will be necessary to get the fullest co-operation between the doctors employed, the Indian Agents and the residential school Principals. The health of children in these residential schools as well as medical inspection and supervision of the Indian day schools will, I take it, be the responsibility of this service.

Our travelling nurses, for the most part, are dependant upon the Indian Agents or farming instructors to make necessary arrangements for transportation and lodging for them.

I feel it will be necessary to ask the Indian Affairs Branch to have the Indian Agent continue to handle the shipment, delivery and distribution of medical supplies in areas where we have no medical service other than a part time dispenser who is often a missionary, mounted policeman, Hudson's Bay or other trading post manager, or the wives of any of these people.

Repairs to nurses' homes, the purchase and delivery of fuel should still be handled by the Indian Agent and it will frequently be necessary to have a responsible officer make reports and recommendations with respect to the purchase of equipment and repairs.

Certain doctors employed in the department also act as Indian Agents. At present there are five such dual employees. Until the Indian Affairs Branch can appoint Indian Agents it will be necessary to continue such dual employment.

In the present day-by-day administration of medical services about 75% of the correspondence carried on is between the Indian Agent, or departmental inspector and the medical division. It has also been necessary for the administrative officers of the Medical Service to have frequent consultations with other headquarters officers such as the Director of Indian

Inspectors for Ontario and Quebec, the Superintendent of Schools, the officer in charge of relief and welfare, and the Reserves and Trusts division.

Certain employees are paid from Indian Band Funds, for example, the Blood Indian Band pays all costs in connection with the operation of the Blood Indian Hospital, including the salary of the Medical Superintendent. The Superintendent of the Lady Willingdon Hospital, Brantford, is paid from the funds of the Six Nations Band. Also the medical expenses of certain Indians are charged to either the funds of their Band or to individual Trust accounts.

With regard to the filing system at headquarters, there are between 6000 and 7000 active files which deal wholly with medical service. There is also a comprehensive number of files on which some of the subject matter has to be dealt with by the medical division. Similarly, other officers of the Indian Affairs Branch frequently wish to refer to medical files. When the transfer is effected, I feel that it is imperative to have someone from Indian Affairs records division who is familiar with the files and filing system to transfer to the records service of the Department of Health and Welfare.

The Personnel Division of National Health and Welfare have been looking into administration problems relating to personnel administration of the Medical Division. I believe this presents no major difficulties, but it might be of assistance if Miss Johnston, at present Clerk Grade 2 in the Personnel Division be promoted to Clerk Gr. 3 and transferred to National Health and Welfare personnel. Her knowledge of Indian Affairs medical personnel would be of assistance.

To summarize, I would recommend that, for the time;

1. Indian Agents be asked to continue certifying all accounts and to continue to carry out the duties in connection with medical service that they are charged with at present.
2. That Inspectors of Indian Agencies continue to give the same service as at present to the Medical Division.
3. That immediate consideration be given to the manner in which the Indian Affairs Medical Service construction programme is to be carried out.
4. That immediate direction be given regarding purchase regulations and procedure.
5. That a ruling be given as to whether the responsible officer in charge of the Medical Services to Indians is to correspond directly with Indian Agents and other field officers, or whether such correspondence should be directed to the Director of the Indian Affairs Branch.
6. It is to be noted that the Comptroller of the Treasury has instructed the Chief Treasury Officer of the Indian Affairs Branch to continue to administer the Indian Affairs Medical Service vote for the balance of the fiscal year, and that a request has been made for authority to sign necessary accounts and documents on behalf of the Department of National Health and Welfare, for Dr. W. L. Falconer and for the undersigned.

7. It is recommended that similar arrangements be made regarding the medical services to Eskimos, as have been recommended with regard to Indian Affairs. That is, that officials of the Northwest Territories Branch should, for the present, continue to carry out their respective duties. The fullest possible consultation service will be supplied to the Northwest Territories officials regarding their medical problems and all medical accounts will be examined and certified for payment, by this administration.

A copy of this memorandum is being sent to the Director of Indian Affairs, Department of Mines and Resources.

I feel that an early meeting should be arranged between officials of National Health and Welfare and Mines and Resources to discuss the proposals outlined herein, as well as other problems in connection with the transfer of the medical service.

P. E. Moore, M.D., D.P.H.
Acting Superintendent, Indian Medical Service
Department of National Health & Welfare-

PROPOSED TRANSFER OF THE MEDICAL SERVICES
OF THE
INDIAN AFFAIRS BRANCH
TO THE
DEPARTMENT OF NATIONAL HEALTH AND WELFARE

1. This will necessitate the immediate transfer to the Department of National Health and Welfare of all medical officers now employed by the Indian Affairs Branch, including the staffs now employed at Indian hospitals and doctors now serving as Indian Agents.
2. The transfer of the medical staff, Indian Affairs Branch, Ottawa, with at least one employee from the Indian Records Service and one from the Treasury Branch.
3. It will necessitate an immediate arrangement whereby doctors now serving as Indian Agents will be able to serve as such until regular Indian Agents are selected and appointed.
4. It will necessitate the appointment by the Department of National Health and Welfare of Medical Superintendents to undertake the inspection and supervision of Medical Services in each province, including admissions and discharges from hospitals, issuance of transportation warrants, burial arrangements for Indians who die in hospitals and a number of other duties. This work is now performed by our Indian inspectors. In this connection, one medical supervisor or superintendent might be sufficient for P.E.I., Nova Scotia and New Brunswick, with one in each of the other provinces.
5. It will necessitate an arrangement or understanding with the Department of National Health and Welfare whereby teachers and missionaries now acting as drug dispensers and relief officers will serve both departments, using the warehouses now in operation.
6. The Indian Affairs is in constant communication with Indian Agents in respect to the shipment, delivery and distribution of supplies. Freight rates on these supplies are high, amounting in some cases to forty-three cents per pound. Certain savings can be effected, however, by making arrangements for shipment in bulk at certain seasons throughout the year. It will be necessary to work out an arrangement between the two departments with respect to the correspondence relating to these shipments, the dates of shipment and distribution of the supplies on the reserves. This work is now undertaken by Indian Inspectors and Indian Agents. This applies also to medical accounts now approved before payment by Indian Agents.
7. Nurses engaged in field work employed by Indian Affairs work under the direction of the Indian Agent. Holidays, sick leave and such matters are first approved by the Agent. Repairs to nurses' homes, purchase and delivery of fuel, etc., are the responsibility of the Agent. It will be necessary to come to an arrangement whereby fuel, particularly coal, can continue to be purchased in bulk and it will be necessary also to have a responsible officer make reports from time to time with respect to the purchase of equipment, and repairs to nursing stations.
8. Dental and medical services at Indian Residential Schools are recommended from time to time by Indian Inspectors and Indian Agents who, in addition to their own inspections, frequently receive reports from public school inspectors. These services in future might well become the responsibility of the provincial medical inspectors appointed by the Department of National Health and Welfare.
9. A number of nutritional surveys on Indian Reserves and at a number of Residential Schools have been undertaken in recent years by the Indian

10. The construction and repair of Indian hospitals, while actually undertaken by the Surveys and Engineering Branch, is usually in the initial stages the responsibility of Indian Agents and Inspectors. This work, under the new arrangement, will, I presume, come under the direction of Public Works. It will be necessary, however, to reach an agreement whereby provision will be made to have building supplies, equipment, etc., now shipped to Indian Agents in remote districts or farming instructors shipped to and stored by equally responsible officers.

11. In recent years, a number of provincial conferences have been held at which Indian Agents, Inspectors and Medical Health Officers were present. These conferences, in my judgment, should be continued.

12. A number of Homemakers' Clubs on Indian Reserves are now engaged in making clothing for Indian hospitals. This arrangement has provided the members of Homemakers' Clubs with useful employment and has enabled Indian hospitals to secure clothing at reasonable prices. Consideration should be given to continuing this arrangement.

13. Care of the insane. Is this to become the responsibility of the Department of Health? Admissions and discharges to and from these institutions are now undertaken by Inspectors, Agents and the R.C.M.P.

14. It will be necessary, in my judgment, to appoint immediately two Grade 2 stenographers, one Grade 2 typist and one Principal Clerk to undertake the re-arrangement of files, to copy excerpts from Agents' reports and from public school inspectors' reports and conduct for the first year or so at least, the correspondence between the two departments and the extra correspondence with Indian Agents and field officers that will be necessary if the medical service to Indians in the future is to function smoothly and effectively.

RE - MEDICAL SERVICES, INDIAN AFFAIRS BRANCH

Expenditures 1944-45	\$1,829,380
Submitted for 1945-46	2,425,000

PRESENT ORGANIZATION:

Ottawa - Medical Personnel - 2 Full-time Medical Officers
2 Clerks
2 Stenographers.

Nova Scotia (pop. 2,560)
Medical Personnel - No full-time doctors. Part-time services 28 doctors used.
Hospitals - None.
Nursing Service - None.

New Brunswick (pop. 1,922)
Medical Personnel - No full-time doctors. Part-time services 20 doctors used.
Hospitals - One small ten-bed hospital operated by Roman Catholic Church.
Nursing Service - None.

Quebec (pop. 14,878)
Medical Personnel - Three full-time doctors. Part-time services 31 doctors used.
Hospitals - None
Nursing Service - None.

Ontario (pop. 30,145)
Medical Personnel - Two full-time doctors. Part-time services 69 doctors used and on Account System.
Hospitals - Three - Brantford, Manitowaning and Squaw Bay (Fort William).
Nursing Service - One.

Manitoba (pop. 14,561)
Medical Personnel - Three full-time doctors. Part-time services 17 doctors used and on Account System.
Hospitals - Five - Fort Alexander, Fisher River, Norway House operated by Department, Dymevor and The Pas operated by Manitoba Sanatorium Board.
Nursing Service - Two.

- Alberta (pop. 12,163)
- Medical Personnel - One full-time doctor. Part-time services 19 doctors used and on Account System.
 - Hospitals - Four departmental hospitals - Blood Reserve, Peigan, Sarcee and Blackfoot Agency (this hospital owned and operated by Band).
 - Nursing Service - Three.
- British Columbia (pop. 24,276)
- Medical Personnel - Three full-time doctors. Part-time services 50 doctors used and on Account System.
 - Hospitals - Two - Coqualeetza T.B. Sanatorium two hundred beds; Prince Rupert one hundred and fifty beds (just being taken over)
 - Nursing Service - Ten.
- Northwest Territories (pop. 3,724)
- Medical Personnel - Five full-time doctors (two on staff of Northwest Territories Administration).
 - Hospitals - One. Fort Norman. There are six other hospitals operated by churches.
 - Nursing Service - Five.
- Yukon Territory (pop. 1,550)
- Medical Personnel - Two doctors paid on Account System.
 - Hospitals - None.
 - Nursing Service - One.

It will be observed that much the larger part of the personnel of the Indian Medical Service is in the field and that Head Office supervision is a very small part of it.

- for -
- Practically all the monies voted are spent
 - (a) Salaries of full-time and part-time doctors and nurses.
 - (b) Operation of Government-owned hospitals.
 - (c) Payment for treatment of Indians in private hospitals.

The proposal to transfer the Medical Services to the Department of National Health and Welfare would not create any serious administrative problem so far as the Indian Act is concerned. Sections 95 and 101 give the Minister certain discretionary powers which could still be carried out by him through the agency of the new Department.

Considering the proposal generally, it would seem that the health of the Indians might be more adequately

staff and if it operated and managed other Government hospitals, the inclusion of the Indian Medical Services might add to greater efficiency and economy.

On the other hand the transfer would have certain disadvantages. It would break up the close relationship that exists between the Medical and other Administrative Services of the Branch. The medical personnel of doctors and nurses are often called upon to offer advice and assistance in other matters not connected with their primary duties. This applies more particularly to the Nursing Services who are called upon to investigate and report on general welfare matters and to instruct the Indians in the improvement of living conditions in their homes and communities. If, however, close co-operation could be maintained between the officers of the new Department and the staff of the Branch, it might be possible to have these services continued and extended. In practice, however, where services are rendered by civil servants to two Departments, it is generally found that the needs of the Department employing such servants are given first consideration. It is traditionally difficult to serve two masters.

The question arises whether it might not be advisable to transfer only -

- (a) the departmental hospitals, or
- (b) the departmental hospitals and all field medical personnel, leaving the Nursing Services in the Branch.

As to (a), it would be difficult to separate the responsibility of providing Hospital Services to the Indians in departmental hospitals from those provided to them in private institutions. The work is so closely related that it would be impractical to have two Departments discharge this responsibility.

As to (b) Medical personnel other than those in departmental hospitals have the responsibility of supervising the hospital care rendered to Indians in private institutions and it would seem to follow that if departmental hospitals were transferred, then the field Medical personnel should be transferred also. The same reasons apply, perhaps to a lesser degree, to the Nursing Service because their primary duties should be carried out under the direction of the Medical Officers. The issuing of drugs and medical supplies by one Department would also appear advisable.

There are at present a few doctors who also perform the duties of Indian Agent. This arrangement has not been wholly satisfactory and the present policy is to discontinue such arrangement. This, therefore, could not be urged as a reason against the transfer.

With respect to repairs to buildings and the purchase of supplies, other than hospital supplies, and the providing of light, fuel and other essential services for

all Agency buildings, including hospitals, doctors' residences and nursing stations, have heretofore been the responsibility of the Indian Agent. The proposed transfer would divide this responsibility with resulting duplication.

Further, the construction and maintenance of all buildings for Medical Services has been the responsibility of the Engineering and Construction Service of the Department of Mines and Resources. Unless this connection were maintained, there would again be duplication of services and added costs.

While there is no legal obligation to do so, it has been the general policy of the Department to provide free medical and hospital service to all Indians. There are, however, some treaties which obligate the Government to provide medicine chests. This has been legally interpreted to mean only the providing of free drugs and medicines.

The Department has had under consideration the question of making Indians who have the means to do so pay for medical services provided to them, including hospital costs. In fact, even now in the case of wealthy bands, hospital costs have been paid from Band Funds under the authority of Section 95 (d) of the Act. There are many Indians who can well afford to pay for medical services. If the Medical Service of the Branch were transferred to another Department, how will the latter know who should or could pay for these services? If the transfer is made, it would be necessary to maintain the closest co-operation between the two Departments to prevent free medical services being given to those Indians who have reached a state of economic independence and are well able to pay for this service the same as any other citizen.

The question of the health of the Indian is closely related to the health of the population, including Eskimaux of the Northwest Territories and the Yukon. Up to the present Medical Officers of the two branches concerned have been performing services for both branches. In order to bring these services under one head, it had been decided to transfer all medical services in the Territories, other than those connected with sanitation and public health, to the Indian Affairs Branch and it was intended to bring about this step as soon as adequate medical personnel could be obtained. It was considered that this would be in the interests of efficiency and economy and would continue for such a time until it became necessary for the Northwest Territories Administration to set up its own Health Services.

The Medical Officers now employed by the Northwest Territories Administration also carry out many other administrative duties which are not, however, yet sufficiently extensive to warrant the appointment of special agents to undertake them. The loss of these services would make necessary the employment of additional staff. If the Indian Medical Services outside the Northwest Territories were transferred, there would appear to be no logical reason why similar services in the Territories should not be transferred also.

It is assumed the Department of National Health and Welfare will have the responsibility of providing medical services and hospital care to persons other than Indians. If this assumption is incorrect, then it is difficult to see what economies or efficiencies can be brought about by transferring to it the responsibility for the administration of Health Services to the Indians which under the Indian Act has been placed upon the Superintendent General.

At the present the hospitals are operated by the Branch at a much lower cost than similar services are provided in other Government or private hospitals. It is a fact that hospitals established solely for Indians can be operated with a minimum of the services demanded by or for white patients and without any impairment to the efficiency of the medical treatment. If the standard of the Indian hospitals is to be brought up to the standard of veterans hospitals, then undoubtedly the cost would be increased considerably.

ADMINISTRATION OF INDIAN AFFAIRS

If we are to continue to progress in the emancipation of the Indian from his aboriginal state to a useful state of economic independence, we have to guide and direct the development of the natural resources which he collectively owns and controls and train him to make the fullest use of the occupational opportunities which they accord him. The medical care of the sick and the creation of healthful conditions to keep him well is ancillary. The suggestion that it is the paramount consideration, ignoring other conditions so long as his health is taken care of, is not putting first things first. As a matter of fact, it occupies a much less important position in the administrative work of the Indian Affairs Branch save from the angle of expenditure of money. The Indian problem will never be solved if the emphasis in the administration is placed upon keeping them healthy and free from starvation.

The problem of management of the resources of the Indians on the 5,500,000 acres they own throughout Canada is a practical job of work which has been done by outdoor men of sound practical experience. In the management of their lands for agricultural and grazing purposes and the establishment of homes thereon, the conservation and utilization of their forest resources, the husbandry of their fur resources, the technical exploitation of oil, gas, coal and minerals, the development of water resources and the sale of the product, and the provision for irrigation, are all matters on which the best available advice should be at the disposal of those charged with the direction and administration of Indian Affairs. There are a score of specialized fields to be explored and as many varied resources to manage in the Indian interest.

In the Department of Mines and Resources, the heads are surrounded by such technically trained men, who, while not in the Indian Service, are readily available to counsel and advise the Indian administration and who possess a basic understanding of the Indian and his properties, gained by intimate association on surveys and engineering parties, in forestry and fur work during the last nine years.

To transfer Indian Affairs to the Department of National Health and Welfare would deprive the directing heads of the intimate and daily contact with these practical and technical men which it enjoys and employs every working day. It would further substitute for the present departmental heads a group of men who have been selected for entirely different qualities and of vastly different standards of training.

If there is extravagance or inefficiency in Indian Affairs maintaining their own Hospitals and Medical Services, let that issue be faced. If the answer is the absorption of the Indian Hospitals and their management into the Department of National Health and Welfare, let that be done. Its absence would not materially affect the prime purpose of the Indian Affairs administration, which is to provide a means of subsistence and a good livelihood to 129,000 Indians and train the Indian to make the best possible use of his fine land endowment and all that it carries with it. It does not appear necessary or wise to take the administration away from close association with the experienced men, specially trained, to promote the end we seek.

It might be well to review at this time the reasons why it was decided to have the administration of Indian Affairs become an integral part of the Department of Mines and Resources. May we refer to a statement made by the present Prime Minister when the legislation creating the new department was submitted to Parliament. The Prime Minister, on that occasion, stated:

"There is, however, a strong reason, because of their related activities, why the Departments of Immigration and Colonization, Indian Affairs, the Interior and Mines should all be brought together into one department.

"The present proposed consolidation accords with the policy followed when a Liberal administration was previously in office of consolidating departments the activities of which were correlated.

"After confederation the administration of Indian Affairs, which previously had been under the management of the several provinces came under the control of the Dominion. From that time until 1873 Indian Affairs was attached to the Department of the Secretary of State. In 1873 it became associated with the Department of the Interior. That association will continue under the consolidation about to be effected".

It would appear that the Department of Mines and Resources was created with a two-fold object in mind -

- (a) - To bring under one Minister several branches of the Public Service, the interests of which, while not all identical, had a great deal in common.
- (b) - To effect economies by the elimination of duplication and overlapping in the Public Service.

As to (a), the Prime Minister stated:

"It is thought that the term "resources" is sufficiently comprehensive to cover all the resources of the crown under the control and management of the present Department of the Interior, including the Northwest Territories, the Yukon Territory and all Crown lands, and to include all that is being done by the Government in the administration of crown lands, forests, water powers, parks, geodetic and geological surveys, and work of the kind".

Since the consolidation was effected and immediately thereafter, steps were taken to effect economies referred to by the Prime Minister. These were -

1. - The branch Survey Service was abolished and the work transferred to the office of the Surveyor General (Dept. of M. & R.).
2. - The position of Purchasing Agent was abolished and the work absorbed by the Departmental Purchasing Agent.
3. - The Legal Division was abolished and the work transferred to the Departmental Legal Division.

5. The Editorial and Publicity Staff was broken up and their work transferred to the Departmental Editorial and Publication Division.

In addition to the economies effected, the consolidation enabled the officials charged with the administration of Indian Affairs to obtain scientific and expert advice from specialists within the Department. The importance of this service cannot be too strongly commended. It is unnecessary to add that it has contributed greatly to the efficiency of the work of the Branch. If the proposed transfer were effected it would be difficult to avoid the re-establishment of these services in the new Department and there would grow up again the similar less efficient units that existed prior to 1936 resulting in duplication of services and increased cost to the taxpayer.

The basic and fundamental purpose and objective of the Indian Affairs administration is the establishment on a self-supporting basis of an Indian population of 129,000 people, to which may be added approximately 8,000 Eskimos. To accomplish this objective first attention must be given to,-

(a) The wise exploitation and development of the resources contained in the five and one-half million acres of land which constitute their Reserves.

(b) The development on a scientific basis and the conservation and management of their fur resources, for which development forty million acres of land have been leased from the Provinces and have during the past six or seven years been brought to the point of production. There is no doubt that more progress has been made in this direction during such period than during the previous years since Confederation.

(c) Forestry - The Indian until recently has not taken a practical interest in the forest resources available to him on his Reserves, with the result that these resources have in the past and in the main been exploited by white operators, with little attention paid to conservation on the one hand and reforestation on the other. The Indian has been content with a tithe of the value of his forest resources rather than fully capitalizing on his opportunities to utilize the forest wealth to his own purposes.

(d) Fishing - It is estimated that approximately one-third of the Indian population engage in the fishing industry. With the withdrawal of the Japanese fishermen from the Pacific coast, the fishing industry has taken on a greater and more important significance. Inasmuch as the jurisdiction over the taking and marketing of fish is vested in the Provincial Government, the securing of fishing rights for Indians necessitates constant contact with the Provincial Departments of Natural Resources, with whom the Federal Department of Mines and Resources is in close contact. The Federal Department of Mines and Resources employs specialists in fish culture who can render invaluable service to this administration in the capacity of consultants and advisers and who, within the same Department, are immediately available to the administration.

(e) Oil and Gas, Coal and Other Minerals - These resources on Indian Reserves are rapidly becoming important to the Indians. Coal mines are in operation on some Reserves.

(f) Game, Fish and Fur in N.W.T. - While responsibility for the Indians and Eskimos resident in the Northwest Territories is a direct obligation of the Indian Affairs administration, it is shared by the Northwest Territories administration, which also forms a part of the Department of Mines and Resources. It is considered to be unwise in the Indian interest to sever this close association, inasmuch as this associated Branch of the Department, aiming at the development of reindeer herds and the conservation of the cariboo, has made a direct contribution toward the Indian and Eskimo food supply.

(g) Water Power and Irrigation - The Indians of Canada are fortunate for having within their Reserves excellent power sites developed or capable of development and waters available for irrigation purposes. The development of irrigation projects, particularly in the Province of British Columbia, is one of the most urgent needs of the Indians of that Province. Not only is technical advice in relation to this work available through the head office of the Dominion Water and Power Bureau (another division of M.&R.), but also the District Engineers of that Service in every Province are available to examine, advise and supervise local projects throughout Canada marked for development in the Indian interest.

In connection with the development of the resources an attempt has been made in Indian education to make the teaching of the Indian more practical in character and to connect it with the conservation and development of their own resources. In other words the aim of the administration is and should be to so train the Indian that he will be equipped to exploit and utilize for his own benefit the resources reserved to him. In this connection it is of the utmost importance for officials of the Indian Affairs Branch and particularly the Training Division, to have readily available at all times the scientific knowledge, information and guidance that can be supplied by men presently employed in the other branches of the Department of Mines and Resources.

From the date of the amalgamation of the Indian Affairs administration with other branches to form the present Department of Mines and Resources, the administration has relied on the Engineering and Construction Service of the Department in all matters pertaining to the extensive construction programme. The service they rendered to the administration is extended to the field staffs of the respective Services resident in every Province throughout Canada. The service they render extends to questions of repairs and maintenance on many million dollars worth of buildings, which require constant attention. This service also extends to the construction and maintenance of the roads system on all Reserves, which are a direct responsibility of the administration. The knowledge and experience of these field officers which has been gained at very considerable public expense would be lost if another Department took over the administration of Indian Affairs.

The significance of this statement will become apparent when it is recognized that the building and construction programme totalling over \$12,000,000.00 for this Branch alone has been planned by that Service, and it should be carried out under the direction of the field officers of that Service if serious duplication and multiplication of staff is to be avoided.

Re Surveys

At the time of the amalgamation of former Departments and Services into the present Department of Mines and Resources, all surveying Services and all survey records were transferred to the office of the Surveyor General. The great majority of the actual plans of survey of Indian Reserves and also survey records and field notes pertaining thereto are in his custody. The service demanded of him is not casual, it is a matter of daily occurrence. All legal descriptions used in Crown patents and in thousands of land sales and lease contracts are prepared and certified by him every year. The Branch is wholly dependent on his office for such descriptions which, by their nature, must be exact and accurate. If a change were made this Service would have to be continued unimpaired or a surveyor and staff attached to the Branch and all records returned to Branch custody, filed and recorded. All this work is closely related to the establishment and maintenance of proper records of the land holdings of individual Indians in every Reserve in Canada. Unfortunately up until a few years ago little attention was given to the problem and as a result it will take many years before it is brought up to date. Already difficult situations are arising in a number of the older Reserves in Eastern Canada - It is a legal and land problem not in any way associated with the present functions of the Department of National Health and Welfare.

Under the circumstances, therefore, is it wise or in the interests of efficiency to make the proposed change. Social services in the form of children's allowances, mothers' allowances, old age pension, free hospitalization and relief are no substitute, nor were they designed as a substitute, for personal effort. The needs and requirements of the 10% who are sick should not take precedence over the natural rights of the 90% who earn their own living and win economic independence. While Health and Public Welfare may be better equipped to serve the sick, it is submitted that Mines and Resources is infinitely better equipped and staffed to serve the well.

Canadian Hospital Council

The Federation of Hospital Associations in Canada in co-operation
with the Federal and Provincial Governments and
the Canadian Medical Association.

Minister of
SEP 29 1945
Mines & Resources

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September 28, 1945.

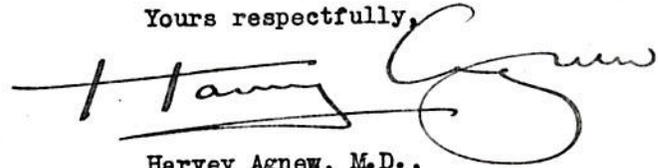
The Honourable J. A. Glen, K.C.,
Minister,
Department of Mines and Resources,
OTTAWA.

Health Care of Indians

Dear Sir,

The enclosed resolution respecting the direction
of the health care of Indians was passed unanimously at the recent meet-
ing of the Canadian Hospital Council in Hamilton.

Yours respectfully,



Harvey Agnew, M.D.,
Secretary,
CANADIAN HOSPITAL COUNCIL.

GHA:JRD
Encl.

WHEREAS the health of the Indian population is a matter of grave concern to the hospitals, the medical profession, and to the people generally, especially in the western provinces;

AND WHEREAS there is, in the opinion of the Council, much to be done in the control of various diseases among Indians;

BE IT RESOLVED that the government of Canada be requested to transfer the administration of Indian health matters from the Department of Mines and Resources to the newly-formed Department of National Health and Welfare;

AND FURTHER that this resolution be directed to The Right Honourable The Prime Minister, and a copy sent to the Department of Mines and Resources and the Department of National Health and Welfare.

Confidential

Ottawa, September 24, 1945.

My dear Prime Minister,-

During our discussion on Thursday last in reference to the proposal to transfer the Indian Affairs Branch to the Department of National Health and Welfare, you indicated your desire that the hospital care of the Indians should be brought under one head and that the latter Department was the proper Department to carry out this responsibility. As requested, I have inquired into the possibility of separating only the Health Services from the rest of the activities of the Branch. The enclosed memorandum sets out what would be involved in making the transfer. The principal objection would appear to be that two Departments instead of one would then be concerned in discharging our responsibilities to the Indians.

The memorandum I gave you on Thursday outlines the reasons against transferring the whole Branch. Even if you should only transfer the Health Services there will be criticism. Of the total Indian population of 125,000, only about 20,000 are in the four Eastern Provinces. For this reason the administration of Indian Affairs has usually been looked upon as more of a Western problem. To separate it now from the Department which has always been headed by a Minister from that part of Canada would not be viewed very favourably in the West, particularly when there do not appear to be any strong reasons for making the change.

Yours very truly,

The Right Honourable W.L. Mackenzie King,
C.M.G., P.C.,
Prime Minister of Canada,
OTTAWA.

Encl.