

ESTIMATES - INDIAN HEALTH SERVICES INCLUDING ESKIMOS

On November 1, 1945, by P. C. 6495, responsibility for the medical care of Indians and Eskimos was transferred from the Department of Mines and Resources to the Department of National Health and Welfare. The 1933 census showed 119,373 Indians, while the 1944 census showed a total of 125,636, an annual increase of 1461.

Increases in Estimates for 1946-47 are caused by:

1. Increased hospital costs with consequent raise in rates, e.g. in Saskatchewan rates in provincial sanatoria are increasing by 46¢ a day for the coming year. Almost every hospital where Indians are admitted is demanding increases in rates of 50¢ to \$1.50.
2. The opening of three hospitals taken over from the armed services at Miller Bay, Edmonton, and the Pas, Man., provide urgently needed facilities for the treatment of more than 400 Indians that were previously neglected and suffering. Increased costs involve salaries, supplies, travelling expenses, freight and equipment.
3. Former estimates for this service did not provide for medical care of the Eskimos. An increased service is planned and may cost up to \$200,000. This program will include two or three medical parties, where formerly only one medical party travelled into the Arctic via the "Nascopie".
4. Normal increases - there are about 1500 more Indians each year to care for.
5. Construction
 - (a) Hospital at Moose Factory - There is a desperate need for adequate hospital facilities for the 5,000 Indians and

From at least eight Town Councils and Boards of Trade in Northern Ontario asking for a royal commission to investigate the alleged neglect of these people.

The only facilities in the area are two small and totally inadequate mission hospitals situated one at Moosonee and one at Moose Factory and also totally inadequate nursing homes at Fort George and Albany. A full time salaried medical officer is employed at Moose Factory and he also acts as Indian Agent. It is necessary to send any cases requiring surgery at least as far as Cochrane, some 50 miles away, and if the surgery is extensive, they often have to be sent to Timmins or Toronto.

The death rate from tuberculosis in these bands is at least 30 times as high as the rate for the rest of the provinces. The Acting Superintendent of Medical Services made a survey of this area over a year ago and the immediate construction of adequate hospital facilities at Moose Factory is recommended in the strongest possible terms. The amount included in the estimates for this year is \$250,000 and will allow a start on construction during the winter season of 1946-47. It is hoped that all materials can be purchased and transported from the railhead over the ice to the Island where it is recommended that the hospital be built, and thus materially reduce costs. It is believed the cost of the total project for a 150 bed hospital will be in the neighborhood of \$750,000 and that by starting as early as possible it will be 1948 before it is completed.

(b) Fort Qu'Appelle - Nurses' Home - a 50 bed addition to the hospital and necessary power house. The Department operates a hospital at this point which has done splendid work. Over

to the totally inadequate accommodation for nurses, it has not been possible to keep a staff at this point. The hospital originally built to accommodate 50 patients has now over 80 and a long waiting list.

(c) Cocualeetza Indian Hospital, Sardis, B.C.

The department operates a 180 bed sanatorium for tuberculosis. Every bed is filled and it has a long waiting list. There is no adequate accommodation for nurses. The hospital was made by converting a residential school, and a building some distance from the grounds has been rented as a nurses' home. The department has been ordered to evacuate and has only been able to stay through the intervention of the Rental Control Board. The project here is to build a nurses' home, a power house, laundry, and a children's pavilion. The present children's pavilion is a reconverted hen house. This project is extremely urgent.

(d) Nursing Stations.

Fort George. It is planned to erect a Nursing Station at this remote point on James Bay and to station a departmental nurse there. There is a total Indian population of 675. The building planned will have emergency accommodation for five or six adults and three children. Patients requiring medical treatment and prolonged hospitalization will be moved to the new hospital at Moose Factory.

Similar institutions are planned for Eskasoni on Cape Breton Island, Bersimis on the north shore of the St. Lawrence River, and at St. Regis, Que., to serve Indians there and on nearby islands in the St. Lawrence River.

At all these points we have a total absence of medical and

General: All of the above projects have been recommended to department by the Advisory Committee on the Prevention and Control of Tuberculosis among Indians, by Order in Council P.C. 611, dated January 30, 1945.

Attached are tables showing the ten leading causes of death for Indians and similar tables for the total population of Canada, 1943, the last year for which complete figures are available.

It will be noted that chest infections, including tuberculosis are the three leading causes of death in Indians, with infant mortality coming fourth. All these causes are much farther down the scale in the general population. They are, in large measure, preventable.

Comparative T.B. rates:

Indians 757.77	White 52.3
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Comparative Infant Mortality rates:

Indians 153.8	White 56.4
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There are over 1,000 Indian Bands and medical services to them varies from a fairly complete service in the more settled districts, to an almost complete lack of any, other than the most emergent service, in remote areas.

There is at least a supply of medicines and supplies available to every Indian Band, with someone responsible to the department, in charge of it. In some instances the only medical attention is the annual visit of the Doctor at Treaty time, but when an epidemic strikes or an emergency exists, every effort is made to send assistance.

Improvement of the Indian and Eskimo Medical Service.

This is dependent primarily on construction and

