

INDIAN HEALTH SERVICES

October 1968

Definition of an Indian

An Indian is a person who is entitled to be registered in the Indian Register maintained by Indian Affairs Branch of the Department of Indian Affairs and Northern Development pursuant to the Indian Act. The wife of an Indian and the children of an Indian father may be registered. A former Indian woman married to a non-Indian husband and the children of non-Indian fathers, legitimate or otherwise, are excluded. An Indian may elect to surrender permanently Indian status for himself and his family. This permits him to withdraw any financial equity he may have in band funds. An Eskimo may not be registered as an Indian.

Definition of an Indian Reserve

An Indian reserve is a tract of land the legal title to which is vested in Her Majesty that has been set apart by Her Majesty for the use and benefit of an Indian Band. The numbers of Indians on the 2,276 reserves and on crown lands in 1966 are shown in Appendices B and C.

Responsibility for Health Services

Federal

There is not any statute or treaty which obligates the Federal Government to provide health services to Indians. One treaty, Treaty No. 6, covering Indians who reside in part of West Central Saskatchewan and East Central Alberta, provides "That a medical chest shall be kept at the house of each Indian agent for the use and benefit of the Indians at the direction of such agent.". The Department of Justice has provided its opinion in the following statement, "Regardless of how broad an interpretation might be placed on these words, I do not believe that the Treaty vests in the Indians covered by it a

legal right to be furnished with free medical services." While the Federal Government has constitutional jurisdiction to pass legislation which discriminates in favour of or against Indians no such legislation has ever been enacted in relation to medical care or hospitalization for Indians. "It is the avowed intention of each department concerned to work toward the elimination of any discrimination between those Canadian citizens of Indian status and other citizens of Canada."

The Federal Health role which has had continuous and gradually increasing financial support from parliament since 1928 has developed, on humanitarian grounds, a multiplicity of temporary and interim health care arrangements usually in response to requests for assistance from Indian Bands. The extent of the development has been in accord with annual budgetary allotments. The goal has been to assist Indians to attain better health at a more accelerated rate than would have been possible were development left to current provincial, local and individual resources. There has been no intention of supplanting provincial, band (municipal), or individual resources but rather of accelerating and expanding the development of services to cope with the special needs and particularly to combat tuberculosis. Federal contributions authorized under legislation such as the Hospital Insurance and Diagnostic Services Act and the Medical Care Act are intended to embrace high percentages of the total populations of the provinces, including Indians.

Provincial

The British North America Act left to the provinces jurisdiction to pass legislation in the field of health with minor exceptions, notably those related to International Health Control and health matters related to interprovincial trade

and transport. Health legislation in the provinces is generally applicable to all residents and may place restraints on all persons within provincial boundaries. Any restriction of the application of provincial legislation on Reserves may be overcome by federal-provincial-band arrangements. Any exclusion of Indians from benefits of provincial or local services by any provincial law or regulation which refers to Indians would appear to be discriminatory. However, as is presently the case, Indians are excluded from some benefits of provincial legislation indirectly by provisions which exclude the class of person to which most Indians belong. Some provincial health services are made available to Indians only on payment by the Federal Government even where other residents are normally served under purely provincial arrangements. On the other hand, some provincial services remain freely available to Indians on the same basis as to other individuals. For example all provinces extend to Indians free immunological products and those laboratory services which are provided free to all residents.

In all provinces provincial and local health services are available to registered Indians who are no longer pursuing the Indian mode of living. Since the development of provincial and local health services has favoured the more populous areas it may be difficult to obtain adequate services in some places which are remote from these. Difficulty may be experienced not only by Indians but by others as well. The people usually have common or related health needs, and any federal assistance which is provided only to the Indians cannot adequately meet the total needs of such areas. Provincial services are usually necessary for the people who are not registered Indians.

As Indian Bands become more sophisticated with improved education a pattern of municipal band government is expected to

emerge. Such local governments will likely demand and should be given responsibility for local administration of health services. Provincial oversight of such activities would be highly desirable, not only from the standpoint of Indian development but also from the standpoint of the total health needs of an area in which an Indian community may be located. Much has been accomplished already. Indian use of local treatment facilities is increasing and numerous county and district health units have commenced to concern themselves with the health of Indians. One province has recently broadened its legislation relating to health units to permit this expansion. Indians are showing a willingness to participate in payment for such services when this is within their means.

Band

The Band is responsible for local health arrangements on reserves particularly those in relation to sanitation such as the provision of safe water, sanitary disposal of sewage, garbage collection, control of nuisances and local regulations for public safety. The Band has responsibility secondary only to that of the individual and family to promote health. Arrangements for the care and treatment of those who are indigent including their transportation to hospital are of prime concern to the Band Council which is the best source of accurate information on the state of need affecting individual members. Local health committees where they have been formed aid the total health effort in other ways such as by the dissemination of public health information and working out acceptable solutions to local health problems.

Individual

The mature Indian bears the same responsibility as any other

citizen for the maintenance of his health and the health of his family and for arranging treatment. He is responsible for family support, sanitation and the maintenance of a healthful environment, as well as for participation in arrangements to improve the health of his community and of his province.

Current Situation

Federal Facilities

Since 1920 the Federal Government has annually attempted to supplement provincial health services with the objective of overcoming the more serious health problems affecting Indians, particularly those in remote areas which were for practical purposes beyond the reach of provincial and local health services. This has involved:

- (1) Hospitals to guarantee that beds were available for the treatment of Indians suffering from tuberculosis.

Additional beds were needed at the outset to make some sanatorium treatment available. With the advent of chemotherapeutic drugs in current usage, and reduction in the number of tuberculosis hospital in-patient days per patient under treatment, there is now a surplus of tuberculosis treatment beds, and no longer need for the department to maintain supplementary facilities. Federal hospitals at Sydney, N.S.; Quebec, P.Q.; Squaw Bay, Ontario; Manitowaning, Ontario; The Pas, Manitoba; Brandon, Manitoba; Selkirk, Manitoba; Pine Falls, Manitoba; Mile Hills, Saskatchewan; Calgary, Alberta and Nanaimo, B.C. have already been closed and those at Sardis, B.C. and Ohsweken, Ontario are in the process of being closed. Others will also be closed as soon as arrangements can be completed.

- (2) Nursing stations for the teaching and implementation of public health practice and for the provision of out-

patient and short term in-patient treatment have been developed in Indian and northern settlements serving populations of 500 or more.

Nursing stations have two to four graduate nurses, some preferably with public health degrees and special training in midwifery, emergency medicine and surgery.

- (3) Health centres for the teaching and implementation of public health practice in larger communities.
- (4) Health stations for use on a part-time basis for teaching public health and holding periodic clinics in small centres with populations usually less than 250.
- (5) Nurse dispensers and lay dispensers agree to render emergency first aid, to maintain liaison with the nearest health establishment, and to take charge of local medical supplies. These are contact persons capable of initiating procedures for obtaining medical advice by telephone or radio and for arranging for further treatment services, including the evacuation of patients to hospital. Nurse dispensers are usually married women resident in a settlement. Lay dispensers are selected when a nurse is not available. They are given special courses when practical. They may be the sole source of medical aid in many settlements with less than 500 people during periods when air transportation becomes impossible due to freezeup and broken ice conditions.
- (6) Family first aid packs available to persons living in the bush, on trap lines and in remote far northern locations.

Program

The Federal program is designed to supplement provincial programs until provincial services ultimately take over. Wherever possible the Federal program is the same as the

provincial program but with special emphasis on those elements which are of particular importance to Indians. It implements an immunization program, tuberculosis control and a school health program. Pre and post natal, well baby and dental health clinics are held. Other public health activities include the provision of advice to improve sanitation and a program of public health education designed to meet Indian needs. The latter is facilitated by employing local people who are given elementary training as Community Health Workers. It was the urgent need for special tuberculosis control measures which first led the Federal Government to appropriate funds for the improvement of Indian health. This was in 1928 when deaths from this disease were steadily reducing the Indian population. Today few Indians die from tuberculosis but the Indian mode of living and the adverse socio-economic conditions under which they live still combine to produce conditions which foster the spread of disease and constant control and treatment activity are necessary. Control activities in Eskimo communities must be even more intense due to the enhanced opportunity for spreading infection resulting from climate enforced crowding together to conserve heat. In many Eskimo settlements above the tree line the absence of a valid modern socio-economic base and disappearance of traditional sources of sustenance create conditions necessary for people to attain good health in its fullest sense.

Northwest Territories and Yukon

The health programs in the two Northern Territories encompass all members of the populations regardless of race. The Federal health department acts in lieu of a territorial health department in the Northwest Territories and shares this function in the Yukon. Federal health personnel assist in the administration and operation of hospital insurance. It is

anticipated they will play a similar role in connection with medical care insurance. All residents of the Northwest Territories and of the Yukon have entitlement to hospital insurance coverage on a uniform basis without payment of premiums. Co-insurance charges of \$1.50 per day are assessed on in-patients under the N.W.T. Plan but not in the Yukon.

Provincial

Seven provinces provide entirely from public funds hospital insurance coverage to all residents of three months or more duration. Indians are eligible and entitled to the same hospital benefits as other residents. In one of the seven provinces grants are paid to the province by the Federal Government in lieu of property taxes on reserve lands. In three provinces Indians who pursue the Indian mode of living and who are indigent, although eligible to participate in hospital insurance benefits, may not be able to establish entitlement. Payment of premiums on their behalf by the Federal Government became necessary to maintain coverage. Also in three provinces there are co-insurance charges for hospital care. These are paid by the Federal Government for indigent Indians pursuing the Indian mode of living.

Medical Care

In most provinces with voluntary health plans these are available to all who pay the regular subscription rates. Subsidized or free subscriptions however are frequently only available to residents other than Indians pursuing the Indian way of life. In one province under a recently announced plan it is anticipated that Indians will receive medical care coverage under the same terms and conditions as other residents.

Utilization Fees

Utilization fees for hospital insurance are charged in three provinces and one territory. Provincial arrangements for payment of co-insurance on behalf of residents who are indigent usually do not apply to Indians on reserves or pursuing the Indian way of life. Utilization fees for medical care insurance are charged in only one province.

Mental Hospitals and Tuberculosis Sanatoria

All provincial governments co-operate by providing beds for Indians committed to mental hospitals or requiring treatment in tuberculosis sanatoria.

Co-operation Between Provincial Health Departments and Federal Medical Services

In several provinces some of the more sophisticated Indian Bands near densely populated communities have come under the health supervision of the provincial or local health units. Arrangements vary widely. Some of the details of what the provinces provide for Indians are shown in Appendix A. Federal contributions on behalf of Indians are shown in Appendices D and E.

What is Being Done by Indian Bands

A number of Indian bands have made arrangements to purchase hospital insurance and prepaid medical care from government and private plans contributing from their own resources and assisted by the Federal Government in inverse proportion to the bands ability to pay. The amounts paid by bands vary from 33% to 100% of the costs of hospital insurance premiums, and premiums of private medical care plans. Most Indian bands show interest in the formation of local health committees. These committees receive the advice of experts and introduce

it to their people. They contribute substantially to the advancement of public health at the local level, being rudimentary local boards of health.

The Future

The goal of Indian Health Services will have been attained when the provinces and territories are operating comprehensive health services which meet the needs of all residents including Indians on reserves and in the remotest areas.

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INDIAN HEALTH ACTIVITY - 1967-68

HOSPITAL INSURANCE

DEPARTMENT OF NATIONAL HEALTH AND WELFARE CONTRIBUTIONS ON BEHALF OF INDIANS ON RESERVES OR PURSUING INDIAN MODE OF LIVING								
PROVINCES	INDIAN POPULATION PURSUING INDIAN MODE OF LIVING	UNDER HOSPITAL INSURANCE AND DIAGNOSTIC SERVICES ACT		PAID BY MEDICAL SERVICES ON BEHALF OF INDIGENT INDIANS			TOTAL CONTRIBUTION	EFFECTIVE PER CAPITA CONTRIBUTION TO HOSPITAL INSURANCE
		PER CAPITA	ESTIMATED AMOUNT	PREMIUMS	CO-INSURANCE	GRANT IN LIEU OF PROPERTY (HOSPITAL TAX)		
NEWFOUNDLAND	-	29.67	-					29.35
PRINCE EDWARD ISLAND	254	29.35	\$ 7,000				\$ 7,000	31.72
NOVA SCOTIA	3,112	31.72	99,000				99,000	31.06
NEW BRUNSWICK	3,078	31.06	96,000				96,000	33.26
QUEBEC	18,718	33.26	622,000				622,000	43.36
ONTARIO	36,517	32.31	1,180,000	\$586,000			1,766,000	42.02
MANITOBA	26,746	31.72	848,000	276,000			1,124,000	33.06 #
SASKATCHEWAN	26,918	33.06	890,000	315,000	#		1,205,000	37.26
ALBERTA	22,575	33.22	750,000		\$228,000	\$25,000	1,003,000	32.57
BRITISH COLUMBIA	35,491	29.30	1,038,000		118,000		1,156,000	29.37
YUKON	1,521	29.37	161,000				161,000	
NORTHWEST TERRITORIES	5,482	30.80	47,000		(41,000) A			
CANADA	180,412	31.49	\$5,700,000	\$1,177,000	\$118,000	\$25,000		

Saskatchewan Utilization Charges not applicable in 1967-68.

* Paid by Northern Health Service on behalf of indigents including amount paid on behalf of Indians and Eskimos.

HEALTH SERVICES FOR INDIANS IN PROVINCES

- (A) Services provided to all residents including Indians.
 (X) Services provided to all residents except Indians.
 (O) No such provincial services.

- (IR) Services available to all residents except Indians but extended to Indians on repayment by Federal Government or in exchange for some service to non-Indians.
 (F) Federal service only.

PROVINCE	LOCAL HEALTH UNITS	CONTAGIOUS DISEASE CONTROL	MENTAL HEALTH	CHILD & MATERNAL HEALTH	LABORATORY SERVICE	TUBERCULOSIS CONTROL	MENTAL HEALTH	CHRONIC DISEASE TREATMENT & CARE
NEWFOUNDLAND (LABRADOR)								
(A) Hospital Insurance.	(O) No local health units. (A) General Public Health Program Provincially administered.	(A) Biologicals.	(A)	(A)	(A)	(A)	(A)	
(A) Medical Care program for indigents. Note: International Grenfell Association provides treatment for Indians and Eskimos in Labrador by arrangement with the Government of Newfoundland assisted by a special federal grant.								
PRINCE EDWARD ISLAND								
(A) Hospital Insurance.	(O) No local health units. (X) General Public Health Program Provincially administered.	(A) Biologicals. (A) Immunization.	(X) Destitutes for children through rehabilitation council. Indians excluded.	(A)	(A)	(IR) Hospitalization. (A) Follow-up Clinics.	(IR) Hospitalization.	
(X) Persons on welfare assistance receive medical care through Blue Shield coverage purchased by province. Cost \$31.00 per person per year. Indians on reserves excluded.								
NOVA SCOTIA								
(A) Hospital Insurance. (Medical Care Insurance to be available to all under uniform terms and conditions on April 1, 1969.)	(A) General Public Health Program on certain small reserves. School health in integrated schools. (O) General Public Health Program (other reserves).	(A) Biologicals. (A) Immunization.	(X) Emergency care for children of welfare recipients. Indians excluded.		(A)	(IR)	(IR) Hospitalization.	
NEW BRUNSWICK								
(A) Hospital Insurance. (X) Persons on welfare receive medical care through arrangement with N.B. Medical Society. Service paid at 70% of Provincial schedule. Indians on reserves excluded.	(A) General Public Health Program on certain small reserves. School health in integrated schools. (O) General Public Health Program (other reserves).	(A) Biologicals.	(X) Treatment including prosthetics for persons on welfare. Indians excluded.		(A)	(IR)	(IR) Hospitalization.	

- (A) Services provided to all residents including Indians.
 (X) Services provided to all residents except Indians.
 (O) No such provincial services.

- (X) Services available to all residents except Indians but extended to Indians on repayment by Federal Government or in exchange for some service to non-Indians.
 (F) Federal services only.

PROVINCE	LOCAL HEALTH UNITS	COMMUNICABLE DISEASE CONTROL	DENTAL HEALTH	CHILD & MATERNAL HEALTH	LABORATORY SERVICE	TUBERCULOSIS CONTROL	MENTAL HEALTH	CHRONIC DISEASE TREATMENT & CARE
QUEBEC (A) Hospital Insurance. (A) Medical Assistance Act covers all who receive social welfare payments from province. (Not available to Indians who receive social welfare payments from Indian Affairs Branch.)	(A) (2 Reserves) (OMA and Odanak) (A) Indians in Integrated Schools. (A) Indians may attend any health unit if they wish. (X) Certain other reserves. (O) Most reserves.	(A) Biologicals. (O) Measles Vaccine (F) & B.C.G.	(A) School children in certain areas. (X) Most reserves. (X) Most Integrated Schools.		(A)	(A) Chest x-rays. (X) Drugs. (X) Hospitalization.	(A) Drugs & Follow-up. Transportation to mental hospital. (X) Hospitalization.	
ONTARIO (A) Hospital Insurance available to all who pay regular premiums. Payment of premium compulsory for persons employed by firms with 15 or more employees, otherwise voluntary. (X) The Department of Public Welfare pays premiums on behalf of provincial public assistance recipients but not for Indians. Municipalities may pay premiums on behalf of registered resident indigents. Other non-insured hospitalized indigents have their hospitalization charges paid directly by the responsible provincial or municipal authority but Indians are excluded. (A) QMSIP (Voluntary Medical Care Insurance) available to all who pay the full premium. (X) Free QMSIP card available to non-Indians in receipt of special allowances or on welfare, but not available to Indians on reserves. NOTE: Indians on reserves in receipt of special allowances are given an Ontario Hospital Services Commission card but not an QMSIP card.	(X) About six health units accept responsibility for contiguous reserves on payment of municipal portion of per capita cost either by the board, by Federal Government or by both on a shared basis related to Indian ability to contribute. * Local portion of per capita costs 25% for County Health Unit and 50% for District Health Unit. (F) Federal services only available to majority of reserves.	(A) Biologicals (most).	(X) Six reserves only. (F) All other reserves.	(X) Six reserves only. (F) All other reserves. (A) All children, including Indian children, may become full wards of Children's Aid Society entitled to all benefits including health benefits until 18 years of age.	(A) Limited tests only. (X) Most clinical tests.	(X) Case finding on 6 reserves only. (X) Hospitalization. (A) Follow-up (Co-operation with (F)).	(A) Diagnostic Facilities. (X) Hospitalization. (A) Follow-up (Co-operation with (F)).	(A) Some under Hospital Insurance. (X) Some under government and voluntary agencies.

(A) Services provided to all residents including Indians.

(X) Services provided to all residents except Indians.

(O) No such provincial services.

(X) Services available to all residents except Indians but extended to Indians on repayment by Federal Government or in exchange for some service to non-Indians.

(F) Federal services only.

PROVINCE	LOCAL HEALTH UNITS	COMMUNICABLE DISEASE CONTROL	DENTAL HEALTH	CHILD & MATERNAL HEALTH	LABORATORY SERVICE	TUBERCULOSIS CONTROL	MENTAL HEALTH	CHRONIC DISEASE TREATMENT & CARE
<p>ALBERTA</p> <p>(A) Hospital insurance.</p> <p>(X) Except for Indians on reserves the province pays the co-insurance on behalf of public assistance recipients, certain rheumatoid arthritis patients under 25 years of age, certain cancer patients and polio-myelitis patients.</p> <p>(A) Voluntary Health Plan available to all who pay regular subscription rates.</p> <p>(X) Subsidized subscription rates not available to Indians resident on reserves.</p> <p>(Regulation 17(iii) passed under authority of Alberta Health Plan Act provides that a resident is ineligible for subsidy if he is exempted from paying income tax.</p>	<p>(X) Javelier Band covered out of Fort McMurray.</p> <p>(X) Local Health Units at Grande Prairie, Peace River and Athabasca provide health services for Indians on repayment by Federal Government.</p> <p>(X) Air ambulance service available to residents of Alberta except Indians.</p> <p>(X) Province provides health services in Hadasca/Desmaris area covering Indians.</p> <p>(F) Federal Government reciprocates by providing similar services to all in the Fort Chipewyan area.</p> <p>(A) Film distribution for Health Education.</p>	<p>(A) Biologicals.</p> <p>(A) General consultant services available to federal health staff members.</p>		<p>(A) Local health units provide school health service to Indians not excluded from services.</p>	<p>(A)</p>	<p>(A) Indian people may attend at provincial surveys if they wish.</p> <p>(X) Hospitalization.</p> <p>(A) Central Tuberculosis Registry provides follow-up and treatment recommendations.</p> <p>(A) Examinations for tuberculosis on request.</p> <p>(X) Anti-tuberculosis drugs (except to Indians).</p> <p>(X) Transportation to and from sanatoria (not available to Indians).</p>	<p>(A) Psychiatric care clinic services.</p> <p>(X) Hospitalization.</p>	<p>(A) Cancer services.</p> <p>(A) Training Program by division of alcoholism at nominal fee.</p> <p>(A) Registry for V.D. control and advice in therapy.</p> <p>(X) Treatment for V.D.</p>

- (A) Services provided to all residents including Indians.
 (X) Services provided to all residents except Indians.
 (O) No such provincial services.

- (X) Services available to all residents except Indians but extended to Indians on repayment by Federal Government or in exchange for some service to non-Indians.
 (F) Federal service only.

PROVINCE	LOCAL HEALTH UNITS	COMMUNICABLE DISEASE CONTROL	DENTAL HEALTH	CHILD & MATERNAL HEALTH	LABORATORY SERVICE	TUBERCULOSIS CONTROL	MENTAL HEALTH	CHRONIC DISEASE TREATMENT & CARE
<p><u>BRITISH COLUMBIA</u></p> <p>(A) Hospital Insurance.</p> <p>(X) The province pays co-insurance for unemployed on welfare and for their dependants. Indians pursuing the Indian way of life are excluded.</p> <p>(A) General medical care available to all on payment of full premiums.</p> <p>(A) Subsidized premiums of 50% or 90% paid by province on behalf of residents having limited means.</p> <p>(X) Province pays 100% subsidy toward coverage under B.C. Medical Plan for unemployed on welfare and recipients of social allowances and their dependants. Indian people pursuing Indian way of life are excluded.</p> <p>(X) Province may supply most prescribed drugs, appliances, dental care, optical services and glasses except to Indians pursuing Indian way of life.</p>	<p>(A) 18 Provincial and 3 Metropolitan Health Units provide general health services.</p> <p>(X) On 72 of 183 inhabited reserves to 10,820 of 35,491 Indian people province provides health services on repayment or in exchange for equivalent service to non-Indians in some other locality.</p> <p>(O) Provincial School Health Services not extended to Indian Residential Schools.</p> <p>(X) To other schools except on repayment.</p>	<p>(A) Biologicals.</p> <p>(A) Supervision (except on Reserves).</p> <p>(X) Penicillin for Rheumatic Fever (except for Indians).</p>	<p>(A) In 50 or more communities up to Grade 1.</p> <p>(X) Dental Services except orthodontics to Welfare and/or Social Allowance recipients except Indians pursuing Indian way of life. In 24 of 75 school districts fluoride is applied to 3 year olds. In only 3 of these are Indian communities included.</p>	<p>(A) Manitoba. The Pas Area south of 63°.</p> <p>(F) Federal. All north of 63°.</p>	<p>(A) West.</p>	<p>(A) Southern tip of Vancouver Island.</p> <p>(X) Balance of Province.</p>	<p>(A) Regional and travelling Mental Health Clinics.</p> <p>(X) Mental Hospital facilities free except rarely at a cost of \$1.50 per day, except to Indians.</p>	<p>(A) V.D. Control and treatment except contact tracing on Reserves not served by Provincial Health Units.</p> <p>(A) Insured services.</p> <p>(X) Appliances, co-insurance, wheel chairs, braces.</p>

APPENDIX B

DISTRIBUTION OF INDIANS ON RESERVES AND CROWN LANDS 1966

PROVINCE	ON RESERVE	ON CROWN LAND	TOTAL REGISTRATION	PERCENT OF TOTAL ON RESERVES OR CROWN LAND
Prince Edward Island	254	0	399	63.66
Nova Scotia	3,112	0	4,183	74.40
New Brunswick	3,078	0	3,912	78.68
Quebec	12,137	6,581	23,126	80.94
Ontario	33,121	3,396	52,475	69.59
Manitoba	24,441	2,305	30,994	86.29
Saskatchewan	25,174	1,744	31,360	85.84
Alberta	21,140	1,435	25,434	88.76
British Columbia	35,081	416	44,205	80.29
Northwest Territories	15	5,467	5,739	95.52
Yukon	40	1,481	2,337	65.08
TOTALS	157,593	22,825	224,164	80.48

APPENDIX C

DISTRIBUTION OF INDIANS ON RESERVES AND ON CROWN LANDS BY PROVINCES

PROVINCE	POPULATION (1965)	INDIAN POPULATION ON RESERVES AND CROWN LAND 1966	PERCENTAGE OF POPULATION REPRESENTED BY INDIANS ON RESERVES AND ON CROWN LAND
Prince Edward Island	108,000	254	0.24
Nova Scotia	761,000	3,112	0.40
New Brunswick	623,000	3,078	0.49
Quebec	5,657,000	18,718	0.33
Ontario	6,731,000	36,517	0.54
Manitoba	962,000	26,746	2.78
Saskatchewan	951,000	26,918	2.83
Alberta	1,451,000	22,575	1.56
British Columbia	1,789,000	35,491	1.98
Northwest Territories	25,000	5,482	21.93
Yukon	15,000	1,521	10.14
TOTAL	19,571,000	180,418	0.92

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

1967-68

OPERATING EXPENDITURES ON BEHALF OF REGISTERED INDIANS PURSUING INDIAN MODE OF LIVING

PROVINCE	OPERATION AND MAINTENANCE	ADMINISTRATION	TOTAL EXPENDITURES EXCLUDING CAPITAL EXPENDITURES	POPULATION	EXPENDITURES PER CAPITA INDIAN HEALTH SERVICE (EXCLUDING CAPITAL EXPENDITURES)	CONTRIBUTION PER CAPITA HOSPITAL INSURANCE AND DIAGNOSTIC SERVICES ACT	TOTAL PER CAPITA OPERATING EXPENDITURES FOR HEALTH PURPOSES
Prince Edward Island	\$ 21,000	\$ 1,000	\$ 22,000	254	\$ 86.61	\$29.35	\$115.97
Nova Scotia	255,000	16,000	271,000	3,112	87.08	31.72	118.80
New Brunswick	254,000	14,000	268,000	3,087	86.81	31.06	117.87
Quebec	1,592,000	112,000	1,704,000	18,718	91.04	33.26	124.30
Ontario	5,304,000	334,000	5,638,000	36,517	154.39	32.31	186.70
Manitoba	3,697,000	192,000	3,889,000	26,746	145.40	31.72	177.12
Saskatchewan	4,203,000	223,000	4,426,000	26,918	164.43	33.06	197.49
Alberta	4,001,000	203,000	4,209,000	22,575	186.45	33.22	219.67
British Columbia	4,271,000	207,000	4,478,000	35,491	126.17	29.30	155.47
Unclassified (Including Labrador)	81,000	-	81,000				
TOTALS	\$23,679,000	\$1,307,000	\$24,986,000	173,409	\$144.09	\$31.49	\$175.58

Notes: 1. 521
NW 7 5, 482

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

1967-68

EXPENDITURES ON BEHALF OF INDIANS FOR HEALTH PURPOSES

PROVINCE	OPERATION AND MAINTENANCE	ADMINISTRATION	CAPITAL	TOTAL EXPENDITURES	POPULATION INDIANS PURSUING INDIAN WAY OF LIVING	EXPENDITURES PER CAPITA INDIAN HEALTH SERVICE	CONTRIBUTION PER CAPITA INSURANCE AND DIAGNOSTIC SERVICES ACT	CONTRIBUTION PER CAPITA FOR INDIAN HEALTH
PRINCE EDWARD ISLAND	\$ 21,000	\$ 1,000	\$ -	\$ 22,000	254	\$ 86.61	\$29.35	\$115.96
NOVA SCOTIA	255,000	16,000	4,000	275,000	3,112	88.37	31.72	120.09
NEW BRUNSWICK	254,000	14,000	3,000	271,000	3,087	87.79	31.06	118.85
QUEBEC	1,592,000	112,000	75,000	1,779,000	18,718	95.04	33.26	128.30
ONTARIO	5,304,000	334,000	199,000	5,837,000	36,517	159.84	32.31	192.15
MANITOBA	3,697,000	192,000	510,000	4,399,000	26,745	164.48	31.72	196.20
SASKATCHEWAN	4,203,000	223,000	175,000	4,601,000	26,918	170.93	33.06	203.99
ALBERTA	4,001,000	206,000	402,000	4,611,000	22,575	204.25	32.22	237.47
BRITISH COLUMBIA	4,271,000	207,000	55,000	4,533,000	35,491	127.75	29.30	157.05
UNCLASSIFIED (INCLUDING LABRADOR)	81,000	-	4,000	85,000				
TOTALS	\$23,679,000	\$1,307,000	\$1,427,000	\$26,413,000	173,409	\$152.32	\$31.49	\$183.81

PEI
N.S.
N.B.
Que.
Ont.
Man.
Sask.
Alb.
B.C.

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

MEDICAL SERVICES BRANCH INDIAN HEALTH ACTIVITY

TREATMENT OF TUBERCULOSIS AND MENTAL ILLNESS

PAYMENTS ON BEHALF OF REGISTERED INDIANS* - 1967-68

PROVINCE	TUBERCULOSIS HOSPITALS	MENTAL HOSPITALS	TOTAL
ATLANTIC	128,000	90,000	218,000
QUEBEC	232,000	126,000	358,000
ONTARIO	394,000	235,000	629,000
MANITOBA	381,000	187,000	568,000
SASKATCHEWAN	675,000	121,000	796,000
ALBERTA	249,000	134,000	383,000
BRITISH COLUMBIA	146,000	413,000	559,000
NOT CLASSIFIED AS TO PROVINCE	29,000	3,000	32,000
TOTALS	2,243,000	1,309,000	3,543,000

Atlantic Provinces Estimate Breakdown of Expenditures (Actual Breakdown of Expenditures not readily available).

PRINCE EDWARD ISLAND	5,000	3,000	8,000
NOVA SCOTIA	62,000	44,000	106,000
NEW BRUNSWICK	61,000	43,000	104,000
TOTALS	128,000	90,000	218,000

* Excludes payments on behalf of all Northern Residents including Indians.

REGISTERED CANADIAN INDIANS
MATERNAL MORTALITY RATES

PROVINCE	MATERNAL DEATHS	LIVE BIRTHS	MATERNAL MORTALITY RATES PER 10,000 LIVE BIRTHS
PRINCE EDWARD ISLAND	0	12	0
NOVA SCOTIA	0	119	0
NEW BRUNSWICK	0	123	0
QUEBEC	0	710	0
ONTARIO	0	1,627	0
MANITOBA	0	1,466	0
SASKATCHEWAN	1	1,608	0.06
ALBERTA	0	1,170	0
BRITISH COLUMBIA	2	1,577	0.13
YUKON		72	0
NORTHWEST TERRITORIES	0	209	0
TOTAL	3	7,488	0.04

REGISTERED CANADIAN INDIANS

INFANT MORTALITY RATES

1966

PROVINCE	NO. OF DEATHS	NO. OF LIVE BIRTHS	INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS
PRINCE EDWARD ISLAND	0	12	0
NOVA SCOTIA	3	119	25.21
NEW BRUNSWICK	0	123	0
QUEBEC	6	710	8.45
ONTARIO	50	1,627	30.73
MANITOBA	55	1,466	37.52
SASKATCHEWAN	62	1,608	38.56
ALBERTA	40	1,170	34.19
BRITISH COLUMBIA	74	1,577	46.92
YUKON	3	72	41.67
NORTHWEST TERRITORIES	6	209	28.71
TOTAL	299	8,696	34.38

Figures corrected for late registration of births.

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INDIAN HEALTH SERVICE

ALBERTA - 1967

CAUSES OF DEATH

Diseases of Infancy	52
Diseases of the Respiratory System	42
Accidents and Violence	38
Diseases of the Circulatory System	29
Diseases of the Digestive System	13
Neoplasms	8
Tuberculosis	1
Complications of Pregnancy	1
TOTAL	184

Mid-Year Population	25.452
Crude Death Rate	7.23 per 1,000 population
Still Births	10
Live Births	1,148
Still Birth Rate	8.7 per 1,000 live births.

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INDIAN HEALTH - 1966

CAUSES OF DEATH - BRITISH COLUMBIA

Accidents and Violence	110
Cardiovascular - renal disease	93
Deaths in Infancy	74
Diseases of the Respiratory System (except infants)	37
Neoplasms	28
Diseases of the Gastro-Intestinal System	21
Senility and Other Ill Defined Causes	7
Tuberculosis	6
Diseases of the Central Nervous System	4
Complications of Pregnancy	2
Other Diseases	<u>22</u>
TOTAL	404