

these have been acquired. At The Pas in northern Manitoba is the Clearwater Lake Indian Hospital. Built originally for the United States Army Air Force, it now provides a hundred beds for Indian patients in that area. The largest addition to the division's hospital services was in Edmonton. What was originally a Jesuit College building was acquired by the United States Army as a hospital. Later, when American operations in the northwest shrank, the hospital was turned over to the Canadian army. When, in turn, its needs in that sector decreased until it no longer needed the hospital, the building was acquired by Indian Health Services. It was renamed the Charles Camsell Indian Hospital in honor of Dr. Charles Camsell, for many years deputy minister of the Dominion department administering Indian Affairs, and was formally opened last August by His Excellency, the Governor-General. This hospital has 350 beds, but by special arrangement with the Department of Veterans Affairs, up to a hundred beds are available for war veterans.

Two additional hospitals have been acquired in British Columbia, where approximately 20 per cent of Canada's Indian population lives. One is the former R.C.A.F. installation at Miller Bay, near Prince Rupert, where 150 beds are now available for Indian patients. The other is the former Nanaimo Military Hospital with a bed capacity of 200. The latter is not yet in operation but will be taking in patients soon.

In addition to using its own hospitals -- there are 18 of them now -- the division arranges for Indians to be treated in over 400 conveniently-located public hospitals and in this way took care of over 20,000 cases in the last fiscal year.

Those of you who are well-acquainted with the program of the Health League may be interested to know that our Indian hospitals are being used primarily for the treatment of tuberculosis. This disease is by long odds the main cause of death among our native population, with a rate in the neighborhood of 700 per 100,000 among Indians as against about 40 per 100,000 among the white population.

As another step toward combatting tuberculosis, the division has recently ordered a mass survey unit for use in Alberta and Saskatchewan. The division's treatment section is, of course, keeping close watch on the experimental work being carried on with streptomycin and other anti-biotics which promise suppressive, perhaps curative, action against this disease. BCG has been used in certain reserves for a number of years, and this program is being extended.

This past summer, for the first time, the division undertook the most comprehensive health survey done in the Eastern Arctic where our Eskimo population is concentrated. Nearly 1,600 persons were given X-ray and physical examinations during the Nascopie's annual trip. The results of these examinations are being codified, and the X-ray plates are being read with the aid of the Canadian Tuberculosis Association. The information gleaned from this survey should provide a firm basis on which to build the future development of health services in that area as well as, in the short term, give the division a lead on cases which require immediate hospitalization.

The division also had under way a program of developing nursing stations at points remote from other medical services where Indian bands foregather. Two of these were erected during the past summer: one at Fort George on James Bay and one at Lake Mistassini in the interior of Quebec. The Indians at Mistassini themselves cut and hauled the logs and erected the building. The department had only to provide the windows and doors.

This attitude is typical of the spirit of the Indians at these outposts. Gradually the seed sown years ago by pioneering doctors and nurses is bearing fruit. The Indians themselves are convinced of the value of these services. True we have no statutory commitment to do so,