

Alberta, where the Indians are 2.1 per cent of the total population, 34 per cent of the deaths from tuberculosis were among these people and in British Columbia, with an Indian population of 3.7 per cent of the total, 35 per cent of all tuberculosis deaths were among Indians.

I submit that these Indian settlements are reservoirs of tuberculosis, and from those reservoirs infection leaks out into the general community. It leaks out in three ways; first, by mixture of blood, which has gone on for nearly two hundred years and no doubt will continue until the red race is absorbed into the general population. This forecast surely gives us a special motive for doing the best possible for the Indians, who are actually increasing in numbers in spite of all their difficulties. In the second place, disease is scattered by the association of Indian people with white people in work, in travel and in exploration. Third, the disease can be spread by articles made or handled by Indians. Even the picking and selling of blueberries should be considered in this connection. The menace of these areas becomes greater and greater as communications get better. While some local communities are practically rid of tuberculous infection and children are growing up uninfected and tuberculin negative, any outside infection is as a spark in dry grass, not as a spark in the rather sodden grass of a half or quarter century ago.

We sometimes blame the Indians for having a low resistance with regard to tuberculosis. That is very easily explained, from the medical point of view, in the fact that it is a new disease to them. For hundreds of years the rest of the population have gradually developed a degree of immunity which gives them something with which to ward off the disease, but it is practically a new disease to the Indians, so the death rate is relatively high. I submit further that another reason for the high death rate among the Indians and the low resistance to tuberculosis is their poverty. Like most other social problems, this one is less medical than economic and educational. It is true that this poverty is accentuated by the Indian's mismanagement, indolence and improvidence, and these are sometimes gross. We must remember, however, that the Indian is in the difficult position of having almost lost his own world of the open spaces and his various employments, while he has only an occasional chance in the white man's world. The most energetic and resourceful white man, if put in the position of some Indians and placed under their limitations with regard to employment, probably would not do much better than the Indians have done. Racial carelessness and

ignorance handicap the Indian in his fight, if he does fight against tuberculosis, but his poverty also presents great difficulties.

We are the guardians of the Indians, we, the people of Canada. In the language of the day we have a mandate for their care. The world suffers increasing spasms of conscience with regard to what is done by dominant people, such as ourselves, with native races, such as the Indians. The new principle, that the advantage of the native in and through his own country and not the enrichment of the invader from the native's toil or slavery is the first aim of any kind of colonization, would have been preposterous years ago. In Canada we have likely done neither the worst nor the best possible, but I doubt if a league of nations mandate committee would be entirely satisfied with what we have done or are doing for the health of our wards, or the lessening of tuberculosis among them. This whole matter was taken up by the medical association some time ago. A fact finding committee made certain recommendations, and some of the facts which were advanced by the committee I want to place before the minister. They are these:

First, the general death rate among Indians is extremely high, especially in deaths from diseases of the chest.

Second, tuberculosis in the western provinces has a death rate among Indians ten to twenty times as great as that among white people, and over thirty per cent of the total deaths from tuberculosis occur among Indians, who comprise less than three per cent of the total population.

Third, where well thought out measures have been applied by the Department of Indian Affairs the response of the Indians, and the comparative cleaning up of their disease have been phenomenal.

Fourth, we are satisfied that this extremely high death rate can be reduced, as death rates elsewhere have been reduced in time, by the careful applying of known measures.

Fifth, such tuberculosis-soaked groups as the Indians, mingling with the general population of the western provinces, constitute a very grave menace to the health and life of the people in general.

Sixth, the rapid lessening of tuberculosis in the general population of the western provinces, while this disease remains among the Indians unabated, makes the relative danger of the spread of infection from Indians a constantly increasing one.

Seventh, whatever the menace may be, and however well understood by people of the provinces, no action can be taken except by the federal authorities.