

Indian witnesses who spoke on the subject were virtually unanimous in their opinion that child welfare is an area over which Indian First Nations should exercise jurisdiction. The exact mechanisms for the delivery of services would vary throughout the country. As in the case of education, witnesses expressed interest in establishing their own services, contracting with tribal councils or negotiating agreements with provinces. In all cases, the key element was control by Indian people to ensure that their values and customs are respected.

...The Dene have some strong traditions in the area of family and child-raising, over which we want our people up here to have jurisdiction and be able to legislate from time to time. I do not think we would want to try to come up with legislation today that would be static for the next 30 years. Rather, we want to be self-determining, so we want jurisdiction here. (Dene Nation, Special 28:75)

Young people are the hope and life-blood of our nations, and their removal strikes at the very heart of our culture and heritage. (Restigouche Band, Special 22:13)

Health Care

The shocking degree of ill-health among Indian people has been widely documented. Indeed, the federal Indian Health Policy of 1979 referred to the "tragedy of Indian ill-health" and presented ways to remedy this intolerable situation. Although the federal medical care program for Indians and Inuit has been extensive, involving significant sums of money for health services, Indian health has not improved to any great extent. The Report of the Advisory Commission on Indian and Inuit Health Consultation noted that the present situation is not the result of departmental neglect but rather is due to larger problems:

Yet notwithstanding the dedication of MSB [Medical Services Branch] and its staff, and the expenditure of these sums, the grievous state of Indian health today is plain for all to see. The reason is that so many of the causes of Indian ill-health lie beyond the fact of illness itself, and the remedies lie beyond the mandate of MSB.*

The report went on to document conditions such as poverty, poor housing, lack of clean water, inadequate sewage and garbage disposal, and poor diet. Efforts to improve health must include improvements in these underlying conditions.

Responsibility for Indian health services is currently exercised by the Department of National Health and Welfare (NHW). At one time all health services were delivered through federal medical facilities established in all the provinces and territories, but gradually the federal government made arrangements with the provinces to deliver hospital services for Indians through the provincial hospitalization system. NHW continues to operate approximately 400 nursing stations and other health facilities.

In 1979 the federal government issued an Indian Health Policy designed to promote and encourage Indian involvement in the provision of health services. To demonstrate its commitment to this policy, the Department of National Health and Welfare began a process of devolution whereby many health services would be administered at the band level. At present over \$20 million is provided to bands through contribution agreements for band-adminis-

* The Honourable Mr. Justice Thomas Berger, *Report of Advisory Commission on Indian and Inuit Health Consultation* (Ottawa, 1980), p. 3.