

scheme which we are proposing to bring into effect so as to accept the Indian people and give them the same treatment as we do the white people; or is it necessary for the Indians to have more care than the white people?

Dr. MOORE: I have given this matter considerable thought and study and I feel that the Indian health service is essentially an integral part of Indian administration; there are too many family problems. I spend an hour or so a day in consultation with Mr. Hoey and Mr. Allan and other departmental officers on interlocking problems which must be settled. A suggestion has been made to put the Indian medical service under the Department of Pensions and National Health. All right, but unless you put the whole Indian service there, there would be no more sense in that than putting our farming operations under the Department of Agriculture and our education under some other branch and disbanding the whole department.

I made a presentation to a committee studying the financial set-up on this health insurance bill, and I stated what I thought our attitude should be. The first statement was that the Indians of Canada should be provided with health services equal to those of any other citizen of Canada.

Mr. MACNICOL: We took the land from the Indians and we took the country from them, and we are in duty bound to do that much for them.

Dr. MOORE: In administration it is a matter of what is the best way to do it, and I think we have the skeleton of the organization that if we are allowed a sufficient budget we can give adequate health services to the Indians. I think this matter requires some radical changes.

Mr. MACNICOL: The time has come for radical changes.

Dr. MOORE: For the hinterland of the country we have got to institute a flying service if we are going to reach these people. We will have to set up a system similar to that in Australia in their bush hinterlands. We have to get medical services, a doctor and nurses who would go by air to all these remote areas and not simply go in and land with a treaty party and be obliged to move out in an hour because the party was moving on.

Mr. MACNICOL: I am not finding any fault with the medical people; I am finding fault with the system that takes a doctor to a reservation of 150 or more people in the morning and takes him out again in the afternoon. It is not fair to the doctor, and I have no doubt he comes away more broken-hearted than anyone else.

Dr. MOORE: He is defeated. I can name you twenty or thirty groups of Indians in places where there are from 500 to 1,200 Indians who probably have one visit such as you describe in a year from a doctor and sometimes only a visit in two or three years.

Mr. MACNICOL: I hope your department will put in a strong case for fair play. In my judgment the House of Commons has always been reasonable if the members understand the matter. No member of the House of Commons in my time—fourteen years—has had the opportunity this committee has had in this meeting and our previous meeting.

Dr. MOORE: Now, I have stressed the point to full time medical officers, and the next thing is nurses—a nursing service on the reserve. We need nurses especially trained in public health who will go into the Indian homes. I have seen more progress made through the efforts of one woman in a community than by all the doctors in the hospitals in the aggregate, because what the doctors are doing is curing the sick whereas this woman is going in and teaching these people how to keep well, teaching mothers how to feed babies. In a situation where you have an Indian baby taken from the breast and put on potatoes, a baby that from then on never sees milk, you wonder how those babies exist. In fly time they get infectious diarrhoea and I have had the unpleasant duty