

Supply—Health and Welfare

Mr. Castleden: That is an excellent statement, but it is something like other statements of the minister on the great progress of health and welfare under the present administration.

Mr. Martin: If my hon. friend expects me to say we will do it, I cannot say that. I am sure my officers, who are diligent, who work hard, will do everything they can to achieve the objective. Seventy-five per cent represents a tremendous figure, and I do not know of any other area having a native population where the record is as great.

Mr. Castleden: I am not trying to detract from what has been achieved. The minister agreed he was able to do 60,000 in 1954.

Mr. Martin: They have to be done over and over again. It is not a question of X-raying someone and forgetting about them. We now have 16 parties out doing this very thing. That is four more than last year.

Mr. Castleden: That is the kind of information I wanted. It is much more definite than what the minister was giving me before. I understand you also have some 65 health units consisting of medical men and graduate nurses doing contact work with the Indians on reserves.

Mr. Martin: Yes, that is true. We have several hundred doctors on part time who look after incidents all over the country.

Mr. Castleden: Can the minister tell me how frequently one of these units will be visiting Indian reserves in Saskatchewan, let us say, for a periodic check-up of the Indians?

Mr. Martin: At least once a year.

Mr. Castleden: Have any arrangements been made to contact provincial authorities, where it is found that the condition of health on an Indian reserve has been affecting the schools and the health of the immediate vicinity?

Mr. Martin: We have very great co-operation with the provinces. For instance, we are using many of the provincial tuberculosis sanatoria to hospitalize some of our Indians instead of having to go ahead and build our own hospitals. We pay them for that service. The same is true in Manitoba, where the sanatorium board of Manitoba is responsible for the whole program. We enjoy excellent relations with the department of health in my hon. friend's province. The same is true all over.

Mr. Castleden: I know there was a problem some time ago. There was some difficulty in obtaining treatment, and I am glad to learn that the treatment is being improved. So far

[Mr. Martin.]

as the tuberculosis and health programs among the Indians and Eskimos are concerned, how many beds does the department have at its disposal for their treatment?

Mr. Martin: About 3,200 beds altogether in our hospital and nursing centres.

Mr. Castleden: Is that number being increased?

Mr. Martin: Yes, there will be some increase this year. That figure includes the sanatoria beds of the provinces as well.

Mr. Castleden: Can the minister give us any report on the success they are having in the treatment of trachoma among the Indians, a disease that has bothered them for a good many years? Is there a lowering of the incidence of the disease? How many cases are being treated at the present time?

Mr. Martin: I can say that the disease is pretty well under control. This is largely due, of course, to the use of the antibiotics, aureomycin and penicillin.

Mr. Castleden: Can the minister give us any figure as to the reduction in the frequency of it, as he did in the case of tuberculosis?

Mr. Martin: There was only one new case last year, and that is under control.

Item agreed to.

260. Grants to hospitals which care for Indians and Eskimos, \$54,000.

Mr. Trainor: Under this item I wish to comment on the practice of the department in compensating the hospitals of the country for the care of Indians. I obtained an assurance from the Minister of Citizenship and Immigration today that the fiction that existed in his department that the Indian was an ordinary citizen and able to look after himself, or if not was a provincial responsibility, was not correct. The minister said he had never heard of this. As a matter of fact, Indians are hospitalized in public general hospitals throughout the various provinces of Canada. The department take the position they will not pay the standard charge for ordinary patients in those institutions, but insist on paying on the scale of a public assistance case. I should like to know from the minister on what ground he justifies this method of payment. It is a question that has caused great concern to the hospitals.

Mr. Martin: We negotiate a fee, and we pay on the basis of public ward costs.

Mr. Trainor: But they have to submit their costs before they get payment.

Mr. Martin: Yes, just as I have to submit mine to treasury board.