

In general, to improve our facilities in caring for the health of the Indians certain things are urgently needed. I could deal with some in the manner of a brief that I have recently submitted regarding health problems in British Columbia, and I will quote the following recommendations and pass this copy to the committee. I need more full-time health workers; that is our most urgent need. Now, I put in about eight years in the field service before coming to Ottawa and I know intimately, most of the people who are doing medical field work in the Indian Service from one side of Canada to the other. There is a great spread between the benefits we receive from a doctor who is a full time employee of the department, and whose whole interest is in Indian health problems, as opposed to a doctor who is in practice in a town some place near an Indian reserve and is given an appointment to look after the Indians out on this reserve.

Mr. MACNICOL: I agree with you judging by what I have seen.

Dr. MOORE: That doctor may be the best fellow in the world, perfectly honest, and the best doctor in the town, but Dr. Jones looks after his office practice and the white people, and when he has time, if the Indians press him hard enough, he goes out and does some work on the Indian reserve. The Indian is usually uncomplaining about his health. Most times he is timid about going to a doctor and he dreads going and it quite often happens that the doctor is called, about in time to sign a death certificate and probably comes two days late for that. That type of medical service is not worth the money we are paying for it.

Mr. MACNICOL: Is that in your report?

Dr. MOORE: Yes. I can mention an elderly doctor who has been in our employ many years, looking after the health of the Walpole Island Indians and because of ill health he is getting ready to retire. I believe that man put his Indian patients first, but he is an exception.

Mr. MACNICOL: You have a wonderful teacher at Walpole Island. She is a remarkable woman, and her whole life work has been with the Indians.

Dr. MOORE: The only progress I have seen made in health conditions among the Indians is where we have obtained full time departmental doctors and nurses. Unfortunately, some of the Indian groups are too small and the distances are too great to allow for a doctor or a nurse; but as a major policy we should endeavour where there is a group of Indians to warrant it, to have a full time doctor.

Mr. MACNICOL: Where there are a number of reservations close together we should have hospitals.

Mr. ROSS (*Calgary East*): I was wondering what population would warrant a full time doctor in your opinion.

Mr. MOORE: To judge by white standards—and the health of our Indians is not up to white standards and there is really more work to do—in an institution they think it is necessary to have a doctor for every fifty bed patients, and I think the average that is recommended by the Canadian Medical Association is about 900; a doctor cannot do justice to more than 900. Dr. Davis at the Brantford reserve—one of the outstanding medical men of Canada—is looking after 6,000 Indians there. He has a hospital and good facilities but he urgently needs assistance which he is unable to get. We have a position but we cannot find a man to fill it. We call neighbouring doctors and get what assistance we can.

Mr. MACNICOL: Is that Brantford or Ohswegen?

Dr. MOORE: Ohswegen.

Mrs. NIELSEN: Doctor, I hesitate to interrupt you, but is it your opinion that the Indian Affairs branch will always need a separate medical service for this scheme, or do you think that that could be brought under one health