



STATEMENTS AND SPEECHES

INFORMATION DIVISION
DEPARTMENT OF EXTERNAL AFFAIRS
OTTAWA - CANADA

No. 50/8

BETTER HEALTH FOR CANADA'S INDIANS

An address by Mr. Paul Martin, Minister of National Health and Welfare, at the opening of the Sioux Lookout Indian Hospital, at Sioux Lookout, Ontario, on February 17, 1950.

SYMBOL OF RECENT HEALTH PROGRESS

This afternoon an important health advance in Canada was marked in this community by the official opening of the Sioux Lookout Indian Hospital. This fine 65-bed hospital, with accommodation for a staff of 30, is a symbol of our resolve to do everything possible to bring our Indian and Eskimo population along with us in our nationwide drive towards good health.

Five years ago Canada's expenditures on the health of Indians and Eskimos totalled little over \$2,000,000. This present year they total \$10,700,000 - a five-fold increase in five years.

In Canada we have entered what I am confident will prove to be our greatest period of health progress. The historian of the future, looking back over the middle years of this century, will be struck by the attention paid to health care. The individual Canadian, voluntary and professional health workers, government health officers - all are co-operating to bring health care to unprecedented levels.

The Federal Government in 1948 suddenly gave great impetus to provincial health activities by the National Health Programme. This already has had such far-reaching results that now, less than two years later, we find new enthusiasm and a new ferment of activity in the Canadian health scene. Everywhere hospitals are being built, existing services are being extended and new services developed; 1700 health workers have been enabled to take advanced training, and 1800 new recruits are being added to provincial health staffs.

HISTORY OF INDIAN HEALTH SERVICES

My talk tonight is the first major report that I have made about the part being played by the Directorate of Indian Health Services, in the Department of National Health and Welfare, to open the way to health for Canada's Indians and Eskimos, and also to provide public health care for all living beyond the reach of other health facilities.

The story of health care for Canada's native population is long and uneven. Since Jacques Cartier landed on Isle Royal in 1535, Indians have looked to Canada's new settlers for health assistance, which they in turn have felt a moral obligation to provide.

For many generations far too little was done for the health care of our native population, which had to rely on such aid as could be given them through the charity of missionaries, explorers, fur-traders and soldiers, as well as friendly settlers in their neighbourhood.

Nearly 200 years ago, orders were given that Army surgeons should advise and attend sick Indians in their vicinity. During the 19th century, doctors were appointed for a few of the larger Indian communities, and at the time of Confederation, physicians and hospitals were made available in tribal areas on a very limited scale. In 1877, the Federal Government appointed a resident medical director for the Canadian West who was charged with vaccinating the entire population against the recurrent scourge of smallpox.

It was not until 1905 that the Federal Government established a regular service to care for the health of Indians and Eskimos, but by 1910 this too had become disorganized. In 1922 a few field nurses were appointed, and finally, in 1927, the effective federal organization of today was brought into being.

After some years of development, much retarded during the depression, the Indian Health Services Directorate in 1945 became part of the new Department of National Health and Welfare. Its expenditures today are ten times what they were in 1935 - and the results achieved have increased accordingly.

ORGANIZING THE INDIAN HEALTH CAMPAIGN

Let us consider the vast extent of our problem. Scattered across Canada from the Atlantic to the Pacific and north to the Arctic Circle and beyond there are some 130,000 Indians and 8,000 Eskimos. It would be comparatively simple to provide health care for these tribes and families if they all resided in the same area. Our major difficulty is the inaccessibility of those we are trying to help. Ordinary methods of organization would not match the magnitude of our Indian Health Services task. That is why we think of it as a continuing campaign, constantly being waged against our mutual enemies - disease, malnutrition, ill-health - wherever they threaten our native population.

To discharge, on behalf of the people of Canada, this voluntarily accepted responsibility for the health of our Indians and Eskimos, we have a trained staff of 1,000 in Indian Health Services, including 60 medical officers, 5 dental surgeons, 65 graduate nurses in the field and 125 nurses in departmental hospitals. Under the leadership of the Director, Dr. Percy Moore, who has the rich experience of almost 20 years of continuous and distinguished service in this field, we have mobilized these forces under regional superintendents in eight districts across Canada. The Ontario region, for example, is concerned with the health of some 33,000 Indians.

In reserve, we have some 900 doctors and dentists, besides hundreds of provincial health officers and visiting nurses, who serve part-time in this great endeavour. We also call on hundreds of hospitals and sanatoria, including our foremost institutions, and the leading members of the medical profession to provide Indian patients who require it with the best specialized hospital, medical and surgical care available in this country.

Our army of health workers is based on a network of hospitals, strategically located across Canada and supported in turn by a widely dispersed system of small dispensaries and outpost health centres, located where they can bring essential health services within reach of every considerable group of the native population, no matter how isolated. Full account is taken, of course, in our planning, of all existing provincial, municipal and missionary hospitals and health services so that there will be no unnecessary duplication and so that our officers can make the best possible use of every other facility available.

To improve our hospital facilities, we have taken over since the war seven fully-equipped modern hospitals, from Nova Scotia to British Columbia, which were built for the United States or Canadian armed forces. The Sioux Lookout Indian Hospital officially opened today brings the number of our Indian Health Services hospitals to 21.

To supplement them there are 35 dispensaries and outpost nursing stations that provide suitable working quarters for nurses and doctors in the field. Good examples of these nursing stations or health centres are seen at Osnaburgh House, Big Trout Lake or at Lac Seul, immediately north of this town. At Lac Seul, a nurse with a nurse's aid and caretaker, provides emergency care for four patients.

Similar centres are being established at Pikangikum, at Lansdowne House, and possibly at Sandy Lake in order to complete the feeder system radiating northward from the Sioux Lookout Indian Hospital. Similarly, wherever required, these centres are being established in all parts of this country. For Eskimos, such centres range across the top of Canada, from Coppermine on Coronation Gulf - beyond the Arctic Circle - to Lake Harbour on Baffin Island and Fort Chimo and Ungava Bay.

Last fall a special wing for Indians was completed at Fort William Sanatorium. Two hundred beds in the immigration and quarantine hospitals at Halifax and Quebec have recently been reserved for Indian patients. A splendid new hospital at Moose Factory on the southern point of James Bay will be opened in May, and plans are going forward to construct a hospital at Norway House on the northern point of Lake Winnipeg.

Over the past three years, I have been able to visit a number of our Indian hospitals and nursing stations and to see the excellent work that they are doing. Let me say here that while the people of Canada through Parliament will readily provide the money, while the hospitals and health centres can be built, the effectiveness of our Indian Health Services depends above all else on the quality of the men and women that we have been able to recruit to do this vital work.

In the face often of hardship and danger, often at the expense of personal health, these devoted Canadians are carrying out their professional duties under difficulties that sometimes stagger the imagination. Every form of transportation must be used, every hazard of travel must be faced. They travel cheerfully as occasion requires by canoe, riverboat, dog-team or on snowshoes -- as well as by train, plane or car.

Health care is brought where it is needed when it is needed. Our Indian Health Services personnel enlist science fully, but they must still often bring to their everyday task

an indomitable spirit, a ready acceptance of hardship, a willingness to sacrifice, a spirit of adventure. The tradition of Canada's pioneers lives on in these public-spirited government servants.

SIoux LOOKOUT INDIAN HOSPITAL

Sioux Lookout Indian Hospital is the first built for some years specifically for Indians. The importance attached by the Federal Government to this hospital can be judged from the fact that more than \$600,000 has been invested in it, apart from the cost of furnishings and scientific equipment to ensure that it will provide the finest of medical care.

Some idea of the immense district to be covered by this hospital is gathered from the fact that it will draw its patients from some 5,000 Indians, living in bands of from 300 to 1,000, and scattered through 100,000 square miles of territory -- an area bigger than Great Britain -- extending east to Nakina, west to the Manitoba border and north to Hudson Bay.

The effectiveness of the work to be done in this hospital will owe much to Dr. Gordon L. Bell, its acting superintendent, who has already made a real contribution to Indian health work. Dr. Bell is ably assisted by Dr. H.W. Allan and by the Matron of the hospital, Miss Hazel Gibney, R.N. To them and to all who will work with them I give my best wishes for distinguished service. Their enduring reward will be the satisfaction of a job well done and the enduring gratitude of their patients.

I know that this community is whole-heartedly behind its new hospital. I know how much we owe the Sioux Lookout General Hospital for the generous care that it has always given to Indian patients. Our Department was encouraged to build this new hospital by the recommendation that the Sioux Lookout Chamber of Commerce made four years ago, which was so warmly supported by Mr. William Benidickson, the Member of Parliament for this district.

OUTSTANDING WORKERS FOR INDIAN HEALTH

I need hardly tell you how much the success of Health Services depends on the ready co-operation of the officials of the Directorate of Indian Affairs, who serve as administrators, counsellors and agents for our native population. You all know the work of Mr. Gifford Swartman, Superintendent of Sioux Lookout Indian Agency, who has been untiring in his efforts to assist our health officers. We owe much to Mr. Norman Patterson, Superintendent of Kenora Indian Agency, and to Mr. Fred Matters, the Regional Supervisor for Indian Affairs.

In our efforts to bring better health care to Canada's native population, we have the friendly aid of provincial health departments, missionaries and church bodies, and many local groups and voluntary health agencies. I should like to express our special thanks for the unfailing assistance of Dr. Clare Brink, Director of Tuberculosis Prevention for Ontario; Dr. Donald Marlatt, Superintendent of the Fort William Sanatorium; and Dr. G.J. Wherrett, National Secretariat of the Canadian Tuberculosis Association.

In addition, we are deeply indebted to the air forces of Canada and of the United States who have given often heroic service in bringing health aid to isolated communities or in flying their sick to hospital. The air services also of the provincial governments, the Department of Transport, commercial and private air-lines have always given special priority to missions of mercy for Indians and for Eskimos.

The opening of Sioux Lookout Hospital is another evidence of our determination to bring the health of Indians and Eskimos to levels approximating those of other Canadians. The distressing mortality figures, especially for tuberculosis, must continue to be driven downward. I have no doubt that within the next generation the health picture for Canada's native population will be drastically changed for the better. That is the objective that we have set ourselves.

In evidence of the appreciation of the Indian themselves of what this new hospital at Sioux Lookout can do for them, I want to make special mention of the generosity of the Lac Seul Indian Band in donating \$2,800 towards recreational facilities. A radio system with loudspeakers and headphones is being installed in the hospital with this money and a comfort fund has been established.

Dr. Moore and his associates receive full support from Canada's professional health workers. But they need more full time assistants. Let me speak for a moment to young men and women in the health professions: There is a worthwhile field for your efforts in Indian Health Services -- a satisfying and rewarding field. For those who will be stationed in centres such as Sioux Lookout there are the usual amenities of community life. For those who will be located in the more remote settlements there is the special challenge of the job and the magic of the north. Canada is calling more health workers into the Directorate of Indian Health Services. This call, I am confident, will be heard.

CANADA'S GOALS FOR INDIAN HEALTH

It is not surprising that Canada has come around so late to raising health care for Indians to proper levels. This is all part of our growing concern for the cause of health generally. We now recognize that this nation cannot tolerate islands of ill-health. To allow any group to exist below proper health standards imperils the health of all. So, apart from humanitarian motives, it is also good sense to extend our health safeguards to all parts of this country and to all its peoples. We do not want to see the recurrence in Canada of the smallpox epidemic of 1870 in the western plains. We do not want to see another tuberculosis epidemic like the one that killed so many Indians in the west during the quarter century following 1880.

In this country, we have not been backward in our awareness of responsibilities, as citizens of the world, to those in the world less fortunate than ourselves. Here in our own home-land we must not fail to carry out to the full our parallel responsibilities to those who live among us. Our ancestors created special problems for those living in Canada before they came. They brought across the Atlantic diseases against which the natives were defenceless. They brought epidemics that at times threatened to wipe out the native population.

There is no reason to believe that Canada's Indians cannot become healthy and productive members of the Canadian community. We must first free them from servitude to ill-health, and then lead them gradually into the full current of Canadian citizenship. For success in our health endeavours we count above all on their own willing co-operation, which almost always is cheerfully given. A recent important advance towards making Indians self-sufficient was their inclusion in common with all citizens of that province, in the British Columbia hospital insurance plan.

We honour what the Indians have done in the past for Canada. In recent years many of them have risen to positions of responsibility. Many have served with distinction in the Armed Forces. Given a fair chance, Canada's Indians can bring sterling attributes of resourcefulness, courage and commonsense as their contribution to our national character.

As we look forward to what we can do in this field, we can take encouragement from the striking progress made in recent years. In part because of new health services established, the decline in our native population was checked in the 1920's. Since then, the number of Indians has steadily increased. It now approximates 130,000 as against 125,700 some six years ago. In addition, two or three thousand Indians in this short period have abandoned their tribal status to become enfranchised as Canadian citizens.

THE FIGHT AGAINST TUBERCULOSIS

The great scourge of the Indian is tuberculosis. The death toll fifty years ago from this disease was appallingly high. It is still far too high but it is being rapidly cut down. Energetic attacks are being made on this scourge. Every modern technique is being used. There are nine times as many Indian patients receiving needed hospital care for tuberculosis today as there were nine years ago. It is no wonder, therefore, that since 1944, the tuberculosis death rate has been reduced by 40 per cent or more.

Our doctors and nurses regularly journey into the north, into the remote parts of Canada, in search of those suffering from tuberculosis. An important part of our preventive program is the use of B.C.G. vaccine for young children, which gives them a much better chance to escape infection.

A truly outstanding achievement - and one that is a good gauge of the quality of our health workers in the field -- is that almost 75 per cent of Canada's entire native population was given a chest X-ray in 1949. In the Sioux Lookout Agency the figure reached 90 per cent. Our goal is now to check every individual, no matter how remote, at least once every two years.

Tuberculosis among Indians and Eskimos is being brought under control. In addition, full-scale efforts are being made to prevent other communicable diseases such as diphtheria, whooping cough, smallpox, and typhoid-like diseases. Against these diseases our native population gets at least as good protection as that given any group in Canada. The story of Indian Health Services is one of constant, unrelenting effort. It is the story of frequent emergencies and strenuous counter-measures. In recent years, for example,

there have been a number of epidemics in the far north, requiring very special attention - diphtheria, measles, polio, influenza, and mumps. In every instance, where other health care is not available, white settlers also are provided for.

Our native peoples have a sincere appreciation of the goodwill of the officers of the Directorates of Indian Health Services and Indian Affairs, and many others who are working to improve their lot, but no account of the health care of Canada's Indians and Eskimos can fail to pay special tribute to the long years of arduous effort and unselfish devotion that has marked the work of Canada's missionaries and that is written so indelibly in the history of our northern country.

It is the aim of the Federal Government to bring complete health care to members of any recognized Indian band. It is our job to spend carefully and to get results. Our task is made much easier by Family Allowances which are making an undoubted impact on Indian health. These allowances bring some \$3,500,000 a year to 49,000 Indian and Eskimo children, and since every effort is being made to inform Indian and Eskimo mothers of the importance of good food and health habits the wise use of these allowances is laying good foundations for good health. Everywhere I hear reports that because of this extra family income Indian children are better dressed and better fed.

In Ottawa, I am privileged to see at close hand the daily operations of the small administrative staff which issues the orders that are so effectively translated into action by the 1,000 employees of the Directorate of Indian Health Services. Around large-scale maps of Canada frequent conferences are held to search out the weaknesses in our system and to plan special efforts to overcome them. Our recent successes prove that we are bringing to Canada's Indians and Eskimos the health that should be part of the heritage of anyone who lives within the borders of our abundant land. In the record of this campaign, the Sioux Lookout Indian Hospital, in a community that perpetuates the name of a great Indian band, will write its own proud pages of humanitarian achievement.

s/A