

Excerpt from the Department of Indian Affairs Annual Report, 1935

Health of Indians

The year under review has been a very uneventful one from the standpoint of ordinary disease and accident. There have been no large epidemics of major communicable disease, but measles and whooping cough have been widely prevalent, causing some loss of life among small children.

The service has been extended by the appointment of a medical superintendent, who also acts as Indian agent, at Fort Good Hope, in the lower part of the MacKenzie River valley. Formerly there was no medical officer between Fort Simpson and Aklavik, a distance of some 700 miles. The first duty of the new officer was to relieve the medical superintendent at Aklavik during a well earned winter furlough.

A small hospital has been erected at the Stony Indian Agency at Morley, Alberta, where a full-time medical superintendency was established in the previous year. This band of Assiniboine Indians occupies a large reserve at the foot of the mountains between Calgary and Banff. The soil is almost entirely coarse gravel and cannot be cultivated. It provides fairly good grazing for a limited number of beef cattle, not sufficient to adequately support the population. These Indians have always had a severe economic struggle, and, as a consequence, have made less progress than many other bands more fortunately situated. They were later than other bands in passing the peak of their decline from tuberculosis. Infant mortality was phenomenal, in some years almost complete. From 1919 to 1924 they decreased by 14, from 621 to 607; in 1929 they had increased by 4 to 611; in 1934 they numbered 684. While undoubtedly several factors have contributed to their improvement, it is significant that a nurse was stationed at the reserve in 1927, and that whereas they lost almost every one of their babies in 1926-27, they raised nearly all of them in the next and subsequent years. They now have a medical superintendent and a hospital of their own, and the department feels somewhat less anxious as to their future.

Obvious progress is being made in the battle against trachoma. Begun in the midst of the financial depression this service, for lack of funds, has not been developed as rapidly as the Department would have wished. It has had, however, the advantage of the direction of an exceptionally well qualified, industrious and diplomatic eye specialist, and of the most careful co-operation of the principals and staffs of the residential schools, and of local medical officers attending schools and reserves. It is gratifying to be able to report that the number of acute cases of trachoma in the schools has greatly diminished. This does not mean that the disease is nearly conquered. There is a great deal of practically unreachable trachoma among the older people on the reserves, many of the young children coming into the schools are affected, and undoubtedly some of those whose eyes have been cleared up in school will forget their training and become reinfected after discharge. Their treatment and training in school, however, is bound to be of great value. They will protect themselves better, will recognize the disease in early form in their children and neighbours, submit more readily to treatment, and know how to carry out directions intelligently. The department anticipates a long struggle, but is very hopeful of the final outcome.

In the field of tuberculosis, the situation is not to be judged entirely by the adverse criticism in the public press. While such criticism is not unwelcome as a means of arousing the public to a sense of its danger from Indian tuberculosis, in justice to the department it is only fair to say that the serious nature of the problem is clearly realized, and that plans are ready for a definite onslaught when financial conditions improve. In the meantime, tuberculosis is not increasing among the Indians at large. It is visibly decreasing, though the rate of decrease is not satisfactory.

In spite of an almost complete lack of funds available for health work outside the immediate care of acutely sick Indians, some useful measures have been taken over the past few years to deal with tuberculosis in localized areas. In this connection the department wishes to acknowledge its gratitude to the anti-tuberculosis organizations of the various provinces, which have provided diagnostic survey teams, partly and in some cases, wholly, at their own expense.

A large number of residential schools have been surveyed and resurveyed. The pupils are all examined, and most of them, at any rate all who are suspected of being tuberculous, are subjected to X-ray examination. They are divided finally into several grades, ranging from the definitely tuberculous, who are quite unfit for school life, to definitely clear of active tuberculosis. The latter class present no problem, but there are two groups of tuberculous children whose disposal, under present circumstances, is difficult. First, there are those who should be admitted to sanatorium, but for whose maintenance in such an institution the department has no funds. Second, there is a considerable group who are unfit for ordinary residential school life, but who could continue their education in a school having some special provision for their care, an institution midway between a residential school and a hospital. There would appear to be a possibility of working out something along this line without disturbing the present system of operating the residential schools.

Notwithstanding these difficulties, these surveys have proven of great and unexpected advantage. The school principal and his local medical adviser have the benefit of the advice of a competent specialist, their interest is aroused, and after two or three visits by the survey team, a great improvement is apparent. In comparison with the cost this service is one of the most valuable within present reach.

The areas where residential schools are not the prevailing factor in the situation appear to fall into two separate groups. In eastern Canada, and to some extent in British Columbia, there are many reserves where the children live at home and the living conditions of the Indians resemble those of their white neighbours. Some of these Indians have built up a comparatively high degree of resistance to tuberculosis. There are not many active cases among them. It would be possible at moderate cost to eradicate, or at least control, the disease by sanatorium treatment. In other bands, the incidence is higher and does not appear now to be decreasing. The financial problem in these latter bands is greater, but in all this group the only available effective remedy is isolation in sanatorium.

The other class comprises those Indians living in the far north, and in some parts of British Columbia, where primitive conditions obtain, the food supply is relatively uncertain, the tuberculosis rate is very high with no apparent improvement over several years. It is by no means obvious what can be done for these people. Their birth

rate is high, they are raising their babies more successfully than they formerly did, they are free from many diseases which cause death in more settled regions, and they are as numerous as the country in which they live can support. They do badly when confined in hospital or sanatorium.

It may be well to include a short reference to the experience of the department in operating a system of public medicine. It employs, either regularly or fairly frequently, some 500 doctors and dentists at whole or part-time work, has several hospitals of its own, a small field nursing service and maintains sick Indians constantly in about 200 different public hospitals. It supplies drugs widely, both by central purchase and local prescription. It engages, in fact, in every activity affecting the individual and community health of about 112,500 people living in some 800 separate communities.

It is beyond the scope of this report to go into this subject at any length. As to its effectiveness, it may serve to say that this service, even in the late difficult times, has been made and kept available for every acute case of illness and accident, and that substantial if not generous payment has been made for every service rendered by a professional man and hospital with the department's knowledge and consent, a condition which, in practice is quite liberally interpreted.

This service is managed at Ottawa by a Director of Medical Services with four lay assistants, receiving total salaries of approximately \$10,000 per annum. Its cost for services actually rendered to sick Indians was as follows during the twelve months ending March 31, 1934: -

Professional services, including those of nurses and dentists, \$388,000.00

Hospital care, including maintenance in sanatoria and mental hospitals; public hospitals and the operating costs of departmental hospitals; including also 5 per cent interest on capital investment, and 5 per cent sinking fund on buildings belonging to the department, \$576,500.00

Drugs, and other related supplies, \$70,000.00

Travelling expenses of patients and personnel, including purchase and operation of automobiles, \$40,000.00.

Other minor costs, such as freight, etc., \$5,500.00

Total: \$1,080,000.00