

# The INDIAN NEWS

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June, 1963

## Population exceeds 200,000

# Expanded Health Services Boon To Indians

The population of Indian Canadians has now reached 200,000 — a milestone in the resurgence of a race long decimated by disease and conflict.

In the last ten years the rate of growth of the Indian population has been proportionately greater than that of any other ethnic group in Canada.

the northern territories as a health department both for Indians and non-Indians.

The program includes all forms of public health and treatment services.

It is intended that Indians, even in remote areas, should be given an opportunity to learn the fundamentals of good health.

Provincial authorities, by agreement with the federal government, extend health services on a cost sharing basis in certain areas.

Health services to Indians are not universally free. Financially-able groups are expected to pay for medical care. Medical services are available to those who would be unable to obtain such assistance because of limited funds, residence in remote areas, or because they do not know how to avail themselves of medical care facilities provided for them.

### Tuberculosis

Since tuberculosis was the one disease which, above all others, in this century, was threatening the survival of Indians, it became the prime target of the Indian health services.

Attempts were made by mobile and static units to X-ray the entire Indian population, to isolate and treat every case identified as TB, to follow up arrested cases through a widespread net

work of field nurses, and to increase resistance by mass vaccination and education directed toward improved hygiene and nutrition.

The tremendous success which has followed this campaign has caused no slackening in the efforts to eradicate the disease completely.

Nearly half the Indian population is X-rayed each year.

Those who are missed in one survey are usually encountered in another. The payment of treaty money each year provides an opportunity to check on the health of a large segment of the Indian population, to provide inoculations and medical advice.

During spring and summer, too, mobile health teams — Eastern Arctic Patrol, St. Lawrence North Shore Patrol, Hudson Bay Patrol, Melville Peninsula Patrol, and Ungava Bay Patrol — carry out health surveys. These teams examine and treat the population of each settlement visited. Some expeditions are made by sea; others by air.

It is not always easy to persuade TB-infected individuals of the need to remain for long periods in hospital. For many it means a journey of hundreds of miles, separation from families and friends for months or even years, and residence in an institution where even the language is unfamiliar.

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## In The Far North



In the north there is often need for a variety of transport. This patient was brought by dog team to the nursing station, transferred by snowmobile to the plane and taken "outside", reaching the hospital finally by urban ambulance.

*Dans les régions désertiques du Nord, on doit souvent recourir à des moyens de transport variés. Ce patient a été conduit jusqu'au poste de secours dans un traîneau tiré par des chiens, puis transféré dans une auto-neige pour atteindre l'avion et en quittant celui-ci, a été placé dans une ambulance pour se rendre jusqu'à l'hôpital.*

### Resurgence

This resurgence has been due in large measure to the tremendous expansion of health and educational facilities to the Indian population.

In 15 years the tuberculosis death rate of Indians has been drastically cut.

In 1946 the mortality rate per 100,000 population was 579; in 1961 it had fallen to 22.2.

At the same time mass immunization and inoculation programs, increased medical staffs, and better communication facilities, have almost eliminated the danger of epidemics such as used to decimate whole communities.

### Expenditures High

Overall Indian health is better and medical services for the Indian population are more extensive than at any other period in modern history.

In addition, an increasing number of Indian Canadians are playing an active role in the eradication of disease and progress toward more healthful living conditions. They are nurses and nursing assistants, doctors, technicians and community health workers.

About 14 per cent of the staff providing federal medical care to Indians is now of Indian origin.

Inevitably, government expenditures on the health of Indians are also at an all-time high.

In 15 years they have risen approximately six times from \$3,853,425.34 (Indians & Eskimos, 1946-47) to \$23,790,411.00 (Indian & Northern Health Services, 1961-62).

### Careful Planning

The improvement in Indian health is all the more remarkable in the light of conditions. It would not be too difficult to plan health services for 200,000 people were they all living in one urban area, but it requires a complex organization to supply the health needs of Indians when they are scattered over nearly four million square miles. Add to this the fact that many are nomadic and speak a multiplicity of dialects.

Careful planning, initiative and ingenuity must go hand in hand with the decentralization of administrative functions. This has characterized the work of the Department of National Health and Welfare since it assumed responsibility in November, 1945, for administering health services for Indians.

This federal Department provides for, or arranges, medical treatment required by registered Indians, provides public health programs for reserves and acts in

## In The Urban South



Transportation to hospital is no problem in urban areas. Nurse Betty Smith takes her patient for an outing on the grounds of Lady Willingdon Hospital, Ohsweken, Ontario. The 50-bed hospital provides general medical care and minor surgery. It has an active out-patient clinic.

*Dans les centres urbains, les moyens de transport ne causent aucun problème. L'infirmière Betty Smith conduit son patient pour une promenade sur les terrains de l'hôpital Lady Willingdon, à Ohsweken, Ontario. L'hôpital de cinquante lits donne des soins généraux et possède un service de chirurgie mineure. Il est aussi doté d'une clinique pour malades de l'extérieur.*

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# Tuberculosis Death Toll Sharply Cut

That so many have elected to take the treatment speaks well for the persuasive powers of departmental employees, assisted by councils, health committees and former patients.

## Rehabilitation

The largest opportunity for rehabilitation of handicapped Indians was originally among those who had undergone long-term treatment for tuberculosis. While they are in hospital, various types of instruction are available to them. The most common are educational upgrading courses and handicraft training.

In addition, however, some centres provide training in elementary skills — home economics for women; motor repairs and carpentry for men.

Many who have spent years in urban sanatoria prefer to remain in metropolitan areas after their release from hospital. They require further training and social orientation so that they may earn a living. In 1955 a pilot rehabilitation scheme was organized in Edmonton, Alberta. So successful was this effort that similar plans were adopted in other provinces.

Now, handicapped Indians have opportunities for social and economic rehabilitation.

In British Columbia, Ontario and the Maritimes, the benefits and services of the provincial rehabilitation programs are extended to handicapped Indian persons on the same basis as to non-Indians. The Indian Affairs Branch, however, often contributes an additional sum to provide for the needs of Indians who are remote from their own families and cannot call on them for supplementary personal needs.

The province of Quebec also has rehabilitation services for all people, regardless of origin.

In Manitoba a special agreement is in effect between the Department of Citizenship and Immigration and the Manitoba Sanatorium Board. The Indian Affairs Branch assumes responsibility for maintenance, tuition, clothing, personal allowance and transportation costs on behalf of each trainee and contributes toward the administrative costs of the program. The program is carried out at Brandon.

During the first few weeks, an assessment is made of the individual's potentialities. Social, academic and skilled training follow.

The cultural ways of the non-Indian are explained — in particular, the emphasis placed on "time" and the viewpoint of the employer. Visits are made to industrial establishments to familiarize students with non-Indian working conditions and types of jobs available.

Only fourteen candidates are trained at one time, a factor which allows for instruction on a personal basis and which is regarded as the key to the success the courses have achieved.

In Saskatchewan an agreement has been in effect for some years with the Saskatchewan Council for Crippled Children and Adults, to provide handicapped Indians with rehabilitation assistance. The Indian Affairs Branch shares in the administrative costs of this program and meets the expenses for each trainee.

The extensive "pilot" program, using staff of the Indian Affairs Branch, which began in 1955 in Alberta, was subsequently incorporated in the academic and orientation courses of the Branch's educational division. Training was made available to all Indians whether handicapped or not.

The program did not, however, provide for the more seriously handicapped. An agreement was therefore negotiated with the Alberta Tuberculosis Association to provide rehabilitation courses for such seriously handicapped as wheelchair cases. This agreement came into effect on March 15, 1963.

## Infant Mortality

While the birth rate of the Indian population is approximately twice that of the total Canadian population, the overall death rate of infants and young children is nevertheless a matter of serious concern.

It is noted, however, that the mortality rate for Indians in urban communities has been reduced in recent years through the provision of ante-natal and post-natal programs, well baby clinics and immunization, and is now not appreciably higher than the rates of non-Indians in similarly-situated communities.

It is the high incidence of disease among groups in small outlying areas where living conditions are primitive and

In addition to the usual protective inoculations against small pox, diphtheria, whooping cough, tetanus and typhoid, 3,851 Indians and Eskimos in 1961 received B.C.G. vaccinations to increase resistance to tuberculosis; 43,579 anti-polio inoculations.

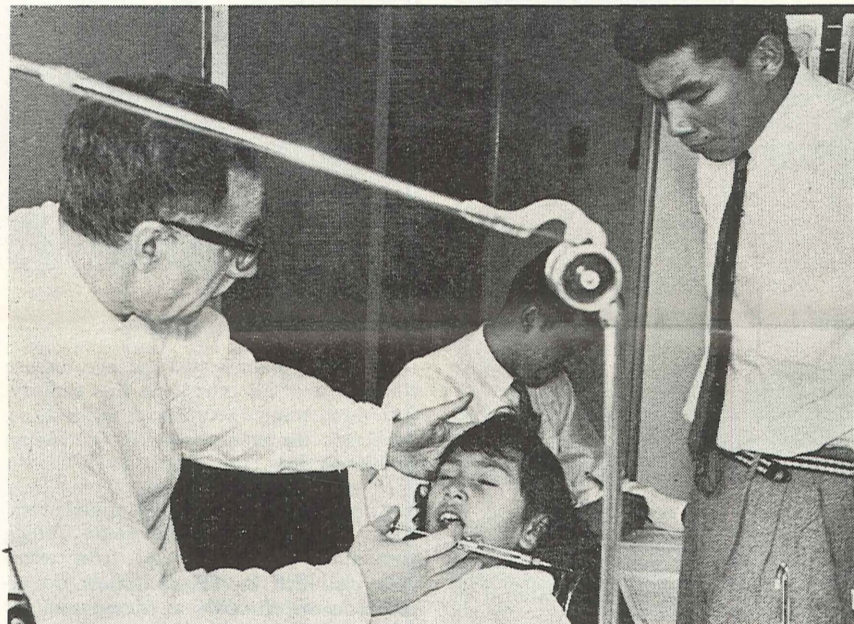
## Dental health

An educational program to make native peoples more interested in good dental health, check ups on the dental health of children at school, and the introduction of a more generous schedule of fees have brought more private dentists into the picture, but much remains to be done by the family before the dental needs of the Indian population can be met completely.

In 1963 a mobile dental clinic was established. Its first visit was to the Sault Ste Marie area.

This dental clinic which provides dental treatment for Indian children is at present in the White River-Blind River

## Check-Ups Are Important



At Norway House, Manitoba, Dr. Claman looks after the teeth of a young Indian patient. In the background is John Henry, Roseau River, a dental assistant; in the foreground, Lawrence Chubb, God's Lake, in training as a dental assistant.

A Norway House, au Manitoba, le docteur Claman fait l'examen des dents d'une jeune Indienne. A l'arrière-plan se trouve John Henry, de Rivière Roseau, un assistant-dentiste, et au premier plan, Lawrence Chubb, de God's Lake, qui poursuit son apprentissage comme assistant-dentiste.

which are difficult to serve, that makes the overall mortality rate of Indian children appear so high.

Efforts continue to educate nomadic Indians in proper infant care but it is impossible to provide for scattered populations in the vast northland the same public health and treatment care available to those living in settled communities in the south. Increasing emphasis is being placed on health education and home visiting.

Regular physical examinations are also given to the majority of pre-school children, including immunization, X-ray, dental and ophthalmic services.

## Communicable diseases

While cases of "flu", infectious hepatitis, measles, etc., periodically assail the Indian — as well as the non-Indian population — there are no longer uncontrollable epidemics such as used to wipe out whole tribes. Medical assistance can now reach even the most remote outpost in a matter of hours instead of days.

Vaccinations and inoculations have reduced appreciably the spread of many diseases among the Indian people.

area and will move southward from there.

## Environmental health

Definite improvement in housing on many reserves, development of reliable and safe water sources, organized garbage collections and disposal systems, all have contributed to the health of communities.

Of equal significance have been the community workshops on health and sanitation, the training of community health workers and the continuing emphasis on health education.

## Nutrition

Educational nutrition programs are increasing and are resulting in better health for families. Residents of isolated areas which relied on a wild game and fish diet with heavy use of lard and flour have been encouraged to plant small vegetable gardens to enjoy a more balanced diet. At the same time, local trading posts have been encouraged to introduce a selection of tinned baby foods and vitamin containing foods to be sold at cost price.

At homemakers' clubs, at well baby clinics, etc., public health nurses continue to stress by demonstrations and discussions the importance of good nutrition and food preparation.

## Mental Health

The conflicting culture of the Indian and non-Indian has brought its proportion of behaviour problems and anxieties to children and adults alike.

Liaison has been made with provincial child guidance clinics, and with provincial mental institutions, to provide care for young people.

For adults the problem has become one not of chronic alcoholism but of problem drinking due to culture stresses. In certain areas seminars have been held for residents to acquaint them with the situation, and at the university level for field and hospital staffs to inculcate a better understanding of Indians and thus to enable personnel to provide more effective counselling.

A consulting psychiatrist periodically visits the Charles Camsell Hospital to advise patients with special problems.

## Administration

For purposes of administration, Canada is divided into five regions: Eastern, with headquarters at Ottawa; Central, at Winnipeg; Saskatchewan, at Regina; Foothills, at Edmonton; and Pacific at Vancouver.

Eastern, Central and Foothills extend north to include all of Arctic Canada.

The boundaries are determined principally by distribution of the population and communication facilities.

Each region has its own administrative team headed by a regional superintendent who is a senior medical officer.

The regions are, in turn, subdivided into twenty-two zones — each region has between three and seven zones staffed by a medical administrative team.

## Indian Hospitals

Normally Indians are accommodated in Canadian community hospitals. In addition, there are hospitals in the Northwest Territories, in the Yukon and in five provinces — Ontario, Manitoba, Saskatchewan, Alberta and British Columbia — especially devoted to the care of Indian patients. These institutions are operated by the Department of Health and Welfare.

These Indian hospitals were built or acquired in areas where no alternative accommodation was available at a time when the need for services was imperative — especially during the campaign for control of tuberculosis.

Ten of these 19 hospitals are general hospitals. The remainder admit both tuberculous and general patients. Coqualeetza Indian Hospital, for example, has 100 beds for tubercular patients and 87 for general cases. Miller Bay Hospital devotes half of its 140 beds to tubercular patients. Between 60 to 65 per cent of the patients in the 150-bed Moose Factory Hospital near James Bay are Indians, the remainder, Eskimos.

As many Indians from remote areas speak only Indian dialects, it is important that patients be hospitalized in an environment not too foreign to them and where they are assured of understanding care.

This they find in the hospitals especially devoted to the care of Indians.

(Continued on page 5)

# The INDIAN NEWS

A quarterly newspaper published by the Indian Affairs Branch of the Department of Citizenship and Immigration for free distribution to Canadian Indians.

**HON. GUY FAVREAU**

Minister of Citizenship and Immigration and  
Superintendent General of Indian Affairs.

**H. M. JONES**

Acting Deputy Minister of  
Citizenship and Immigration.

**J. H. GORDON**

Acting Director of Indian Affairs.



Hon. Guy Favreau

## A Message

*As I assume my new duties as Superintendent General of Indian Affairs, I am happy to have this opportunity to extend my warm greetings to the Indian people of Canada. I hope that before long we shall become more closely associated and personally acquainted.*

*Yours is a rich cultural heritage. It has long attracted the interest of Canadians and newcomers alike; it has enriched the customs and traditions of this country. I hope that you will always retain this ancient gift of your forefathers.*

*These are momentous times in which we live and play a part. In increasing education of all our peoples, and in their integration, I see the solution of many of our problems. It is encouraging to see so many young people entering institutions of higher learning, undertaking an increasing diversity of pursuits, and sharing the responsibilities of the nation.*

*Much yet remains to be achieved. That is the challenge of our day. With good will and effort, we can build together a greater Canada and a more united nation.*

## Un message

A titre de nouveau Surintendant général des Affaires indiennes, je suis heureux de l'occasion qui me permet d'offrir mes meilleurs souhaits à toute la population indienne du Canada. J'exprime l'espoir qu'avant longtemps il me sera donné de vous connaître mieux et de travailler en plus étroite collaboration avec vous.

Vous possédez un précieux héritage culturel qui suscite depuis longtemps l'intérêt des Canadiens et celui des nouveaux venus et qui a remarquablement enrichi les coutumes et les traditions de ce pays. J'ose espérer que vous conserverez toujours cet héritage de vos aïeux.

Nous vivons à une époque importante et c'est en favorisant une éducation plus poussée de nos populations et en accélérant leur intégration que nous trouverons une solution à plusieurs de nos problèmes. Il est très encourageant de voir autant de jeunes fréquenter des institutions de haut savoir, aborder de plus en plus des champs d'activité diversifiés et partager les responsabilités de la nation.

Il reste encore beaucoup à réaliser. C'est là un des défis de notre époque. Avec de la bonne volonté et des efforts persévérants, nous pouvons édifier ensemble un Canada plus grand et une nation plus unie.

## Le nouveau ministre

M. Guy Favreau, C.P., C.R., B.A., LL.B., M.P., le nouveau ministre de la Citoyenneté et de l'Immigration, est né à Montréal, le 20 mai 1917. Il fit ses humanités au Collège André Grasset où il obtint son baccalauréat en 1937. Il étudia le droit à l'Université de Montréal où il décrocha sa licence en 1940. Il fut admis la même année au Barreau de la province de Québec.

Il exerça sa profession en société avec Georges-F. Reid, C.R., puis avec Gustave Adam, C.R., sous la raison sociale Adam et Favreau.

M. Favreau fut secrétaire du Barreau de Montréal en 1946 et secrétaire en 1945 de la Commission Royale sur la Police Provinciale. En 1951, il était nommé conseiller juridique spécial du Comité conjoint du Sénat et de la Chambre des Communes chargé de faire des enquêtes et des recommandations sur la question du maintien des prix de revente. La pratique de sa profession l'amena à plaider devant la Cour Supérieure de Québec, la Cour d'Appel et la Cour Suprême du Canada.

Il donna des cours à la Faculté de Droit de l'Université de Montréal en 1951 et 1952 et il enseigna le droit civil et la procédure à la Faculté de Droit de l'Université d'Ottawa de 1953 à 1960.

Il fut créé conseiller de la Reine en 1954 par le gouvernement canadien; nommé membre de la Commission sur les pratiques restrictives du commerce en 1952; nommé membre de la Commission Royale sur les brevets d'invention, droits d'auteur, marques de commerce et dessins industriels, en 1954. En avril 1955, M. Favreau était nommé assistant-sous-ministre au ministère de la Justice.

En 1946, il épousait Françoise Laflamme de Montréal. Ils ont quatre enfants: Maurice, Jocelyne, Louis et Gilles.

En avril 1963, M. Favreau devenait Ministre de la Citoyenneté et de l'Immigration.

## The New Minister

Mr. Guy Favreau, P.C., Q.C., B.A., LL.B., M.P., the new Minister of Citizenship and Immigration, was born in Montreal, May 20, 1917. He attended André Grasset College, graduating in 1937. He studied law at the University of Montreal, obtained his license in 1940, and was admitted the same year to the Bar of the province of Quebec.

He practised his profession in partnership with George F. Reid, Q.C., then with Gustave Adam, Q.C., under the firm name of Adam and Favreau.

Mr. Favreau was secretary in 1945 of the Royal Commission on provincial police; in 1946, secretary of the Montreal Bar. In 1951, he was named advisor to the Special Joint Committee of the Senate and House of Commons on combines legislation (Resale Price Maintenance). In the practice of his profession he has pleaded before the High Court of Quebec, the Court of Appeal, and the Supreme Court of Canada.

He lectured in law at the Faculty of Law of the University of Montreal in 1951 and 1952, and taught Civil Law and Procedure at the Faculty of Law of the University of Ottawa from 1953 to 1960.

Mr. Favreau was named a Queen's Counsel in 1954, a member of the Restrictive Trade Practices Commission in 1952, a member of the Royal Commission on Patents, Copyrights, Trade Marks, and Industrial Designs in 1954. In April, 1955, Mr. Favreau was appointed assistant Deputy Minister of Justice.

In 1946, he married Françoise Laflamme, Montreal. They have four children: Maurice, Jocelyne, Louis and Gilles.

In April, 1963, Mr. Favreau was sworn in as Minister of Citizenship and Immigration.

## Again Heads Legion Branch

Earl J. Brant, President of the Deseronto Branch of the Royal Canadian Legion, was re-elected by acclamation for a second term in December.

During his first term as president, Mr. Brant was mainly responsible for the building of a new Legion Hall to replace the building destroyed by fire. His supervision of construction saved the Branch considerable money.

Mr. Brant belongs to the Mohawks Bay of Quinte Band and lives on the reserve at Tyendinaga with his wife and daughter. He saw active service with the Royal Canadian Engineers from 1944 to 1946. Since 1954 he has been employed at Trenton Air Force base as a carpenter.

In addition, Mr. Brant has been very active in Boy Scout organizations both in Deseronto and on the Reserve, and in church work.



Earl J. Brant

# Mohawks Honour Old Friend Prior To Retirement



Colonel H. M. Jones and Chief Melville Hill

Chief Deseronto and his Mohawk warriors landed once again at the Bay of Quinte while the population of Tyendinaga Reserve and their many guests celebrated "Mohawk Sunday".

This 179-year-old annual celebration marked the initial landing of the Band's ancestors, in the year 1784, on land given them by the British Government in recognition of their support during the American Revolution.

In one of the day's special ceremonies, Lt. Col. H. M. Jones, Acting Deputy Minister of Citizenship and Immigration, was made an honorary chieftain and blood brother of the Mohawks with the name "Do-ni-kon-le-ti", or "Bright Mind". Colonel Jones began his career in the Civil Service as Indian Superintendent at Tyendinaga 24 years ago



Richard Sam

and has maintained numerous personal friendships there ever since.

The day began with a re-enactment of the landing of Chief Deseronto and his followers. Dressed in tribal splendour, the landing party went in procession from the shoreline to the site of the cairn erected by the Historic Sites and Monuments Board to commemorate the landing. Councillor John R. Brant carried the flag and Chief Melville Hill the famous silver communion service which Queen Anne gave to the Mohawks in 1712. This communion service later was placed on an upturned canoe which, for lack of a chapel, served as an altar for the first thanksgiving service. Other councillors taking part included John A. Brant, Victor Brant and Albert A. Maracle.

Specialists in Mohawk lore attended from St. Regis Reserve to take part in the ceremony adopting Colonel Jones. Two young men performed the ancient partridge dance and John Fadden, a teacher and Mohawk historian, read the great beaded belt that records outstanding events in the history of the Mohawk nation. Chief Hill placed the headdress on his new Mohawk brother and all participants in the ceremony, including Colonel Jones, joined in a vigorous victory dance.

## Wins JB Poster Contest

Winner of the 1962 British Columbia Tuberculosis Poster Contest was Richard Sam, son of Benedict Sam, of the Mount Currie Band.

Richard is in Grade eight and is shown with the saddle that he received as his prize.

The contest was open to students in all Indian Day Schools in the province. This is the second time that a student of Mount Currie School has won the top award.

# Scholarships Available

In addition to the scholarships awarded annually to Indian students by the Indian Affairs Branch, the following special awards are also available to Indian students :

From the British Columbia Arts and Welfare Society : a \$100 bursary for a student attending university; a \$25 essay award for students of British Columbia.

From the British Columbia Parent-Teacher Federation : a \$100 scholarship for a local student attending a university in British Columbia.

The S. C. Kennedy Scholarship at Bishops College, Lennoxville, P.Q., for training for the Anglican Ministry. This scholarship may amount to as much as \$600 a year for a five-year period.

Anglican church bursaries for students in residence in Anglican residential schools and hostels. These amount to \$30 per year to grade 13 students, \$15 a year for grades eleven and twelve students, and \$10 a year for grades nine and ten students.

Trump Company scholarships : two for \$250 each for Indian students of British Columbia for their high school education.

The Island Tug and Barge Company scholarship : one of \$150 for an Indian student of British Columbia to attend university.

Blood Band scholarships : two of \$250 each for Indians of the Blood Band to attend university (one for a boy and one for a girl).

Three scholarships of \$50 each for grade nine Indian students in Alberta to take grade ten education. These scholarships are administered by the Western Business Research Institute.

A \$50 scholarship, offered by the Northern British Columbia Federal Teachers' Association, is also to be awarded annually to a worthy Indian student in the Prince Rupert Superintendency who has attended an Indian Day School for at least three years and is entering grade eight.

Applicants will be judged on scholastic achievement, perseverance and character. Students will be nominated for this award by their school principals.

## Indian Students Address Club

During Brotherhood Week, Monica Tebo and Leonard Francis, St. Regis students at St. Lawrence High School, addressed the Kiwanis Club of Cornwall.

In their addresses they stressed the fact that while the Indian has much to learn in adapting to the ways of the non-Indian community, non-Indians also have much to learn about the Indian.

Miss Tebo showed how the Indian heritage has been adapted by the white man. Mr. Francis told Kiwanians of the Indians from St. Regis who have become nurses, secretaries, machinists, mechanics, teachers, and of others who have been studying in Canadian universities.

# Champion Skiers From Arctic Area



Martha Benjamin and Benjamin Charlie are shown engaging in their favourite sport, skiing, some 4,000 miles from their homes.

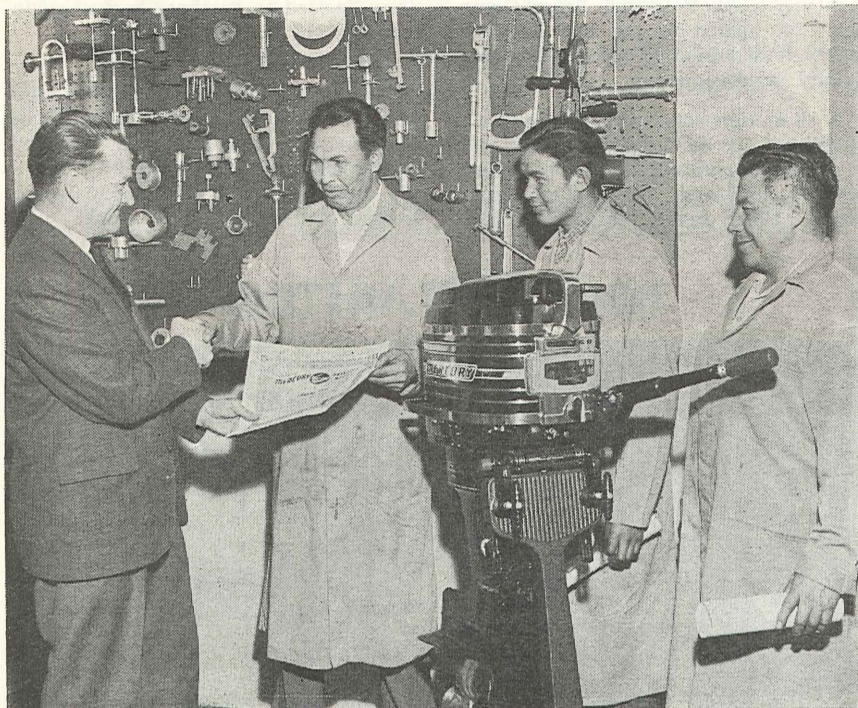
In March, Mrs. Benjamin won the Canadian women's six-kilometre title, at the Canadian senior cross-country meet held near Penetanguishene, Ontario. Her winning time was 43 minutes 29 seconds. Her nearest competitor came in nearly two minutes later. Mrs. Benjamin is the former Martha Caroline Frost. She is in her 28th year and was married in 1956 to Peter Benjamin, special constable with the RCMP. Mrs. Benjamin is a member of the Old Crow Ski Club, Northwest Territories.

Benjamin Nukon Charlie of the Old Crow band, is one of the twelve children of Charlie Peter and Fanny Tizya Charlie. He was born in 1941 and is a trapper. Although Mr. Charlie was using new poles and was unable to push properly when blisters on his hands broke open he finished eleventh in the 30 kilometre men's cross-country race.

Previously, Mrs. Benjamin and Mr. Charlie competed in the U.S. National 15-kilometre race held at Franconia, New Hampshire and at the North American championships at Crested Butte, Colorado.

## Take Useful Courses

### Learn Outboard Motor Mechanics



Mr. H. Olson of H.C. Paul, Ltd., is shown presenting certificates to three graduates of the outboard motor mechanics' course. From left to right are: Mr. Olson, Henry Ross, Alexander MacKay, Moyer Flett.

Three Indians from Island Lake and God's Lake bands recently completed a course in Outboard Motor Mechanics in Winnipeg.

Mr. Ross has employment at a lodge at God's Lake. He expects that the additional training received in Winnipeg will enable him to service and repair outboard motors used by tourists and ensure him permanent employment.

Mr. McKay is employed at a hunting and fishing lodge at God's River settlement and will now have additional work servicing and repairing motors used by fishermen.

Mr. Flett lives at St. Theresa Point Settlement and has worked as a commercial fisherman during the summer and trapper during the winter. He has done outboard motor repair work in the past and intends to start a repair shop.

He has also been authorized to sell new motors. As there are approximately 75 outboard motors in his area — with Winnipeg the nearest centre for repair work — Mr. Flett expects to be busy.

Last fall, three Indians from the Norway House Agency also completed service training in Outboard Motor Mechanics. They were Sandy Cromarty and George Muskego, Norway House Band; and Oliver Sinclair, Cross Lake Band. Mr. Sinclair has since set up a repair shop which gives every indication of becoming a successful business.

## Folk School Successful

Representatives from ten Indian reserves attended the first area Indian folk school held in Ontario.

Sessions held at Craigeith, from March 10 to the 15th, included discussions on a variety of subjects — culture, crafts, markets, leadership, education, public speaking, industry, employment, recreation on reserves, and Indian family problems.

Delegates agreed that the exchange of ideas, the discussions of mutual problems, as well as friendly association with one another, had proved enriching experiences.

## Birtle Winners

Two students from the Birtle Indian Residential School have won prizes and a third received an Honourable Mention in the Forest Conservation School Poster Contest of the Manitoba Forestry Association.

Sam Isaac won first prize (\$25) in the senior division, grades seven, eight and nine.

Clifford Huntinghawk won second prize (\$15) in the Junior Division.

Irwin Hall was listed in the "Honourable Mentions" of the Senior Division.

## (Tuberculosis continued)

The largest Indian hospital is the Charles Camsell Hospital in Edmonton. It has a capacity of 480 beds. Ten different dialects are spoken in "the Camsell", and many Indians refuse hospitalization unless they can be accommodated there. Approximately half of the patients are under treatment for tuberculosis. Complete surgical, laboratory and radiological services are available.

At Sioux Lookout, the Indian hospital serves as a base for ten departmental nursing stations and health centres from the Manitoba border east and north to Hudson Bay. From this vast area patients are accommodated in the Sioux Lookout Indian hospital.

With the relocation of some Indian communities and the greater consciousness of health requirements, additional hospital facilities are required. In January, 1961, a 90-bed hospital was opened at Inuvik in which one ward of 30 beds is assigned to the treatment of tuberculosis patients.

### Nursing Stations

In remote areas where medical care is not readily available, nursing stations have been established.

These are, in reality, small hospitals with a few beds under the charge of a couple of nurses with supporting staffs. The nurses are advised by visiting physicians or, in emergencies, obtain instruction by radio. In cases of serious illness patients are looked after until they can be moved, often by plane, to regular hospitals.

Air transport provides the main type of communication although snowmobiles, dog teams, skidoos and autobogans are also used in winter, as well as boats in summer.

A fully-equipped nursing station has been established at Old Crow. It has four beds, two cribs and two bassinets. The medical officer from Inuvik visits the station approximately every two to three months; the dental officer pays a yearly visit.

Patients requiring hospital care are evacuated to the hospital in Dawson City or Inuvik.

There is approximately one nurse for every 1,000 Indians.

Public health nursing services are provided from departmental nursing stations and health centres located on or near reserves.

In their health education programs nurses use many media: posters, pamphlets, radio talks, personal counselling and home visiting.

They stress tuberculosis control and proper nutrition, maternity and child health care. They hold teen-age health classes in a number of schools; prenatal and family health classes on the reserves.

### Health Centres

Health centres are established in isolated or semi-isolated areas. Those located in towns and villages generally have office and health room space only. In isolated areas, they have limited facilities for patients.

At the Centre the nurse has dispensary and clinical facilities. She conducts a health education program similar to that of the outpost nursing stations. Sometimes, she has to spend most of her time travelling among scattered bands.

Her means of transportation varies with the area served and the weather — automobile, plane, boat, dog team or snowmobile.

The Health Centre at Meadow Lake has two public health nurses. One looks after the northern part of the area — using a jeep and aircraft. The other nurse looks after the southern area — using a car.

Medical officers visit health centres at intervals and give advice by radiotelephone at other times.

### Clinics

Clinics may be attached to hospitals or may function independently. They offer screening, diagnostic and referral services, first aid and educational counselling.

Usually one or more nurses work with a full-time medical officer to carry out a combined public health and treatment program.

### Dispensers

The smallest unit in the health service is the northern dispenser — RCMP, missionary, trader, or teacher, etc., to whom is entrusted a supply of basic drugs. These people supply whatever first aid they can and advise the nearest treatment centre of emergencies.

### Larger Staffs

Institutions and staffs also have multiplied. Nursing stations increased from nine in 1946 to 43 in 1961. In addition there are now 19 hospitals, 30 clinics and 80 health centres in operation.

The number of full-time officers has increased from 37 in 1946 to 117 in 1961, nurses from 119 to 696.

There are also 28 dental surgeons and 29 part-time physicians employed. The total complement at the end of 1961 was 2,628.

## New Centre Dedicated

In honour of the opening in Toronto of the Canadian Indian Centre, the Lieutenant Governor of Ontario, His Honour, J. Keiller Mackay, and Mrs. Mackay, held a colourful reception in the Legislative Chambers. Full regalia was worn by chiefs. The women were in traditional dress.

The new centre, which was dedicated on the following day, will offer counsel and guidance to some 3,500 Indians who live and work in the Toronto area.

The Board of Directors is composed of Indians and non-Indians. President is Mrs. Douglas Jennings; Vice-President is Jim Turner of Bear Island, Timagami. James McGuire is director of the centre; Miss Delma Capton, a registered nurse from the Six Nations Reserve, is counsellor.

In time the centre hopes to have a substantial library and to promote Indian handicrafts.

## Novel Art

A new type of art has been developed by Mrs. Harrington Sands of Walpole Island: painted cloth panels for quilts.

As the paint is water-resistant and will not fade, the blankets can be washed without damaging the bright colours. Mrs. Sands has found more demands for her product than she can meet.

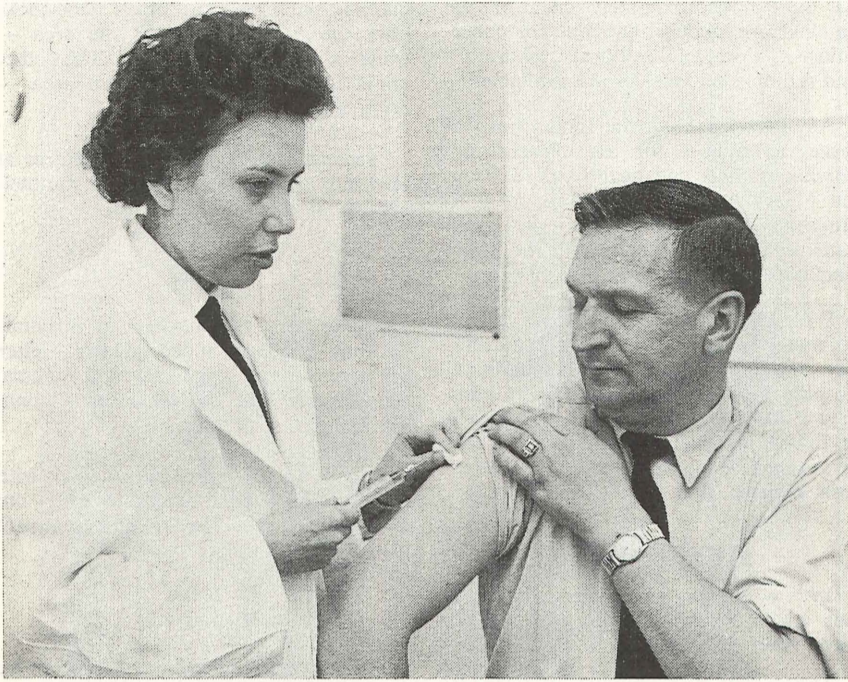
Inspiration for the painted blankets came four years ago when pictures of Canada's most famous Indian chiefs were embroidered on a special blanket made for presentation to Queen Elizabeth.

The motifs used by Mrs. Sands are either animals or Indian heads. Twelve panels are painted for each blanket.

Mrs. Sands derives her artistic talents from her father, William Soney, who is a gifted artist.

**Nurse Joins the RCAF**

**"I Look To The Goal"**



Elizabeth Matthews, Eskasoni Band, Nova Scotia, received a nursing scholarship from the Indian Affairs Branch in 1961. She attended St. Rita's Hospital School of Nursing, Sydney, Nova Scotia, and worked for some time at the hospital after her graduation. She is now a Nursing Sister with the Royal Can-

adian Air Force. At present she is stationed at Clinton, Ontario. She is shown preparing to give a "hypo" to an airman. In the article which follows, Miss Matthews describes the events leading up to her present career, and her philosophy.

In order to accomplish anything in this life, no matter how big or small it might be, all of us know, we have to work for it. But even before I can consider the amount of work or sacrifice each accomplishment in life entails I look to the goal. To this four-letter word I attribute all my success as a nurse.

Why do I put so much stress on having a goal in order to succeed? Simply because this was my way to success, this is how I got what I myself consider as the greatest of professions, that of a registered nurse.

To make my point clearer, I will even admit that somewhere along the way I was foolish enough to walk out of school. Ill-prepared to face life, without a hope of anything better, I found my way to the hospital. For six months I worked in the hospital as a nursing assistant, and enjoyed every moment of it.

Here, in an atmosphere of suffering and hope, I found my purpose in life. Only then, did I realize why I had left school without even trying. There was something missing. I had nothing to strive for, no goal to reach, nothing worth the misery of sitting in class all day long. With this thought in mind I made my decision to go back. Somehow I knew I couldn't fail; this time there was something worthy ahead — something I wanted so much I was willing to work for it.

During the six months I worked in the hospital, I realized the greatness of the nursing profession, and I would not settle for less. I admired and envied the student nurses, with all that was in me.

Not so much for the glamour, but for what they were doing for humanity. I realized these girls worked hard, for the labours of nursing and medicine are extremely taxing, and the responsibilities are grave. But the rewards are correspondingly great, as I myself found out later.

Nothing in life that is worthy is easy, and there were times when I could have given up, but always at the darkest moment that goal would come before me, to lead me on.

I could not describe my days of training, for it would take years to do it. Those were days, both good and bad, yet full of satisfaction and happiness. I can't say I did it alone, for there were always people behind me, helping, encouraging — my teachers, my mother, and many others who made my career possible. To all these wonderful people I am truly grateful.

Full realization of this came to me on the night of my graduation when, at last, I realized I was privileged enough to call this profession my own. At last I was a member of a medical team on which falls the duty of safeguarding the honour of the medical profession, to respect human life as sacred, and to be faithful in service of the sick.

This was my goal without which I would have surely failed. To those who have yet to reach their goal, my only advice is: know your goal first of all, want it, then strive for it; don't ever forget it.

Ten chances out of ten you'll make it. And best of luck to you.

**Self-Help Projects Multiply**

Self-help projects are multiplying at Longlac, Ontario. In the early summer of 1962 Aroland Indians employed by Kimberly-Clark Pulp and Paper Company Ltd. agreed to put five dollars a month into a fund to be used for community improvements.

A short time later a similar fund was established by the Longlac Indians with a monthly contribution of four dollars per man employed. Three of their number — Chief James Abraham, former

Chief Bananish and Arthur Chapais — were appointed to handle all financial transactions in connection with the fund. They decided to purchase hockey equipment for 18 boys.

The project, which showed how valuable small regular contributions can be, has generated enthusiasm for the fund. Now plans are afoot to supply water to the Reserve from the municipality of Longlac and to construct a hockey rink.

**HOLD JOINT MEETINGS**



Councillors of the Blood Band and of the town of Cardston, Alberta, held their first joint meeting on April 2 for a discussion of subjects of mutual interest to the town and reserve. Above are shown

six members of the Blood Band Council and six of the town Councillors. In the centre of the first row are (left to right) Mayor R. D. Burt and Chief Shot Both Sides.

**Yukon Indian has CBC Programme**



Norman Shorty, (above) son of Jim and Jessie Shorty, Whitehorse Band, is a CBC announcer in Whitehorse. His program, "Yukon Indians" is on the air on Sunday afternoon.

Mr. Shorty started his program in November, 1962, and conducts it both in English and Loucheux. He includes a wide variety of items: news of the Indian community, announcements, inter-

views, panel discussions, Indian chants and legends.

Since the CBC established its Northern Service in 1958 it has sought both Indian men and women graduates from high schools in the North to serve as announcer-operators and technicians. At present one station manager, three announcer-operators, two stenographers and one program producer are of Indian or Eskimo background.

# De nombreux services de santé profitent aux Indiens

La population indienne du Canada atteint aujourd'hui les 200,000. C'est là un chiffre impressionnant et qui signifie la résurrection d'une race qui fut longtemps décimée par la misère et la pauvreté. Au cours de la dernière décennie, la croissance de la population indienne a été plus considérable que celle de n'importe quel autre groupe ethnique.

## Résurrection

Ce sursaut de vitalité qu'a connu la population indienne du pays est certainement dû, dans une large mesure, à l'extraordinaire expansion des services de santé et d'éducation mis à la portée des Indiens. En l'espace de quinze ans, le taux des décès causés par la tuberculose a été drastiquement réduit. Ce taux qui était de 579 par 100,000 de population en 1946 est aujourd'hui tombé à 22.2.

De même les menaces d'épidémie qui, pendant longtemps, causèrent de sérieux ravages dans les rangs des Indiens, sont aujourd'hui réduites au minimum grâce aux programmes d'immunisation et d'inoculation mis en application un peu partout, à l'augmentation du personnel médical et aux facilités accrues des moyens de communication.

Parmi les membres du personnel médical, 14% environ sont d'origine indien-



Tous deux travaillent pour le bien-être des Indiens. Publius Fiddler est attaché au Centre de Santé de la réserve et Mme Podger est une infirmière hygiéniste. Leur travail auprès de la population indienne leur impose parfois de longues randonnées dans la région de Island Lake, Manitoba.

Publius Fiddler, a Community Health worker and Mrs. Podger, a public health nurse, are shown setting out on a field trip at St. Theresa Point, Island Lake, Manitoba.

ne et l'on compte dans leur groupe des infirmières, des médecins, des techniciens et des travailleurs sociaux.

## Programme soigneusement préparé

Le soin et l'éducation de quelque 200,000 personnes ne causeraient pas de problèmes sérieux s'il s'agissait d'une population habitant une seule région urbaine délimitée. Mais il est certain qu'une organisation beaucoup plus complexe est requise quand cette population est disséminée à travers le Canada sur une étendue couvrant près de quatre millions de milles carrés. Cette organisation a été remarquablement structurée depuis que le Ministère de la Santé Nationale et du Bien-être social a assumé en 1945 la responsabilité d'administrer les services de santé aux Indiens.

## La Tuberculose

La tuberculose, étant considérée avec raison comme la principale cause de la diminution de la population, la lutte contre cette maladie est devenue l'objectif numéro 1 des services de santé des Indiens. Des efforts minutieux ont été déployés par des unités mobiles afin de dépister, grâce à des examens radiologiques, les malades atteints de tuberculose, pour ensuite les faire traiter dans des sanas.

## La réhabilitation

Les Indiens placés dans des sanatorias pour y être soignés ont la possibilité de suivre des cours mis à leur disposition tant dans le domaine de l'instruction que dans celui des travaux manuels. A leur sortie de l'hôpital, certains des malades rétablis sont dirigés vers des centres urbains où ils reçoivent une orientation et un apprentissage additionnels afin d'être mieux en mesure de gagner leur vie.

## La mortalité infantile

Même si le chiffre des naissances chez la population indienne est presque le double de celui des naissances chez le reste de la population canadienne, le taux élevé de mortalité infantile continue de créer un problème inquiétant. Il est vrai que depuis quelques années, ce taux a diminué dans les milieux urbains à

l'exception de cliniques pré-natales et post-natales offertes aux Indiens mais le chiffre de la mortalité infantile est encore beaucoup trop élevé dans les régions primitives. En vue de corriger cette situation, des efforts continuent d'être déployés dans le but d'éduquer les populations nomades sur les soins à donner à leurs enfants, mais là encore l'éparpillement des réserves handicape le travail des responsables des services de santé.

## Les hôpitaux

Les Indiens malades sont généralement soignés dans les hôpitaux ordinaires des villes, mais dans les Territoires du Nord-Ouest et le Yukon, ainsi que dans les provinces d'Ontario, du Manitoba, de la Saskatchewan, de l'Alberta et de la Colombie-Britannique, il existe des hôpitaux exclusivement réservés aux Indiens et qui relèvent du Ministère de la Santé et du Bien-Etre. L'hôpital indien le plus considérable est l'hôpital Charles Cam-sell, situé à Edmonton et qui compte 480 lits. On parle dix différents dialectes dans cette institution et beaucoup d'Indiens insistent pour y être hospitalisés.

## Personnel plus nombreux

Tous ces services de santé mis à la portée des Indiens depuis quelques années ont entraîné une augmentation importante du personnel. Le nombre des officiers travaillant à plein temps est passé de 37 qu'il était en 1946 à 117 en 1961. Et pendant la même période, le nombre des infirmières est passé de 119 à 696. On compte également 28 chirurgiens-dentistes et 29 médecins qui travaillent à temps partiel. Dans son ensemble, le personnel affecté aux services de santé des Indiens se chiffrait par 2,628 à la fin de 1961.

Ces chiffres démontrent bien les immenses efforts poursuivis par le Ministère de la Santé et du Bien-Etre dans le but d'améliorer les conditions de santé et d'hygiène de la population indienne du Canada.

## Honoured By Sweden

Two Indian Canadians, Cephaz Snake and Jasper Hill, are in Sweden attending the celebrations marking the 300th anniversary of the founding of a Swedish colony in what is now the state of New Jersey.

Mr. Hill, a former member of the Moravian of the Thames Band, is a representative of "The Native Voice". Mr. Hill was enfranchised in 1920.

Mr. Snake has been invited as a guest of the Swedish government. He will be the official representative of the Delaware tribe - from which the Moravian Band sprang and will convey greetings to the people of Sweden from the Moravian Council. Mr. Snake speaks the Delaware tongue and English fluently. He is a veteran of both world wars.

Mr. Snake belongs to the Moravian of the Thames Band. His wife is the former Rebecca Noah. They live at Bothwell, R.R. 3, and have three children: Beulah, Herbert and Richard.

## Community Health Workers

### Popular on Manitoba Reserves

So successful has the training of Indians as Community Health Workers proved that a similar programme is now envisaged for the Eskimo community.

The training program began at Norway House, Manitoba, in January, 1962. Twelve candidates, chosen for their leadership qualities, attended the courses. These were:

Hugh McKay, Waywayseecappo reserve; W. Green, Beren's River reserve; S. Anderson, Norway House reserve; P. Fiddler, Island Lake reserve; M. Bee, God's Lake reserve; J. Spence, Split Lake reserve; R. McKay, Cross Lake reserve; Mrs. B. Wilson, The Pas reserve; Mrs. D. Stranger, Peguis reserve; Mrs. J. Courchene, Fort Alexander reserve; John Henry, Roseau River reserve; Lawrence Chubb, The Pas reserve.

The course was designed to impress upon Indian peoples the importance of preventive measures mainly in the field of sanitation. Women candidates were expected to assist the field nurse in teaching programmes, seven of the men to teach basic sanitation and be aides to the regional sanitarians, and two to be trained as assistants to the departmental dentist in established clinics.

The training consisted of three parts — orientation, formal training and continued on-the-job training.

The first two months were spent on reserves where students learned basic facts about their areas and carried out certain assignments and projects.

This was followed by emphasis on health education and acquisition of teach-

ing skills, including the presentation of talks, and the use of visual aids. All students attended a St. John Ambulance first-aid course.

Field trips were made through reserves, to schools, and public meetings to give students opportunities to participate in community affairs.

After six weeks of general health education, the candidates were divided into three groups in order to receive training in their specialities. The women attended discussions on public health nursing subjects under the direction of a public health nurse; seven men received training in sanitation under the supervision of the regional sanitarian, and the two dental students received six weeks' training under the direction of the regional dentist.

Graduation exercises were held in March, 1962, and students returned to work on their reserves.

Early this year they attended a refresher course. After their work in the field they were anxious to discuss their problems and to map plans for the future.

Meanwhile a Public Health Nurse was able to report:

"In every area, the people, Indian and non-Indian, thought the reserves were cleaner and tidier. They thought there were fewer flies around the homes. There is greater appreciation of the need to boil water for infants and to 'do something about garbage'. The Indian people who were visited were unanimous in their approval of having one of their own people teaching health".

## Six Area Awards

### Tom Watts Wins Trophy

Winner of the Tom Longboat Trophy for 1962 was Tom Watts Jr. of Sheshaht Band, West Coast Agency, British Columbia.

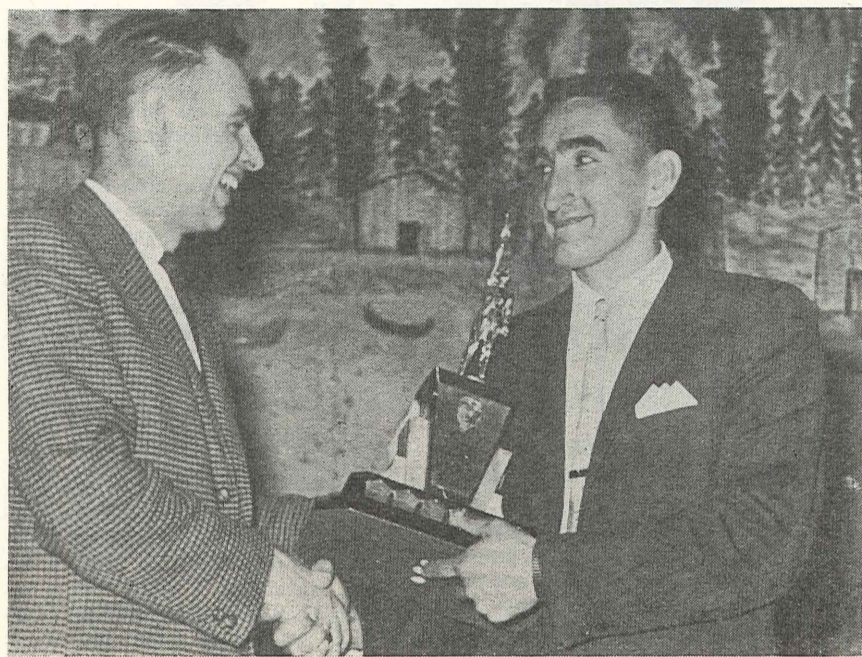
Area medal winners were:

Edwin Wells, Blood Agency, Alberta; Anderson Pete, Battleford Agency, Saskatchewan; Hubert Kematch, Dauphin Agency, Manitoba; Samuel William Chum, James Bay Agency, Ontario; Arthur Quoquochi, Abitibi Agency, Quebec; Winston James Paul, St. John River Agency, New Brunswick.

athlete of 1961. Mr. Pete has also been a leader in sports, an Indian Affairs scholarship winner, and a cadet instructor. Mr. Kematch for three years has represented the Dauphin Collegiate in the Manitoba High School Finals, Winnipeg.

Mr. Chum was curling skip champion, 1961-62 and is a fine hockey and baseball player.

Mr. Quoquochi excels in hockey. He was the best Indian player at Quebec Pee Wee Tournaments in 1961 and in



Tom Watts, Jr. is shown receiving the Longboat trophy from F. C. Clarke, regional supervisor of Indian Affairs.

Mr. Watts has been captain of his softball team and has had the highest batting average of the team every year. In basketball he has also starred. He was playing coach of a senior men's basketball team one year and captain the next. He was instrumental in organizing the Allied Tribes, an organization of 18 tribes of the West Coast. He has played soccer, is a fine swimmer, active in water sports, in track and field. He also coaches a minor basketball team from the Alberni Indian Residential School.

Mr. Wells received the Blood R.C. School Staff Trophy as the outstanding

1962 and came first in his class in the track and field meet in 1962.

Mr. Paul was star of the Big Cove Hockey team which won the Maritime Micmac championship and was top scorer in Woodstock Intermediate Class B Hockey League for 1960-61, and 1961-62.

The Tom Longboat Trophy, awarded in memory of an Indian athlete of illustrious memory, is given for outstanding achievement in any sport, leadership ability and service to the nation in order to foster good sportsmanship.

## Wants To Serve Her People

### Looks Forward To Nursing Career

The writer of this article is Irene Thomson from the Assiniboine Reserve, Sintaluta, Saskatchewan.

Miss Thomson graduated from Prince Albert high school last year and hopes to train this coming fall as a nurse at the Victoria Union Hospital, Prince Albert. At present she is working in Regina as a Nurse's Assistant at Central Park Lodge, a privately owned home for the aged. She reports:

I love my work and enjoy the satisfaction that has come from such service to these elderly people.

Previous to the last two years of High School, I was undecided as to what I actually wanted to do for a career. I always had dreams of being an overseas airline stewardess, to see the world and meet people. In order to attain this particular position, one has to be a registered nurse.

Nursing never seriously entered my mind until then. I know now I want to be a nurse more than anything else I've wanted to be.

In the past and still to this day, nurses were, and are, very much required in all areas of the world. I feel that I would like to serve and help my own people

one day. I know there are many Indian girls who feel the way I do.

Before the Indian health services were formed, there was little concern for the health of Indians. Medical assistance came mostly from missionaries and sympathetic neighbours.

I believe that through more education of our Indian people we could assist in maintaining better standards of health and living for our people.

I am looking forward with great enthusiasm to going into training and I earnestly feel I am prepared to go through the hard work and study that is so very necessary in nursing.

Florence Nightingale wrote: "Nursing is an art, the finest of the fine arts and if it is to be made an art it requires as hard a preparation as any painter's or sculptor's work; for what is having to do with dead canvas or cold marble compared to having to do with the living body, the temple of God's Spirit? There is no such thing as amateur nursing".

## Here And There

R. B. Altman, son of Mr. and Mrs. Eugene Altman of Walpole Island, was a recent graduate of a non-commissioned officers' course which was conducted by the Royal Canadian Regiment, London. Mr. Altman enlisted in the army in 1961.

Willie Alphonse and James Sandy, Sugar Cane reserve and James Sellars, Soda Creek reserve, have received their fourth class stationary engineer certificates. They are now employed at the Puntzi Mountain RCAF station.

The grade 3-4 choir of the Cariboo Indian School was rated the best school choir participating in the Cariboo musical festival at Williams Lake, British Columbia. Individual winners were Madeleine Gilbert and Terry Bouchie in the Spoken Verse category; Agnes Harry and Hilda Narcisse in the Instrumental Open Class.

Donna Morriseau, a Grade II student at Mackay Residential School who attends classes at the Dauphin Collegiate and Technical Institute, hopes to become a registered nurse. She is secretary of the local A.Y.P.A. group at Mackay, is a member of the council for Social Service at the Collegiate, and was recently crowned Queen of the Collegiate.

Mr. Albert Many Fingers, Chairman of the Blood Band Council, has been named delegate to the Agricultural Service Board of the Municipal District of Cardston, Alberta. The Board, which meets approximately nine times a year to discuss such problems as soil drifting, weed control, etc., had asked the Council to select a representative.

With an Indian member on the Board it is hoped that more liaison may be maintained between the Reserve and the Municipal District and that mutual problems will thus be solved with more facility.

A tall, wiry Ojibway, Mel Baxter, has been signed to an "A" form by the Montreal Canadiens, and will have an opportunity to perform at Peterborough Petes Junior "A" training camp in the fall.

Mr. Baxter learned to play hockey on frozen rivers in the Nakina area north-east of Lake Nipigon.

Chief Levi Denny, President of the Micmac Hockey League presented the Major D. M. MacKay Trophy, emblematic of Maritime Micmac Hockey supremacy, to Vincent Joseph, captain of the Big Cove team. Carl Moore was the captain of the Micmac team from Sydney, Cape Breton.

A group of young Indian students has started the first co-educational youth club for Indians ever to be formed in Vancouver. The first group activity was a dance held in November. Plans are afoot to expand the organization into a study and service club as well. The society now has a membership of some seventy young Indian students from City high schools and trade schools. As the members come from tribes that speak different dialects, they decided to call their organization "Indian Youth Club".

A Cree, Ralph G. Steinhauer, was a candidate in the Vegreville riding of Alberta in the recent federal election. He was one of six candidates contesting the seat and appeared in third place in the returns.

Mr. Steinhauer was born at Morley and later moved to Saddle Lake. He is a successful farmer, operating about 700 acres of land.

Sharon Skotheim, a grade eleven student at Composite High School, Prince Albert, recently won an oratory competition. The subject of her address was: "The Prince Albert Indian and Metis Service Council".

Marie George, daughter of a former chief of Burrard reserve was interviewed on television recently regarding the views of Indian students and graduates working in Vancouver. Miss George, a graduate of Vancouver's Vocational Training School, works as a hairdresser in Vancouver.

Joe Bear of the John Smith Reserve, Prince Albert, trained as an X-ray and laboratory technician in Regina. He is now employed in Union Hospital, Maple Creek.

## Home Nursing Course Graduates



Graduation pins were presented in February to twelve women of the Mud Lake Indian reserve at Curve Lake, Ontario, who concluded a ten-week Home Nursing course held under the auspices of the Peterborough Branch of the Canadian Red Cross Society, the first such course ever conducted in the Peterborough Agency.

The graduates are: Mrs. Gordon Taylor, Mrs. Murray Whetung, Mrs. Amos Irons, Mrs. Austin McCue, Mrs. Rolans Taylor, Mrs. Elsie Knott, Miss Judy Taylor, Miss Janis Irons, Miss Donna Taylor, Misses Donna, Agnes and Barbara Taylor, Miss Grace Taylor.

"I think the Indian women should be commended for their interest and perseverance in attending this course", said Miss Elizabeth Sime, nurse-in-charge of the Agency office, Peterborough, who organized the course.

Included in the course were lectures and demonstrations on emergency treatment in the home, water safety and mouth-to-mouth resuscitation, practical suggestions and recommendations on nutrition, and economical means of buying foodstuffs.

In appreciation of her efforts, the class presented Miss Sime with a pair of buckskin moccasins.