

851-1-A377

Part 2

2

2

Subject - Sujet

SERVICES D'HYGIENE DES INDIENS ET DU
NORD CANADIEN
DISTRICT DE POINTE BLEUE
POINTE BLEUE, QUE.

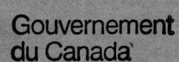
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FERMÉ

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FERMÉ



CGSB STANDARD FORM 39-1
FORMULE NORMALISÉE 39-1 DE L'ONGC
7530-21-870-7440

000567

**CLOSED
VOLUME**



**VOLUME
COMPLET**

DATED FROM
À COMPTER DU

13-6-47

TO
JUSQU' AU

5-10-74

AFFIX TO TOP OF FILE — À METTRE SUR LE DOSSIER

DO NOT ADD ANY MORE PAPERS — NE PAS AJOUTER DE DOCUMENTS

FOR SUBSEQUENT CORRESPONDENCE SEE — POUR CORRESPONDANCE ULTÉRIEURE VOIR

FILE NO. — DOSSIER N°

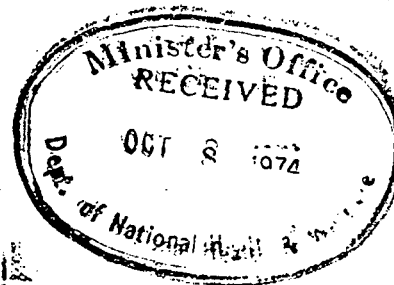
851-1-A377

VOLUME

3

60-5-1

October 5, 1974



Hon. Marc Lalonde
Minister of Health and Welfare
House of Commons
Ottawa, Ontario

Dear Sir:

Enclosed you will find copies of correspondence I have had with the Department of Indian Affairs concerning the drinking problem at the Indian Reserve - Manouane, P.Q.

The situation is appalling and I am told that it has worsened since my last visit there in May of this year. The department of Health and Welfare has staff members in residence and all must be fully aware of the situation as they no doubt treat the consequences of the alcoholic abuse. There is, of course, no easy instant solution, but the removal of [REDACTED] together with an active program to counter the abuse of alcohol would do much to help these people. Time is short if any attempt is to be made to save these people from total degradation. How the children suffer.

s.19(1)

Yours truly,

Alika Podolinsky Webber

Alika Podolinsky Webber
80 Asquith Avenue
Toronto 5, Ontario

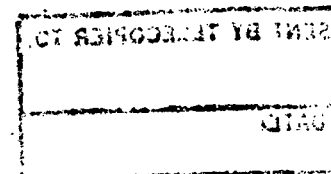
cc. Hon. Donald S. MacDonald M.P.

9 october

Par Telecopier à Montréal

M. Fillion apprécierait obtenir une ébauche de réponse pour la signature de D.B. Dewar. Prière de la retourner via le telecopier.

Michel Fillion.



Minister
Indian and Northern Affairs

Ministre
Affaires indiennes et du Nord

OTTAWA, Ontario. K1A 0H4
August 19, 1974

s.19(1)

Mrs. Alika Podolinsky Webber,
80 Asquith Avenue,
Toronto 5, Ontario.


Dear Mrs. Webber:

Thank you for your letter of July 18, addressed to the Honourable Jean Chrétien, concerning the alcohol problem on Manouane Indian Reserve. As I'm sure you know, since you wrote, the Honourable Judd Buchanan has been appointed Minister, and I brought your letter to his attention.

He asked me to assure you that he is well aware that many of the problems facing the Indian people are related to the abuse of alcohol, and he is concerned about it. However, the Government has given to the Department of National Health and Welfare the responsibility of financing programs designed to prevent or reduce the abuse of alcohol by Indians. Nevertheless, Mr. Chrétien had been actively studying with his colleague, the Honourable Marc Lalonde, ways and means of tackling the problem and undoubtedly Mr. Buchanan will continue this work. Once a decision is reached on the best method of doing so, and funds become available, then the needs of the Indian people of Quebec will be considered in relation to those of all other Provinces.

Regarding [REDACTED]'s activities, the R.C.M. Police are unable to intervene unless they receive a specific complaint, and this should properly come from a Reserve resident. Even then, while this might have some local and momentary effect, it would do little to solve the overall problem, as I think you will probably agree.

Yours sincerely,


Irvin Goodleaf,
Special Assistant.

October 5, 1974

Mr. Irvin Goodleaf
Special Assistant
Department Indian & Northern Affairs
House of Commons
Ottawa, Ontario

s.19(1)

Dear Mr. Goodleaf:

Thank you for your letter of August 19, which brought Resurrection by Leo Tolstoi to my mind. In this great novel the irresponsibility of those who purport to govern us is described so well that it will serve as a prime example of responsibility-evasion for a long time.

Your statement regarding [redacted]'s activities and the inability of the RCMP to take any action unless a specific complaint is received, which should properly come from a resident of the Reserve makes me wonder what interest the Department of Indian Affairs has in the affairs of the Indian. The Reserve is visited periodically by members of the Department who cannot be unaware of the situation. There is also a resident employee of the Department who is in daily contact with the Indians.

Of course, the problem won't be resolved by the removal of [redacted] but it would certainly be improved as the Indians would then have to make a return trip of 106 miles over a gravel road, which frequently is in poor condition, to get their supply of beer.

The situation in Manouane is urgent. It will not wait for yet another study or until funds become available, it must be acted upon NOW. I do not intent to let this matter rest.

Yours truly,

Alika Podolinsky Webber.
80 Asquith Avenue
Toronto 5, Ontario

cc. Hon. Otto Lang, Minister of Justice
Hon. Marc Lalonde, Minister of Health & Welfare
Hon. Donald S. MacDonald M.P.

July 18, 1974

Hon. Jean Chretien
Minister of Indian Affairs
and Northern Development
House of Commons
Ottawa, Ontario

s.19(1)

Dear Sir:

On February 2, 1974 I wrote to you informing you of my work among the Indians and my anticipated problem of accomodation in Manouane. Mr. Irwin Goodleaf replied to my letter and forwarded my request to your Regional Office in Quebec. The enclosed copy of my letter to Mr. Paradis concerning this problem will be self explanatory.

I feel obliged to bring to your attention the drinking problem which has developed in recent years in Manouane due, in great part, to the all-year road which was completed last year. Beer is now delivered to the homes of the Indians several times a week by [redacted]

Ostensibly he visits the reserve to deliver groceries, more often than not, beer forms the greater part of his deliveries. I understand that he has been apprehended a couple of times by the Provincial Police as he does not have a licence to transport beer, on one of these occasions his truck was confiscated. I was told that he returned a week later with a larger truck capable of carrying 100 cases of beer which I am informed sells for \$10.00 a case.

Last year I witnessed 30 cases of beer being delivered to one house and spent the next three days observing the tragic results of this delivery. This year the situation has worsened considerably; it is quite common to see children between the ages of 12-16 so drunk that they can hardly stand up, and I am told that children from the age of 8 years also drink beer. It is no doubt the Indians right to purchase and consume alcoholic beverages, unfortunately for many reasons this privilege is abused. But the situation is not helped by the almost daily presence of [redacted]. I cannot understand why this situation is allowed to continue, it is apparent to every white person on the reserve, the Provincial Police have evidence of the activities of [redacted] and the R.C.M.P., with little effort, could put an end to this sordid affair.

In Sanmaur, the Indians of the Weymount Reserve are permitted to purchase beer in the village which is about two miles from the reserve. But as the bridge connecting the reserve with the village is not wide enough to carry an automobile beer has to be transported by motor cycle, or as is more often the case, by packsack.

2/ The situation is much better. The village is neater, quieter, children are well cared for. They look healthy and they do not drink beer. School attendance is good and the families seem a great deal happier. I did not observe one case of vandalism on the reserve, which is far from the case in Manouane. I do not want to imply that there is no drinking, there certainly is, drunks can be seen in the stores in Sanmaur and lying beside the road but it is not a hopeless situation and many families are not affected. Although I am told another and more alarming problem is the introduction of drugs into both reserves.

During my extensive work in the northeast I have had many opportunities to observe the Indians at close quarters. My respect for them has increased with each year. Their culture, based on a long tradition, has formed these people to this day and we must be grateful that this is so.

Now we have an urgent obligation to make sure that unscrupulous men, solely for personal gain, are not permitted to destroy a people from whom we have already taken so much and who have nevertheless still much to give to Canada.

I hope you will take a personal interest in the Manouane Indians. One day you may find the opportunity to view the film Cesar's Bark Canoe, a film made by the National Film Board on a Manouane Indian of great stature.

Yours truly,

Alika Podolinsky Webber
80 Asquith Avenue
Toronto 5, Ontario

Health and Welfare Canada
Santé et Bien-être social
Canada

DRAFT OF REPLY FOR MR. DEWAR'S SIGNATURE

October 9, 1974

Mr. De
Mrs. De

Mr. De
Mrs. De

Mrs. Alik Podolinsky Webber
80, Asquith Avenue
Toronto 5, Ontario

Dear Mrs. Webber:

The Minister has asked me to thank you for

~~This will acknowledge your letter of October 5, addressed to the Honourable Marc Lalonde, Minister of Health and Welfare, dealing with the drinking problem at the Manouane Indian Reserve.~~

Not only are we aware, but we are extremely concerned about this problem which seems to be increasing and getting out of hand. We do indeed have nursing staff locally and as you mentioned in your letter, they do stand an inordinate amount of their time (~~especially on week-ends~~) treating the consequences of alcohol abuse. (Though they do have in their public health program a component of education against alcohol abuse, their action is hampered by the negative attitude of the population and the lack of cooperation of the band authority. Actually, it is getting harder and harder for us to keep any staff at this health center, as they are themselves physically threatened and are working under extremely difficult conditions.

Within our alcohol abuse program, in cooperation with OPTAT with whom we have a contract, we have since April of this year financed and approved the appointment of a native worker for this area, with Manouane as the first priority. Unfortunately, the search for such a worker proved difficult and it is only recently that one was found. We are told that he should start his work at the end of this month.

It would be unrealistic to expect instant results, but you may be assured that we will spare no effort to try and make at least a dent in the problem and follow up the situation very closely.

- 2 -

s.19(1)

You mention the name of [REDACTED]: we have heard rumours of his name in conjunction with some activities, but it is not within our jurisdiction to act in this respect. I would agree with Mr. Goodleaf's opinion that the R.C.M.P. is unable to intervene unless they receive a specific complaint from a reserve resident, which nobody has agreed to do up to now, as far as we know.

There is no instant or easy solution to a problem of such magnitude, but we can only assure you again that we are doing the utmost in our power to attack it and follow up the situation.

We wish to thank you for your interest and concern in the native population of the Manouane Reserve.

Yours very truly,

Draft: M. Lami and

D. B. Dewar

Assistant Deputy Minister.



Government
Canada

Gouvernement
du Canada

MEMORANDUM

NOTE DE SERVICE

PP

TO
À

**Regional Director,
Quebec Region.**

FROM
DE

**Director General,
Program Management.**

SECURITY - CLASSIFICATION — DE SÉCURITÉ
OUR FILE — N/RÉFÉRENCE (M14)
YOUR FILE — V/RÉFÉRENCE
DATE June 26, 1974

SUBJECT
OBJET

**Situation - Manowan
Objedjiwan - Sanmaur**

Thank you for your memo of June 19, 1974 advising of the situation at the three above-named communities. I support your actions in this matter completely and would appreciate being kept informed of any further developments.

L.M. Black.

000576

MEDICAL SERVICES BRANCH

L.M. Black
Director General
Program Management

Date: June 25, 1974

A:
TO: M20

REMARKS
REMARQUES:

For information.

L.M. Black.

Directeur général
Gestion des programmes

DIRECTION DES SERVICES MÉDICAUX *ling*
H000577 *24*
26/01

MEMORANDUM

CLASSIFICATION



TO
A

Director General
Operations
Medical Services

ACTION		PA date	BF date
M	<i>Y/Ln</i>		
INFORMATION			
M		M	
M		M	
M		M	

YOUR FILE No.
Votre dossier

OUR FILE No. 102/17-1 (F10)
Notre dossier

DATE
19.06.74

FROM
De

Regional Director
QUEBEC REGION

FOLD

SUBJECT
Sujet

SITUATION - MANOWAN - OBEDJIWAN - SANMAUR

Please find enclosed a letter sent to the Chief and Council, Manowan, announcing the possible closing of the Health Center in Mid-July '74.

Alcoholism is at the base of the troubles there. We have had binge drinking before but the situation is now worse than ever and more people drink more every day. There has also been violence and breakage before, but never to this extent. The last event (over last week-end) has been the worst: break-in (Infant Protection Center - Trailer - Health Center) and stealing, has been reported to the Provincial Police. The local Indian constables are worse than useless.

STAFF: The Nurse position - Infant Protection Center is vacant. Of the two Nurses at the H/C, one is scheduled to attend University and will leave in mid-July; the other has given her resignation because she cannot "take it" any more. We may transfer her, but she will leave Manowan in Mid-July in any event. Sanmaur is vacant.

We may be able to find Nursing Staff to replace the Nurses who are leaving, but given the circumstances and local difficulties, it is doubtful and we must expect a rapid turnover (if we don't get them out ourselves!).

There seems to be no question of harassment or contestation or personal feelings against our staff "per se" or the Branch. There has been no menace of physical violence against the staff, they are not afraid for themselves at this time. However, it is an "impossible" situation to work in: clinics are unattended, home visits are next to impossible (people are drunk) and the Nurses spend most of their time "patching up" patients who have been in fights.

25 Jun 76

Brif memo of support dictated

.../2

→ M₂₀ for info.

009707

MEDICAL SERVICES
HEADQUARTERS

JUN 24 11 38 AM '74

QUARTIERS GENERAUX
SERVICES MEDICAUX

JUN 26 1974

- 2 -

Damage to our property has not been assessed completely at this time.

We hope to have a native worker on the O.P.T.A.T. alcohol abuse program shortly, for this area - Manowan shares the first priority with Sanmaur, where the Nurse has also requested a transfer (the position is vacant and nobody wants to go) for the same reasons. Obedjiwan is quiet at this time, but for how long! (staff change beginning of August).

We are keeping the Association fully briefed on these situations, but we feel that they are either indifferent or overwhelmed: either way, we expect no help from that area. The Chief and Council clearly cannot cope (all three Reserves).

We have been foreseeing this type of situation for some time. The solution of the problem isn't easy. We'll report major events and/or changes.

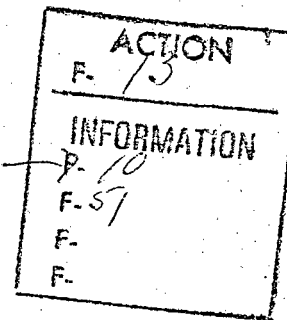


M. SAVOIE, m.d.
Regional Director
Quebec Region

MS:mmg

Encl.

Services Médicaux - Région de Québec
515 ouest, rue Ste-Catherine - #302
Montréal, P.Q.
H3B 1B4



Le 17 juin, 1974

104/1-1 (F13)

Chef François Ottawa
Conseil de Bande
Manowan, P.Q.

Cher monsieur,

Nous apprenons avec regret que des dommages, du vandalisme et du vol se sont faits dernièrement à nos roulottes de Manowan.

Cela n'est pas sans créer de l'inquiétude à nos infirmières en place. D'autant plus que l'alcool joue un rôle important pour amener toutes sortes de désordre sur la réserve. Lors de notre visite à Manowan, il y a quelques semaines, nous aurions aimé discuter de ces problèmes avec vous. Malheureusement, notre rencontre n'a pas eu lieu.

Devant ces événements regrettables, il nous sera évidemment très difficile de remplacer nos infirmières de Manowan car elles doivent quitter bientôt en juillet.

Nous espérons, Monsieur le Chef, que vous userez de toute votre autorité pour que désormais nos infirmières puissent continuer de tous vous servir dans la paix et la sécurité.

Sincèrement,

ORIGINAL SIGNÉ PAR
F. BIGNON I.D.

Fernand Bignon, m.d.
Directeur int. de Zone - Zone Sud

FG:cd

c.c.: Association des Indiens
Infirmières - Manowan

255 Argyle Avenue,
Ottawa, Ontario.
K1A 0L3

21 February 1974

Mr. W.H. Rogers,
Chief,
Social Services Division,
Indian and Northern Affairs,
Ottawa, Ontario.
K1A 0H4

850-1-A377 (M11)

Dear Mr. Rogers:

This is in reply to your letter of February 4th regarding payment for drugs and a band resolution from the Montagnais of Lake St. Jean.

I am enclosing, herewith, a draft of a letter which was sent to all Chiefs and Councils in Quebec Region. It outlines the procedures by which Indians may obtain drugs from drugstores. There is also a letter attached to Dr. Savoie from Chief Gros-Louis which indicates his knowledge of the arrangements and his acceptance of them.

I suggest that your Regional Director consult with Dr. Savoie to confirm the arrangements that are set forth in this draft letter which I understand was sent to all Chiefs and Councils in August of last year.

Yours truly,

Original Signed by
J. E. THORPE

J.E. Thorpe,
Associate Director General,
Program Management,
Medical Services Branch.

Encl.

M111

D R A F T

Letter to be sent to all Chiefs & Councils in Quebec Region

SUBJECT: New procedures for obtaining drugs in drugstores

We wish to advise you that we intend shortly to enter into an agreement with the Quebec Association of Drugstore Owners for the obtaining, by Indians, of drugs in drugstores situated in the Province of Quebec.

The text of the agreement and particularly the question of identification of the people have been discussed with the Indian Association of Quebec. In fact, we have adopted the Association's suggestion for the identification of the Indians, that is: each Indian will have to produce an official card (the Federal Certificate of Indian Status, or the card of the Indian Association of Quebec),

OR, if he does not have a card, he will have to be formally identified by the Chief or Manager of his Band, to the druggist.

DATE: 1st of September 1973

CRITERIA: nothing is changed.

as usual: Indian registered on a Band list
Residency on a Reserve (or left less than a year)
Medical indigency - as recommended by the Band
Manager or the local welfare officer.

DRUGS COVERED: On prescription only -

- all those listed in the drug catalogue of the Quebec Department of Social Affairs.
- for those (few) others not listed: a special request may be sent to the Zone Director and, always with a prescription, it will be supplied "special".

NOT COVERED: Those articles that are not drugs but which could be prescribed by a Doctor.
They will be supplied by means of an 8432 - Special Treatment, as usual, with the prescription attached (like glasses).
Toilet articles (like Kleenex), drugs not prescribed by a Doctor and little things like Band Aids will not be covered.

2.

Please note:

- 1^o This applies to drugstores situated in the Province of Quebec, therefore NOT to those in Ontario or New Brunswick. For those, where we deal frequently, there are no changes with the actual procedure.
- 2^o This does not change anything in those places where drugs are distributed by our Nurses at a Health Centre or Nursing Station (when the drugstore is too far away).

Important 3^o If an Indian residing outside a Reserve and according to us, on the list "off Reserve", presented himself to a drugstore to obtain drugs (charged to us), we would pay the first account and then advise the drugstore that we will not pay anymore for that Indian. However, as errors can happen, this Indian will always have the possibility of writing us to explain his case: all will be considered - there may be exceptions.

It should be noted that students and adults who study or are learning a trade in a city (off-Reserve) are NOT considered as off-Reserve and may obtain drugs, under the same conditions as everybody else.

Would you please advise your people of these new procedures, especially about the importance of an identification card.

Our Nurses, Indian Affairs, the Indian Liaison Officers, Doctors and the Indians of Quebec Association, are all aware of this.

If you wish more details, do not hesitate to write us, we will be pleased to give you more explanations and answer your questions.

INDIANS OF QUEBEC ASSOCIATION

ASSOCIATION DES INDIENS DU QUÉBEC

PRÉSIDENT
ANDRÉE Y. DELISLE
INDIAN RESERVE
CAUCHAMARICA, Q.C.

EXÉCUTIF INTERIM
MAX GROS-LOUIS
RÉSERVE INDIENNE
VILLAGE DES KINONIS, Q.C.
Q2A 2V0

BUREAU GÉNÉRAL
CENTRAL OFFICE
VILLAGE DES KINONIS, Q.C.
Q2A 2V0
TEL. (514) 441-1111

Village Huron, Le 16 juillet 1973

Docteur Monique Savois
Directeur Régional
Services Médicaux, Région de Québec
P.O. Box 638, Station B,
515, St-Catherine, West, Suite 300
Montréal 111, QUE.

Chère Docteur Savois,

Pour faire suite à la réunion tenue à Montréal le 12 juillet 1973, entre les autorités compétentes de votre Ministère et le sous-signé, il serait souhaitable que l'article 2.01 faisant parti d'une entente entre votre Ministère et l'Association des Pharmaciens Propriétaires soit rédigée comme suit:

" Les Indiens ayant en main des ordonnances Médicales prescrites doivent s'identifier auprès du pharmacien en lui montrant son Certificat Fédéral de Statut d'Indien, ou soit sa carte de Membre de L'Association des Indiens du Québec, lesquelles dénotent son numéro de Bande et la Bande à laquelle il appartient et dans l'absence de ces documents, se faire identifier par le gérant de Bande et/ou le Chef de la Bande.

Veillez agréer, chère Docteur Savois, l'assurance de ma considération distinguée.

Max Gros-Louis
Chef Max "ONE-ONTI" Gros-Louis
Vice-Président



Indian and
Northern Affairs

Affaires indiennes
et du Nord

Ottawa, Ontario K1A 0H4
February 4, 1974.

Mr. J.E. Thorpe,
Associate Director General,
Program Management,
Medical Services Branch,
Department of National Health
and Welfare,
255 Argyle St.,
Ottawa, Ontario K1A 0L3

Your file Votre référence

Our file Notre référence

Dear Mr. Thorpe:

You will recall that I had discussed with you the questions of payment for drugs about which we had received a band council resolution from the Montagnais of Lake St. Jean (Pointe Bleue) and a letter from Chief Max Gros-Louis of the Indian Association of Quebec. A copy of -- the pertinent correspondence is enclosed. Would you please let me know of your policy in this matter in order that I might reply further to our regional offices.

Yours sincerely,

W.H. Rogers,
Chief,
Social Services Division.

Encl.

ACTION		A date	IF date
M 11			
INFORMATION			
M 14	M	M	
M 16	M	M	
M	M	M	

039118

MEDICAL SERVICES
HEADQUARTERS

FEB 6 9 30 AM '71

QUARTIERS GÉNÉRAUX
SERVICES MÉDICAUX



Indian and
Northern Affairs

Affaires indiennes
et du Nord

035430

C/

Affaires indiennes et esquimaudes,
OTTAWA.

Québec, P.Q. AM 74
GIV 4C7 Le 24 janvier 1974.

Attention: Monsieur W.H. Rogers,
Directeur, Services sociaux

Your file Votre référence

Our file Notre référence

377/17-1 (EPR)

Objet: Gratuité des médicaments
fournis aux Indiens.

Nous vous transmettons, sous pli, photocopie de la lettre de M. Max Gros-Louis, qui demande au Ministère de faire les démarches nécessaires pour donner suite à la résolution no. 262 du Conseil des Montagnais du Lac St-Jean.

Nous incluons également copie de la lettre-réponse du Dr. Savoie des Services de santé relativement à cette demande.

Comme l'Association a jugé inacceptable la réponse du Dr. Savoie, nous avons pensé soumettre le cas au comité interministériel afin qu'il entérine ou rejette la décision des Services de santé. Nous espérons que le Conseil et l'Association seront informés des mesures qu'entend prendre le dit comité.

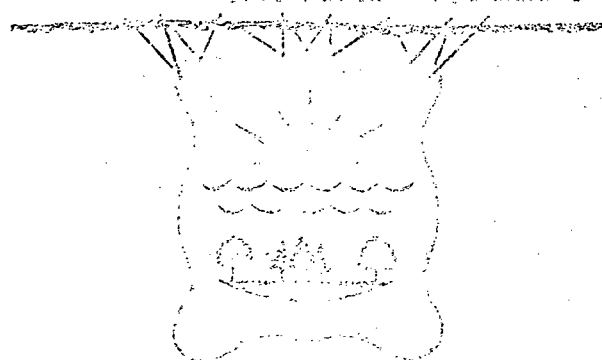
L'adjoint exécutif au Directeur
régional,

E. Powers-Ramsay

(Mme) E. Powers-Ramsay.

P.J.

INDIENS OF QUEBEC ASSOCIATION
ASSOCIATION DES INDIENS DU QUÉBEC



PRÉSIDENT
ANDRÉE T. DEMISEL
INDIAN RÉSERVE
CAUGHNAWAGA P.Q.

SECRÉTAIRE-TRESORIER
MAX GROS-LOUIS
RÉSERVE INDIENNE
VILLAGE DES HURONS, P.Q.
G0A 4V0

BUREAU CENTRAL
CENTRAL OFFICE
VILLAGE DES HURONS, P.Q.
G0A 4V0
TEL.: 418/842-0277-78

Village Huron, le 15 janvier 1974

377/17-1

4.4
M. Roméo L. Boulanger
Ministère des Affaires Indiennes
et du Nord Canadien
1141, Route de l'Eglise
C.P. 8300
Ste-Foy, Québec 10, P.Q.

SUJET: Services Médicaux, Dentaires
et Médicaments aux Indiens

M. le Directeur,

Nous vous faisons parvenir ci-inclus, copie de la résolution
no 262 du Conseil de Bande des Montagnais du Lac-St-Jean
pour votre action.

Dû au fait que l'Association des Indiens du Québec est
mandaté par le Conseil des Montagnais du Lac-St-Jean, nous
demandons aux Affaires Indiennes de faire les démarches
nécessaires afin qu'il y ait suite dans leur demande.

De plus, l'Association des Indiens du Québec appui cette
résolution et nous espérons que le Conseil des Montagnais
du Lac St-Jean recevra des réponses adéquates.

Veuillez agréer cher Monsieur le Directeur, nos salutations
distinguées.

Chief Max Gros-Louis

Chief Max "ONE-ONTI" Gros-Louis
Vice-Président

*du résolution 262
n'étant parvenue telle
que nous sommes dans la
lettre*
[Signature]

Services Médicaux - Région de Québec
515 ouest, rue Ste-Catherine - #302
Montréal, P.Q.
R3E 1P4

Le 27 décembre, 1973

21/17-1 (F10)

Monsieur Richard Paul
Chef
Conseil des Montagnais
Pointe-à-Blanc, Cds Roberval, P.Q.

377/17-1

Cher monsieur,

Nous accusons réception de votre lettre du 20 décembre dernier accompagnant une résolution de Conseil de Bande de Pointe-à-Blanc à propos des services médicaux et dentaires de même que les médicaments aux Indiens.

Nous devons vous dire tout d'abord que nous n'avons absolument rien changé récemment dans nos procédures pour ce qui regarde les soins médicaux et dentaires aux Indiens. Nous n'avons aucun nouveau règlement à ce sujet. Quant à la loi de l'Assurance-Maladie de la Province de Québec, elle n'est pas nouvelle et nous n'avons rien changé à son application.

En ce qui regarde les médicaments, il est exact que nous avons changé nos procédures à ce sujet le 1er septembre, 1973, mais il n'est pas exact de dire que nous ne vous avons ni consulté ni averti puisqu'au mois d'août dernier nous avons envoyé une lettre à tous les Conseils de Bande et nous avons consulté l'Association des Indiens avant de signer ce contrat avec les Pharmaciens du Québec.

Nous savons qu'il y a eu des problèmes avec les médicaments à Pointe-à-Blanc, mais nous avons écrit récemment aux médecins de votre région pour leur demander leur collaboration et la publication d'un nouveau catalogue de médicaments qui sera en effet au tout début de janvier, devrait régler tous ces problèmes, de telle sorte que les Indiens ne devraient plus avoir de problèmes majeurs.

..... 2

29077 JAN 473

- 2 -

Pour ce qui est de faire donner les médicaments aux Indiens par notre infirmière en charge, ceci n'est absolument pas pratique dans un endroit comme Pointe-à-Moussé avec la population qui y demeure; nous croyons que notre infirmière est beaucoup mieux employée à faire de la Santé Publique et à protéger les gens contre la maladie plutôt que d'agir comme un commis de pharmacie. Avec la multiplicité des médicaments sur le marché et le nombre de médecins qui prescrivent dans la région de Roberval, les implications pratiques sont absolument impossibles.

J'espère qu'il me sera possible de me rendre à Pointe-à-Moussé en janvier ou février; à ce moment il me fera plaisir de vous rencontrer de même que le Conseil de bande et de vous expliquer tout ceci plus en détail.

Bien à vous,

Le Directeur Régional
Région de Québec
M. Savoie, M.D.

MS:ed

c.c.: M. Max Gros Louis - Assoc. des Indiens
Directeur Régional - Affaires Indiennes ✓
Infirmière en charge - Pte-Moussé

28077 JAN 473

Government of Canada
Gouvernement du Canada

MEMORANDUM

NOTE DE SERVICE

CTB

Bureau Régional
Québec

Att: Monsieur Bourdon

District de Pointe-Bleue

Roch Taillefer

Résolution no. 262 Pointe-Bleue

SECURITY CLASSIFICATION - DE SÉCURITÉ
OUR FILE - N/RÉFÉRENCE <u>377/17-1 (RT)</u>
YOUR FILE - V/RÉFÉRENCE
DATE Le 28 décembre 1973

Veillez trouver ci-joint la résolution no. 262 du conseil de bande de Pointe-Bleue concernant la gratuité des médicaments fournis aux indiens.

En effet, le conseil de Bande tel qu'il l'exprime dans sa résolution n'accepte pas que la nouvelle loi provinciale sur l'assurance-maladie s'applique dans le cas des services médicaux aux indiens et, par conséquent, le conseil veut que les médicaments soient fournis gratuitement à ces derniers.

Surveillant de District
Affaires Communautaires
District de Pointe-Bleue
Pointe-Bleue

ORIGINAL ^{PAR}_{BY}
R. TAILLEFER
Roch Taillefer

RT/cia

P.J.
c.c. C.T. Blouin
A. Blouin
Conseil de Pointe-Bleue

28231 JAN 773

000592



VILLAGE INDIEN DE POINTE-BLEUE, CDE RESERVE, P. Q.
TEL. 270-2473

RÉSOLUTION DE CONSEIL DE BANDE

Montagnais #362
Révisé de l'Administration centrale
877/17-1

NOTA:

Les mots "des fonds de notre bande" doivent paraître dans toutes les résolutions portant sur des dépenses à même les fonds des bandes.

Conseil de Bande des Montagnais du Lac St-Jean

RESERVE AU BUREAU PRINCIPAL

Agence Pointe Bleue

Province Québec

Endroit Pointe Bleue

DATE: _____ 19 _____
JOUR MOIS ANNÉE

DÉCIDE, PAR LES PRÉSENTES,

De demander au Ministère des Affaires Indiennes d'exiger que le Ministère de la Santé Nationale donne les mêmes services médicaux et dentaires aux Indiens que par le passé.

Que tous les médicaments fournis aux Indiens soient gratuits ou qu'ils soient donnés gratuitement par l'Infirmière ne charge.

Nous n'acceptons pas que la nouvelle loi provinciale "Assurance maladie" s'applique dans le cas des services médicaux aux Indiens.

Nous mandations l'Association des Indiens du Québec à prendre action en ce sens.

AFFAIRES INDIANES
286 20 1973
DISTRICT de MONTREAL

Henry Stutens
(conseiller)
Réal Philippe
(conseiller)
Joseph P. P.
(conseiller)
Amos Stutens
(conseiller)

Richard P. P.
(chef)
Charles P. P.
(conseiller)
(conseiller)
(conseiller)
(conseiller)

RESERVE A L'ADMINISTRATION CENTRALE				
1. COMPTE DE FIDUCIAIRE	2. SOLDES COURANTS		3. Dépenses	4. Autorité Art. de la loi sur les Indiens
	A. Capital	B. Revenu		
5. Reconnu				5. Source des fonds <input type="checkbox"/> Capital <input type="checkbox"/> Revenu
6. Reconnu			7. Approuvé	
Date			Date	
Fonctionnaire autorisé			Fonctionnaire adjoint (Affaires Indiennes)	

Amos Stutens

28231 JAN 773

MEMORANDUM

CLASSIFICATION

TO
A

Mr. Ian Inglis
Medical Services
Planning and Evaluation Div.

YOUR FILE No.
Votre dossier

OUR FILE No.
Notre dossier

104/5-5 (F10)

FROM
De

Regional Director
QUEBEC REGION

DATE

28 Jan. '74

FOUR

SUBJECT
Sujet

INFANT PROTECTION CENTRE - MANOWAN

Physical Plans:

Three trailer unit U-shaped. Each trailer is 16 X 65 feet.

The unit provides for:

- waiting-room
- nurses' office
- examining room
- kitchen
- playroom
- nursery
- lounge for mothers
- small utility room to prepare bottles
- laundry
- bathrooms

The U-shape is closed by a fence and provides a playground for the older children.

Capacity:

At any one time: 8 babies with their mothers and an average of 16 to 20 pre-schoolers.

Staff:

- One nurse
- Two family health aides
- One cook
- One housemaid
- One janitor

Program:

The Center provides no treatment, but is to be used exclusively for child and maternal health, Pre-natal and post-natal, and well-baby clinics.

... /2

- 2 -

It is intended that during any given year, every mother will have been at the Center for a given period with her newborn. The actual length of stay will be determined by the number of births and should vary between four to six weeks in two periods to allow for follow-up.

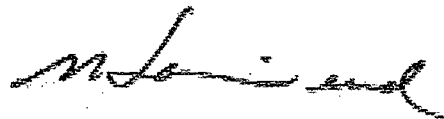
Each morning the mother will come with her baby and pre-schoolers if any. Children will be examined every day as no sick child is allowed. Mothers will be taught and invited to participate in bathing the baby, preparing bottles and food and taking care of the children. While the babies sleep and older children play outside, there will be talks, seminars, films, etc. on a variety of subjects relative to the care and health of children. The Center will be open, 9 to 5, five days a week, and participants will be given two meals per day.

It is to be noted that no children will be accepted without their mother: this is a teaching center and not a day nursery. Play for the pre-schoolers will be supervised and geared towards learning and normal development.

Special cases may stay longer than the average 4 to 6 weeks; in every case, there will be a follow-up at home, two home visits by the family health aide and the nurse.

We are hoping to have regular visits by a paediatrician interested in preventive medicine and the normal development of children.

The Center is not yet functioning as we have had delays in receiving furniture and equipment. However, the nurse was appointed three weeks ago, she is presently at Manowen, making the necessary arrangements and getting to know the population. We hope to be open for "business" the first of March.



M. SAVOIE, m.d.
Regional Director
Quebec Region

MS:mgg

850-1-1377



Government
of Canada

Gouvernement
du Canada

MEMORANDUM

NOTE DE SERVICE

PA

TO
À

Assistant Regional Director,
Quebec Region.

FROM
DE

A/Chief,
Operations Planning and Evaluation,
Medical Services Branch.

SUBJECT
OBJET

Mother and Child Care Project - Quebec Region

SECURITY - CLASSIFICATION - DE SÉCURITÉ
OUR FILE - N/RÉFÉRENCE 800-1-34 (M36)
YOUR FILE - V/RÉFÉRENCE
DATE 2 May 1973

Thank you for your memorandum 104/5-5(P11) of 4 April 1973,
concerning the above-noted project.

I am enclosing a set of the working drawings for the Cross
Lake trailers, which may be of some assistance to you. A copy of the
specifications are contained in the Cross Lake project proposal which,
I understand, you already have.

Head Office will render any assistance required to implement
the project. Please do not hesitate to ask.

I. C. Inglis

M111

Encl.

c.c. - M18



MEMORANDUM

CLASSIFICATION

PA

YOUR FILE No. ~~800-1-24~~ (M36)
Votre dossier

OUR FILE No. 104/5-5 (F11)
Notre dossier

DATE April 4, 1973

TO
A

Assistant Deputy Minister
Medical Services Branch

FROM
De

Assistant Regional Director
Quebec Region

FOLD

SUBJECT
Sujet

MOTHER AND CHILD CARE PROJECT -
QUEBEC REGION

We are constantly developing the above-mentioned project since last fall.

The Regional Director I.A.B. has agreed on a capital contribution of \$60,000 following negotiations with Dr M. Savoie; this amount was confirmed again lately.

At this time the project is well underway and we do not foresee major problems; could you advise us on the type of assistance Head Office could provide.

L. A. Monty, m.d.
Assistant Regional Director
Quebec Region

LAM:cd

TO	FOR INFO	FOR ACTION	REMARKS	DISPOSAL AND DATE
1736			replied	2-5-73

005470

MEDICAL SERVICES
HEADQUARTERS

APR 10 2 26 PM '73

QUARTIERS GENERAUX
SERVICES MEDICAUX

APR 11 1973

MEMORANDUM

850-1-A377
CLASSIFICATION

Assistant Deputy Minister
Medical Services Branch

YOUR FILE No.
Votre dossier

21M/17-1
OUR FILE No. 106/17-1
Notre dossier 104/5-5 (F30)

DATE March 30, 1973

Assistant Regional Director
Quebec Region

FROM
De

FOLD

SUBJECT
Sujet

INTERIM REPORT - (Mistassini
Rapid Lake - Maniwaki
Manowan)

MISTASSINI:

- Increased morbidity
 - 10 cases of measles during the past month -
of which 5 cases developed pulmonary complications (no death).
Urgent cases are evacuated by air to Roberval.
 - 4 cases of rubeola -
known cases in pregnant women: none
 - Grippe cases epidemic proportion; during the past week number
of cases tends to decrease.
 - Otitis and tonsillitis: increased number of cases.
 - Impetigo contagious: numerous cases in school.
- Medical Assistance
 - One physician in practice in Chibougamau - unable to obtain
his collaboration. Other three physicians presently on leave.
 - Have arranged for Dr Marcel Germain, M.D., pediatrician,
University of Sherbrooke, plus one resident (Dr Chenard) to
conduct medical survey and offer medical support in Mistassini.
They will be leaving Sunday, April 1st, 1973 by air and
returning Friday, April 6, 1973.
 - Zone Nurse, plus one field nurse from Sept-Iles will also be
in attendance in Mistassini to review and direct vaccination
program.

- 2 -

RAPID LAKE:

1- General comment

Zone Nurse, Miss P. Roy and one Field Nurse, Miss Lauzière, were in attendance at the Rapid Lake Reserve Saturday, March 24, 1973, due to the fact that cases of scabies and impetigo were reported to be in epidemic proportion. Lice infestation amongst teaching personnel had triggered a climate of urgency. Chief of reserve and all personnel have expressed to the two nurses their appreciation for the unexpected week-end visit. Poor health conditions had been overly dramatized. Field Nurse Lauzière is scheduled to return to reserve for one day, Thursday March 29, 1973, and for one week beginning April 9, 1973. Will share living quarters with one female teacher.

2- Findings

High proportion of scabies - 54 cases identified and treated. Medication for twice that amount of cases was distributed. Patients examined were found reasonably neat on their person.

One case of facial impetigo identified and treated.

It is unlikely that total hygienic treatment of scabies will be carried out by the population until the temperature of lake water allows baths and washing of clothes and bed linen. Intensified educational program in that sense will be carried out during May 1973.

3- Priority to be given in order to establish telephone/radio communication with reserve

Arrangements will be taken with Compagnie de Téléphone du Nord in Val D'Or, Que., on Monday April 2nd, 1973 -

- to rent equipment
- to install equipment on temporary basis in school dispensary until repair to I.H.S. building is completed.

Such arrangement will allow communication with Montreal via Val D'Or.

4- Construction Works

Materials for repair and extension work in I.H.S. building to be delivered on the spot during the week April 2nd, 1973. Work scheduled to begin April 9, 1973.

- 3 -

MANIWAKI:

Zone and Field Nurses have met great enthusiasm amongst population on Reserve in regards to the coming x-ray survey (April 10, 1973).

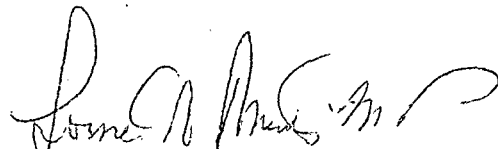
Have prepared their own posters, suggested an operating schedule and are carrying out their own recruiting campaign.

New Chief offers total collaboration. The impression here is that the population should now be ready to operate a local Health Committee.

MANOWAN:

Mother & Child Care Center

Liaison Officer, Simon Awashish, has approached earlier this week the Band Council so we be informed of the lot number to be allotted for the construction of the Center. The Band Council is said to have mailed on March 28, 1973, the document indicating their decision on this matter. However to this date we have failed to receive this communication. The matter will be pursued on April 2nd, 1973, during the meeting with Liaison Officers to be held on that day.



L. A. Monty, m.d.
Assistant Regional Director
Quebec Region

LAM:cd

Sent by ltr. 20/3/73 - 16:00

000601

s.19(1)

Assistant Deputy Minister,
Medical Services Branch.

853-085 (015)

450-1-A377

Dr. Maurice LeClair,
Deputy Minister of National Health.

29 March 1973.

Medical Practice in Mistassini

Further to our discussion of this subject and my earlier report, I now have further information from the Regional Director.

The Province of Quebec has confirmed that [redacted] will not be going to Mistassini as Dr. Brunet indicated to you. For some reason, he refused to go and did not sign a contract.

You will recall that we have had a number of cases of measles recently in Mistassini. Dr. Savoie reports that there have been no further cases and the influenza epidemic is abating. Because there is only one out of the usual three doctors present in Chibougamau for the next three weeks, the hospital will be able to receive only seriously ill patients. Arrangements have been made to evacuate cases to Roberval Hospital in the interim.

M.L. Webb, M.D., Dr.P.H.

URGENT REPORT
INDIAN AND NORTHERN HEALTH SERVICES
DEPARTMENT OF NATIONAL HEALTH AND WELFARE

850-1-A377

DISTRIBUTION - (FOR HEADOFFICE USE ONLY):

ITEM Measles Outbreak		Date of Occurrence 16-3-73	<input type="checkbox"/> This is the First Report
LOCATION Mistassini, Quebec		NX _____ W _____	<input checked="" type="checkbox"/> This is a Progress Report Give Date of First Report 16-3-73
AGENCY/GROUP		Population at Risk As of _____ Date _____	
BAND/RESERVE/CAMP Nemeska		Indian _____ Eskimo _____ Other _____	
SOURCE OF INFORMATION Dr. M. Savoie			DATE 22-3-73
DETAIL No further cases of measles have been reported and the flu epidemic is abating slowly. Three GP's are absent from Chibougamau for 3 weeks, apparently on holidays; there is only one left. Were advised that the hospital can take no patients from Mistassini for a further 3 weeks except for life or death emergencies.			
EXISTING MEDICAL FACILITIES FOR THIS AREA			
ACTION TO DATE Nurses have been instructed to evacuate all cases to the Roberval Hospital.			
FURTHER ACTION PLANNED			
PROSPECTS		J.E. Thorpe Signature A/D.G. Program Management Designation 28 March 1973 Date	

000603

MEMORANDUM

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

CLASSIFICATION

Assistant Deputy Minister
Medical Services Branch

YOUR FILE No. 853-085
Votre dossier

853-1-4377

OUR FILE No. 21M/17-1 (P10)
Notre dossier

DATE March 22nd, 1973

Regional Director
Quebec Region

FROM
De

SUBJECT
Sujet

MISTASSINI

We have heard nothing new further to the CBC at Mistassini; it may have been a false alarm. No further cases of measles have been reported and the flu epidemic is abating slowly.

Three GP's (including [redacted] are absent from Chibougamau since 3 weeks, apparently on holidays; there is only one left. We have been advised that the hospital can take no patients from Mistassini for a further 3 weeks except for life or death emergencies. We have thus instructed the Nurses to evacuate all cases to the Roberval Hospital (the collaboration is very good but it represents a hardship for the patients because of the distance and is a very expensive proposition; however we have no choice.).

It has been confirmed by the Province that [redacted] is not going to Mistassini at all as he refused to go. It was therefore true that he had not signed any contract; we do not know his reasons or whether the Province will try to find somebody else.

We will continue to keep you posted if there are any further developments.

M. Savoie

M. Savoie, m.d.
Regional Director
Quebec Region

MS:cd



MEMORANDUM

CLASSIFICATION

TO
A
s.19(1)

Assistant Deputy Minister
Medical Services Branch

YOUR FILE No. 853-085
Votre dossier 850-1-A377
OUR FILE No. 21M/17-1 (F10)
Notre dossier

DATE March 22nd, 1973

FROM
Do

Regional Director
Quebec Region

FOLD

SUBJECT
Sujet

MISTASSINI

We have heard nothing new further to the CBC at Mistassini; it may have been a false alarm. No further cases of measles have been reported and the flu epidemic is abating slowly.

Three GP's (including [redacted] are absent from Chibougamau since 3 weeks, apparently on holidays; there is only one left. We have been advised that the hospital can take no patients from Mistassini for a further 3 weeks except for life or death emergencies. We have thus instructed the Nurses to evacuate all cases to the Roberval Hospital (the collaboration is very good but it represents a hardship for the patients because of the distance and is a very expensive proposition; however we have no choice.).

It has been confirmed by the Province that [redacted] is not going to Mistassini at all as he refused to go. It was therefore true that he had not signed any contract; we do not know his reasons or whether the Province will try to find somebody else.

We will continue to keep you posted if there are any further developments.

M. Savoie, m.d.
Regional Director
Quebec REgion

MS:cd

000605

sent by telex. 3/22/73-
798-8998



Government
of Canada

Gouvernement
du Canada

MEMORANDUM

NOTE DE SERVICE

TO
A

Regional Director
Quebec Region

FROM
DE

Assistant Deputy Minister
Medical Services

SUBJECT
OBJET

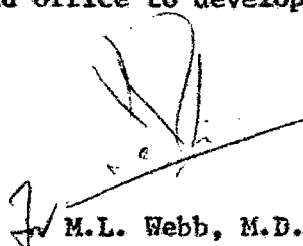
MOTHER AND CHILD CARE PROJECT - QUEBEC REGION

SECURITY - CLASSIFICATION - DE SÉCURITÉ
OUR FILE - N/RÉFÉRENCE
SECRET (M36)
YOUR FILE - V/RÉFÉRENCE
DATE
16 March, 1973

As you are aware, Mr. Romeo Boulanger, Director, I.A.B. Quebec Region, has allocated \$35,000 in his 1973-74 budget for a Mother and Child Care Project.

I am sure you have been giving thought to the use of these capital funds, and with the new fiscal year rapidly approaching, we should start to firm up our proposal.

Please let me have your views on this matter, and let me know what assistance you require from Head Office to develop and implement the project.


M.L. Webb, M.D., Dr.P.H.

11772



TO
A

MEMORANDUM

CLASSIFICATION

850-1-A377

Assistant Deputy Minister
Medical Services Branch

PA

YOUR FILE No.
Votre dossier

OUR FILE No.
Notre dossier 21M/17- 1 (F10)

DATE March 16, 1973

FROM
De

Regional Director
Quebec Region

FOLD

SUBJECT
Sujet

MISTASSINI

Further news.

One case of measles referred to hospital yesterday with high fever (103 - 105°) - was refused by hospital and sent back home.

Today after acrimonious discussion with physician was sent back to hospital with apnoea - 105° fever and possibility of encephalitis - it was admitted - prognosis is (?).

One woman with measles - 6 months pregnant - high fever - I advised the Nurse if the hospital refused to take her today to send her by plane to Chibougamau, then by ambulance to Roberval.

RE: CBC - I am not sure. The Nurse saw people taking pictures - nothing more presently. She knows what to do. We have two very good, mature Nurses there presently.

M. Savoie, m.d.
Regional Director
Quebec Region

MS:cd

sent by telex 3/16/73 - 16:00

850-2-085

850-1-A377



Government
of Canada

Gouvernement
du Canada

MEMORANDUM

NOTE DE SERVICE

TO
A

Dr. M. Savoie,
Regional Director,
Quebec Region.

FROM
DE

Assistant Deputy Minister,
Medical Services Branch.

SUBJECT
OBJET

Mistassini

SECURITY CLASSIFICATION DE SECURITE
OUR FILE N/REFERENCE
YOUR FILE V. REFERENCE
DATE 16 March 1973

The nurse should not go out of her way to contact the CBC crew, but I do not think that she has any choice other than to answer questions if asked.

I am preparing a report for the Deputy Minister based on your report and will be very interested in further reports as you receive them.

M. L. Webb, M.D., Dr. P.H.

M111

850-2-085

850-1-A 377



Government
of Canada

Gouvernement
du Canada

MEMORANDUM

NOTE DE SERVICE

TO
A

Dr. Maurico LeClair,
Deputy Minister of
National Health.

FROM
DE

Assistant Deputy Minister,
Medical Services Branch.

SECURITY CLASSIFICATION DE SECURITE

OUR FILE / N REFERENCE

(M11)

YOUR FILE / V REFERENCE

DATE
16 March 1973

SUBJECT
OBJET

Outbreak of Measles

The following communication was received from Dr. Savoie at noon today: Five cases of measles have been reported in the Nereska population, Mistassini, Quebec. The children are being cared for at home. The provincial epidemiologist has been advised.

Medical Services nurse is immunizing all children who have not had the disease or who have not been previously immunized.

There is a report, not confirmed, that a CBC crew is there. Dr. Savoie is attempting to keep in touch ^{with} the nurse by telephone.

led by
J. MORPE

M. L. Webb, M.D., Dr. P.H.

M111

850-1-X127

850-1-A377

CLASSIFICATION

MEMORANDUM



TO
A

Assistant Deputy Minister
Medical Services Branch

YOUR FILE No. M15
Votre dossier

OUR FILE No. 87/17-1 (F10)
Notre dossier

DATE March 1st, 1973

FROM
De

Regional Director
Quebec Region

FOLD

SUBJECT
Sujet

Indian Health Services in Quebec

Thank you very much for your comments on the Ivuyivik, Eastmain & Mistassini situations.

1- Mistassini situation:

This, I believe, we can handle; I am endeavouring to meet with Dr Malus before he goes to Mistassini and in any event, I intend to go up to Mistassini to meet with the Indian Band Council as soon as Dr Malus is installed there.

2- Ivuyivik & Eastmain situations:

To reply to the questions outlined in your memo:

a) Why is the Province providing services?

- 1) Nursing Services: because we had no permanent staff at either location, both being satellites respectively of Sugluk and Paint-Hills. We did not have any permanent staff because we did not have any decent building for them to live or work in: in each case, only a short-stay cabin.

In Ivuyivik: the Provincial Nurse is [redacted] and, I am told, works out of her own house.

s.19(1)

In Eastmain: the Provincial Nurse stays in a D.G.N.Q. house and works out of our short-stay cabin.

TO	FOR INFO	FOR ACTION	REMARKS	DISPOSAL AND DATE
M15				

..... 2

- 2 -

2- Ivuyivik & Eastmain situations: (cont'd)

b) Why are we?

We are providing no services at Ivuyivik except for visits by the Environmental Health Officer and X-Ray Surveys (the last one in 1971), because the Province was not doing that type of work.

At Eastmain, we provide Public Health through visits by a Nurse from Paint-Hills. We agreed on this arrangement with the Province.

c) What do the Natives want?

Ivuyivik: officially, I don't know. They were told repeatedly to write us and to express their wishes. Recently, the Zone Director went up North to meet with the local council but though he waited one week at Povungnituk and one week at Sugluk, he was unable to charter a plane to get into Ivuyivik. We heard from Indian Affairs that the local council is not happy with the services actually given by the Province and that the Preventive Medicine Services were very poor.

It is evident from meetings held by the Zone Director with the Eskimo Councils of Sugluk, Povungnituk and Inoucdjouac that the Eskimos are mixed up and have trouble differentiating the various jurisdiction of the Provincial and Federal Governments. Apparently they figure that the Federal Government has authority over the Province. Though this idea was dispelled, the confusion is apparent. Besides the Zone Director was told that they have no confidence whatsoever in their own Inuit Association and do not want though the members to discuss for them.

Eastmain: the Zone Director met with the Band Council two weeks ago. The Indians were very definite in their opinions: they want nothing to do with the Province. They were advised to put their requests in writing and were supposed to do so but we have not received anything yet.

..... 3

- 3 -

Alternatives: both cases are similar except for the Natives' reactions. We have only two alternatives: either we staff our facilities and provide the service OR the Province does. Creating a vacuum or avoiding making a decision is not an alternative as we have already spent over \$200,000 in Capital to build facilities at both places and it would be **illogical** and impractical to leave them vacant.

1- Nursing Services provided by the Province

Implications: the Province takes over our building (on-loan or otherwise)
the Province is responsible not only for treatment services but for all relevant costs
The question of "who does the Public Health" might be debated.

Pro: We save financially in A.O.&M. and gain one man-year

Con: We believe that the Natives will not get a coverage similar to what our permanent staff can provide, at least they way things are now. This includes all aspects of public health, tuberculosis case-finding and visits by specialists.

We "forget" about recent Capital costs.

The Natives' reaction: probable dissatisfaction at Ivuyivik, certainly at Eastmain and from the Indians Association of Quebec.

2- Medical Services staff the facilities with full-time resident Nurses.

Pro: We use our facilities ourselves.
We give the native population the full-range of Medical Services Regional program.
We satisfy the wishes of the population.

Con: The Province may resent what they might consider a duplication of services.

- 4 -

It really boils down to this: Do we still consider that we have an obligation to the native population and do we still take the desires of the native population as our guideline. It should be noted that cooperation with the Province has been dried and with limited results to say the least.



M. Savoie, m.d.
Regional Director
Quebec Region

MS:cd

P.S.: for your information, we are enclosing maps prepared by the D.G.N.Q., Department of Natural Resources, Province of Quebec outlining the territories of Nouveau-Quebec and their health areas. Those will be sent by mail unless you indicate there is an urgency in the matter as they would have to be cut up.

850-1-X137

850-1-A377

Assistant Deputy Minister,
Medical Services Branch.

(M15)

87/17 - 1 (H10)

Dr. M. Savoie,
Regional Director,
Quebec Region.

26 February 1973.

Indian Health Services in Quebec

Thank you very much for the detailed report which you provided concerning health services provided to each Indian Reserve in Quebec.

In your memorandum of 23 February, sent by telecopier, you ask specific questions with respect to two items:

1. The Ivjivik and Eastmain Situation.

I would suggest that you take no specific action to change the course of events at this time, in other words, carry on with the various arrangements you are making. However, I would like to discuss the situation with the Deputy Minister and possibly it would be advantageous to have a bit more background information than has been supplied in the summary chart. A number of questions come to my mind, including:

- Why is the Province providing services, and if they are, why are we?
- What do the Eskimos want, or have they officially expressed their opinion?

I think it would be useful to list the various alternatives that are open to us and the pros and cons of each. If you could sent this information by telecopier, I will discuss it with the Deputy.

2. Mistassini Situation.

Thank you for the report on what the Province is doing in this area. I am certainly prepared to recommend that we do not reimburse the Province for a number of reasons, and will so advise the Deputy Minister. I think it would be appropriate for you to discuss the change in services for this area with the Indian Liaison Officer, and the question of costs need not become an issue.

Original Signed by
M. L. WEBB, M.D.

M.L. Webb, M.D., Dr.P.H.

Attachs.

000614

MEMORANDUM

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

CLASSIFICATION
IN CONFIDENCE

TO
A
Assistant Deputy Minister
Medical Services Branch

850-1-X137
YOUR FILE No.
Votre dossier 850-1-A377

OUR FILE No.
Notre dossier

FROM
De
Regional Director
Quebec Region

DATE Feb. 23rd, 1973

SUBJECT
Sujet
Indian Health Services - Quebec

Referring to your memo on this subject.

- 1- There are many implications to this.
We have staffing action to take.
We are presently furnishing Ivujivik and Eastmain

Question: what is to be our action? *Carry on*
Should we keep on as though nothing was going on? *Yes*
Should we stop and wait while? *No*
What do we tell the Indians and the Eskimos at these
two places where there is a provincial Nurse? -
do we put in our own staff in April or not?

Carry on
request
background
why Poir in?
why we
what do Esk
want
or how they
said
why should we
- not we.

- 2- Referring to the Mistassini situation.

The Indian Liaison Officers will be at the office next week.
They will ask questions.

Question: what is to be the trend of our reply?
crux of the matter: whether we will reimburse the
Province as it will be a Provincial "thing", though
we will cooperate.

my recommendation
to DMI
- Don't pay.

I would appreciate if you could try to obtain a
"feeling" from the Deputy on the whole matter so that I may act
along the same lines and not risk putting you and him in "hot water"
on this.

It is a matter of attitude more than specifics:
do we soft-pedal or take the hard line? The fancy skating I can
do..... but I must know in which direction.

M. Savoie

M. Savoie, m.d.
Regional Director
Quebec Region

MS:ed

MEMORANDUM

CLASSIFICATION

YOUR FILE No.
Votre dossier

M15

850-1-X137

OUR FILE No.
Notre dossier

850-1-4377

DATE

February 20, 1973

TO
A
Assistant Deputy Minister
Medical Services Branch

FROM
Regional Director
Quebec Region

SUBJECT
Subject

1HS - QUEBEC

Spoken by phone

- 1- The information requested: is it only for Indian reserves and settlements situated geographically in Nouveau Quebec or ALL in the Quebec Region?
- 2- I would presume that the Deputy was speaking about Mistassini as we have just heard that a physician was going there shortly - and we had heard rumors of this before (he contacted us for employment). I will report further by Friday.

A reply by Telecopier would be appreciated.

M. Savoie
M. Savoie, md.
Regional Director
Quebec Region

M5:cd

255, rue Argyle
Ottawa (Ont.)
K1A 0L3

s.19(1)

850-1-A377(M62)

la 5 février 1973.

Chers docteurs,

Faisant suite à ma lettre en date du 25 janvier 1973, il me fait plaisir de vous transmettre l'information suivante.

En vue de l'amélioration dans la distribution des soins, deux infirmières suivront le cours de "formation clinique des infirmières" donné à Sherbrooke. Ceci, je l'espère, facilitera le diagnostic précoce et l'application des mesures nécessaires.

Une étude épidémiologique des problèmes de tuberculose à la réserve de Mistassini sera bientôt terminée et un nouveau programme mis en vigueur.

L'éducation sanitaire et préventive sera continuée et même accentuée avec l'espérance d'un certain succès.

Soyez assuré que nous avons à cœur, autant que vous, la santé et la vie des résidents de la réserve de Mistassini.

Mes agents régionaux vous rencontreront à une date ultérieure et je suis convaincu que votre coopération facilitera l'organisation de la distribution des soins médicaux et préventifs sur la réserve de Mistassini.

Je vous remercie de votre intérêt à la cause de la santé des indiens de Mistassini.

Veuillez agréer, chers docteurs, l'expression de mes meilleurs sentiments.

Le sous-ministre adjoint
Services médicaux

Original Signed by
M. L. WEBB, M.D.

M.L. Webb, M.D., D^r P.H.

M171

000617

MEMORANDUM ^{m62}

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

CLASSIFICATION

TO
A

Assistant Deputy Minister
Medical Services Branch

YOUR FILE No. 377
Votre dossier 850/1-A-371

s.19(1)

OUR FILE No.
Notre dossier 21M/17-1 (P10)

FROM
De

Regional Director
Quebec Region

DATE January 25, 1973

SUBJECT
Sujet

Health Services - Mistassini
Comments on the letter by [REDACTED]

I must presume that this letter refers to [REDACTED]
[REDACTED] recommendation in his own letter of December 29, 1971,
your file 850-1-A371.

Since our last report on the situation (29-9-72)
we have made a study in depth of tuberculosis problem which should
be terminated in February, within our regional project on
tuberculosis.

We had also hoped to make arrangements with
these physicians to visit Mistassini Reserve and hold clinics
there. They had agreed and it was almost arranged when we hit a
snag when discussing financial arrangements (transportation).
They were requesting the surveillance rate of \$20.00 per hour
for time lost during transportation; they refused our authorized
per diem rate for GP's which came to \$8.50 per hour.

We are sending the two Mistassini Nurses to
clinical training at Sherbrooke and are presently endeavouring
to replace them; the course starts in February. We consider
that this will be a long-term improvement of service but will
obviously not improve the short-term situation. Besides, I doubt
that [REDACTED] would approve

To sum up: I believe [REDACTED] worry is mainly
about tuberculosis and we are definitely looking into it so that
concrete measures will be taken early this year.

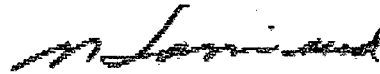
..... 2

- 2 -

s.19(1)

You may recall that our plan of action for this special project in tuberculosis was discussed with the provincial representatives of the Department of Social Affairs and Dr Prappier of the Montreal Institute of Micro-Biology and agreed upon by everybody.

I may add that after we have completed our study at Mistassini and firmed-up our program, I intend to go and see myself; it might be difficult to determine the exact date at this time, but the earliest would be the end of February.



M. Savoie, m.d.
Regional Director
Quebec Region

MS:cd

Recorded PA.

255, rue Argyle
Ottawa (Ont.)
K1A 0L3

s.19(1)

850-1-A377
(M62)

1e 25 janvier 1973.



Chers Docteurs,

L'honorable Marc Lalonde m'a remis et demandé de répondre à votre lettre en date du 18 janvier 1973, concernant les soins médicaux et les conditions hygiéniques des indiens de la réserve de Mistassini, territoire du nord-ouest du Québec.

J'ai ordonné une enquête à mes officiers de la région de Québec et sur réception du rapport je ne ferai un plaisir de communiquer à nouveau avec vous.

Je tiens à vous féliciter de l'intérêt que vous portez à la distribution des soins médicaux et préventifs à la population indienne et blanche de la réserve de Mistassini.

Sincèrement vôtre,

Original Signed by
M. L. WEBB, M.D.

M.L. Webb, M.D., D^F P.H.
Sous-ministre adjoint
Services médicaux

M171

BR 25-1-73

MEMORANDUM

CLASSIFICATION



TO
A

Assistant Deputy Minister
Medical Services Branch

s.19(1)

FROM
De

Regional Director
Quebec Region

FOLD

SUBJECT
Sujet

Health Services - Mistassini
Comments on the letter by [REDACTED]

YOUR FILE No.
Votre dossier 850/1-A-377.

OUR FILE No.
Notre dossier 21M/17-1 (F10)

DATE January 25, 1973

TO	REMARKS	DISPOSAL AND DATE
M62	[Signature]	31/1/73

I must presume that this letter refers to [REDACTED]
[REDACTED] recommendation in his own letter of December 29, 1971,
your file 850-1-A371.

Since our last report on the situation (29-9-72)
we have made a study in depth of tuberculosis problem which should
be terminated in February, within our regional project on
tuberculosis.

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these physicians to visit Mistassini Reserve and hold clinics
there. They had agreed and it was almost arranged when we hit a
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per diem rate for GP's which came to \$8.50 per hour.

We are sending the two Mistassini Nurses to
clinical training at Sherbrooke and are presently endeavouring
to replace them; the course starts in February. We consider
that this will be a long-term improvement of service but will
obviously not improve the short-term situation. Besides, I doubt
that [REDACTED] et al would approve

To sum up: I believe [REDACTED] worry is mainly
about tuberculosis and we are definitely looking into it so that
concrete measures will be taken early this year.

..... 2

Text visible from previous page

s.19(1)

0827

MEDICAL SERVICE
HEADQUARTERS
73 JAN 29 PM 2

ERS GENERAL
ES MEDICAL

WELKOM

STANDARD

000622

s.19(1)

- 2 -

You may recall that our plan of action for this special project in tuberculosis was discussed with the provincial representatives of the Department of Social Affairs and Dr Frappier of the Montreal Institute of Micro-Biology and agreed upon by everybody.

I may add that after we have completed our study at Mistassini and firmed-up our program, I intend to go and see [REDACTED] myself; it might be difficult to determine the exact date at this time, but the earliest would be the end of February.



M. Savoie, m.d.
Regional Director
Quebec Region

MS:cd

Sent by tele. 1/25/73 - 2:00 p.m.

000623

MEDICAL SERVICES BRANCH

s.19(1)

RECORDING & TRANSMITTAL FORM

MINISTER'S CORRESPONDENCE

SUBJECT: Soins médicaux et conditions hygiéniques apportés aux Indiens de la Réserve de Mistassini					FILE NO: 850-1-A377		
FROM: 					DATE: Le 18 janvier 1973.		
TO: Marc Lalonde					INITIATED IN BRANCH <input type="checkbox"/>		
RECEIVED IN ADM'S OFFICE: Jan. 24, 1973 (Date)					PASSED: Jan. 24, 1973. (Date)		
ACTION: Re-ply in Department.							
TO	DATE	REPLY			B.F.	DATE SENT TO MINISTER	SIGNED
		INTERIM	FINAL	DATE			
M62		✓	✗	25/1/73			/

Sent by Telecopier to Quebec Region for comments (M171 - 24.1.73)
REMARKS:



S.19(1) MINISTERIAL CORRESPONDENCE - MAIL CONTROL SLIP

COURRIER MINISTÉRIEL - FICHE DE CONTRÔLE DU COURRIER

REFERRED FOR ACTION TO - POUR EXÉCUTION

Dr. M.L. Webb

DATE OF REFERRAL - DATE D'ENVOI

23-1-73

NAME OF CORRESPONDENT - NOM DU CORRESPONDANT

DATE OF CORRESPONDENCE - DATE INSCRITE SUR L'ARTICLE

18-1-73

ACKNOWLEDGED - ACCUSÉ DE RÉCEPTION

☒ NO - NON☐ YES - OUI

DATE

TO BE SIGNED BY - À SIGNER PAR

in dept.

REMARKS - OBSERVATIONS

Soins médicaux et conditions hygiéniques
apportés aux Indiens de la Réserve de
Mistassini.

TO	REMARKS	DISPATCH AND DATE
MAH		
m62	✓	

COPY BY TELETYPE TO QUEBEC 7822

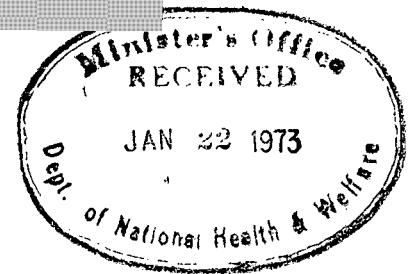
Interim acknowledgement required if reply cannot be prepared within ten working days after receipt.

Accusé de réception provisoire exigé si la réponse ne peut être faite dans les dix jours ouvrables suivant la réception de l'article.

INDEX

s.19(1)

Le 18 janvier 1973.



Monsieur Lalonde,
Ministre de la Santé,
Fédéral, Ottawa.

Monsieur,

Nous déplorons depuis longtemps la situation inexplicable en ce qui concerne les soins médicaux et les conditions hygiéniques apportés aux Indiens de la Réserve de Mistassini, territoire du Nord-Ouest du Québec.

Nous avons fait des recommandations dans le passé qui n'ont pas eu de suite. L'équipe médicale supportée par l'opinion publique est scandalisée devant ce problème.

Nous espérons ardemment que vous tiendrez compte de cette missive et nous attendons de vos nouvelles dans le plus bref délai dans le but de remédier à cette situation qui ne cesse de s'aggraver de jour en jour portant préjudice non seulement à la santé des Indiens de la réserve mais ausssi au personnel blanc qui y travaille, soit dans l'enseignement, soit dans un autre domaine.

Bien à vous.

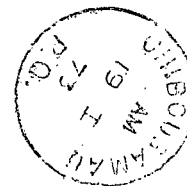
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0827

MEDICAL SERVICE
HEAD QUARTERS

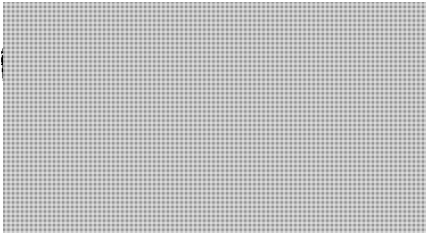
'73 JAN 24 AM 9

QUARTERMASTER GENERAL
SERVICES MEDICAL

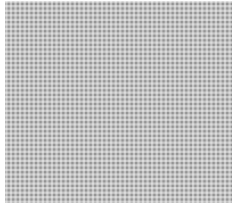




s.19(1)



Monsieur Lalonde,
Ministre de la Santé,
Fédéral, Ottawa.



PLEASE RETURN TO
MEDICAL SERVICES BRANCH

850-1-A377

s.19(1)



MINISTER OF
NATIONAL HEALTH AND WELFARE
MINISTRE DE LA
SANTÉ NATIONALE ET
DU BIEN-ÊTRE SOCIAL
OTTAWA, CANADA
K1A OK9

TO	FOR INFO.	FOR ACTION	REMARKS	DISPOSAL AND DATE
<i>Att</i>			<i>Recorded</i>	<i>10/11/72</i>
<i>Att</i>			<i>Noted</i>	<i>4/12/72</i>

1972

Cher [REDACTED]

En même temps que nous accusons réception de votre récente lettre à M. Jean Chrétien (lettre transmise au ministre de la Santé, M. John Munro) nous informions le Directeur des services médicaux (Région de Québec) des questions qu'elle soulevait.

Le Directeur régional et son personnel se sont mis en rapport avec vous par téléphone et vous ont rendu visite, ce qui a permis la discussion en détail de ces questions. Malgré certaines divergences de vues, nous espérons que tous les intéressés parviendront à une compréhension commune de la situation d'ensemble et des possibilités offertes au gouvernement, lesquelles devraient être conformes à l'intérêt du public et aux droits et désirs des Indiens qui veulent conserver leur mode de vie.

Le Ministre a beaucoup apprécié votre lettre de même que l'occasion ainsi offerte de discuter de ces questions.

Veuillez agréer, Docteur, l'expression de nos sentiments les meilleurs.

Le Chef de cabinet,

(Signature) G. William Dandie

G. William Dandie.



PLEASE RETURN TO
MEDICAL SERVICES BRANCH

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Document divulgué en vertu de la Loi sur l'accès à l'information

Recorded P.H.

s.19(1)

FOR FRENCH TRANSLATION

850-1-A371 (M16)

KIA OK9

Nov 10 1972

Dear [REDACTED]

When your recent letter to the Honourable Jean Chrétien was acknowledged on behalf of my Minister, the Honourable John Munro, the problems you raised were referred to the Regional Director, Medical Services, Quebec Region.

As you are aware, the Regional Director and her staff have established communications with you by telephone and personal visits and the problems you raised have been discussed in some detail. Differences remain but it is hoped that all who have been involved in these discussions will come to a mutual understanding of the total situation and of the alternatives open to government which would be in the public interest and at the same time consistent with Indian rights and desires to pursue the Indian mode of living.

The Minister appreciates your letter and the opportunity it afforded for discussion.

Yours sincerely,

[(Signed) G. Wm. Dandie

G. William Dandie,
Executive Assistant.

[REDACTED]
M161

c.c. The Honourable Jean Chrétien, P.C., M.P., Minister of IAND.
Dr. M. Savoie, Quebec Region

000631

Records *PA*

s.19(1)

850-1-A371 (M16)

K1A OK9

Cher 

En même temps que nous accusons réception de votre récente lettre à M. Jean Chrétien (lettre transmise au ministre de la Santé, M. John Munro) nous informons le Directeur des services médicaux (Région de Québec) des questions qu'elle soulevait.

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Le Ministre a beaucoup apprécié votre lettre de même que l'occasion ainsi offerte de discuter de ces questions.

Veuillez agréer, Docteur, l'expression de nos sentiments les meilleurs.

Le Chef de cabinet,

G. William Dandie.



M161

W 9.11.72

000632

s.19(1)



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commune de la situation d'ensemble et des possibili-
tés offertes au gouvernement, lesquelles devraient
être conformes à l'intérêt du public et aux droits
et désirs des Indiens qui veulent conserver leur mode
de vie.

Le Ministre a beaucoup apprécié
votre lettre de même que l'occasion ainsi offerte de
discuter de ces questions.

- 2 -

Veillez agréer, Docteur, l'expression
de nos sentiments les meilleurs.

Le Chef de cabinet,

G. William Dandie.

s.19(1)

FOR FRENCH TRANSLATION



MINISTER OF
NATIONAL HEALTH AND WELFARE
MINISTRE DE LA
SANTÉ NATIONALE ET
DU BIEN-ÊTRE SOCIAL
OTTAWA, CANADA
K1A 0K9

Dear [REDACTED]

When your recent letter to the Honourable Jean Chrétien was acknowledged on behalf of my Minister, the Honourable John Munro, the problems you raised were referred to the Regional Director, Medical Services, Quebec Region.

As you are aware, the Regional Director and her staff have established communications with you by telephone and personal visits and the problems you raised have been discussed in some detail. Differences remain but it is hoped that all who have been involved in these discussions will come to a mutual understanding of the total situation and of the alternatives open to government which would be in the public interest and at the same time consistent with Indian rights and desires to pursue the Indian mode of living.

The Minister appreciates your letter and the opportunity it afforded for discussion.

Yours sincerely,

G. William Dandie,
Executive Assistant.



W

250-1-4377
P/A



Government
Canada

Gouvernement
du Canada

MEMORANDUM

NOTE DE SERVICE

TO
A

Dr. M. Savoie
Regional Director
Quebec Region

FROM
DE

A/Assistant Deputy Minister
Medical Services

SUBJECT
OBJET

MOTHER/CHILD PROTECTION CENTRES

SECURITY - CLASSIFICATION - DE SÉCURITÉ
OUR FILE - N/RÉFÉRENCE
YOUR FILE - V/RÉFÉRENCE
DATE October 30, 1972

The enclosed correspondence relative to the above would seem to be of significance to your Region.

Original Signed by

J. J. McMANAMAN

M. L. Webb, M.D., Dr. P.H.

Encl.

N292

850-1-A371

MEMORANDUM

CLASSIFICATION



TO
A

A/Assistant Deputy Minister
Medical Services

YOUR FILE No. ~~850-1-A371~~ (M16)
Votre dossier dated Sept. 19

FROM
De

Regional Director
Quebec Region

OUR FILE No. 21M/17-1
Notre dossier

DATE 29 sept. 1972

FOLD

SUBJECT
Sujet

HEALTH CARE OF INDIANS
LAKE MISTASSINI AND LAKE DORE AREAS

TO	FOR INFO.	FOR ACTION	REMARKS	DISPOSAL AND DATE
<i>[Signature]</i>			<i>[Signature]</i>	18-10-72

Further to this matter, Dr. P. Bernard, Zone Director, went to Chibougamau and met with [redacted] September 25. I had previously talked to [redacted] (Sept. 21, 45 minutes) on the telephone.

Also present at the meeting, were [redacted] and Miss T. Fortin, Zone Nursing Officer.

s.19(1)

When I phoned [redacted] and advised him Dr. Bernard would go and see him, I thought that through better communications and understanding we could come to a better cooperation. However, I was not optimistic, judging from his reactions (negative) and rather obvious ill-will, but he grudgingly accepted the meeting.

Dr. Bernard confirmed my misgivings. The following topics were discussed and explained:

Tuberculosis problem - our objectives - programs - procedures - statistics - case-finding - treatment.

Vaccinations - programs - statistics.

Types of drugs kept at the Health Centre - arrangements with drugstores.

Nursing programs in preventive medicine.

The patient service at the Regional Office - objectives - organization - services performed and available.

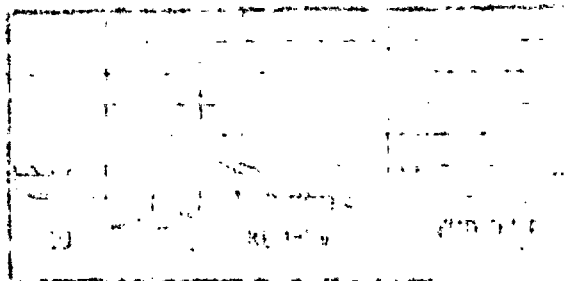
Dr. Bernard refused any discussion on the "Government System" as [redacted] comments on the various Federal and Provincial Departments are unprintable.

.../2

0 9 7 8 4 0

MEDICAL SERVICES
SUB-REGISTRY

OCT 2 10 40 AM '72



s.19(1)

- 2 -

I share Dr. Bernard's conclusions that the situation is not settled. For one thing, [REDACTED] does not believe our statistics or programs (it's a piece of paper) and for another, he has an anarchic attitude toward any type of government. He possesses "the truth", civil servants are incompetent.

Dr. Bernard gave him his phone number (which he already had), mine (which I had given him over the phone), Dr. Mally's (for any tuberculosis problem) and the Patients' Service (24-hour a day, 7 days a week service).

We will keep a very close look on the situation and try to nip any problem in the bud, but it is rather obvious that the man is out for blood. This was an attempt to pacify him, we'll keep in touch and make as many others as the need be.

A copy of Dr. Bernard's report is attached.



M. SAVOIE, m.d.
Regional Director
Quebec Region

MS:mmg

Enclosure



TO
A

MEMORANDUM

CLASSIFICATION

Directeur Régional
Région de Québec

YOUR FILE No.
Votre dossier

OUR FILE No.
Notre dossier

Directeur de Zone
Zone du Sud

DATE Le 29 sept., 1972

FROM
De

FOLD

SUBJECT
Sujet

Compte-Rendu de ma visite à Chibougamau

Tel que convenu j'ai visité de dimanche à mardi soir Mistassini et l'équipe médicale de Chibougamau, suite aux lettres [redacted] et des incidents survenus.

s.19(1)

La rencontre avec [redacted] a eu lieu lundi soir le 25 à l'heure du souper et s'est prolongée assez tard dans la soirée. A peu près tous les sujets ont été abordés et je vais essayer de vous en faire un résumé complet mais le plus bref possible.

Premièrement, [redacted] prétend que le BCG déséché ne vaut rien. Je l'ai référé pour compléter son information au Dr Frappier qu'il dit connaître très bien, et qui est le producteur de la formule fraîche et déséchée comme vous le savez. En second lieu il prétend que la grande majorité de nos enfants ne reçoivent pas le BCG, ce que vous savez faux. Je lui ai répondu d'abord que pour tous les bébés nés à l'hôpital de Chibougamau, ce sont eux qui donnent le vaccin et que le Dr Mally, responsable du contrôle de la TB, ayant à sa disposition toutes les données voulues et tous les films antérieurs, trace le tableau et l'horaire des vaccins, des Tine Tests et des P.P.D. à faire. Je lui ai rappelé d'ailleurs que la semaine précédente il avait parlé longuement au téléphone avec le Dr Mally et semblait satisfait. En effet à 2 reprises à la suite de ce téléphone de jeudi le 21, il avait communiqué avec le Dr Mally.

En second lieu [redacted] soutient que nous ne donnons pas les vaccins contre la rougeole, la rubéole, les oreillons, etc. Je lui ai dressé la liste complète des vaccins que nous donnons, verbalement, et l'ai référé au cahier de vaccinations qu'il pourra consulter lors de ses visites à Mistassini. Je lui ai même demandé s'il croyait que les blancs et ses propres patients recevaient autant de prévention qui fait partie de l'hygiène publique d'ailleurs, que nos Indiens. La question en est restée là, mais il affichait une attitude agressive et nullement convaincue.

Le BCG pour Chapais et Lac Doré: le vaccin a été donné par l'équipe de BCG - arrangement antérieur.

Les infirmières de l'équipe ont été 2 jours peu occupées à Chibougamau alors que les tests sont à faire à Mistassini.

C'est [redacted] alors qui a pris sur lui de téléphoner au Dr Frappier pour organiser le voyage à Mistassini d'après ce qu'il m'a dit.

- 2 -

Troisièmement, [REDACTED] nous reproche de ne pas atteindre toute la population sans exception y compris [REDACTED] qui est tuberculeuse et qui vient, comme vous le savez, de s'évanouir dans la nature avec sa famille. J'ai bien insisté sur le fait qu'il est absolument impossible de rejoindre toute une population en partie nomade et surtout un Indien qui prend le bois. [REDACTED] semblait bien d'accord mais pas le [REDACTED] qui prétend que nous pourrions faire plus, sans évidemment suggérer d'alternative. J'ai essayé de savoir comment il s'y prendrait lui pour atteindre un fugitif comme cette patiente ou une population entière - pas de réponse évidemment.

s.19(1)

Autre reproche: Le [REDACTED] croit que dans la Province de Québec nous pouvons légalement forcer un individu à être traité comme patient interne ou externe et que la loi nous permet de disposer de lui en l'envoyant à des centaines de miles de chez lui contre son gré. Je l'ai prié très poliment de vérifier ses informations pour s'apercevoir qu'il agirait ainsi dans une illégalité totale. Il n'a pas dit qu'il ignorait cette absence de loi chez nous mais c'était évident qu'il n'en savait rien. Enfin toujours au sujet de la tuberculose, [REDACTED] prétend que Roberval est nul et que de plus il refuse systématiquement ses patients. Pour son information je lui ai dit que Roberval, en effet, n'acceptait pas les jeunes enfants mais qu'il avait déjà en mains le numéro de téléphone du responsable de la TB, le Dr Mally, et qu'il n'avait qu'à lui téléphoner pour recevoir l'appui nécessaire aux hospitalisations demandées.

Je lui ai de plus donné le numéro du Service aux Patients en lui expliquant le fonctionnement du Service, le personnel qu'il comprend, personnel autochtone dont il aurait dû au moins connaître l'existence vu la présence d'[REDACTED] au sein de ce Service. D'autant plus qu'à Mistassini, d'après les Infirmières et [REDACTED] chaque lettre envoyée par Mlle [REDACTED] cause un immense plaisir à la population. Ceux qui reçoivent des nouvelles de leurs parents malades vont même montrer les lettres aux Infirmières.

Dans un autre domaine, lors de sa visite de mercredi dernier à Mistassini, il dit avoir constaté l'absence presque complète de médicaments utiles (dernière commande pas encore arrivée). Par exemple il nie entièrement l'efficacité de la Pénicilline G et en plus il affirme que ce dont nous disposons à Mistassini ne vaut strictement rien. Je me suis permis de lui rappeler que nous ne tenions pas pharmacie et que de plus nous avons fait des arrangements avec des pharmacies, par exemple la Pharmacie Boutin de Chibougamau, et que les patients peuvent se procurer les médicaments sur prescription des médecins. Il trouve ce service absolument inefficace et dangereux car dit-il si l'Indien va chercher les médicaments chez l'infirmière alors seulement le médecin sera sûr que l'Indien prendra ses médicaments. Autrement d'après lui l'Indien n'ira pas prendre la peine d'aller chercher les médicaments à la pharmacie.

..... 3

000641

- 3 -

Pour calmer ses scrupules je lui ai dit que s'il voyait comme moi à tous les mois les comptes de pharmacie pour médicaments fournis aux indiens pas seulement à Mistassini mais partout où nous avons établi cette politique, il croirait que les indiens prennent la peine d'aller les chercher. J'ai essayé de lui faire comprendre que nous ne pouvions accumuler des quantités de médicaments en pure perte puisque nombreux sont ceux qui ont une date d'échéance. Pour lui ce n'est pas un problème puisque le gouvernement gaspille des millions par manque de planification et à cause de la bande d'incompétents dont il fourmille selon lui...

s.19(1)

En plus, il s'est attaqué à la question de la construction, des tuyaux gelés, des services d'eau, d'égouts, etc. etc. Je l'ai référé aux Ministères concernés. Il m'a alors rappelé qu'il avait écrit à l'Honorable Ministre des Affaires Indiennes, Monsieur Chrétien, qui lui a donné une réponse qu'il a qualifiée, comme je vous l'ai dit ce matin et qui ne peut s'écrire. Ensuite le Ministre de la Santé qui devait d'après lui, lui écrire, ne lui a jamais donné de nouvelles. C'est alors qu'il a pris la décision d'appeler le Dr Gérard Martineau qui lui a répondu que ce problème n'était pas le sien. Je vous ai dit verbalement les commentaires [redacted] sur le sujet ce matin. Il ignorait que le Dr Martineau était l'épidémiologiste chef à la Province. C'est lui-même qui nous l'a dit.

Il prétend que tout le "système" ne vaut rien, qu'il n'y a jamais eu d'hygiène publique d'enseignée, que les notions ne sont pas suffisamment répétées, que l'alimentation saine du bébé est ignorée des infirmières etc., etc., Il se plaint, tout comme nous d'ailleurs, que les indiens ont de l'impétigo. J'ai abondé dans son sens au sujet de l'impétigo en lui spécifiant bien cependant que toutes les précautions possibles étaient prises mais devant certaines circonstances de mode de vie, la transformation est lente. Il a prétendu alors que les mortalités étaient nombreuses surtout la mortalité infantile à Mistassini. Il a cité des noms de bébés indiens décédés mais facilement identifiables par nous comme membres de la bande de Waswanipi, du Témiscamingue, du Lac Simon. Tout cela pour lui semble Mistassini et les numéros de bande, il n'a pas le temps de s'en préoccuper. Il nie que nos statistiques soient véridiques. Tout simplement c'est faux...point. Lui il a la vérité. Il a mentionné le fait que 80% de la pédiatrie à l'hôpital de Chibougamau est presque à l'année occupée par des indiens et que l'hôpital est beaucoup trop petit pour continuer ce service. Je l'ai référé aux autorités concernées, ce qui n'a pas manqué de déclencher chez lui le réflexe manifesté depuis le début: "chacun se renvoie la balle et de cette façon le maudit système continue". Je lui ai répété que je n'entrerais certainement pas dans des discussions à ce sujet.

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- 4 -

Il m'a donné une information, peut-être sans le vouloir, en me disant qu'il lisait lui-même les radiographies et que le Dr Jean-Paul Latour, Radiologiste, ne se rend à Chibougamau qu'environ toutes les 3 semaines lorsque possible. J'ai alors profité de cette occasion pour lui suggérer que s'il avait une seule inquiétude au sujet d'un cliché pulmonaire, au lieu de risquer une fausse interprétation (toujours possible malgré sa science) il n'avait qu'à les faire parvenir au Dr Mally et qu'il recevrait une réponse par téléphone dans les 24 heures et de plus on lui renverrait son cliché par retour du courrier.

Il avait entendu dire que le Dr Maras devait venir bientôt à Mistassini. Il s'est informé de ce qu'il venait y faire. Je le lui ai dit et il n'a fait aucun commentaire gardant toujours son attitude agressive depuis le début, car il est extrêmement agressif et s'attaque à tout en bloc.

A ce moment-là il s'est absenté pour faire un téléphone et en revenant ça a été encore toute une diatribe contre les gouvernements de la Province et du Canada, l'organisation des différents Ministères qu'il croit connaître très bien. Je l'ai laissé parler quelques minutes pour finalement lui dire que s'il voulait renverser le système comme il venait de le laisser entendre, sans le dire clairement, libre à lui mais que ce n'était certainement pas la place pour parler de ces histoires et que je refusais net d'entrer dans une pareille discussion.

Suite à son téléphone, [REDACTED] est arrivée. Il était visible qu'il l'avait fait venir dans le but qu'elle critique le gouvernement. La première question et en fait la seule, qu'il lui a posée devant moi, cela a été de lui demander si pour [REDACTED] elle avait eu des octrois des Affaires Indiennes. [REDACTED] a répondu en effet que les Affaires Indiennes n'avaient pas donné suite à leur demande mais que par contre le Secrétariat d'Etat leur avait alloué et leur allouait des fonds qui leur permettent de fonctionner à tel point qu'ils peuvent accueillir jusqu'à 50 Indiens par jour en moyenne, qu'ils peuvent en faire coucher une vingtaine et que les indiens ont accepté de payer \$3 pour la nuit et \$4 pour un couple. De plus avec le personnel (3 personnes) dont elle dispose, elle assure les repas de ceux qui doivent y résider pour une journée ou plus. Elle semblait vraiment satisfaite de cette situation ce qui n'a pas paru plaire beaucoup à [REDACTED] qui s'est alors exclamé "qu'est-ce que c'est ça le Secrétariat d'Etat"; pour nous démontrer que c'était inconnu il a ajouté "demandez à n'importe qui dans la rue qu'est-ce que c'est ça le Secrétariat d'Etat et personne va pouvoir vous le dire". Je me suis permis de lui dire aussi gentiment que possible que je ne croyais pas les gens aussi sots et ignorants.

s.19(1)

..... 5

000643

- 5 -

A partir de ce moment-là il a semblé très pressé de nous quitter et en répétant de nouveau que l'hôpital était trop petit, qu'il faut l'agrandir, il est parti avec [REDACTED] en même temps, [REDACTED] nous ayant quittés pour une urgence quelques 20 minutes plus tôt.

Mon impression: rien n'est réglé; c'est un contestataire sinon un genre anarchiste, image fidèle de certains personnages bien connus.

s.19(1)

J'ai oublié, je pense, de mentionner que, après s'être offert pour aller à Mistassini toutes les semaines au début, il m'a prévenu qu'il y irait à toutes les 3 semaines au maximum, si possible bien que [REDACTED] m'a dit [REDACTED] comme ils le sont, ils peuvent facilement y aller tous les quinze jours l'été, environ 6 mois et 1 fois par mois l'hiver. C'est ce que nous avons mis sur pied avant l'Assurance-Santé et ces cliniques fonctionnaient très bien.

Commentaires de Mme [REDACTED]

- 1- RX - sa propre famille pas radiographiée - RX de 9 à 5 heures. (travailleurs le soir ne peuvent y aller).
Le trajet en taxi prend 1¼ heures dans chaque sens et non 6 heures. La route est bonne.
- 2- Les indiennes n'ont pas aimé être soignées par un infirmier, du moins selon Mme [REDACTED]. Elle ne parlait que pour Mistassini.
- 3- La population est très satisfaite du présent personnel qu'ils ont vu revenir avec plaisir.

Je m'excuse de la longueur de ce mémo mais soyez sûre que j'en passe des meilleures.



le Directeur de Zone
Zone du Sud
P. Bernard, m.d.



ACTION REQUEST - FICHE DE SERVICE

GOVERNMENT OF CANADA

GOUVERNEMENT DU CANADA

FILE NO.—DOSSIER N°

DATE

TO—À

FROM—DE

☐ PLEASE CALL
PRIÈRE D'APPELER

TEL. NO.—N° TEL

EXTENSION—POSTE

☐ WANTS TO SEE YOU
DÉSIRE VOUS VOIR

DATE

TIME—HEURE

☐ WILL CALL AGAIN
DOIT RAPPELER☐ ACTION
DONNER SUITE☐ APPROVAL
APPROBATION☐ COMMENTS
COMMENTAIRES☐ DRAFT REPLY
PROJET DE RÉPONSE☐ MAKE
FAIRECOPIES☐ NOTE AND FILE
NOTER ET CLASSER☐ NOTE & RETURN
NOTER ET RETOURNER☐ NOTE & FORWARD
NOTER ET FAIRE SUIVRECALL RECEIVED BY
MESSAGE REÇU PARTIME
HEURE

000645

YVES RAYMOND

**Executive Assistant to the
Director General, Operations**

**Chef de Cabinet du
Directeur Général des Operations**

TO
A

M 29 *CIA*

DATE *24-10-72*

☐

ACTION
DONNER SUITE

☐

INFORMATION
PRENDRE CONNAISSANCE

☐

COMMENT
COMMENTER

☐

SIGNATURE
SIGNER

☐

APPROVAL
APPROUVER

☐

RETENTION
RETENIR

☐

DIRECT REPLY
RÉPONDRE DIRECTEMENT

☐

COPY TO THIS OFFICE
NOUS RETOURNER COPIE

☐

AS REQUESTED
À VOTRE DEMANDE

☐

MAY WE DISCUSS
DISCUTER AVEC NOUS

☐

NOTE AND FILE
NOTER ET CLASSER

☐

NOTE AND RETURN
NOTER ET RETOURNER

☐

PREPARATION OF REPLY
RÉDIGER REPONSE VERS LE

19

FOR SIGNATURE OF
POUR LA SIGNATURE DE

REMARKS
REMARQUES

*Could you advise Quebec
region of this information.*

*Quebec Region
advised.
JM 27/10*



Indian and Northern Affairs / Affaires indiennes et du Nord

①

801-9-85

B/A

850-1-A377

Ottawa, Ontario K1A 0H4
September 26th, 1972.

Your file / Votre référence

Our file / Notre référence

①
Mr. Garry Bell

Further to our discussion of Item 4 (Mother/Child Protection Centres) in the attached minutes, this is to let you know that Mr. Romeo Boulanger in Quebec advised me that he is allocating the necessary funds in next year's budget to carry out this construction.

W. McKim.

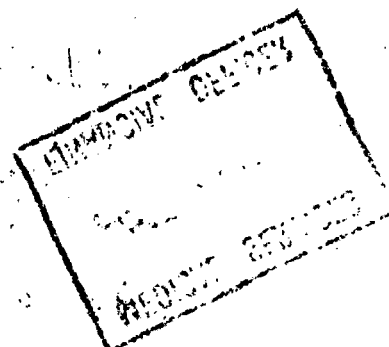
Mr. Bell -

✓ Mr. McKim would like you to draft a note to Mr. Mulligan on this.

Lois.

② Mr. Ed. Thorne.

For your info. and Dr. [unclear]





Indian and
Northern Affairs

Affaires indiennes
et du Nord

Q 1A

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MBA
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X

Ottawa, Ontario K1A 0H4
September 26th, 1972.

Your file Votre référence

Our file Notre référence

①
Mr. Gerry Bell

Further to our discussion of Item 4 (Mother/Child Protection Centres) in the attached minutes, this is to let you know that Mr. Romeo Boulanger in Quebec advised me that he is allocating the necessary funds in next year's budget to carry out this construction.

\$ are in 7

Ullm McKim.

Mr. Bell -

✓ Mr. McKim would like you to draft a note to Mr. Mulligan on this.

Lois.

② Mr. Ed. Thorpe.

For your info. and Dr. Webb's.

copy sent
to Quebec Region

EF

3 Oct 72

Mr. McKim

TWENTY-NINTH MEETING

INTERDEPARTMENTAL COMMITTEE - MEDICAL SERVICES

Department of Indian Affairs and Northern Development

and

Department of National Health and Welfare

Central Floor Board Room

255 Argyle St., Ottawa

2:30 p.m. Thursday, 31 August 1972

RESPONSIBILITY

1. PRESENT

Dr. Webb (Chairman), Messrs. Mulligan, Thorpe, Raymond (N.H. & W.) and Messrs. McKim, Connelly, Brown, Rogers, Kennedy, and Bell (I.A.N.D.).

2. BUSINESS FROM MINUTES OF TWENTY-EIGHTH MEETING

- a) Loon Lake - Mr. Mulligan said that N.H. & W. had accepted Dr. Kirkbride's recommendation that the development of a Model Housing Community at Loon Lake should be deferred indefinitely.
- b) Coqualeetza - Mr. Thorpe mentioned that the Administrator of Coqualeetza, Mr. Eric Ward, had died suddenly and it may be necessary, because of the lack of courses, to suspend the operation for the winter. The Union of B.C. Chiefs are agreeable to closing Coqualeetza but ten area chiefs had met and had suggested that they do a study to determine whether there is an alternative to the closing.

Mr. McKim pointed out that if Coqualeetza is considered for the Educational/Cultural Centres Program, that it might be fitted in the \$42 million dollar umbrella. Some discussions had been held with Mr. Mussell but he had not indicated much interest. The location of Coqualeetza presents certain disadvantages in that it is away from the universities.

3. DRAFT JOINT CIRCULAR ON BOARDER CARE

Mr. Rogers referred to the draft joint circular which had been tabled at the last meeting and a revised one which had been circulated later. There was some discussion as to who would obtain the consent of the parents in writing and it was felt

RESPONSIBILITY

that this is a matter that the Regional Directors of both Departments would have to work out between them. The circular in its present form was felt to be satisfactory and Dr. Webb will send it to Mr. Ciaccia for his approval.

Dr. Webb

4. MOTHER/CHILD PROTECTION CENTRES

Mr. Mulligan said that a pilot program on Mother/Child Protection Centres had been started at Cross Lake and at Eskimo Point. The Treasury Board approval which N.H. & W. have obtained provides for operating funds only and the Department has no authority for the expenditures of capital funds. It had been hoped that capital funds for two additional centres would be included in the 1972/73 budget of I.A.N.D. Mr. McKim said that this had been the case and that the Regional Directors of Saskatchewan and Quebec had indicated that capital funds of up to \$35,000 would be available in 1973/74. Mr. Mulligan said that the cost of a 3-trailer unit is now estimated at \$75,000 and he asked if funds in this amount would be available.

Mr. McKim referred to the involvement of bands in the capital planning process and said that it is possible that even if the Regional Director includes a Mother/Child Protection Centre in his initial budget, they may be deleted by the bands during their part of the planning process. It was suggested that this type of thing be brought to the attention of the R.D.'s during the Regional Directors' Conference in September so that the bands can be made aware of the importance of including this type of project in their capital plans. Mr. McKim said that he would be talking to Mr. Belanger in Quebec to see if funds are still available for the centre which is planned for the Québec Region. Mr. McKim said that he would inform Mr. Mulligan.

Mr. McKim

5. B.C. OBJECTION TO COMPUTERIZATION OF SOCIAL ASSISTANCE

Mr. Mulligan said that they had heard of objections by the Indians of B.C. to a circular issued by I.A.N.D. to all Regional Directors regarding the computerization of social assistance payments. He asked for further information. Mr. McKim said that the reason for computerization was valid but apparently the explanation of the reason for it was poorly made. A meeting is scheduled with the I.A.N.D. Financial Adviser on Tuesday, 5 September, to follow up. Once the matter has been resolved Mr. Connelly was asked to let Mr. Mulligan know what would be done.

Mr. Connelly

RESPONSIBILITY

6. OTHER BUSINESS

a) Co-ordination of Effort

Mr. Connelly suggested that there are occasions in the field where money could be saved through the co-ordination of efforts of the two Departments. He referred particularly to maintenance men who could, if instructed, take care of the needs of both Departments at certain locations. It was agreed that there would be advantages in the Regional Directors of both Departments getting together for general discussions on co-operation and co-ordination. National Health and Welfare are holding a conference of their Regional Directors in February and it was suggested that I.A.N.D. might be able to hold a similar conference with a one day overlap so that Regional Directors of both Departments could meet jointly.

Mr. McKim

b) Mr. Brown's Retirement

Dr. Webb expressed his appreciation of the work which Mr. Len Brown had performed for the Committee and on behalf of the Committee wished him well on his retirement. Mr. Brown referred to the length of time he had served on the Committee and said that this extended well back into the late 1950's. He said that he felt that this Interdepartmental Committee provides an example of how these committees should operate. He said that the honest give and take and the informal nature of the meetings is conducive to an open exchange of information between the two Departments.



G.E. Bell,
Secretary.

MEDICAL SERVICES
OCT 23 1972
FINANCIAL OFFICER

MEMORANDUM

CLASSIFICATION

YOUR FILE No. 850-1-A377 (M16)
Votre dossier dated Sept. 19

OUR FILE No. 21M/17-1
Notre dossier

DATE
21 sept. 1972

TO
A
A/Assistant Deputy Minister
Medical Services

FROM
De
Regional Director
Quebec Region

SUBJECT
Sujet

HEALTH CARE OF INDIANS
LAKE MISTASSINI AND LAKE DORE AREAS

It is very good indeed that you attached to your memorandum a copy of the letter you sent us on August 15th on the same subject, for the very good reason that we never received that particular memorandum.

We are taking immediate action in this respect and will reply within the next two weeks.

It is unfortunate that there is such a delay, but we saw your memorandum of August 15th this morning only.

TO	FOR INFO	FOR ACTION	REMARKS	DISPOSAL AND DATE
<i>MS</i>			<i>MS</i>	<i>BF 31/10/72</i>

MS:mmg

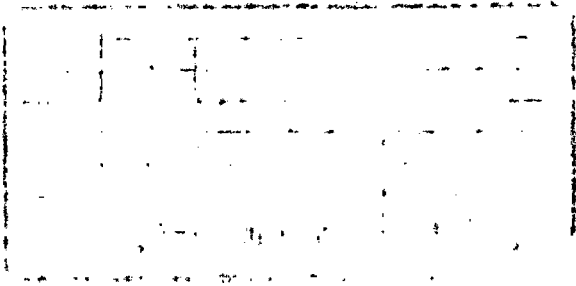
M. Savoie

M. SAVOIE, m.d.
Regional Director
Quebec Region

096815

MEDICAL SERVICES
SUB-REGISTRY

SEP 25 2 11 PM '77



BF 10 October 72
M16

A/Assistant Deputy Minister,
Medical Services.

850-1-A371 (M16)

Dr. M. Savoie,
Regional Director, Quebec Region,
Montreal, P.Q.

September 19, 1972.

HEALTH CARE OF INDIANS
LAC MISTASSINI AND LAC DORE AREAS

I am attaching hereto copy of our memorandum of August 15, 1972. The Minister's Office is anticipating early action and I would appreciate hearing from you as soon as possible.

J. M. L. Webb
M. L. Webb, M.D., Dr.P.H.

M161

Att.

B.F. Sept 10/72
M16

A/Assistant Deputy Minister,
Medical Services.

→ 850-1-A371 (M16)

Dr. M. Savoie,
Regional Director, Quebec Region,
Montreal, P.Q.

August 15, 1972.

HEALTH CARE OF INDIANS
LAC MISTASSINI AND LAC DORE AREAS

s.19(1)

Thank you for your recent report which indicates that there is a degree of discrepancy between what [redacted] wrote and the actual facts. However even allowing for exaggerations, there is still sufficient substance in the complaint to warrant something more than a mere denial of the exaggerations. You have not suggested how we should reply and we are left in the position of having to deal directly with [redacted] through the Minister.

Would it not be preferable if you were either to visit [redacted] yourself or send your Zone Director to take a careful look into his complaints and see that adequate communications are established between him and the public health workers in the area. If you are agreeable, it would give the Minister an opportunity to indicate what is being done and express the hope that working together we can bring about better conditions.

Original Signed by
M. L. WEBB, M.D.

M. L. Webb, M.D., Dr.P.H.

M161

mf

Department of
Indian Affairs and
Northern Development



Ministère des
Affaires indiennes et
du Nord canadien

PA

Ottawa, Ontario. K1A OH4
August 15, 1972

our file, notre dossier 1/29-4
your file, votre dossier

M.L. Webb, M.D., Dr.P.H.,
Acting Assistant Deputy Minister,
Medical Services,
Department of National Health and Welfare,
255 Argyle Avenue,
Ottawa, Ontario. K1A OL3

Dear Dr. Webb:

Thank you for your letter of July 18, concerning the construction of Infant Protection Centres.

As you know, our officers have been discussing this matter by telephone, but I simply wanted to confirm that our Saskatchewan and Quebec Regions each have \$35,000 in their capital budgets for 1973-74 for the construction of Infant Protection Centres.

I should like to add that we are very happy to work in co-operation with the Medical Services Branch in this matter.

Yours sincerely,

for John Ciaccia,
Assistant Deputy Minister,
(Indian and Eskimo Affairs).

TO	FOR INFO	FOR ACTION	REMARKS	DISPOSAL AND DATE

850-1-A501
850-1-A377

800-1-34 (M17)
2nd floor,
255 Argyle Avenue,
Ottawa, Ontario
K1A 0L3

July 18, 1972.

Mr. J. Ciaccia,
Assistant Deputy Minister,
(Indian and Eskimo Affairs)
Department of Indian Affairs and
Northern Development,
Centennial Towers,
400 Laurier Avenue West,
Ottawa, Ontario
K1A 0H4

Dear Mr. Ciaccia:

At a meeting held in October 1971, between the Director of the Community Affairs Branch and Dr. J.E. Wiebe, and following a discussion between Dr. Wiebe, Dr. Webb, Mr. Mulligan, Mr. McGilp and yourself, your Department undertook to provide funds for capital construction of two model Infant Protection Centres, one to be located in Saskatchewan and the other in Quebec. On the basis of this agreement, communication was established with your Regional Directors. Copies of this correspondence are attached.

The primary purpose of this letter is to confirm that we have received approval from Treasury Board, in the "B" Budget operating funds, for 13 man-years and \$145,000 for 1973-74 for the Infant Protection Centres program. As well, this letter is to request confirmation on your part that capital support is available for this fiscal year, through your Regions, for capital construction of the Infant Protection Centres, and to receive assurance that your Department is still interested in cooperating in this project.


Concerning the location of the proposed centres, we feel there is a well-established need for a major thrust in the area of infant mortality and morbidity at Manowan, Quebec. In Saskatchewan, we would consider locating the centre in an isolated community in the north of the Province at a location yet to be decided.

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- 2 -

Should you require further information, we would be pleased to acquaint you more fully with the Mother and Child Care Centre established at Cross Lake, Manitoba, which has now commenced training native auxiliary personnel in an operational setting.

Yours sincerely,


H.L. Webb, M.D., Dr.P.H.,
A/Assistant Deputy Minister,
Medical Services.

M171

Attach.

BR 11-7-72

000659

File: 800-1-34 (M36)

19th Floor,
General Purpose Building,
Tunney's Pasture,
Ottawa, Ontario.
K1A 0L3

27 January 1972.

Mr. R.L. Boulanger,
Regional Director,
Quebec Region,
Community Affairs Branch,
Department of Indian Affairs
and Northern Development,
175 St. Jean Street,
Quebec 4, P.Q.

Dear Mr. Boulanger:

RE: Proposed Mother and Child Care Centre for Quebec Region

Following discussions between Mr. J.G. McGill of your Department and Dr. J.H. Wiebe, Assistant Deputy Minister, Medical Services, Indian Affairs have agreed to provide funds in Fiscal Year 1972-73 in the sum of \$35,000 for construction of a Mother and Child Care Centre in your Region.

To acquaint you with the project, I am enclosing a copy of the proposal developed for Cross Lake, Manitoba, which is now in the process of being implemented. The Medical Services Branch hope to follow the same principles in initiating a similar project in your Region, modified as necessary to meet local community needs.

We feel very strongly that a project directed at infant mortality and morbidity can only succeed if the Indian community recognizes the problem and desires to ameliorate present conditions. In other words, we do not want to impose the project on a community contrary to its expressed desire to improve present standards of health care.


In our estimation, the most important features of the Mother and Child Care program are: (1) the Home Health Aide concept; and (2) greater community commitment and involvement in its health care delivery system through the mechanism of a local health committee.

.../2

- 2 -

Mr. Ian C. Inglis, the Medical Services Branch Special Projects Officer responsible for the project, would be pleased to visit you at your convenience to discuss prospective Indian communities in your Region where a program of this nature would not only be welcomed by the Indian people, but would also be of benefit to the community by bringing about needed improvements to infant and maternal health.

Yours sincerely,


M.L. Webb, M.D., Dr.P.H.,
Director General,
Operations,
Medical Services Branch.

Encl.

cc: Regional Director,
Quebec Region.

Mill

- ① Suggest We don't Pin down whether Capital should be $72\frac{1}{3}$ or $73\frac{1}{4}$
- ② In addition to mention at 2600 Mtg
of IDC Medical Meeting
Was discussed Dr. Weiss Dr. Webb & Mul
with Ciesin & Mc Gulp.
- ③ Primary Purpose of letter 4
to say we got approval for
"B" Budget operating funds for
13 months & \$145 000 for
 $73\frac{1}{4}$ for Infant Protection
& now want to plan 1 Centre in PD
(now on)
& 1 Centre in Sask - location
still to be decided -
Will they confirm Capital budget available.

M. L. Webb, M.D., Dr. P.H.

A/Assistant Deputy Minister
etc.

Mr. Wilson - Service Branch

DRAFT

800-1-34 (M36)

Mr. J. Ciaccia,
Assistant Deputy Minister
(Indian & Eskimo Affairs),
Dept. of Indian Affairs and
Northern Development,
Ottawa, Ontario.
K1A 0L3

Dear Mr. Ciaccia:

At a meeting held in October 1971, between the Director of the Community Affairs Branch and Dr. J.H. Wiebe, and following a discussion between Dr. Wiebe, Dr. Webb, Mr. Mulligan, Mr. McGilp and yourself, your Department ~~agreed to provide~~ ^{undertook to} funds for capital construction of two model Infant Protection Centres, one to be located in Saskatchewan and the other in Quebec. On the basis of this agreement, communication was established with your Regional Directors. Copies of this correspondence are attached.

The primary purpose of this letter is to confirm that we have received approval from Treasury Board, in the "B" Budget operating funds, for 13 man-years and \$145,000 for 1973-74 for the Infant Protection Centres program. As well, this letter is to request confirmation on your part that capital support is available for this fiscal year, through your Regions, for capital construction of the Infant Protection Centres, and to receive assurance that your Department is still interested in cooperating in this project.

Concerning the location of the proposed centres, we feel there is a well-established need for a major thrust in the area of infant mortality

.../2

M. L. Webb, M.D., Dr. P.H.

A/ Assistant Deputy Minister
etc.
Medical Services Branch

- 2 -

and morbidity at Manowan, Quebec. In Saskatchewan, we would consider locating the centre in an isolated community in the north of the Province at a location yet to be decided.

Should you require further information, we would be pleased to acquaint you more fully with the Mother and Child Care Centre established at Cross Lake, Manitoba, which has now commenced training native auxiliary personnel in an operational setting.

Yours sincerely,

M. L. Webb, M.D., Dr.P.H.,
A/Assistant Deputy Minister,
Medical Services.

Attachs.

M. L. Webb, M.D., Dr. P.H.
A/Assistant Deputy Minister
etc.
MEDICAL SERVICES BRANCH

d r a f t

Mr. J. Ciaccia,
Assistant Deputy Minister
(Indian and Eskimo Affairs),
Department of Indian Affairs and
Northern Development,
Ottawa, Ontario.
K1A 0L3.

800-1-34 (M36)

17 July 1972

Dear Mr. Ciaccia:

At a meeting held in October 1971, between the Director of the Community Affairs Branch and Dr. J. H. Wiebe, your Department agreed to provide funds into ^{the} 1972-1973 fiscal year for capital construction of two model Infant Protection Centres, one to be located in Saskatchewan and the other in Quebec. On the basis of this agreement communication was established with your Regional Directors, copies of this correspondence are attached.

The purpose of this letter is to request confirmation that funds will be available in this fiscal year, through ^{your} ~~the~~ Regions, for capital construction and to receive assurance that your Department is still interested in co-operating in this project.

Concerning the location of the proposed centres, we feel there is a well established need for a major ^{thrust} ~~interest~~ in the area of infant mortality and morbidity at ^{Manowau} ~~Manowan~~, Quebec. In Saskatchewan, we would consider locating the centre in an isolated community in the north of the province ^{at} ~~in~~ a location yet to be decided.

Should you require further information, we would be pleased to acquaint you more fully ^{with} ~~on~~ the Mother and Child Care Centre ~~which has been~~ established at Cross Lake, Man., which has now ^{commenced} ~~commenced~~ training native auxiliary personnel in an operational setting.

Yours sincerely,

M. L. Webb, M.D., Dr. P.H.

A/ Assistant Deputy Minister
~~etc.~~
Medical Services Branch

850-1-A371

MEMORANDUM

CLASSIFICATION



TO
A

A/Assistant Deputy Minister
Medical Services

YOUR FILE No.
Votre dossier

850-1-A371 (M16)
dated June 23

s.19(1)

TO	FOR INFO.	FOR ACTION	REMARKS	DISPOSAL AND DATE
<i>[Signature]</i>			<i>Replied</i>	<i>15-8-72</i>

OUR FILE No.
Notre dossier

21M/17-1 (F.10)

DATE

14 July 1972

FROM
De

Regional Director
Quebec Region

FOLD

SUBJECT
Sujet

HEALTH CARE OF INDIANS
LAC MISTASSINI AND LAC DORE AREAS

In reply to your memorandum of even reference, an enquiry was made by the Zone Director - Quebec on this situation. Actually, very little of what is said in [redacted]'s letter is true, these facts are grossly exaggerated and he obviously has no idea of our various programs.

I will take his letter as a basis for factual reporting:

1. First of all, Doré Lake does not exist as a Reserve any more and the population is now moved to Mistassini. Besides, the actual population is not quite 1,600, a far cry from 2,800.
2. We have had a Public Health Program at Mistassini at least since 1960, and it has been especially active in the last years. We have noticed recently an improvement in sanitation and water distribution.
3. Housing is not ideal, but not worse than anywhere else and is showing improvements. It is a bad exaggeration to say that nobody washes and that women going to the hospital to deliver take their yearly bath.
4. Though the infant morbidity may be high and it is, the infant mortality is definitely not and we do know about those who die in the bush.
5. Our nurses do perform some treatment but always in consultation with the Zone Director whom they call for advice or else they call a doctor in Chibougamau. The situation was much better before the Medicare Plan came into operation because at the time, we had arrangements with doctors from Chibougamau who visited regularly. It is unfortunate that since Medicare, no local doctor in Chibougamau had accepted to go to Mistassini for regular visits. Our nurses would indeed prefer to abandon

... /2

- 2 -

s.19(1)

all treatment and give more time to Public Health, but because of the situation, they have no choice.

6. Our nurses are holding prenatal and well-baby clinics as well as vaccinations and immunizations, pre-school clinics, etc.. Unfortunately, in recent years, we have not had the attendance that we had before, and this is a problem. It is due to the lack of cooperation of the Indian population and the very real problem of alcoholism on that Reserve. The situation was again brought up to the knowledge of the Chief recently, we believe that we have finally succeeded in getting through to him his responsibility in that respect and gaining his cooperation, so that we have some hope for the future.

7. Tuberculosis: Because of the lack of cooperation of the population, we have had problems with the incidence of tuberculosis at Mistassini, because only half of the population showed up at the last survey. We are hoping that this also will improve in the next year. It should be pointed out that all the recommendations that [REDACTED] indicates in his letter are already done; in other words, we do have a T.B. prevention program, annual X-Ray surveys, Tine testing, B.C.G. and sputum analysis. In view of our budgets on Indian Health, Public Health sub-activity, [REDACTED] might be brought up to date on his statement that no money is spent for prevention ...

I certainly do not agree that Chibougamau should become a mini-centre for tuberculosis treatment and investigation. They are certainly not staffed to do it and we much prefer to continue our program as it is, coordinated and directed by our T.B. Consultant at the Regional Office, who deals directly with Medical Directors of the Roberval Sanatorium and others. We are very leery of those people who pretend themselves to be T.B. specialists.

Please advise if we can be of further help.



M. SAVOIE, md
Regional Director
Quebec Region

MS:mmg

PLEASE RETURN TO
MEDICAL SERVICES BRANCH

850-1-A371 (M16)

TO	FOR INFO	FOR ACTION	REMARKS	DISPOSAL AND DATE
<i>M17</i>			<i>Forwarded</i>	<i>18-7-72</i>
<i>M16</i>				<i>18-7-72</i>

KIA OK9

Cher [REDACTED],

s.19(1)

Le ministre des Affaires indiennes et du Nord canadien, l'honorable Jean Chrétien, a bien voulu transmettre à l'honorable John Munro, ministre de la Santé nationale et du Bien-être social, la lettre où vous manifestez votre inquiétude au sujet des soins aux Indiens des régions du lac Mistassini et du lac Doré. L'honorable John Munro partage votre souci de la santé de nos autochtones. Il a fait transmettre votre lettre au Directeur régional des Services médicaux (Région du Québec), à Montréal.

Lorsque le Directeur régional aura étudié la question, nous vous écrirons de nouveau.

Nous vous remercions d'avoir porté cette question à la connaissance des autorités.

Recevez, cher [REDACTED], nos salutations distinguées.

Le Chef de cabinet,

Sgd.

C. A. Pearson.

M161

[REDACTED]

*R. G. M.
for [REDACTED]*

PLEASE RETURN TO
MEDICAL SERVICES BRANCH

FOR FRENCH TRANSLATION

850-1-A371 (M16)

KIA OK9

Dear [REDACTED] s.19(1)

The Honourable Mr. Chrétien, Minister of Indian Affairs and Northern Development, has kindly forwarded your letter expressing concern regarding the health care of Indians in the Lake Mistassini and Lac Doré areas to my Minister, The Honourable John Munro, who also shares your concern for the health of our native people. He has asked that your letter be sent to the Regional Director, Medical Services, Quebec Region, Montreal.

When the Regional Director has had an opportunity to look into the matter, I shall write to you again.

Thank you for bringing this matter to the government's attention.

Yours sincerely,

Sgd

C.A. Pearson,
Executive Assistant.

[REDACTED]

M161

*RM
for ADM*

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2018-05-12 18A
MEDICAL SERVICES

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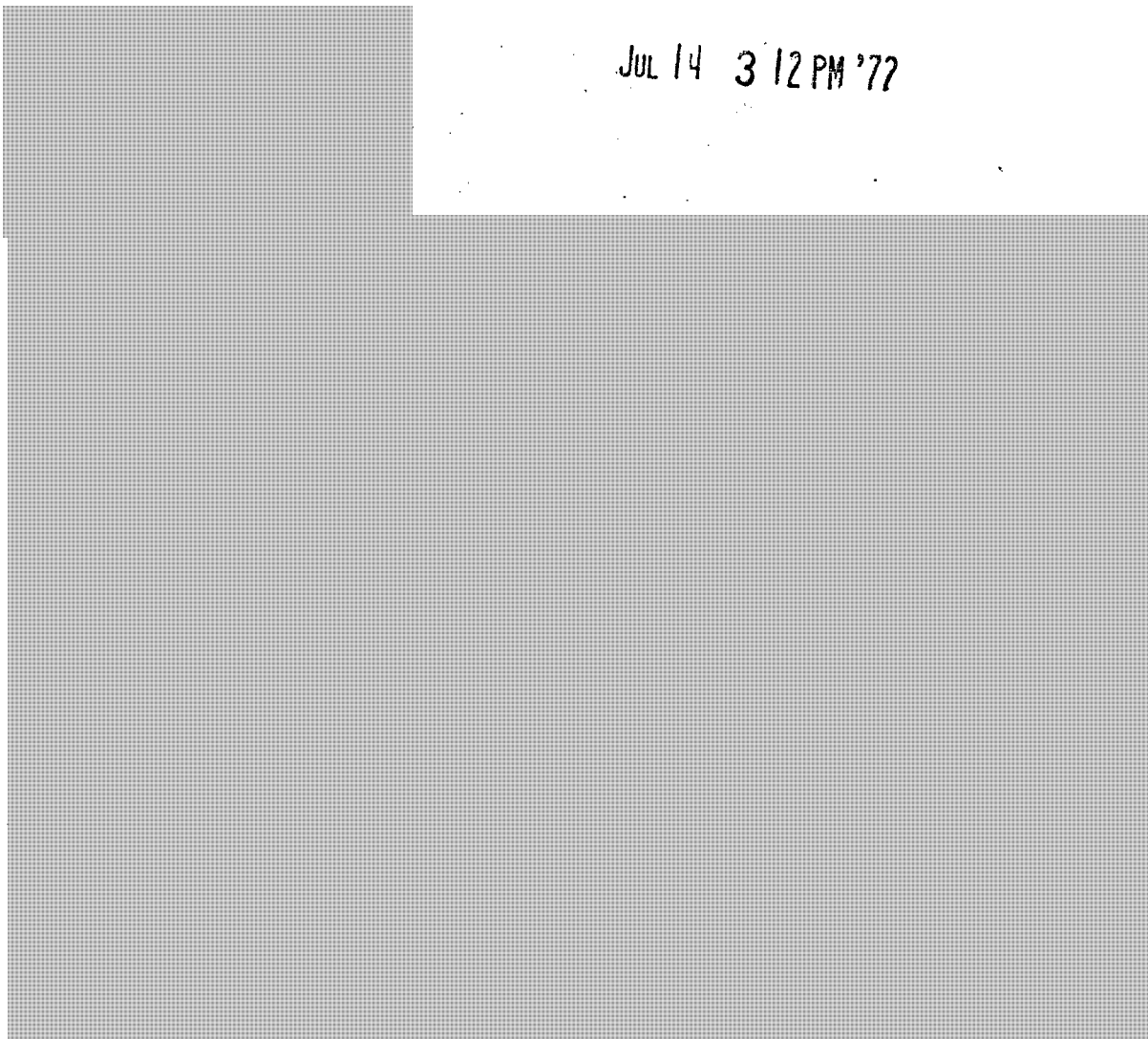
s.19(1)

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MEDICAL SERVICES
SUB-REGISTRY

JUL 14 3 12 PM '77



DEPT. OF DEFENSE

OFFICE OF THE SECRETARY

MEDICAL SERVICES BRANCH
PLEASE RETURN TO

000671

Recorded - 1A

BT 27-7-72

M/6.

850-1-A377

June 29/72

~~850-1-A377 (M16)~~

KIA 029

12/7/72

s.19(1)

Cher

Le ministre des Affaires indiennes et du Nord canadien, l'honorable Jean Chrétien, a bien voulu transmettre à l'honorable John Munro, ministre de la Santé nationale et du Bien-être social, la lettre où vous manifestez votre inquiétude au sujet des soins aux Indiens des régions du lac Mistassini et du lac Doré. L'honorable John Munro partage votre souci de la santé de nos autochtones. Il a fait transmettre votre lettre au Directeur régional des Services médicaux (Région du Québec), à Montréal.

Lorsque le Directeur régional aura étudié la question, nous vous écrirons de nouveau.

Nous vous remercions d'avoir porté cette question à la connaissance des autorités.

Recevez, cher , nos salutations distinguées.

Le Chef de cabinet,

C. A. Pearson.

M161

mf
mgm
fr (ADN)



Government of Canada
Gouvernement du Canada

**REQUEST FOR TRANSLATION
DEMANDE DE TRADUCTION**

Security Classification Classement sécuritaire	070835
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IMPORTANT

1. Include self-addressed label.
2. Send all Non English/French and Non French/English translations Direct To: Multilingual Division, Translation Bureau.
3. Attach any documentation that may be of assistance to the Translation Service in compliance with Translation Bureau Regulations:
 - Original and translated version of similar previous texts.
 - Document from which the text to be translated originated.
 - Previously prepared scientific or technical vocabularies.
 - Source of quotations, information or texts used as reference.

IMPORTANT

1. Joindre une étiquette portant votre adresse.
2. Envoyer directement tous les textes en langues étrangères à: La Division multilingue, Bureau des Traductions.
3. Joindre tout document qui peut être utile au Service de Traduction en conformité des règlements du Bureau des Traductions:
 - Les versions originales et les traductions de textes antérieurs analogues.
 - Tout document dont on s'est inspiré pour rédiger le texte à traduire.
 - Les vocabulaires scientifiques ou techniques déjà établis.
 - La source des citations, ainsi que les renseignements ou textes de référence.

TO - À		Date Submitted - Date de la demande	
MULTILINGUAL DIVISION, TRANSLATION BUREAU		Day - Jour	Month - Mois
		26	JUNE
			72
Document to be Translated - Document à traduire		Date Required - Demandé pour le	
LETTER TO [REDACTED] s.19(1)		Day - Jour	Month - Mois
		30	JUNE
			72
Contact - Pour renseignements	Telephone - Téléphone	Languages - Langues	
MRS. M. McELROY	2-5357	FROM Du/de ► ENGLISH	
Department - Ministère	Branch - Direction	TO Vers le ► FRENCH	
NATIONAL HEALTH & WELFARE MEDICAL SERVICES	Division		
Special Instructions - Indications spéciales		Authorizing Officer - Agent autorisé	
		 Signature	
		Include original control no. if part of a former request. S'il s'agit de la suite d'une demande antérieure, insérer le n° de contrôle original.	

FOR TRANSLATION BUREAU USE ONLY - À L'USAGE DU BUREAU DES TRADUCTIONS

Date Received - Reçu le				Category - Catég.			Specialty - Spéc.		Type Genre	Department Ministère	Branch Direction	Division	Section
D/J	M/M	Y/A	Hour - Heure	A	B	Ext.							
4	7	72	1:30										
Date comp. - Terminé le				No. of words - Mots			<input checked="" type="checkbox"/> Mailed Par la poste <input type="checkbox"/> Picked Up Par porteur		Control No. - N° de contrôle				
D/J	M/M	Y/A											
4	7	72	1/31										
Initials - Initiales													

3 TRANSLATION UNIT: Return this copy to originator with completed translation
SERVICE DE TRADUCTION: Joindre à la traduction livrée au client

000673

BR/EB/CS

070835

le 29 juin 1972

Monsieur [REDACTED]

s.19(1)

Cher [REDACTED]

Le ministre des Affaires indiennes et du Nord canadien, ^{L'honorable} ~~M.~~ Jean Chrétien, a bien voulu transmettre à ^{L'honorable} ~~M.~~ John Munro, ministre de la Santé nationale et du Bien-être social, la lettre ^{où} ~~dans laquelle~~ vous manifestez votre inquiétude au sujet des soins aux Indiens des régions du lac Mistassini et du ^{personnelle} ~~lac~~ Doré. ^{M.} John Munro partage votre souci de la santé de nos autochtones. Il a fait transmettre votre lettre au Directeur régional des Services médicaux, (Région du Québec), à Montréal.

Lorsque le Directeur régional aura étudié la question, nous vous écrirons de nouveau.

Nous vous remercions d'avoir porté cette question à la connaissance des autorités.

Recevez, [REDACTED] ^① nos salutations distinguées.

Le Chef de cabinet ^①

C. A. Pearson



MINISTER OF
NATIONAL HEALTH AND WELFARE
MINISTRE DE LA
SANTÉ NATIONALE ET
DU BIEN-ÊTRE SOCIAL
OTTAWA, CANADA
K1A 0K9

s.19(1)

Dear [REDACTED],

The Honourable Mr. Chrétien, Minister of Indian Affairs and Northern Development, has kindly forwarded your letter expressing concern regarding the health care of Indians in the Lake Mistassini and Lac Doré areas to my Minister, The Honourable John Munro, who also shares your concern for the health of our native people. He has asked that your letter be sent to the Regional Director, Medical Services, Quebec Region, Montreal.

When the Regional Director has had an opportunity to look into the matter, I shall write to you again.

Thank you for bringing this matter to the government's attention.

Yours sincerely,

C.A. Pearson,
Executive Assistant.



BF

M/6.

FOR FRENCH TRANSLATION

→ 850-1-A371 (M16)

KIA OK9

s.19(1)

Dear

The Honourable Mr. Chrétien, Minister of Indian Affairs and Northern Development, has kindly forwarded your letter expressing concern regarding the health care of Indians in the Lake Mistassini and Lac Doré areas to my Minister, The Honourable John Munro, who also shares your concern for the health of our native people. He has asked that your letter be sent to the Regional Director, Medical Services, Quebec Region, Montreal.

When the Regional Director has had an opportunity to look into the matter, I shall write to you again.

Thank you for bringing this matter to the government's attention.

Yours sincerely,

C.A. Pearson,
Executive Assistant.

M161

c.c. Dr. Savoie, Montreal.

116
000676

-----Fold here - Plier suivant le pointillé-----

TO
A DEPUTY MINISTER OF NATIONAL HEALTH

s.19(1)

For signature of:

Présenté à la signature de:

THE MINISTER

Remarks-Remarques

M69, Medical Services Branch

Originator - Signataire

M69

Checked by - Visé par

Approved by - Autorisé par

DATE

000677



MINISTER OF
NATIONAL HEALTH AND WELFARE
MINISTRE DE LA
SANTÉ NATIONALE ET
DU BIEN-ÊTRE SOCIAL
OTTAWA, CANADA
KIA OK9

s.19(1)

Dear [REDACTED],

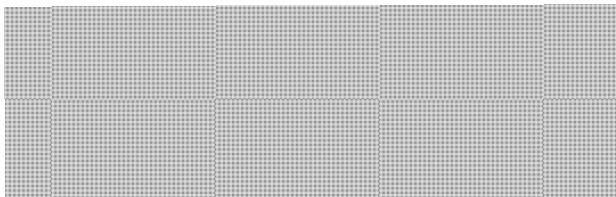
The Honourable Mr. Chrétien, Minister of Indian Affairs and Northern Development, has kindly forwarded for my information your letter expressing concern regarding the health care of Indians in the Lake Mistassini and Lac Doré areas.

I, too, share your concern for the health of our native people. The upgrading of health services to those persons who fall within my responsibility is a continuous program which I consider to be of the utmost importance.

May I thank you for the time taken in drawing this particular matter to the attention of the various authorities concerned in this field, enabling us to endeavour to alleviate the situation.

Yours sincerely,

John Munro.



A/Assistant Deputy Minister,
Medical Services.

→ 850-1-A377 (M16)

June 23, 1972.

Dr. M. Savoie,
Regional Director, Quebec Region,
Montreal, P.Q.

HEALTH CARE OF INDIANS
LAKE MISTASSINI AND LAC DORE AREAS

s.19(1)

Enclosed you will find a copy of a letter addressed to the Minister of Indian Affairs and Northern Development by [REDACTED] together with a copy of our reply.

You are requested to inquire and report as diligently as possible in order that we may prepare a reply for Mr. Pearson's signature.

Original Signed by
M. L. WEBB, M.D.

M. L. Webb, M.D., Dr.P.H.

M161

Enc.

Amh.

262

M16 R 19/6/12

MEDICAL SERVICES BRANCH

RECORDING & TRANSMITTAL FORM

MINISTER'S CORRESPONDENCE

SUBJECT: Letter to Jean Chrétien from [REDACTED] Dated December 29, 1971						FILE NO: 850-1-A371	
FROM: John Munro						DATE: <u>April 7, 1972</u>	
TO: [REDACTED] s.19(1)						INITIATED IN BRANCH <input checked="" type="checkbox"/>	
RECEIVED IN ADM'S OFFICE: _____ (Date)						PASSED: _____ (Date)	
ACTION: As Necessary							
TO	DATE	REPLY			B.F.	DATE SENT TO MINISTER	SIGNED
		INTERIM	FINAL	DATE			
M/69	5/4/72		X	5/4/72		5/4/72	Returned for rewrite
M/6	26/6/72	English		—	5/7/72		
	11/7/72	French		—	24/7/72		
	13/10/72		eng	—	27/10/72		
	8-11-72		French	—			

REMARKS: cc. Dr. Savoie with covering memo.
Chrétien, Minister of IAND

850-4311
\$A7609

BEST COPY AVAILABLE

Chibougamau, le 29 décembre 1971.

s.19(1)

Honorable Jean Chrétien,
Ministre Des Affaires Indiennes,
Hotel Du Gouvernement,
Ottawa, Ontario.



Honorable ministre,

[redacted] et comme vous le savez nous devons traiter les indiens de la Réserve du Lac Mistassini et du Lac Doré, soit une population d'environ 2,880 âmes.

Je n'élaborerai pas sur le point de vue social qui est déplorable mais qui n'est pas de ma compétence, mais seulement du point de vue médical: Hygiène, Pédiatrie, Médecine.

Il faut savoir que les indiens n'ont reçu aucune règle d'hygiène même la plus fondamentale. C'est pour cette raison que nous parviennent les échos d'épidémies de gastro-entérite à Salmonella, des impétigos géants etc...

Le système d'égoût du Lac Doré n'existe pas et celui de Mistassini est déplorable. De plus, ils vivent empilés les uns sur les autres dans des cabanes qu'aucun Blanc n'oserait habiter. Souvent dis-je le plus souvent, il n'existe pas de toilette et comme il n'y a pas d'eau courante, on ne se lave pas. Par conséquent, "la crasse cotoie les excréments."

Pédiatrie, maintenant. La revanche des berceaux existe chez les Indiens. Les multipares de 8-10 voire 15 enfants abondent. Elles viennent accoucher à Chibougamau dans un hôpital propre, où elles ont leur bain annuel. Il faut dire que plusieurs Indiennes n'ont pas été menstruées souvent, étant toujours enceintes. Cependant, elles sont de remarquables accoucheuses et leurs bébés remarquablement (excusez les répétitions) beaux et sains.

Il est bien dommage cependant que cette santé, ces enfants ne puissent la conserver. Le plupart souffrent dès l'âge de 6 mois d'anémie (surtout) due au fait que les mères ne les nourrissent que de lait (gras bérés de lait) et que dans le lait il n'y a pas ou peu de fer. Conséquence; ces enfants attrapent toutes les infections.

C/A (with RM's note)

RM

.....2.....

.....2.....

Chibougamau, le 29 décembre 1971.

Honorable Jean Chrétien (suite)

Comme ils n'ont pas de défense à cause de leur anémie, nutritionnelle, ces infections sont fulminantes de sorte que la mortalité infantile déclarée (on ne voit pas ceux qui meurent dans le "bush") est probablement la plus haute au Canada. Ces enfants évidemment seront, s'ils ne meurent pas avant, des futurs tuberculeux.

De plus, il est apparu dernièrement un nouveau problème: comme ils doivent faire 50 milles pour venir à Chibougamau se faire traiter, ils ont un infirmier sur place qui leur distribue les premiers soins mais en plus qui joue au médecin en donnant antibiotiques, onguents etc.. C'est bien joli en vérité, mais il arrive ce qui doit arriver: il traite l'hyperthermie de l'enfant avec des aspirines et des antibiotiques. Il faut savoir qu'une méningite ne nécessite pas les mêmes doses d'ampicilline qu'une amygdalite.

Il m'est donc arrivé, pour ne citer qu'un exemple, de recevoir à l'urgence un petit comateux avec une rigidité de la nuque évidente avec tous les signes de méningisme et qui était traité depuis plusieurs jours avec des doses d'antibiotique insuffisantes. Malgré nos efforts et l'antibiothérapie à haute dose, le petit est décédé. Non, je ne condamne pas l'infirmier qui ne fait que son possible puisqu'il n'y a pas de médecin sur place, mais la vie d'un enfant, c'est grave!!!! Si ces infirmiers jouaient un rôle d'éducateurs hygiénistes, peut-être rendraient-ils plus service aux Indiens, en prévenant ainsi la maladie qu'en jouant "au docteur" (c'est peut-être moins valorisant cependant!!!)

Exemple; s'ils éduquaient les mères à débiter plus tôt l'alimentation solide, s'ils leur montraient à utiliser les vitamines qui leur sont fournies gratuitement de même que le surplus en fer nécessaire aux bébés et aux jeunes enfants, s'ils leur disaient que c'est meilleur pour la santé des légumes, des fruits ou de la viande que des "Chips", des bonbons et des liqueurs douces, "Ça" ça serait leur rôle et "ça" ça rendrait service.

N.B. Les Indiens ne font pas de distinction entre ce qui goûte bon et ce qui est bon pour la santé, parce que, on ne leur a pas appris.

.....3.....

BEST COPY AVAILABLE

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BEST COPY AVAILABLE

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.....3.....

Chibougamau, le 22 décembre 1971.

Honorable Jean Chrétien (suite)

Enfin, Médecine adulte. Les Indiens sont les plus grands tuberculeux du Québec et ils le sont en famille, jayousement. Ainsi, cette mère de 15 enfants tous nourris au sein (c'est un déshonneur pour une Indienne que de ne pas allaiter) qui vient d'être trouvée tuberculeuse parce que sa maladie s'est décompensée à la suite d'une intervention chirurgicale (effusion pleurale).

Cet Indien de 26 ans qui se présente parce qu'il crache du sang et dont la radiographie pulmonaire d'admission montre un stélectase du lobe supérieur gauche. Ils devaient l'avoir depuis longtemps leur maladie avant de devenir cachectiques. Tous les Indiens sont en contact avec des tuberculeux et le B K se passe de mère en fils et de voisin en voisin- et qu'est-ce qu'on fait?

Nous, à Chibougamau, ne sommes pas équipés pour les traiter et les investiguer; encore faut-il avoir la preuve qu'ils sont tuberculeux et ceci ne se fait pas facilement. Les états frais n'étaient pas faits avant mon arrivée et les cultures prennent 6 semaines avant d'être positives. Devons-nous les garder à l'hôpital 6 semaines et immobiliser un lit, risquant en plus de semer le B K dans tout l'hôpital? Le Gouvernement paie une fortune pour les Indiens, mais il semble y avoir gaspillage, car les argentés ne sont pas dépensés pour prévenir la maladie. On ne les traite souvent que lorsqu'il est trop tard et lorsque les défenses naturelles acquises par une hygiène et une alimentation adéquates n'existent plus.

Il faudrait donc repenser la politique médicale envers les Indiens et la reorienter vers l'enseignement aux parents et aux enfants. Nous avons tout ce qu'il faut ici à Chibougamau mais cet enseignement doit être fait sur place par du personnel qualifié et non pas par des gens qui jouent au docteur.

Pour ce qui est de la tuberculose, il serait juste et raisonnable qu'étant donné l'ampleur du phénomène, des mesures soient prises soit au niveau provincial (Ministère de la Santé) ou au fédéral pour nous donner les moyens de dépister la tuberculose (Radiographie pulmonaire annuelle- test à la tuberculine-état frais des expectorations).

.....4.....

.....4.....

Chibougamau, le 29 décembre 1971.


Honorable Jean Chrétien (suite)

Il faudrait soit que Roberval adopte une attitude plus dynamique, soit que Chibougamau devienne un "mini-centre" de traitement de la tuberculose en même temps que d'investigation. Cette seconde possibilité est réalisable étant donné que nous pouvons faire des bronchoscopies (Dr. Gilles Hudon, certificat en Chirurgie Thoracique). Il ne faudrait que votre accord et les fonds indispensables à la réalisation d'une telle unité. Les locaux pourraient bien être à la place de l'ancienne école des auxiliaires de l'hôpital de Chibougamau faisant partie du même bâtiment que l'hôpital. Il faudrait évidemment un consultant en Pneumologie pour donner le coup de pouce indispensable à la création d'un tel centre. Ce consultant, si vous ne pouvez l'obtenir, il me serait possible de le trouver pour vous.

Il faudrait également obtenir l'accord du Ministère de la Santé de la Province de Québec qui jusqu'ici paie les soins médicaux dispensés aux Indiens.

s.19(1)

Espérant une réponse, je demeure,



BEST COPY AVAILABLE

FM

HB/MP/BN/CS

0471

le 21 mars 1972

s.19(1)

December 29, 1971.

Honorable Jean Chrétien,

Minister of Indian Affairs,

Parliament Bldgs.,

Ottawa, Ont.

Honorable Minister:

and

as you know we are supposed to treat the Indians from the Lake Mistassini and Lake Doré Reserve, a population of approximately 2,800.

I shall not elaborate on the social conditions which are deplorable as this does not come under my responsibility, but on the medical situation only, such as Public Health, Pediatrics and Medicine.

It should be noted that the Indians have not received any public health rules, even the most fundamental ones.

This is why we are hearing news of Salmonella gastroenteritis epidemics, mass impetigo, etc.

The sewage system at Lac Doré is non-existent and the one at Mistassini is deplorable. Furthermore, the people are living on top of one another in shacks where no White person would dare to live. The rule rather than the exception is no toilets and no running water, so nobody washes. Consequently, "Filth goes hand

-2-

and hand with excrement."

Now, Pediatrics. The revenge of the cradle prevails among the Indians. Families of 8 to 10 or even 15 children abound. They come to Chibougamau to have their babies in a clean hospital where they have their annual bath. Many Indian women seldom had menstrual periods because they were always pregnant. But they have wonderful deliveries and their babies are wonderfully (excuse the repetition) beautiful and healthy.

It is certainly a shame that these children cannot stay healthy. The majority of them as early as six months of age suffer from iron deficiency anemia due to the fact that the mothers feed them nothing but milk (fat milk babies) and there is little or no iron in the milk; therefore the children catch all the infections.

As they do not have any resistance due to their nutritional anemia, the children's infections are fulminant and the reported infant mortality rate (we don't hear about those who die in the bush) is probably the highest in Canada. At any rate, if they don't die before, these children will be future tuberculous patients.

Furthermore, a new problem has recently arisen: as they have to travel 50 miles to Chibougamau for treatment, there is a male nurse in the field who gives first aid but also plays doctor by giving antibiotics, ointments, etc. This is all very nice, but what must happen does: he treats children with high fever with aspirines and antibiotics. One has to know that meningitis does not require the same doses of ampicilline as tonsillitis.

000687

-3-

To cite just one example, ^{it} ~~is~~ has happened that I have received in emergency a small comatose patient with visible rigidity of the neck and all the signs of meningism and he had been treated with insufficient doses of antibiotics for several days. Despite our efforts and high dose antibiotherapy, the child died. No, I won't condemn the nurse who only did his best because there is no local doctor, but it is serious when it's the life of a child!!!!

If these nurses played the role of public health educators, they might be of more use to the Indians by preventing disease rather than by "playing doctor" (this may be less prestigious, however!!!!).

Example: if they were to educate the mothers to start on solid foods earlier, show them how to use the vitamins which are supplied to them free of charge and the iron supplements that the babies and children need, tell them that vegetables, fruits and meat are better for their health than "Chips" candy and soft drinks, this should be their role and this would do some good.

Finally, Adult Medicine. The Indians have the highest tuberculosis rate in the Province of Quebec and it develops merrily in whole families. One mother of 15 children all breast-fed (it is a disgrace for an Indian woman not to breast-feed) was just found

N.B. The Indians don't make any distinction between what tastes good and what is good for the health because they have never been taught.

-4-

to have tuberculosis when decompensation set in following surgery (for pleural effusion).

A 26-year-old Indian came in because he was spitting blood and his chest X-ray upon admission showed atelectasis of the left upper lobe. They must have had the disease for a long time before becoming cachectic. All the Indians are in contact with T.B. carriers and the Koch's Bacillus is passed from mother to child and from neighbour to neighbour - and what is being done about it?

We in Chibougamau are not equipped to treat and screen them; we still have to have proof that they have tuberculosis and this isn't easy. The fresh states had not been done before I arrived and the cultures take six weeks before showing positive. Should we keep them in the hospital for six weeks, immobilize a bed, and take the chance of spreading the Koch's Bacilli throughout the hospital? The Government is paying a fortune on the Indians, but there seems to be some waste, because no money is going for disease prevention. They are usually not treated until it is too late, when the natural defenses built up through adequate hygiene and diet are all gone.

Thus, the medical policy on the Indians should be reconsidered and reoriented towards parent and child education. We have everything we need here in Chibougamau but such education of the public should be carried out in the field by qualified personnel and not by people playing doctor.

-5-

As for the tuberculosis, it would be reasonable and just, considering the scope of the phenomenon^e, that action be taken either at the provincial level (Department of Health) or at the Federal level, to give us the means for detecting tuberculosis. (Annual chest X-Ray, tuberculin test, fresh state of expectorations).

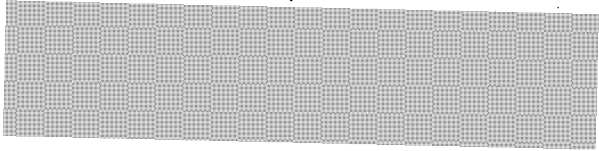
Either Roberval should adopt a more dynamic attitude or Chibougamau should become a "mini centre" for tuberculosis treatment and investigation. This would be possible if we could do bronchoscopies (Dr. Gilles Hudon, certificate in Thoracic Surgery). We would only need your approval and the funds indispensable for such a unit. The office could be in the former school for auxiliary health personnel of the Chibougamau Hospital which is in the same building as the hospital. We would need a consultant in Pneumology to launch the installation of such a centre. If you can't obtain a consultant, I might be able to find one for you.

It would also be necessary to get the approval of the Ministry of Health of the Province of Quebec who so far has paid for the medical care provided to the Indians.

Hoping to receive a reply, I remain

s.19(1)

Yours truly,



MEMORANDUM

GOVERNMENT OF CANADA



NOTE DE SERVICE

GOUVERNEMENT DU CANADA

FROM
DE

A/Assistant Deputy Minister,
Medical Services Branch.

TO
À

Regional Director,
Quebec Region.

SUBJECT
SUJET

COMPLAINT RE HEALTH CARE
LAC MISTASSINI AND LAC DORÉ

SECURITY - CLASSIFICATION - DE SÉCURITÉ

OUR FILE — NIREFERENCE

850-1-A377

YOUR FILE — VIREFERENCE

DATE

April 7, 1972.

Attached for your ready reference are photocopies of the self-explanatory documents pertaining to the marginally noted subject.

Would you please have the situation investigated at your earliest convenience and forward the information to this office in order that a satisfactory reply can be composed for our Minister's signature.

Thank you for your co-operation in this matter.

DEB/lcb

M.L. Webb, M.D., Dr. P.H.

850-1-4377

MEDICAL SERVICES BRANCH

RECORDING & TRANSMITTAL FORM

DEPUTY MINISTER'S CORRESPONDENCE

SUBJECT: Infant Protection Centres in Quebec						FILE NO: _____	
FROM: Paul Woodstock						DATE: <u>March 8, 1972</u>	
TO: Dr. M.L. Webb						INITIATED IN BRANCH <input type="checkbox"/>	
RECEIVED IN ADM'S OFFICE: <u>March 9, 1972</u> (Date)						PASSED: <u>9-5</u> (Date)	
ACTION: Information							
TO	DATE	REPLY			B.F.	DATE SENT TO DEPUTY MINISTER	SIGNED
		INTERIM	FINAL	DATE			
MATT	10.3.72	noted - we will carry on thru					
		RHS and LHS (LHS)					
		(investigative stage)					

REMARKS:

Well, here we go.

MEMORANDUM

GOVERNMENT OF CANADA



NOTE DE SERVICE

GOUVERNEMENT DU CANADA

FROM
DE

Executive Assistant to the
Deputy Minister of National Health

TO
A

Dr. Webb
A/Assistant Deputy Minister
Medical Services

SUBJECT
SUJET

SECURITY - CLASSIFICATION - DE SÉCURITÉ

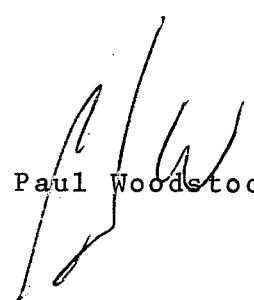
OUR FILE — N/RÉFÉRENCE

YOUR FILE — V/RÉFÉRENCE

DATE

March 8, 1972.

I spoke to Dr. LeClair about the infant protection
centers. He believes we ought to have one in Quebec.


Paul Woodstock.

000693

TO	FOR INFO	FOR ACTION	REMARKS	DISPOSAL AND DATE
1136				P.A.
MEMORANDUM				
GOVERNMENT OF CANADA				



NOTE DE SERVICE

GOUVERNEMENT DU CANADA

FROM
DE

Electrical Engineering Officer,
Health Facilities Design Division.

TO
À

Mr. I. Inglis,
Special Projects Officer,
Medical Services.

SUBJECT
SUJET

Visit to Treco Plant, Quebec City, Inspection
of Mobile Mother and Child Care Units

OUR FILE - N/RÉFÉRENCE	
645-3-10	
YOUR FILE - V/RÉFÉRENCE	
DATE	
February 25, 1972	
REFER REPLY TO ENVOYER LA RÉPONSE À	TEL. NO. TEL.

At the time of inspection February 18, 1972 only one unit was completed, the other two were at varying stages of completion. Because of this, one was able to examine both basic construction, roughing in of electrical and plumbing systems and final finishes of these systems. From my observations it was evident that the quality of materials and workmanship was quite high, that the installation was in accordance with the specifications and drawings. There were some minor faults which were either corrected immediately in my presence or noted by Mr. Y. Paquette for correction later.

The following is a list of my comments to Mr. Paquette and the remedial action mutually agreed upon.

1. The Treco Company were experiencing difficulty in finding a "childproof" electrical convenience outlet for the playroom area. I provided them with part numbers from three manufacturers namely Hubbell # S.G.-62, Smith & Stone # 4-5265 and Arrow-Hart # 6352-1. The latter which was immediately available locally was agreed upon.
2. The telephone outlet specified for the office had been overlooked and construction proceeded to the point where installing the outlet in the detailed location would have caused considerable delay and destruction of finished walls. In view of this an alternate location was agreed upon, namely on the end wall, close to the electrical panel.
3. The furnace oil gun motors were provided with short lengths of cab tire cable with moulded U-Ground plugs. These cables passed through a flexible conduit which in turn was attached to a sheet metal plate and plugged into an outlet. Because of the location of the outlet, its conduit connection and the short length of cable, undue strain had been placed on the moulded plug. The continuous vibration from the motor assembly would have caused premature failure of the plug and cable. Steps were taken by Treco to modify the conduit and plate and eliminate all strain on the plug. In fairness it should be stated that this was the furnace manufacturer's error and not Treco's.

- 2 -

4. Some electrical cables were not properly supported and required clips 4" from outlet boxes. It is possible that the installation had not been fully completed at this stage, however these "faults" were brought to the attention of Mr. Payette and were corrected before my departure. Similarly, there were a few boxes not properly grounded, e.g. the ground wire was not under the ground screw before final attachment to the convenience outlet. Again all outlets were corrected immediately.

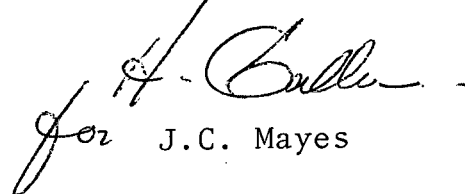
5. In the areas where white or light blue walls were installed it was suggested that the brown switchplates be replaced with ivory ones. This was agreed upon.

6. Assurance was received that adequate anchor points would be provided for the installation of the service entrance mast and that it would be pre-wired. (This was done during inspection.) Also that a ground wire and ground rod would be provided. Anchor points were to be clearly marked on the unit and a meter base was to be installed. All these points were agreed upon.

7. An explanation was given as to why ceiling exhaust for dryer as proposed by Treco was not acceptable. It was agreed that flexible plastic duct would be run across the unit and vented on the side-wall. The duct would be concealed by utility cabinets on that wall. The duct is to be installed close to top of cabinets for maximum utilization of cabinet space.

8. The final points were the location of mirrors in the change rooms, length and location of towel rails in bathrooms. These were all agreed upon. It was also agreed that the "occupied" indicators on bathroom doors would be deleted.

I would like to express my thanks and appreciation for the courtesy and co-operation I received during my inspection visit.


for J.C. Mayes

064819

MEDICAL SERVICES
SUB-REGISTRY

FEB 29 4 04 PM '72



ACTION REQUEST FEUILLE DE SERVICE

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

TO — À
Director General

DATE
31.12.70

LOCATION — ENDROIT

Ottawa

FROM — DE
Reg. Director - Quebec Region

- | | |
|---|--|
| <input type="checkbox"/> ACTION
DONNER SUITE | <input type="checkbox"/> P. A. ON FILE
CLASSER |
| <input type="checkbox"/> APPROVAL
APPROBATION | <input type="checkbox"/> REPLY
RÉPONSE |
| <input type="checkbox"/> COMMENTS
COMMENTAIRES | <input type="checkbox"/> SEE ME
ME VOIR |
| <input type="checkbox"/> DRAFT REPLY
PROJET DE RÉPONSE | <input type="checkbox"/> SIGNATURE |
| <input type="checkbox"/> MAKE
FAIRE.....COPIES | <input type="checkbox"/> TRANSLATION
TRADUCTION |
| <input type="checkbox"/> NOTE AND FILE
NOTER ET CLASSER | <input type="checkbox"/> YOUR REQUEST
À VOTRE DEMANDE |
| <input type="checkbox"/> NOTE & RETURN/OR FORWARD
NOTER ET RETOURNER/OU FAIRE SUIVRE | <input type="checkbox"/> |

ref. your file: 803-1-8 (M18)

TO	FOR	IN	FILE	REMARKS	DISPOSAL AND DATE
<i>PHH</i>				<i>noted</i>	

000697

850-1-A377

515 ouest, rue Ste-Catherine, suite 700
C.P. 638, Succursale "B"
Montréal 111, P.Q.

Le 31 décembre, 1970

Notre dossier: 103/17-19 (F-10)

Monsieur Remi Bousquet,
Président,
LaTuque Air Service,
C.P. 846,
LaTuque, Québec

Cher Monsieur,

Nous avons reçu de notre Directeur Général copies de la correspondance échangée avec le Ministre des Affaires Indiennes et le Nôtre. Nous avons donc en main votre lettre du 21 août, 1970, adressée à l'Honorable Jean Chrétien, Ministre des Affaires Indiennes et du Nord Canadien, au sujet de l'évacuation des indiens d'Obedjiwan.

Nous n'avons pas reçu ou entendu parler des résolutions des Conseils de Bande de Manowan et Obedjiwan dont vous parlez dans votre lettre. Certainement, aucune demande ne nous a été faite directement. Il ne semble pas non plus que les Affaires Indiennes aient reçu de telles résolutions. Nous n'avons non plus reçu aucune plainte des Indiens concernant le fait qu'ils soient hospitalisés à Joliette.

Si jamais les Indiens faisaient des représentations à ce sujet, nous discuterions certainement de ce problème avec eux.

Pour le moment, nous n'avons pas de raison valable de changer notre décision d'hospitaliser les Indiens d'Obedjiwan à Joliette car si le trajet est plus long, ceci est compensé, à notre point de vue, par des raisons médicales, entre autres le nombre de spécialistes affectés à l'Hôpital de Joliette et les facilités qu'on y trouve, qui par ailleurs ne se retrouvent pas à LaTuque.

Bien à vous,

Original signé par:
M. SAVOIE, M.D.

M. Savoie, M.D.
Directeur Régional-Région de Québec,
Services Médicaux

MS:cd

c.c.: Directeur Général ✓

027397

MEDICAL SERVICES
SUB-REGISTRY

JAN 5 2 33 PM '71
JAN 5 2 33 PM '71
JAN 5 2 33 PM '71

~~603-200~~ (N18)

Edifice polyvalent,
19 étage,
Parc Tunney,
Ottawa 4, Ontario,
le 5 novembre 1970.

Monsieur Rémi Bousquet,
Président de La Tuque Air Service
Company Limited,
C.P. 846,
La Tuque, Québec.

Monsieur,

On m'a demandé de répondre à votre lettre du 7 octobre 1970, dans laquelle vous demandiez que les malades des réserves Obadjivan et de la rivière Manouane soient évacués vers La Tuque.

Cette question est plus exactement du ressort du Bureau régional de la Direction générale des services médicaux, région de Québec. Je me suis donc permis de transmettre une copie de votre lettre aux autorités de ce bureau, en leur demandant de se mettre en rapport avec vous.

Veuillez agréer, Monsieur, mes salutations distinguées.

Le Directeur général,

Original Signed By
DR. J. H. WIEBE
J.H. Wiebe, M.D., M.P.H.

N181

c.c. Regional Director,
Quebec Region.

c.c. J.P. Matte
Special Assistant,
Minister of IAND

gws
mfh

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

TRANSLATION DIVISION

Room 232, Brooke Claxton Building (Tel.:2-2686)

MEMORANDUM TO:

DATE: October 19, 1970

Translation Division.

Description of work to be done: Translated into French

Name of addressee: Mr. Rémi Bousquet

Special Instructions: To be done as quickly as possible
because of Ministerial importance

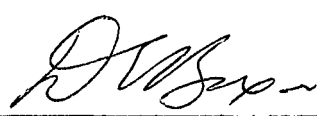
Return to: Mrs. L. O'Shaughnessy

Division: Medical Services

Room 1930 Building General Purpose Building

Telephone 2-5357

DEADLINE FOR COMPLETION: AS SOON AS POSSIBLE



Chief of Division or other
authorized official

MS/1533

Direction générale des services médicaux
Édifice polyvalent, 19^e étage, Parc Tunney, Ottawa 4, Ontario
Dossier n° 803-1-8(M18)

Ottawa, le 19 octobre 1970

Monsieur Rémi Bousquet
Président de La Tuque Air Service
Company Limited
C.P. 846
La Tuque (Québec)

Monsieur,

On m'a demandé de répondre à votre lettre du 17 octobre 1970,
dans laquelle vous demandiez que les malades des réserves Obedjiwan
et de la rivière Manouane soient évacués vers La Tuque.

Cette question est ^{plus exactement} du ressort ~~du Bureau~~ du Bureau
régional de la Direction générale des services médicaux, ~~pour la~~ région
de Québec. Je me suis donc permis de transmettre une ^{copie} ~~exemplaire~~ de
votre lettre aux autorités ~~compétentes~~ de ce bureau, en leur deman-
dant de se mettre en ^{rapport} ~~contact~~ avec vous.

Veuillez agréer, Monsieur, mes salutations distinguées.

Le Directeur général,

J. H. Wiebe, M.D., M.P.H.



803-1-8(M18)

FOR TRANSLATION

19th Floor,
General Purpose Building,
Tunney's Pasture,
Ottawa 4, Ontario,
October 19, 1970.

Mr. Rémi Bousquet,
President,
La Tuque Air Service Company Limited,
P.O. Box 846,
La Tuque, Quebec.

Dear Mr. Bousquet:

I have been requested to reply to your letter of October 7, 1970 requesting that medical evacuations from the Obedjivan and Manuan Reserves be directed to La Tuque.

This matter is more appropriately the concern of the Regional office, Quebec Region, Medical Services Branch. For this reason I have forwarded a copy of your letter to that office and requested that you be contacted directly.

Yours truly,

DMB

J.R. Wiebe, M.D., M.P.H.,
Director General,
Medical Services Branch.

c.c. Regional Director,
Quebec Region.

M181

Dr. M. Savoie,
Regional Director,
Quebec Region.

~~SECRET~~ (M18)

Director General,
Medical Services

October 19, 1970.

Request - La Tuque Air Service Company Limited
Redirection medical Evacuations to La Tuque

Attached for your ready reference are self-explanatory
copies of correspondence concerning a request from Mr. Rémi Bousquet,
President, La Tuque Air Service Company Limited.

It is requested that this matter be investigated and
resolved in the light of your findings.

Original Signed By
DR J. H. WIEBE

J.H. Wiebe, M.D., M.P.H.

JWS
Attach.

M181

858-1-A377

MEDICAL SERVICES BRANCH

RECORDING & TRANSMITTAL FORM

MINISTER'S CORRESPONDENCE

SUBJECT: AIR TRANSPORT CENTRE - LA TUQUE, P.Q.		FILE NO: 858-1-B	
FROM: MR. REMI BOUSQUET, PRESIDENT, LA TUQUE AIR SERVICE COMPANY LTD.		DATE: 21 Aug. 70	
TO: MINISTER OF I.A.&N.D.		INITIATED IN BRANCH <input type="checkbox"/>	
RECEIVED IN D.G.'S OFFICE: 15 Oct. 70 (Date)		PASSED: 16.10.70 (Date)	
ACTION: <u>REPLY IN BRANCH WITH COPY TO MINISTER.</u>			

TO	DATE	REPLY			B.F.	DATE SENT TO MINISTER	SIGNED
		INTERIM	FINAL	DATE			
✓ M 18	20 Oct 70	to translation					
	9-11-70		✓	5 Nov 70	French Letter		

REMARKS:



ACTION REQUEST - FICHE DE SERVICE

GOVERNMENT OF CANADA

GOVERNEMENT DU CANADA

FILE NO.—DOSSIER N°

DATE

Oct 13

TO—À

FROM—DE

Dr J H Wicks
Officer of Minister - Denis Angl

☐

PLEASE CALL
PRIÈRE D'APPELER

TEL. NO.—N° TEL.

EXTENSION—POSTÉ

☐

WANTS TO SEE YOU!
DÉSIRE VOUS VOIR

DATE

TIME—HEURE

☐

WILL CALL AGAIN
DOIT RAPPELER

☐

ACTION
DONNER SUITE

☐

COMMENTS
COMMENTAIRES

☐

MAKE
FAIRECOPIES

☐

NOTE & RETURN
NOTER ET RETOURNER

☐

APPROVAL
APPROBATION

☒

PROJECT REPLY — Dept
PROJET DE RÉPONSE

☐

NOTE AND FILE
NOTER ET CLASSER

☐

NOTE & FORWARD
NOTER ET FAIRE SUIVRE

cc. J. P. Matte

cc Minister's file

CALL RECEIVED BY
MESSAGE REÇU PAR

TIME
HEURE

000706

850-1-A377

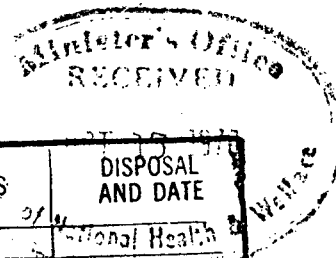
MINISTER OF
INDIAN AFFAIRS AND
NORTHERN DEVELOPMENT



MINISTRE DES
AFFAIRES INDIENNES
ET DU NORD CANADIEN

60-1-6

October 7, 1970.



Mr. F.J. Nightscales,
Special Assistant to the Minister of
National Health and Welfare,
Ottawa, Ontario.

TO	FOR INFO.	FOR ACTION	REMARKS	DISPOSAL AND DATE
M19				

Dear Mr. Nightscales:

- I am attaching a copy of a letter received by my Minister from the La Tuque Air
- Service Company Limited of La Tuque, Quebec, and a copy of my reply.

As this letter appears to concern your Department as well, I am forwarding it for your consideration. I have replied to Mr. R. Bousquet, and have advised him of my action. Would you please get in touch with him direct.

Yours sincerely,

J.P. Matte,
Special Assistant.

MINISTER OF
INDIAN AFFAIRS AND
NORTHERN DEVELOPMENT



MINISTRE DES
AFFAIRES INDIENNES
ET DU NORD CANADIEN

OCT 7 1970

Monsieur Rémi Bousquet
Président
La Tuque Air Service Company Limited
Case postale 846
LA TUQUE (Québec)

Monsieur,

D'après votre lettre du 21 août, que nous avons reçue le 15 septembre et à laquelle l'honorable Jean Chrétien m'a demandé de répondre, les conseils de bande de Manouane et d'Obedjiwan ont adopté des résolutions dans lesquelles ils demandent que le transport aérien, y compris celui des malades, se fasse à destination de La Tuque au lieu de Saint-Michel-des-Saints.

Étant donné que cette question relève directement de notre bureau régional à Québec et du ministère de la Santé nationale et du Bien-être social, nos services ont expédié copie de votre lettre à ces organismes, leur demandant de communiquer avec vous.

Veuillez agréer, Monsieur, l'assurance de ma considération distinguée.

L'original signé par
JEAN-PAUL MATTE

J.-P. Matte
Adjoint spécial

c.c. Department of National Health and Welfare.

MAIL TO →

FOR TRANSLATION

OCT 7 1970

Mr. Rémi Bousquet,
President,
La Tuque Air Service Company Limited,
P.O. Box 846,
La Tuque, Quebec.

Dear Mr. Bousquet:

My Minister, the Honourable Jean Chrétien, has asked me to thank you for your letter of August 21 (received here on September 15) and to reply to you on his behalf. You indicate that the Band Councils of the Manuan and Obedjiwan Indian Reserves have passed Resolutions asking that our air traffic and that for medical patients be directed to La Tuque instead of to Saint-Michel-des Saints.


As this matter is of direct concern to our Regional Office in Quebec and also to the Department of National Health and Welfare, I am sending a copy of your letter to those offices with a request that they get in direct touch with you.

Yours sincerely,

Copied and signed by
JEAN-PAUL MATTE

J.P. Matte,
Special Assistant.

c.c. Department of National Health and Welfare.

MAIL TO 

La Tuque Air Service Co. Ltd.

TRANSPORT DE PASSAGERS ET FRET DANS LA VALLEE DU ST-MAURICE
ST MAURICE VALLEY PASSENGER AND FREIGHT SERVICE

P.O. BOX 645 21 Aout 1970

La Tuque, Que.

8A4213
(28-7)

1/18-32

Honorable Jean Cretien
Ministre des affaires indiennes
Ottawa.Ont

M.Le Ministre

Nous sommes informés que les conseil de bande des reserve manowan et obedjouan on passé des résolution demandant a votre ministere et au ministere de la santé afin que leur trafic soit acheminé a La Tuque au lieux de Saint Michel des Saint.

La Reserve de Obedjouan est plus pres de la Tuque que de Saint Michel des Saint la Tuque est un centre plus commercial que saint michel et L'hopital est a 2 minutes de l'aéroport de la tuque.

Pour cest raison nous demandons sil a possibilité que le trafic de la reserve d'obedjouan soit acheminé vers la tuque.

Vous remerciant de votre coopération.

Bien a Vous
La Tuque Air Service Co.Ltd

Par René Bousquet
René Bousquet Pres.

August 21, 1970

The Honourable Jean Chrétien
Minister of Indian Affairs
Ottawa, Ont.

Dear Sir,

We have been advised that the band council of the Manowan and Obedjouan reserve has passed a resolution requesting your Department, or the Department of Health, to direct their traffic to La Tuque, instead of to Saint-Michel-des-Saints.

The Obedjouan reserve is closer to La Tuque than to Saint-Michel-des-Saints. La Tuque is more of a commercial center than Saint-Michel and the hospital is located at 2 minutes from the La Tuque airport.

For this reason we request that, if possible, the traffic of the Obedjouan be directed to La Tuque.

Thanking you for your cooperation, we remain,

Yours very truly,

(signed) La Tuque Air Service Co. Ltd.
by: Rémi Bousquet, President.

DEPARTMENT OF
NATIONAL HEALTH AND WELFARE



MINISTÈRE DE LA
SANTÉ NATIONALE ET DU BIEN-ÊTRE SOCIAL

803-1-8(M18)

FOR TRANSLATION

19th Floor,
General Purpose Building,
Tunney's Pasture,
Ottawa 4, Ontario,
October 19, 1970.

Mr. Rémi Bousquet,
President,
La Tuque Air Service Company Limited,
P.O. Box 846,
La Tuque, Quebec.

Dear Mr. Bousquet:

I have been requested to reply to your letter of October 7, 1970 requesting that medical evacuations from the Obedjiwan and Manuan Reserves be directed to La Tuque.

This matter is more appropriately the concern of the Regional office, Quebec Region, Medical Services Branch. For this reason I have forwarded a copy of your letter to that office and requested that you be contacted directly.

Yours truly,

A handwritten signature in cursive script, reading "J. H. Wiebe".

J.H. Wiebe, M.D., M.P.H.,
Director General,
Medical Services Branch.

Direction générale des services médicaux
Edifice polyvalent, 19^e étage, Parc Tunney, Ottawa 4, Ontario
Dossier n^o 803-1-8(M18)

Ottawa, le 19 octobre 1970

Monsieur Rémi Bousquet
Président de La Tuque Air Service
Company Limited
C.P. 846
La Tuque (Québec)

Monsieur,

On m'a demandé de répondre à votre lettre du 7 octobre 1970, dans laquelle vous demandiez que les malades des réserves Obedjiwan et de la rivière Manouane soient évacués vers La Tuque.

Cette question est ^{plus exactement} du ressort ~~du ressort~~ du Bureau régional de la Direction générale des services médicaux, ~~parce que~~ région de Québec. Je me suis donc permis de transmettre une ^{copie} ~~copie~~ de votre lettre aux autorités ~~responsables~~ de ce bureau, en leur demandant de se mettre en ^{raccord} ~~contact~~ avec vous.

Veuillez agréer, Monsieur, mes salutations distinguées.

Le Directeur général,

J. H. Wiebe, M.D., M.P.H.

950-1-A377

MEMORANDUM

CLASSIFICATION

Director General
Medical Services
ATT: Dr. J.W. Davies
Chief Epid.

FOR INFO	FOR ACT.	REMARKS	YOUR FILE No. VOTRE dossier
MM		noted	PA May 10/69

YOUR FILE No.
VOTRE dossier

AND DATE

OUR FILE No.
Notre dossier

21/17-15 (F.13)

DATE

May 12, 1969

Regional Director
Quebec Region

Meningitis - LaTuque & Mistassini

Please find enclosed, the list of our students who have been involved in the outbreak of Meningitis last month. As you may see you have, as requested, the names, age and sex of the patients.

All other details, treatment, prevention, quarantine in Latuque and on the Mistassini Reserve, have previously been sent to Mr. Simon of your department.



PIERRE BERNARD, M.D.
Acting Regional Director
Quebec Region

PB:mmg

Enc.

0 4 8 0 1 1

MEDICAL SERVICES
SUB-REGISTRY

MAY 13 2 21 PM '69

DEPARTMENT OF
NATIONAL HEALTH AND WELFARE



MINISTRE DE LA
SANTÉ NATIONALE ET DE LA PROTECTION

Montréal, le 7 mai 1969

FL 1713.

District de Quebec

Montreal.

Voici la liste des enfants qui ont été hospitalisés pour meningococcus

Noms	Age	Bande	Hospitalisés
			16-2-69 (dec)
			Debut de mars
			Mars 1969. (2 -
			27-3-69
			4-3-69
			5-4-69
			1-4-69
			8-4-69
			14-4-69
			18-4-69
			Avril 1969 (Pasteur)
			" " "
			" " "
			" " "



MEMORANDUM

CLASSIFICATION

TO
A

Director General
Medical Services
ATT: Dr. J.W. Davies
Chief, Epidemiology Division

YOUR FILE No.
Votre dossier

850-1-A377 (M17)
dated 28.4.69

OUR FILE No.
Notre dossier

87/17-15 (F.13)

DATE
May 9, 1969

FROM
De

Regional Director
Quebec Region

FOLD

SUBJECT
Sujet

OUTBREAK OF MENINGITIS
MISTASSINI LAKE & LATUQUE INDIAN RESERVE SCHOOL

May I advise you that a first report has been sent to Mr. Simon two weeks ago on this matter, at his request.

As soon as available, you will be provided with more details of this outbreak, names, ages, male or female.

You may already know that the preventive treatment has been Trisulfa with a very good result I believe. Within 8 days, the outbreak of this serious sickness being stopped.

TO	FOR INFO.	FOR ACT.	REMARKS	DISPOSAL AND DATE
###			<i>notes tray 4/19</i>	

Pierre Bernard

PIERRE BERNARD, M.D.
Acting Regional Director
Quebec Region

PB:mmg

*copy sent to Mr. Bill Simon
Epid.*

*PAJ
F*

U 2 8 3 8

MEDICAL SERVICES
SUB-REGISTRY

MAY 13 11 38 AM '69

24 June 15/69

Regional Director, Quebec Region,
Montreal, P.Q.

Attention: Dr. Bernard

~~XXXXXXXXXX~~ 850-1-A377 (M17)

Director General, Medical Services.

April 28, 1969.

OUTBREAK OF MENINGITIS
MISTASSINI LAKE AND LATUQUE INDIAN RESERVE SCHOOL

Dr. J.W. Davies, Chief, Epidemiology Division, has indicated in a recent memorandum his interest in a "detailed account" of this outbreak for publication in the Epidemiological Bulletin.

Might Dr. Bernard, at his convenience, please provide details of the outbreak with reference to total number of cases, male to female ratio, age incidence, source of infection and response of the organism to treatment, i.e., whether or not resistant to sulphonamides (as reported in some cases by the U.S. Armed Forces).

Every effort we put forth to co-operate with the Division of Epidemiology will be appreciated.

[Signature]
[Signature]
H. A. Procter, Ph.D., M.D.

M161

June 16/69
Report already rec'd
[Signature]



CLASSIFICATION			
TO	FOR INFO	REMARKS	DISPOSAL AND DATE
1116		<u>Parad</u>	<u>29-4-69</u>
<u>117</u>			<u>28-4-69</u>
thern Health			OUR FILE No. 311-M3-1 Votre dossier
ch			OUR FILE No. Notre dossier

FROM
De

DATE April 23, 1969

OUTBREAK OF MENINGITIS
MISTASSINI LAKE AND LATUQUE INDIAN RESERVE SCHOOL

Would it be possible to have Dr. Bernard supply us with a detailed account of this outbreak for publication in the Epidemiological Bulletin? I am sure it would be of great interest to the readers, and point out to them the potential seriousness of meningococcal infections.

John W. Davies, M.B., B.S., M.Sc., D.P.H.

M17 Could you write to Regional Director Luebbe
Attention Dr Bernard re this request?

U 4 3 5 6

MEDICAL SERVICES
SUB-REGISTRY

APR 24 2 54 PM '69

Dr. J.N. Crawford,
Deputy Minister of National Health.

853-1(M16)

850-1-A377

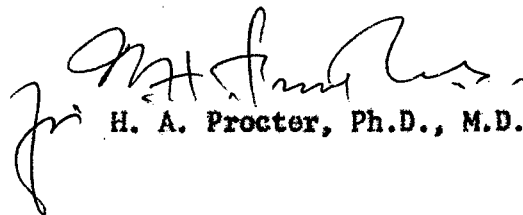
Director General, Medical Services.

April 18, 1969.

OUTBREAK OF MENINGITIS
MISTASSINI LAKE AND LATUQUE INDIAN RESERVE SCHOOL

Attached hereto is an urgent report from the Regional Director,
Quebec Region on the outbreak of meningitis at Mistassini Lake and
LaTuque Indian Reserve School.

For your information.


H. A. Procter, Ph.D., M.D.

Att.

M161

c.c. M21

c.c. Mr. Churchman, Director of Operations, Economic Development, Department
of Indian Affairs and Northern Development, Ottawa.
Dr. J.W. Davies, Chief, Epidemiology Division, Ottawa.

FILE NUMBERS

853-13

850-1-4377

87/17-15 (F.12)

DEPARTMENT OF NATIONAL HEALTH & WELFARE
INDIAN & NORTHERN HEALTH SERVICES

URGENT REPORT

DISTRIBUTION

DIRECTOR GENERAL - Medical Services - Ottawa

ITEM Outbreak of Meningitis -

DATE OF OCCURRENCE

Feb. 69

LOCATION

Mistassini Lake and LaTuque Indian Reserve School

N

FIRST REPORT

ON 16.4.69

☒

W

PROGRESS REPORT

☐

AGENCY/GROUP

Pointe-Bleue Indian Agency

BAND/RESERVE/CAMP

Mistassini

SOURCE OF INFORMATION

Nurse in Charge - Mistassini

DATE

Feb. 69

DETAIL

In February, 2 children hospitalized at Chibougamau Hospital - (out of that, one child, 5 years old, died). Diagnosis: Meningitis - Origin: unknown. Between February till the 1st of April, all preventive measures had been taken to avoid an outbreak of epidemic. In the meantime, 7 cases were evacuated from Mistassini to Chibougamau Hospital with similar symptoms. Due to transportation difficulties, all patients were put on medication before their hospitalization and therefore preventing lab. tests to give a true picture. This morning, Dr. L'Heureux from LaTuque reported 20 new cases with few symptoms but no further news received. CONT'D ...2

EXISTING MEDICAL FACILITIES THIS AREA

Medical Services Health Centre - Mistassini - 2 P.H.N. -
Chibougamau Hospital - 40 miles away by road -
LaTuque Hospital -

ACTION TO DATE

Situation reported immediately to Dr. Foley, Chief Epidemiologist, Dept. of Health, Prov. of Quebec. Visit of Dr. Bernard, Area Director, Abitibi Area, at Mistassini and Chibougamau (5 April '69). Preventive measures on the Reserve. Frequent communications with designated physicians at Chibougamau and LaTuque and also with Principal, Residential School, LaTuque. The two cases transferred from LaTuque to Montreal last night were hospitalized at Pasteur Hospital where the diagnosis has also been confirmed. CONT'D 2

FURTHER ACTION PLANNED

To advise immediately Regional Director - Indian Affairs Branch.
To close the Residential School, effective tomorrow and to remain closed until further advice.

PROSPECTS

Situation under control.

SIGNATURE

Gene Bernard

DESIGNATION

for: Regional Director
Quebec Region
Medical Services

DATE

April 19 000723

DEPARTMENT OF NATIONAL HEALTH & WELFARE
INDIAN & NORTHERN HEALTH SERVICES

FILE NUMBERS

87/17-15 (F.12)

URGENT
REPORT

DISTRIBUTION

- PAGE TWO -

ITEM

DATE OF OCCURRENCE

LOCATION

N

O

FIRST REPORT

ON

W

O

PROGRESS
REPORT

AGENCY/GROUP

BAND/RESERVE/CAMP

SOURCE OF INFORMATION

DATE

DETAIL

Out of that, one case might possibly have to be evacuated to Montreal to-night. For Easter, all Mistassini children were sent home from LaTuque Residential School for their Easter Holiday. Since their return to LaTuque, 3 cases were reported to the Regional Director with a positive diagnosis of Meningococcal Meningitis. The last case hospitalized at Chibougamau enabled us to confirm the diagnosis.

EXISTING MEDICAL FACILITIES THIS AREA

ACTION TO DATE

One girl is critically ill. Further to Dr. Foley's recommendations, all Indians and whites at both places were put on preventive medication (Tri-Sulfa for 6 days). Dr. Charbonneau, Medical Director, Pasteur Hospital, is ready to accept all our patients.

FURTHER ACTION PLANNED

PROSPECTS

SIGNATURE

DESIGNATION

DATE

000724

INHS 8849

Dr. J.H. Crawford,
Deputy Minister of National Health.

653-1(M16)

850-1-AS77

Director General, Medical Services.

April 18, 1969.

OUTBREAK OF MENINGITIS
MISTASSINI LAKE AND LATOQUE INDIAN RESERVE SCHOOL

Attached hereto is an urgent report from the Regional Director,
Quebec Region on the outbreak of meningitis at Mistassini Lake and
Latoque Indian Reserve School.

For your information.


H. A. Procter, Ph.D., M.D.

Att.

M161

c.c. M21

c.c. Mr. Churchman, Director of Operations, Economic Development, Department
of Indian Affairs and Northern Development, Ottawa.
Dr. J.W. Davies, Chief, Epidemiology Division, Ottawa.

MEMORANDUM FOR FILE

Att: M12, M16, M21.

~~CONFIDENTIAL~~ (M19)

Deputy Director General,
Medical Services.

17 April 1969.

MENINGOCOCCAL MENINGITIS - MISTASSINI

What appears to be a moderately serious epidemic of meningococcal meningitis among the 500 Indians at Mistassini, Quebec, was reported on the afternoon of Wednesday, 16 April 1969, by Dr. Bernard and Miss P. Laurin of the Quebec Regional Office in Montreal.

It is reported that since late February of this year there has been an occasional case of meningitis at Mistassini and these have been taken care of in the ordinary manner. Recently, however, the number of cases has increased and, in addition, several cases have occurred in the La Tuque Residential School among pupils returning after visits to their home during the Easter holiday.

There is a full-time Medical Services nurse in residence at Mistassini and the Chief is reported to be co-operating. The provincial authorities have been alerted and have advised that the Mistassini population should be under an umbrella cover of sulfathiazole. The La Tuque Residential School will be similarly covered and, in addition, has been closed.

At least one death has occurred in hospital and at the time of this report two others were in Montreal hospitals, one of them seriously ill.

Quebec Region will report developments.

Original Signed by
DR. J. H. WIEBE
J. H. Wiebe, M.D., M.P.H.

M191

250-1-A377

MEMORANDUM

CLASSIFICATION



TO
A

MEMORANDUM FOR FILE

Att: *[Handwritten signature]* M12, M16, M21.

YOUR FILE No.
Votre dossier

OUR FILE No. ~~250-1-A676~~ (M19)
Notre dossier

FROM
De

Deputy Director General,
Medical Services.

DATE 17 April 1969.

FOLD

SUBJECT
Sujet

MENINGOCOCCAL MENINGITIS - MISTASSINI

What appears to be a moderately serious epidemic of meningococcal meningitis among the 500 Indians at Mistassini, Quebec, was reported on the afternoon of Wednesday, 16 April 1969, by Dr. Bernard and Miss P. Laurin of the Quebec Regional Office in Montreal.

It is reported that since late February of this year there has been an occasional case of meningitis at Mistassini and these have been taken care of in the ordinary manner. Recently, however, the number of cases has increased and, in addition, several cases have occurred in the La Tuque Residential School among pupils returning after visits to their home during the Easter holiday.

There is a full-time Medical Services nurse in residence at Mistassini and the Chief is reported to be co-operating. The provincial authorities have been alerted and have advised that the Mistassini population should be under an umbrella cover of sulfathiazole. The La Tuque Residential School will be similarly covered and, in addition, has been closed.

At least one death has occurred in hospital and at the time of this report two others were in Montreal hospitals, one of them seriously ill.

Quebec Region will report developments.

[Handwritten signature: J. H. Wiebe]

J. H. Wiebe, M.D., M.P.H.

MEMORANDUM FOR FILE

Att: M12, M14, M21.

853-1
850-1-A377
~~850-1-A377~~ (419)

Deputy Director General,
Medical Services.

17 April 1969.

NEUROLOGICAL MENINGITIS - MISTASSINI

What appears to be a moderately serious epidemic of meningococcal meningitis among the 500 Indians at Mistassini, Quebec, was reported on the afternoon of Wednesday, 16 April 1969, by Dr. Bernard and Miss P. Lawrin of the Quebec Regional Office in Montreal.

It is reported that since late February of this year there has been an occasional case of meningitis at Mistassini and these have been taken care of in the ordinary manner. Recently, however, the number of cases has increased and, in addition, several cases have occurred in the La Tuque Residential School among pupils returning after visits to their home during the Easter holiday.

There is a full-time Medical Services nurse in residence at Mistassini and the Chief is reported to be co-operating. The provincial authorities have been alerted and have advised that the Mistassini population should be under an umbrella cover of sulfathiazole. The La Tuque Residential School will be similarly covered and, in addition, has been closed.

At least one death has occurred in hospital and at the time of this report two others were in Montreal hospitals, one of them seriously ill.

Quebec Region will report developments.

Original signed by
DR J. H. WIEBE
J. H. Wiebe, M.D., M.P.H.

1301

DEPARTMENT OF NATIONAL HEALTH & WELFARE
INDIAN & NORTHERN HEALTH SERVICES

87/17-15 (F.12)

URGENT
REPORT

DISTRIBUTION

DIRECTOR GENERAL - Medical Services - Ottawa

ITEM	Outbreak of Meningitis -	DATE OF OCCURRENCE	Feb. 69
LOCATION	Mistassini Lake and LaTuque Indian Reserve School	N <input type="radio"/>	FIRST REPORT <input checked="" type="checkbox"/> ON 16.4.69
		W <input type="radio"/>	PROGRESS REPORT <input type="checkbox"/>
AGENCY/GROUP	Pointe-Bleue Indian Agency		
BAND/RESERVE/CAMP	Mistassini		
SOURCE OF INFORMATION	Nurse in Charge - Mistassini	DATE	Feb. 69

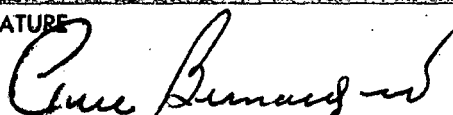
DETAIL In February, 2 children hospitalized at Chibougamau Hospital - (out of that, one child, 5 years old, died). Diagnosis: Meningitis - Origin: unknown. Between February till the 1st of April, all preventive measures had been taken to avoid an outbreak of epidemic. In the meantime, 7 cases were evacuated from Mistassini to Chibougamau Hospital with similar symptoms. Due to transportation difficulties, all patients were put on medication before their hospitalization and therefore preventing lab. tests to give a true picture. This morning, Dr. L'Heureux from LaTuque reported 20 new cases with few symptoms but no further news received. CONT'D ...2

EXISTING MEDICAL FACILITIES THIS AREA Medical Services Health Centre - Mistassini - 2 P.H.N. -
Chibougamau Hospital - 40 miles away by road -
LaTuque Hospital -

ACTION TO DATE Situation reported immediately to Dr. Foley, Chief Epidemiologist, Dept. of Health, Prov. of Quebec. Visit of Dr. Bernard, Area Director, Abitibi Area, at Mistassini and Chibougamau (5 April '69). Preventive measures on the Reserve. Frequent communications with designated physicians at Chibougamau and LaTuque and also with Principal, Residential School, LaTuque. The two cases transferred from LaTuque to Montreal last night were hospitalized at Pasteur Hospital where the diagnosis has also been confirmed. CONT'D 2

FURTHER ACTION PLANNED To advise immediately Regional Director - Indian Affairs Branch.
To close the Residential School, effective tomorrow and to remain closed until further advice.

PROSPECTS Situation under control.

SIGNATURE


DESIGNATION
for: Regional Director
Quebec Region
Medical Services

DATE
April 1, 1969 (1000729)

DEPARTMENT OF NATIONAL HEALTH & WELFARE
INDIAN & NORTHERN HEALTH SERVICES

87/17-15 (F.12)

URGENT REPORT

DISTRIBUTION

- PAGE TWO -

ITEM		DATE OF OCCURRENCE	
LOCATION	N	<input type="checkbox"/>	FIRST REPORT ON
	W	<input type="checkbox"/>	PROGRESS REPORT
AGENCY/GROUP			
BAND/RESERVE/CAMP			
SOURCE OF INFORMATION			DATE

DETAIL

Out of that, one case might possibly have to be evacuated to Montreal to-night. For Easter, all Mistassini children were sent home from LaTuque Residential School for their Easter Holiday. Since their return to LaTuque, 3 cases were reported to the Regional Director with a positive diagnosis of Meningococcal Meningitis. The last case hospitalized at Chibougamau enabled us to confirm the diagnosis.

EXISTING MEDICAL FACILITIES THIS AREA

ACTION TO DATE

One girl is critically ill. Further to Dr. Foley's recommendations, all Indians and whites at both places were put on preventive medication (Tri-Sulfa for 6 days). Dr. Charbonneau, Medical Director, Pasteur Hospital, is ready to accept all our patients.

FURTHER ACTION PLANNED

PROSPECTS	SIGNATURE MEDIC	ICE2
	DESIGNATION	DATE

MEMORANDUM

CLASSIFICATION



TO
A

Director General
Medical Services

TO	FROM	REMARKS	AND
Mr. [redacted]	Mr. [redacted]	Noted	6 Jan 69
Mr. [redacted]	Mr. [redacted]		REF 7/1/69
Mr. [redacted]	Mr. [redacted]		May 2/69

OUR FILE No. 850-1-A376 (M12)
Votre dossier 27 August, 1968

OUR FILE No. 20/9-5 (F-10)
Notre dossier

FROM
De

Regional Director
Quebec Region

DATE January 2nd, 1969

FOLD

SUBJECT
Sujet

Disability - Mr. [redacted] - Oka

s.19(1)

We were aware of Mr. [redacted]'s disability and in fact, we did approve an orthopedic shoe for him some months ago.

Since then, we have received no complaint from Mr. [redacted] and have ever reason to believe that he is now happy with the care he received.

As you may know, Indian Affairs do not give special diets so that it is impossible for us to recommend such.

Unless we receive further complaints from Mr. [redacted], we believe that the case should be considered as closed.

M. Savoie, M.D.
Director - Quebec Region
Medical Services

MS:cd

000732

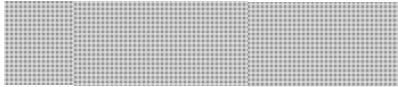
Regional Director,
Quebec Region.

850-1-A377 (M21)

Director General,
Medical Services.

November 21, 1967.

s.19(1)



We are returning herewith your 8432 on behalf of the above mentioned. It would seem premature at this point to approve surgery without first having a specialist's opinion as to the necessity for this surgery. Should the specialist recommend surgery, it will likely be to replace scar tissue with healthier skin, and not for cosmetic reasons alone. If after receipt of a specialist's advice, you feel the surgery should be performed, the decision can be made at your level.

Attach:

H. A. Procter, Ph.D., M.D.

Regional Director,
Eastern Region,
Medical Services.

PA.

850-1-A21 (M20)

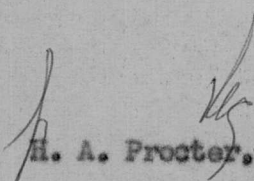
Director General,
Medical Services.

Sept. 6, 1966.

s.19(1)

Account of Mr. [REDACTED] with Dr. Maurice Tremblay

Please find enclosed copies of correspondence received from the Indian Affairs Branch concerning an account of Mr. [REDACTED] of Mistassini Reserve with Doctor Maurice Tremblay of Chicoutimi. Would you please look into this matter and take any appropriate action. May I have a brief report on this for the record, please.


H. A. Procter, Ph.D., M.D.

Encl.

INDIAN AFFAIRS BRANCH
DEPARTMENT OF CITIZENSHIP AND IMMIGRATION



DIRECTION DES AFFAIRES INDIENNES
MINISTÈRE DE LA CITOYENNETÉ ET DE L'IMMIGRATION

m20 14

Ottawa 2, August 10, 1966.

OUR FILE NO. 21/18-10 (A.6)
Notre dossier n°.....

Dr. H. A. Procter,
Director General,
Medical Services Directorate,
Department of National Health
and Welfare,
Ottawa 3, Ontario.

Dear Doctor Procter:

s.19(1)

I am enclosing a letter dated July 19, with a medical account from Dr. Maurice Tremblay charged to Mr. [REDACTED], an Indian from the Mistassini Reserve, received from S.S. Collection Reg. of Chicoutimi, P.Q., and a copy of our reply.

Yours sincerely,

Jules D'Astous,
Director of Administration.

Encl.

043966

008354

MEDICAL SERVICES
SUB-REGISTRY

SEP 1 11 12 AM '66

HEURES DE BUREAU
D. J. AU VENDREDI
DE 8.30 HRES 5.30 HRES
VENDREDI JUSQU'A 9 HRES
SAMEDI DE 8.30 HRES 12 HRES

TELEPHONE: 549-2505

EDIFICE PERRON
31 OUEST, RACINE
CHAMBRE 204



CHICOUTIMI, P. Q. 19 Juillet, 1966.

Ministère des Affaires Indiennes,
Ottawa,
Ont.

s.19(1)

A QUI DE DROIT:

Messieurs:

Vous trouverez ci -inclus un état de compte que notre client le Dr Maurice Tremblay, m.d. de Chicoutimi démontrant que Mons [REDACTED] de la reserve de Mistassini doit à ce Medecin.

Nous avons envoyé ce compte à Mons [REDACTED] et il nous avise de vous faire parvenir le montant, et que c'est à votre ministère à payer ce compte.

S'il y a une formule speciale à compléter, veuillez nous la faire parvenir, et nous nous chargerons de la faire compléter par notre client.

Nous espérons donc recevoir de vos nouvelles par un prochain courrier.

Bien à vous,

S.S. COLLECTION ENR.

par

G. Thériault.

GT/jl

031740

CENTRAL REGISTRY

JUL 25 1 36 PM '66

INDIAN AFFAIRS

§.19(1)

La Clinique de Pédiatrie de Chicoutimi

475 BOUL. TALBOT — C. P. 305 — CHICOUTIMI

Dr J.-C. Claveau

Dr M. Tremblay

Mons [REDACTED],
Baie du Poste,
Territoire de Mistassini,
Via Chibougamou, Qué

S. V. P. faire REMISE au nom de la CLINIQUE DE PEDIATRIE DE CHICOUTIMI
et retourner cet avis.

MEDECIN TRAITANT :

Dr M. Tremblay

[illegible]

INDIAN AFFAIRS BRANCH
DEPARTMENT OF CITIZENSHIP AND IMMIGRATION



DIRECTION DES AFFAIRES INDIENNES
MINISTÈRE DE LA CITOYENNETÉ ET DE L'IMMIGRATION

Ottawa 2, August 9, 1966.

OUR FILE NO. 21/18-10 (A.6)
Notre dossier n°.....

S.S. Collection Enr.,
Edifice Perron,
31 Ouest, Racine
Chambre 204,
Chicoutimi (P.Q.).

s.19(1)

Messieurs,

J'accuse réception de votre lettre du 19 juillet, avec un état de compte réclamé par le docteur Maurice Tremblay contre M. [REDACTED], un Indien de la réserve de Mistassini.

Comme la juridiction pour les affaires concernant le soin médical des Indiens appartient à la direction des Services médicaux du ministère de la Santé nationale et du Bien-être social, j'ai transmis votre lettre et l'état de compte à ce ministère leur demandant de vous écrire.

Veuillez agréer, messieurs, l'expression de mes sentiments distingués.

Le directeur de l'administration,

A handwritten signature in ink, appearing to read "Jules D'Astous", written over a circular stamp or seal.
Jules D'Astous.

043863

SEP 0 2 13 11 38

SEP 0 2 13 11 38

MEMORANDUM

CLASSIFICATION

YOUR FILE No.
Votre dossier

OUR FILE No. 150-1-A21(E70)
Notre dossier

DATE 9 Feb.66

Director General
MEDICAL SERVICES.

Regional Director,
Eastern Region.

Health Services - Pointe Bleue

Attached for your information is a copy of a report dated 21 December, 1965 on the planning for future health services on the Pointe Bleue Reserve.

This is in line with our general intention to remove where possible the responsibility for clinical care from our nurses and further, to relocate nurses from residence on the reserve to nearby urban centres. Among others, Miss Smith will be interested.

J. H. Wiebe, M.D., M.P.H.

Encl.

019297

MEDICAL SERVICES
SUBSTRY

FEB 10 9 34 AM '66

NOT

RECEIVED

THE OFFICE OF THE ATTORNEY GENERAL
OF CANADA
OTTAWA, ONTARIO
K1P 6K6
CANADA

RECEIVED
FEB 10 1966
FEB 10 1966

RECEIVED

RECEIVED

1966

1966

RECEIVED

Regional Director,
EASTERN REGION

21/17-1

Superintendent - Quebec Zone

21 December 1965

Health Services - Pointe Bleue

Please find enclosed a copy of a circular letter sent recently to all the Pointe Bleue Indian population. It gives in detail the new arrangements for health services at this Reserve. These arrangements were made last week at Pointe Bleue with the designated physician, the local hospital and our Nurse. They were then presented to the Chief and Councillors who agreed to these terms.

The arrangements are set out in detail in the letter but we would like to make a few comments.

1. Item No. 1 - When we speak about the Nurse, we mean Miss Lévesque, who will live in her own home in Roberval when she comes back to work. From the last news received from Miss Lévesque, it is unlikely that this will be before February or even March 1966. If these arrangements work out, Miss Lévesque understands that she will not be entitled to compensatory leave anymore and we will make the proper notification as soon as we have experienced these new arrangements.

2. We have not deemed necessary to increase Dr. Dumas' limit as we believe that with this system of referral, he should in fact see fewer patients than before. This however could be reviewed after a few months of operation.

3. We have arranged with the hospital that they will charge us the OPD rate for all emergencies seen at night or over week-ends, those emergencies of course that are not already covered by the Hospitalization Plan.

4. You will note of course that nowhere in this letter have we mentioned transportation. The point is that we do not want to accept any transportation account. The Council raised the problem of those real indigents who might not be able to pay the \$1.50 taxi fare to the hospital. It has been agreed that patients would try insofar as possible to go three or four together to see the doctor in order to split the fare. Others have private cars and as for the odd

.../2

9/17/66
20/1/66
000745

-2-

indigent or emergency case that could not afford the fare by himself, the problem has been referred to the Health Committee. It has been suggested and the Indians agreed, that the Health Committee could make out a list of all those Indians who have a car, indigents would be referred to the Committee and each Indian in turn would be asked to transport one of these cases in his car as a service to the community. The Councillors all agreed that there should be no problem with this as certainly nobody would ever refuse to render such a service provided it was only once in a while. This was not mentioned in the letter again because we want to leave this problem to the Indians to settle by themselves.

We have high hopes that those new arrangements will settle most of our problems at Pointe Bleue, decrease the treatment services and increase the Public Health, while at the same time giving a good service to the population.

MS/gc

M. Savoie, M.D.,
Superintendent - Quebec Zone,
Medical Services.

Encl.

003998

BLC 22 03 1995

P.A.
MEMORANDUM

21-12
977H
1115
21/1/6
850-1-A21
CLASSIFICATION

TO
A

Director General
MEDICAL SERVICES.

YOUR FILE No.
Votre dossier

OUR FILE No. 150-1-A21(E70)
Notre dossier

DATE 9 Feb.66

FROM
De

Regional Director,
Eastern Region.

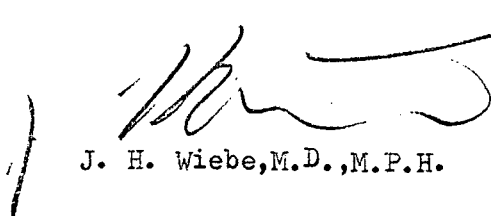
FOLD

SUBJECT
Sujet

Health Services - Pointe Bleue

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This is in line with our general intention to remove where possible the responsibility for clinical care from our nurses and further, to relocate nurses from residence on the reserve to nearby urban centres. Among others, Miss Smith will be interested.


J. H. Wiebe, M.D., M.P.H.

Encl.

Regional Director,
EASTERN REGION

21/17-1

Superintendent - Quebec Zone

21 December 1965

Health Services - Pointe Bleue

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The arrangements are set out in detail in the letter but we would like to make a few comments.

1. Item No. 1 - When we speak about the Nurse, we mean Miss Lévesque, who will live in her own home in Roberval when she comes back to work. From the last news received from Miss Lévesque, it is unlikely that this will be before February or even March 1966. If these arrangements work out, Miss Lévesque understands that she will not be entitled to compensatory leave anymore and we will make the proper notification as soon as we have experienced these new arrangements.

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3. We have arranged with the hospital that they will charge us the OPD rate for all emergencies seen at night or over week-ends, those emergencies of course that are not already covered by the Hospitalization Plan.

4. You will note of course that nowhere in this letter have we mentioned transportation. The point is that we do not want to accept any transportation account. The Council raised the problem of those real indigents who might not be able to pay the \$1.50 taxi fare to the hospital. It has been agreed that patients would try insofar as possible to go three or four together to see the doctor in order to split the fare. Others have private cars and as for the odd

.../2

-2-

indigent or emergency case that could not afford the fare by himself, the problem has been referred to the Health Committee. It has been suggested and the Indians agreed, that the Health Committee could make out a list of all those Indians who have a car, indigents would be referred to the Committee and each Indian in turn would be asked to transport one of these cases in his car as a service to the community. The Councillors all agreed that there should be no problem with this as certainly nobody would ever refuse to render such a service provided it was only once in a while. This was not mentioned in the letter again because we want to leave this problem to the Indians to settle by themselves.

We have high hopes that those new arrangements will settle most of our problems at Pointe Bleue, decrease the treatment services and increase the Public Health, while at the same time giving a good service to the population.

MS/gc

M. Savoie, M.D.,
Superintendent - Quebec Zone,
Medical Services.

Encl.

RD M20

250-1-A21

s.19(1)

INDIAN HEALTH SERVICES

**ASSESSMENT
FOR
PROTRACTED
CARE**

Department of National Health and Welfare				Confidential	
Surname (block letters)		Given Names		Single	Divorced
[REDACTED]		[REDACTED]		Married	Separated
Agency		Band		Personal Number	
Pointe Bleue		Manowan		[REDACTED]	
Home Address					
c/o Amos Health Centre, Amos, P.Q.					
Sex	Age	Date of Birth	Religion	Occupation	
M F	[REDACTED]	[REDACTED]	R.C.		
Next of Kin or Guardian			Address		Relationship
[REDACTED]			c/o Amos H.C., Amos		Father

1. If this person has not been residing in an Indian or Eskimo Community, where has he been residing over the past five years? _____

2. Present Medical condition: Refer to report attached.

If any of the following questions can be answered "yes", please mark thus ☒ X

3. Is there reasonable expectation of a substantial improvement of the medical condition if under active treatment?	<input type="checkbox"/>	COMMENT UNDER "REMARKS"
4. Is there reasonable expectation that active treatment will result in a return to a useful life in a private home?	<input type="checkbox"/>	
5. Is the continuous supervision of nursing care by a registered nurse essential in the treatment of this case?	<input type="checkbox"/>	
6. Is it necessary to have regular attendance by a Doctor as frequently as once every week for this case?	<input type="checkbox"/>	
7. Does this person have private resources?	<input type="checkbox"/>	
8. Can the family help?	<input type="checkbox"/>	
9. Are Community funds available for this purpose?	<input type="checkbox"/>	
10. Is there in effect or pending any award for accident or disability or a court judgment?	<input type="checkbox"/>	

Is this person in receipt of or eligible for any of:

11. Old Age Assistance	<input type="checkbox"/>	12. Old Age Security	<input type="checkbox"/>	13. Allowances for Blind Persons	<input type="checkbox"/>
14. Allowances for Disabled Persons	<input type="checkbox"/>	15. Workmens Compensation	<input type="checkbox"/>	16. Veterans Benefits	<input type="checkbox"/>
17. Hospital Insurance	<input type="checkbox"/>	18. Medical Care Insurance	<input type="checkbox"/>	19. Municipal or Provincial Benefits by virtue of residence.	<input type="checkbox"/>

20. Dependents who would be in distress if the benefits recorded in 11 to 16 were used to defray costs of medical care. _____

REMARKS

↓
Tumble

21. Suggested Place for
protracted care of this case: Amos, Que.

22. Estimated Cost:	Maintenance	Comforts	Per day	Total
	<u>\$2.20</u>			

for a period of approximately one year.

23. Estimated Assistance
from Sources 6 - 18

24. Estimated Charge
to Appropriation:

Per

25. Recommendation:

By

Date

Please refer to medical report attached.

26. Classification: (Active: Conservative) By

[Handwritten signature]

Date 10-2-8

27. Charge Object

<u>H-15R</u>

COPY

A QUI DE DROIT:

Re: [REDACTED]

Menowan [REDACTED]

s.19(1)

Le bébé [REDACTED] est actuellement hospitalisé pour otite bilatérale. Il se présentait pour pieds bots. De fait, il s'agit de pieds plats valgus marqués surtout à gauche où il y a une luxation de l'os astragale: ce qui donne le nom de "rocking foot" à l'allure que prend alors le pied.

Je crois qu'il faudra des manipulations répétées sous anesthésie et de nombreux plâtres. L'enfant devrait rester sous surveillance assez serré u.q. milieu nourricier à proximité pour une période d'environ un an.

Pour le moment, il faudrait mieux le laisser à l'hôpital pour quelques semaines encore. Il faut envisager que le traitement sera long, que l'on devrait y parvenir sans opération, qu'il faudra surveiller la maladie jusqu'à vers l'âge de dix ans de peur qu'il y ait récurrence.

Pour ce qui est du pied droit, je crois que les choses s'arrangeront d'elles-mêmes, le bébé n'étant plus dans son appareil "d'indien".

signé

J.A. Letendre,
Orthopédiste.

Feb. 7/66

007741

021589

EASTERN REGION
I. H. H. S.

FEB 9 3 43 PM '66

FEB 17 5 47 PM '66

NATIONAL
HEALTH & WELFARE



ACTION REQUEST FICHE DE SERVICE

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

TO — A

Director General

DATE

11-2-66

LOCATION — ENDROIT

Medical Services

FROM — DE

Eastern Region

- ☐ ACTION
DONNER SUITE
- ☐ APPROVAL
APPROBATION
- ☐ COMMENTS
COMMENTAIRES
- ☐ DRAFT REPLY
PROJET DE RÉPONSE
- ☐ MAKE
FAIRE.....COPIES
- ☐ NOTE AND FILE
NOTER ET CLASSER
- ☐ NOTE & RETURN/OR FORWARD
NOTER ET RETOURNER/OU FAIRE SUIVRE

- ☐ P. A. ON FILE
CLASSER
- ☐ REPLY
RÉPONSE
- ☐ SEE ME
ME VOIR
- ☐ SIGNATURE
- ☐ TRANSLATION
TRADUCTION
- ☐ YOUR REQUEST
À VOTRE DEMANDE



inf.

000755

s.19(1)

INDIAN HEALTH SERVICES

ASSESSMENT
FOR
PROTRACTED
CARE

Department of National Health and Welfare

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

Surname (Block letters)		Given Names		Single	Divorced
[REDACTED]		[REDACTED]		Married	Remarried
Agency		Band		Personal Number	
Pointe Blouie		Marowon		[REDACTED]	
Home Address					
o/o Amos Health Centre, Amos, Que.					
Sex	Age	Date of Birth	Religion	Occupation	
M F	[REDACTED]	[REDACTED]	R.C.		
Next of Kin or Guardian			Address		Relationship
[REDACTED]			o/o Amos H.C., Amos.		Father

1. If this person has not been residing in an Indian or Eskimo Community, where has he been residing over the past five years? _____

2. Present Medical condition: Osteogenesis Imperfecta

If any of the following questions can be answered "yes", please mark thus ☒ X

3. Is there reasonable expectation of a substantial improvement of the medical condition if under active treatment?	<input type="checkbox"/>	COMMENT UNDER "REMARKS"
4. Is there reasonable expectation that active treatment will result in a return to a useful life in a private home?	<input type="checkbox"/>	
5. Is the continuous supervision of nursing care by a registered nurse essential in the treatment of this case?	<input type="checkbox"/>	
6. Is it necessary to have regular attendance by a Doctor as frequently as once every week for this case?	<input type="checkbox"/>	
7. Does this person have private resources?	<input type="checkbox"/>	
8. Can the family help?	<input type="checkbox"/>	
9. Are Community funds available for this purpose?	<input type="checkbox"/>	
10. Is there in effect or pending any award for accident or disability or a court judgment?	<input type="checkbox"/>	

Is this person in receipt of or eligible for any of:

11. Old Age Assistance	<input type="checkbox"/>	12. Old Age Security	<input type="checkbox"/>	13. Allowances for Blind Persons	<input type="checkbox"/>
14. Allowances for Disabled Persons	<input type="checkbox"/>	15. Workmens Compensation	<input type="checkbox"/>	16. Veterans Benefits	<input type="checkbox"/>
17. Hospital Insurance	<input type="checkbox"/>	18. Medical Care Insurance	<input type="checkbox"/>	19. Municipal or Provincial Benefits by virtue of residence.	<input type="checkbox"/>

20. Dependents who would be in distress if the benefits recorded in 11 to 16 were used to defray costs of medical care. _____

REMARKS

Tumble

s.19(1)

21. Suggested Place for
protracted care of this case: Mrs. [REDACTED] Boloourt, Via
Sonneterro, P.Q.

22. Estimated Cost:	Maintenance <u>\$112.50</u>	Comforts & <u>clothing</u> included	Per month	Total <u>\$112.50</u>
------------------------	--------------------------------	---	--------------	--------------------------

23. Estimated Assistance
from Sources 6 - 10

24. Estimated Charge to Appropriation:	Per month	<u>\$112.50</u>
---	--------------	-----------------

25. Recommendation: By _____ Date _____
Was in "Le Berceau Rose Enrg." from June 19th, 1963 to
Nov. 10th, 1965; your authorization M.S. 8820, June 25/63,
Dr. Murie. "Le Berceau Rose Enrg." was closed on Nov. 10/65,
Is actually at Marie Enfant Hospital on a temporary basis.

26. Classification: (Active: Conservative) By [Signature] Date 10/7/65

27. Charge Object

<u>142.50</u>

s.19(1)

INDIAN HEALTH SERVICES

ASSESSMENT
FOR
PROTRACTED
CARE

Department of the Indian Health and Welfare				Confidential	
Name (Print Name)		Given Name		Status	
[REDACTED]		[REDACTED]		Single Married	
Address		Date		Principal Number	
Pointe Bleue		November		[REDACTED]	
Home Address					
c/o Aron Health Centre, Aron, P.Q.					
Sex	Age	Education	Religion	Occupation	
M	[REDACTED]	[REDACTED]	A.C.	[REDACTED]	
Next of Kin or Guardian			Address		Relationship
[REDACTED]			c/o Aron H.C., Aron,		Father

1. If this person has not been residing in an Indian or Eskimo Community, where has he been residing over the past five years? _____

2. Present Medical condition: Osteogenic Imperfecta

If any of the following questions can be answered "yes", please mark thus ☒ X

3. Is there reasonable expectation of a substantial improvement of the medical condition if under active treatment?	<input type="checkbox"/>	COMMENT UNDER "REMARKS"
4. Is there reasonable expectation that active treatment will result in a return to a useful life in a private home?	<input type="checkbox"/>	
5. Is the continuous supervision of nursing care by a registered nurse essential in the treatment of this case?	<input type="checkbox"/>	
6. Is it necessary to have regular attendance by a Doctor as frequently as once every week for this case?	<input type="checkbox"/>	
7. Does this person have private resources?	<input type="checkbox"/>	
8. Can the family help?	<input type="checkbox"/>	
9. Are Community funds available for this purpose?	<input type="checkbox"/>	
10. Is there in effect or pending any award for accident or disability or a court judgment?	<input type="checkbox"/>	

Is this person in receipt of or eligible for any of:

11. Old Age Assistance	<input type="checkbox"/>	12. Old Age Security	<input type="checkbox"/>	13. Allowances for Blind Persons	<input type="checkbox"/>
14. Allowances for Disabled Persons	<input type="checkbox"/>	15. Workmens Compensation	<input type="checkbox"/>	16. Veterans Benefits	<input type="checkbox"/>
17. Hospital Insurance	<input type="checkbox"/>	18. Medical Care Insurance	<input type="checkbox"/>	19. Municipal or Provincial Benefits by virtue of residence.	<input type="checkbox"/>

20. Dependents who would be in distress if the benefits recorded in 11 to 16 were used to defray costs of medical care. _____

REMARKS

Tumble

s.19(1)

21. Suggested Place for
protracted care of this case: Mrs. [REDACTED] Bolcourt, via
Sennotorro, P.Q.

22. Estimated , Cost:	Maintenance <u>\$ 112.50</u>	Comforts & clothing included	Per month	Total <u>\$112.50</u>
--------------------------	---------------------------------	------------------------------------	--------------	--------------------------

23. Estimated Assistance
from Sources 6 - 18

24. Estimated Charge
to Appropriation:

Per _____

25. Recommendation: By _____ Date _____

Was in "Le Berceau Rose Enrg.", Pierreville, from Nov. 12/64
to Nov. 18/65, date "Le Berceau Rose Enrg." was closed.
Authority M.S. 8820, Nov. 25/64, Dr. Murie. Is actually
at Marie Enfant Hospital on a temporary basis.

26. Classification: (Active: Conservative) By [Signature] Date 12/1/66

27. Charge Object

<u>171 1518</u>

019659

RECEIVED
SUC...
...RY

FEB 11 3 53 PM '66

Regional Director,
Eastern Region,
Medical Services.

PA-

7850-1-421 (M21)

Director General,
Medical Services.

Dec. 1, 1965.

s.19(1)

Pointe Bleue Agency

Please find enclosed a self-explanatory letter received from [redacted] who would appear to be an Indian of Pointe Bleue Agency. Would you please look into this matter and see that this person receives an appropriate reply. For the record, I would appreciate a brief report on the matter.


H. A. Procter, Ph.D., M.D.

Encl.

Pointe Bleue, le 18 nov. 1963

Direction des Affaires Ind.

s.19(1)

Bien Chère Monsieur,
Je vous écris pour
vous demander si vous pouvez
payer mon hôpital, car je
suis une jeune fille de [redacted]
ans et dans le moment je ne
travaille pas, je ne peut pas
tout payer et c'est le docteur
Raymond Brassard qui m'a
hospitaliser pour avoir au
juste ce que j'avais pour me
payer [redacted]. Bien à vous.
[redacted]

Pointe-Bleue
Ck. Akmal.
D. Que

TÉLÉPHONES:

BUREAU: 275-0503

RÉSIDENCE: 275-2159

Roberval, P. Q. 25 octobre 1965.

s.19(1)

Mlle



DR RAYMOND BRASSARD, B. A., M. D., C.S.P.Q., F.I.C.S.
CERTIFIÉ DU COLLÈGE ROYAL DU CANADA
SPÉCIALISTE EN CHIRURGIE GÉNÉRALE
À L'HÔTEL-DIEU ST-MICHEL DE ROBERVAL
BUREAU: 227, BOULEVARD ST-JOSEPH.
ROBERVAL, P. Q.

Pour services professionnels rendus:

Compte à date.

\$ 41.00

Reçu paiement

Conditions: Intérêt à 5% après 60 jours

000763



ACTION REQUEST FICHE DE SERVICE

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

FILE NO. DOSSIER N°

TO — A

DATE

Director, M. S.

31-8-65

LOCATION — ENDROIT

FROM — DE

Eastern Region

- ☐ ACTION
DONNER SUITE
- ☐ APPROVAL
APPROBATION
- ☐ COMMENTS
COMMENTAIRES
- ☐ DRAFT REPLY
PROJET DE RÉPONSE
- ☐ MAKE
FAIRE.....COPIES
- ☐ NOTE AND FILE
NOTER ET CLASSER
- ☐ NOTE & RETURN/OR FORWARD
NOTER ET RETOURNER/OU FAIRE SUIVRE

- ☐ P. A. ON FILE
CLASSER
- ☐ REPLY
RÉPONSE
- ☐ SEE ME
ME VOIR
- ☐ SIGNATURE
- ☐ TRANSLATION
TRADUCTION
- ☐ YOUR REQUEST
À VOTRE DEMANDE
- ☒ *chf.*

000764

M20 19 850-1-A21

INDIAN HEALTH SERVICES

**ASSESSMENT
FOR
PROTRACTED
CARE**

s.19(1)

Department of National Health and Welfare				Confidential	
Surname (block letters)		Given Names		Single	Divorced
				Married	
Agency		Band		Widowed	Separated
Pointe Bleue		Weymontachie		Personal Number	
Home Address					
Sanmaur					
Sex	Age	Date of Birth	Religion	Occupation	
M II			R.C.	F.	
Next of Kin or Guardian			Address		Relationship
			SANMAUR		Father

1. If this person has not been residing in an Indian or Eskimo Community, where has he been residing over the past five years? _____

N/A

2. Present Medical condition: Mental retardation - cerebral palsy - congenital hip - arthrogyposis multiple congenita.

- If any of the following questions can be answered "yes", please mark thus ☒
3. Is there reasonable expectation of a substantial improvement of the medical condition if under active treatment? ☐
4. Is there reasonable expectation that active treatment will result in a return to a useful life in a private home? ☐
5. Is the continuous supervision of nursing care by a registered nurse essential in the treatment of this case? ☒
6. Is it necessary to have regular attendance by a Doctor as frequently as once every week for this case? ☒

COMMENT
UNDER
"REMARKS"

7. Does this person have private resources? ☐
8. Can the family help? ☐
9. Are Community funds available for this purpose? ☐
10. Is there in effect or pending any award for accident or disability or a court judgment? ☐

Is this person in receipt of or eligible for any of:

- | | | |
|--|---|---|
| 11. Old Age Assistance <input type="checkbox"/> | 12. Old Age Security <input type="checkbox"/> | 13. Allowances for Blind Persons <input type="checkbox"/> |
| 14. Allowances for Disabled Persons <input type="checkbox"/> | 15. Workmens Compensation <input type="checkbox"/> | 16. Veterans Benefits <input type="checkbox"/> |
| 17. Hospital Insurance <input type="checkbox"/> | 18. Medical Care Insurance <input type="checkbox"/> | 19. Municipal or Provincial Benefits by virtue of residence. <input type="checkbox"/> |
20. Dependents who would be in distress if the benefits recorded in 11 to 16 were used to defray costs of medical care. _____

REMARKS

The child is presently in a hospital for chronic cases; the case was received at the Montreal Children's and it is now clear that nothing further can be done and the child should be put in an institution.

Tumble

000765

21. Suggested Place for protracted care of this case: Cecil Butters Memorial Hospital

22. Estimated Cost:	Maintenance	Comforts	Per	Total
	<u>\$5.00</u>	<u>\$1.50 a month</u>	<u>day</u>	
23. Estimated Assistance from Sources 6 - 18			<u>Nil</u>	

24. Estimated Charge to Appropriation: Per day

25. Recommendation: By Date

26. Classification: (Active: Conservative) By [Signature] Date 3/1/81

27. Charge Object

<u>Att. S.C.</u>

U 1 2 9 9 0

MEDICAL SERVICES
SUE-STRY

AUG 32 10 15 AM '65

MEMORANDUM • GOVERNMENT OF CANADA

TO : Director,
MEDICAL SERVICES.

YOUR FILE No:

FROM : Regional Superintendent,
Eastern Region.

OUR FILE No: 150-1-A21 (E71)

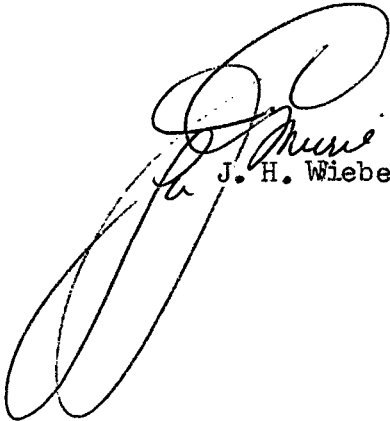
SUBJECT: Letter of Mr. Edouard Nepton, Pointe Bleue

DATE: 30 August 1965

With reference to your memorandum dated July 27, 1965
file no. 850-1-A21 (M20), we have attached a copy of a letter
from the Quebec Zone Superintendent advising that Mr. Nepton
does not qualify for assistance.

J.M./mmm

Att.


J. H. Wiebe, M.D., M.P.H.

012884

MEDICAL FILES
SUIVIES
COUNTRY

AUG 31 12 42 PM '65

Regional Superintendent,
EASTERN REGION

150-1-A21(E71
Dated 30.7.65

21/3-3

Superintendent - Quebec Zone

24 August 1965.

Letter of Mr. Edouard Nepton, Pointe Bleue

Further to your memorandum, we wish to advise that according to information we have received from Pointe Bleue, Mr. Nepton is not on the Pointe Bleue Band List and therefore not eligible to care under the auspices of Medical Services.

We have replied to Mr. Nepton, accordingly.

Checked by
DR. M. SAVOIE

MS/go

M. Savoie, M.D.,
Superintendent - Quebec Zone,
Medical Services.

830

150-1-A21(E71

0 0 3 9 3 9

EASTERN REGION
I. H. H. S.

AUG 25 9 28 AM '65

NATIONAL
HEALTH & WELFARE

Regional Superintendent,
Eastern Region,
Medical Services.

1A

→ 850-1-A21 (M20)

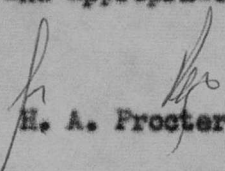
Director, Medical Services.

July 27, 1965.

Letter of Mr. Edouard Nepton, Pointe Bleue

Please find enclosed a self-explanatory letter from
Mr. Edouard Nepton of Pointe Bleue.

For your information and appropriate action, please.


H. A. Procter, Ph.D., M.D.

Encl.

MZPA

Pointe - Bleue. 12 juillet 1965

A qui de droit.

Ceci pour ~~par~~ avoir l'autorisation d'obtenir les soins du médecin et de la garde malade. J'ai déjà eu, en ma possession une carte d'enregistrement dans les années 1918 de M. De Labossière alors surintendant elle est très usagée et je n'ai aucun autre papier m'identifiant comme Indien. Je n'ai pas toujours résidé à la Pointe - Bleue, mais maintenant nous avons notre pension tous les deux et résidons en permanence à la Pointe - Bleue. Nous aimerions avoir un enregistrement nous autorisant à avoir les soins du médecin et les médicaments comme tous les autres Indiens.

Nous espérons avoir une réponse le plus tôt possible. Merci à l'avance.

M. Edouard Nepton
Pointe - Bleue
Cte. Roberval.

850-1-A21
150-1-A21 (E71)

12 April 1965

Zone Superintendent,
QUEBEC ZONE.

Regional Superintendent,
Eastern Region.

Mistassini No. [REDACTED]

s.19(1)

We have attached 8820's for the above named patient. Please note that the Assessment for Protracted Care has been coded to H.I.S.C.

Future submissions of 8820's should be in four copies.

Original Signed by
DR. J. J. MURIE

J. H. Wiebe, M.D., M.P.H.

JH/mm

Att.

c.c. Director, Medical Services. ←



s.19(1)

INDIAN HEALTH SERVICES

**ASSESSMENT
FOR
PROTRACTED
CARE**

Department of National Health and Welfare				Confidential	
Surname (block letters)		Given Names		Single <input checked="" type="checkbox"/>	Divorced
				Married	Separated
Agency		Band		Personal Number	
Pointe Bleue		Mistassini No.			
Home Address				Via: SENNETERRE - Que.	
Sex	Age	Date of Birth	Religion	Occupation	
M F			C.E.	-	
Next of Kin or Guardian			Address		Relationship
			Que.		Father

1. If this person has not been residing in an Indian or Eskimo Community, where has he been residing over the past five years? _____

This family have been living ^{N/A} away from a reserve for past ten years, at a/m address.

2. Present Medical condition: mentally retarded

- If any of the following questions can be answered "yes", please mark thus ☒
3. Is there reasonable expectation of a substantial improvement of the medical condition if under active treatment? ☐
4. Is there reasonable expectation that active treatment will result in a return to a useful life in a private home? ☐
5. Is the continuous supervision of nursing care by a registered nurse essential in the treatment of this case? ☐
6. Is it necessary to have regular attendance by a Doctor as frequently as once every week for this case? ☐
7. Does this person have private resources? ☐
8. Can the family help? ☐
9. Are Community funds available for this purpose? ☐
10. Is there in effect or pending any award for accident or disability or a court judgment? ☐

COMMENT
UNDER
"REMARKS"

- Is this person in receipt of or eligible for any of: -- No --
11. Old Age Assistance ☐
12. Old Age Security ☐
13. Allowances for Disabled Persons ☐
14. Workmens Compensation ☐
15. Hospital Insurance ☐
16. Medical Care Insurance ☐
20. Dependents who would be in distress if the benefits recorded in 11 to 16 were used to defray costs of medical care. N/A

13. Allowances for Blind Persons ☐
16. Veterans Benefits ☐
19. Municipal or Provincial Benefits by virtue of residence. ☐

REMARKS Placement at Cecil Butters Memorial Hospital recommended by
the Montreal Children's Hospital.

Tumble

21. Suggested Place for protracted care of this case: Cecil Butters Memorial Hospital

22. Estimated Cost:	Maintenance	Comforts	Per	Total
	\$5.00			

23. Estimated Assistance from Sources 6 - 18

24. Estimated Charge to Appropriation:

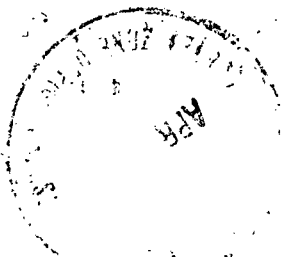
Per	
-----	--

25. Recommendation: By Date

26. Classification: (Active: Conservative) By *[Signature]* Date 12/1/5

H.I.S.C.

• 27. Charge Object



Zone Superintendent,
QUEBEC ZONE.

150-1-A21 (E71)

Regional Superintendent,
Eastern Region.

29 January 1965

s.19(1)

- Assessment for Protracted Care

We are returning two copies of the above-noted
Assessment for Protracted Care, the assessment was
coded as a charge to Indian Affairs Branch.

Original Signed by
DR. J. J. MURIE

J. H. Wiebe, M.D., M.P.H.

J.J.I./mmmm

Att.

c.c. Director, M.S.



ACTION REQUEST
FICHE DE SERVICE

FILE NO. — DOSSIER N°

E 71

TO — A

Ref: Ltr ER

DATE

21-1-68

LOCATION — ENDROIT

FROM — DE

2me Ltr Quebec

☐ ACTION
DONNER SUITE

☐ P. A. ON FILE
CLASSER

☐ APPROVAL
APPROBATION

☐ REPLY
RÉPONSE

☐ COMMENTS
COMMENTAIRES

☐ SEE ME
ME VOIR

☐ DRAFT REPLY
PROJET DE RÉPONSE

☐ SIGNATURE

☐ MAKE
FAIRE COPIES

☐ TRANSLATION
TRADUCTION

☐ NOTE AND FILE
NOTER ET CLASSER

☐ YOUR REQUEST
À VOTRE DEMANDE

☐ NOTE & RETURN/OR FORWARD
NOTER ET RETOURNER/OU FAIRE SUIVRE

☐

*Child to be placed in medical
board Jan 25 - presumably*

Welfare as of Feb-1 -

IAB notified - If home ok

will be discharged some around

Feb 1 - This is most doubtful -

MS

CGSB 6-GP-12B

P.P. & S. CAT. 3433

000779

s.19(1)

INDIAN HEALTH SERVICES

**ASSESSMENT
FOR
PROTRACTED
CARE**

Department of National Health and Welfare					Confidential	
Surname (block letters)			Given Names		Single Divorced Married Widowed Separated	
Agency Pointe Bleue			Band Waymontachie		Personal Number	
Home Address Sarnour						
Sex M <input checked="" type="checkbox"/>	Age	Date of Birth	Religion RC	Occupation		
Next of Kin or Guardian			Address Sarnour		Relationship Father	

1. If this person has not been residing in an Indian or Eskimo Community, where has he been residing over the past five years?

Hospitalized since birth.

2. Present Medical condition: cerebral palsy - severe; quadriparetic spastic - mentally retarded - bilateral dislocation of hips - feeding problem.

If any of the following questions can be answered "yes", please mark thus ☒

3. Is there reasonable expectation of a substantial improvement of the medical condition if under active treatment?
4. Is there reasonable expectation that active treatment will result in a return to a useful life in a private home?
5. Is the continuous supervision of nursing care by a registered nurse essential in the treatment of this case?
6. Is it necessary to have regular attendance by a Doctor as frequently as once every week for this case?
7. Does this person have private resources?
8. Can the family help?
9. Are Community funds available for this purpose?
10. Is there in effect or pending any award for accident or disability or a court judgment?

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

COMMENT
UNDER
"REMARKS"

Is this person in receipt of or eligible for any of:

- | | | | | | |
|-------------------------------------|--------------------------|----------------------------|--------------------------|--|--------------------------|
| 11. Old Age Assistance | <input type="checkbox"/> | 12. Old Age Security | <input type="checkbox"/> | 13. Allowances for Blind Persons | <input type="checkbox"/> |
| 14. Allowances for Disabled Persons | <input type="checkbox"/> | 15. Workmens Compensation | <input type="checkbox"/> | 16. Veterans Benefits | <input type="checkbox"/> |
| 17. Hospital Insurance | <input type="checkbox"/> | 18. Medical Care Insurance | <input type="checkbox"/> | 19. Municipal or Provincial Benefits by virtue of residence. | <input type="checkbox"/> |
20. Dependents who would be in distress if the benefits recorded in 11 to 16 were used to defray costs of medical care.

REMARKS Prognosis is poor - no treatment indicated presently - susceptible to repeated upper respiratory infections due to poor general condition and cough reflex. Reassessment in 6 months. Could be cared for in a good private home.

↓
Tumble

21. Suggested Place for
protracted care of this case: Dexter House

22. Estimated
Cost:

23. Estimated Assistance
from Sources 6 - 18

Maintenance

Comforts

Per

Total

HEALTH & WELFARE

Per

JAN 22 9 25 AM '65

EASTERN REGION
I.N.H.S.

24. Estimated Charge
to Appropriation:

25. Recommendation:

By

Date

26. Classification: (Active: Conservative) By

Date

27. Charge Object

650-1-A21 (M20),

Brooke Claxton Bldg.,
Ottawa, Ontario.
October 27, 1964.

Mr. J.T. Flanagan,
President,
Northern Citizens Guidance Association,
Chibougamau, P.Q.

Subject: Medical Services for Indians


Dear Mr. Flanagan:

Your letter of 30 September addressed to the Department of Citizenship and Immigration has been referred to me for consideration because matters respecting the health of Indian Canadians are the concern of the Department of National Health and Welfare.

I note that you have already forwarded a copy of your letter to Dr. J.H. Wiebe the Regional Superintendent. By copy of this letter I am asking Dr. Wiebe to consider the matters raised in your letter and to take such action as may be appropriate. You will doubtless hear from either Dr. Wiebe or the Zone Superintendent Dr. Savoie in due course.

Thank you for your interest in these matters relating to the health of Indians and for your offer of assistance.

Yours very truly,


P.E. Moore, M.D., D.P.H.
Director,
Medical Services.

c.c. Eastern Region

COPY FOR DIRECTOR

File: 150-1-A21(E70)

Kenson Building,
233 Metcalfe Street,
Ottawa 4, Ontario,
26 October, 1964.

Mr. J. T. Flanagan,
President,
Northern Citizens' Guidance Association,
Chibougamau, Que.

Dear Mr. Flanagan,

Thank you for the courtesy of a copy of your
letter of the 30th of September, 1964 directed to The Hon. Rene
Tremblay, Minister of Citizenship and Immigration.

The problems you have mentioned have both health
and social connotations. Dr. M. Savoie, Zone Superintendent, Quebec
Zone, has been advised of the contents of your letter. Doctor Savoie
indicates that the matter has been under study for sometime as it is a
perennial one wherever Indians live in isolated circumstances.

I shall ask Doctor Savoie by copy of this letter to
be in touch with you when the results of her study are available.
On the occasion of her next visit into the area she may wish to avail
herself of the opportunity of visiting you and members of your group.

I well remember the courtesy with which you and your
group received me and other departmental representatives several years
ago and I believe useful progress was made.

Yours very truly,

J. H. Wiebe, M.D., M.P.H.
Regional Superintendent,
Eastern Region, Medical Services

c.c. Director
c.c. Quebec Zone

JHW:cf

208
MEDICAL

005000

MEDICAL SERVICES
SUB-R

OCT 27 11 32 AM '64

VIR

000784

852-1-A21

INDIAN AFFAIRS
BRANCH



CANADA

OFFICE OF THE
DIRECTOR

21/17-1

M20
PA

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

Ottawa 4, October 8, 1964.

Dr. P. E. Moore, D.P.H.,
Director, Medical Services,
Department of National Health
and Welfare,
Ottawa, Ontario.

Dear Dr. Moore:

I am enclosing a letter dated September 30, 1964, from Mr. J. T. Flanagan, President of the Northern Citizens Guidance Association concerning medical services for Indians of the Chibougamau region.

I have informed Mr. Flanagan that his letter has been sent to you for attention and reply.

Yours sincerely,


R. E. Battle,
Director.

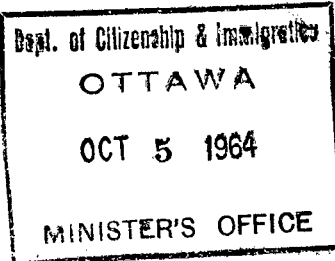
Per
232 9473

001420

MEDICAL SERVICES
SUB-RECOVERY

OCT 13 11 07 AM '64

Northern Citizens Guidance Association



21/17-1

~~XXXXXX~~ Pres. J. T. Flanagan~~XXXXXX~~ Vice Pres.

Mrs. J. Scanlon, Sec. Treas.

Mrs. J. T. Flanagan, Sec.
DIRECTORS

F. G. Cooke

F. Isserhoff

Rev. J. Scanlon

E. Watt

September 30, 1964.

The Hon. Rene Tremblay,
Minister of Citizenship and Immigration,
Parliament Buildings,
Ottawa, Ontario.

Dear Sir:

The Northern Citizens' Guidance Association wishes to bring to your attention the situation of the Cree Indian people of this region, with regard to medical services and medical attention for them.

During the winter months the Indian hunters and trappers live along the roads and in the bush, far from the Communities of Chibougamau and Chapais. In summer some of them live in the area near the hospitals, and can have the care and attention of Dr. LaFortune in Chibougamau and Dr. Pelletier in Chapais. Other Indians spend the summer months in the bush and are too far from the towns for the doctors to provide the regular health services.

However, during the winter the majority of them are encamped along their traplines, a long distance from hospitals and doctors, and there is no one to provide medical attention. Such attention is urgently required.

There is a nurse available and willing to do this work, namely Miss Rolande Pelletier, who is the Public Health Nurse in Chibougamau. We would like to point out that so far she has been doing some of this work on her own time and at her own expense. She has been severely handicapped by lack of authority, lack of medical supplies, and lack of funds for travelling expenses, etc. Furthermore, she has received no remuneration for any of these services.

MINISTER'S OFFICE
FILE CHECK

Min's Office 1A 8/17

B.H.Q.
Date Oct 2/64

adm 5/10

Page - 2 -

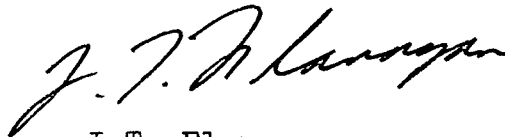
We recommend that arrangements be made by the Indian Affairs Branch to enable Miss Pelletier to perform this work, that medical supplies and funds for additional supplies and travelling expenses be made available to her, in order that she can carry out those services which are essential to the health of the Indians of this region.

There is in Chibougamau a newly constructed hospital to which Indians from Mistassini Post, located 60 miles north of the town, and from other outlying points can come for treatment and hospitalization. In many instances, due to weather and other factors, it is not possible for patients to return home on the day of release... Because of this situation, there is a need for a Friendship House to be established in Chibougamau where Cree patients released from hospital can go until it is possible for them to return home. We have an excellent Cree woman in Chibougamau, with training as a practical nurse, who would be capable of directing such a house. This would require a subsidy from the Government for administration and salary. This is an urgent need.

The Northern Citizens' Guidance Association would be pleased to be helpful in the implementation of these worthwhile measures for improving the health services of the Indian people of this area, and we trust that we will hear from your Department in this regard soon.

Yours very truly,

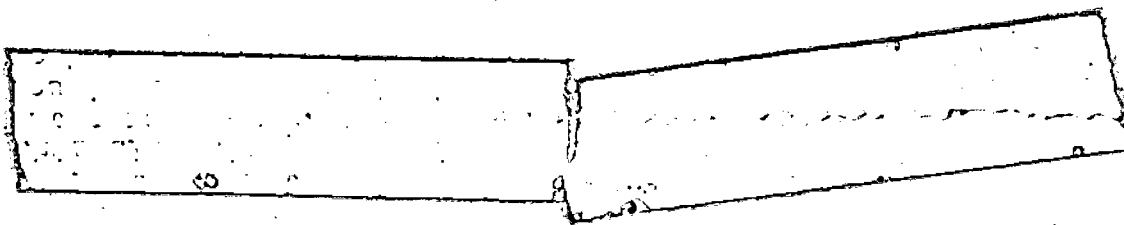
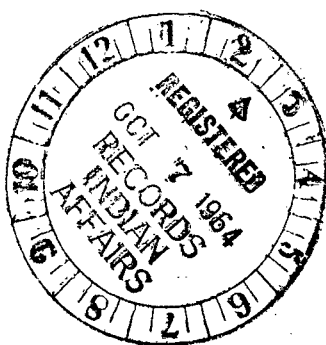
NORTHERN CITIZENS' GUIDANCE ASSOCIATION,



J.T. Flanagan,
President.

JTF:af

Copy: Mr. R.F. Battle, Director of Indian Affairs, Ottawa.
Dr. J.H. Wiebe, Indian & Northern Health Services, Ottawa.





ACTION REQUEST FICHE DE SERVICE

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

FILE NO. DOSSIER N°

TO — A

Director Medical Services

DATE

2-9-4

LOCATION — ENDROIT

FROM — DE

Eastern Region

- | | |
|---|--|
| <input type="checkbox"/> ACTION
DONNER SUITE | <input type="checkbox"/> P. A. ON FILE
CLASSER |
| <input type="checkbox"/> APPROVAL
APPROBATION | <input type="checkbox"/> REPLY
RÉPONSE |
| <input type="checkbox"/> COMMENTS
COMMENTAIRES | <input type="checkbox"/> SEE ME
ME VOIR |
| <input type="checkbox"/> DRAFT REPLY
PROJET DE RÉPONSE | <input type="checkbox"/> SIGNATURE |
| <input type="checkbox"/> MAKE
FAIRE.....COPIES | <input type="checkbox"/> TRANSLATION
TRADUCTION |
| <input type="checkbox"/> NOTE AND FILE
NOTER ET CLASSER | <input type="checkbox"/> YOUR REQUEST
À VOTRE DEMANDE |
| <input type="checkbox"/> NOTE & RETURN/OR FORWARD
NOTER ET RETOURNER/OU FAIRE SUIVRE | <input checked="" type="checkbox"/> <i>Information</i> |

000790

M 20
850-1-A21

s.19(1)

Department of National Health and Welfare

Confidential

INDIAN HEALTH SERVICES

**ASSESSMENT
FOR
PROTRACTED
CARE**

Surname (block letters)		Given Names		Single <input checked="" type="checkbox"/>	Divorced
[REDACTED]		[REDACTED]		Married	
Agency		Band		Widowed	Separated
Pointe-à-Blanc		Mistassini		Personal Number	
Home Address					
Mistassini					
Sex	Age	Date of Birth	Religion	Occupation	
♂ F <input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	C.E.	Student	
Next of Kin or Guardian			Address		Relationship
[REDACTED]			Mistassini		father

1. If this person has not been residing in an Indian or Eskimo Community, where has he been residing over the past five years? _____

2. Present Medical condition: Congenital hip - epilepsy - neurological and physical problems.

If any of the following questions can be answered "yes", please mark thus

3. Is there reasonable expectation of a substantial improvement of the medical condition if under active treatment?
4. Is there reasonable expectation that active treatment will result in a return to a useful life in a private home?
5. Is the continuous supervision of nursing care by a registered nurse essential in the treatment of this case?
6. Is it necessary to have regular attendance by a Doctor as frequently as once every week for this case?

X
X
X

COMMENT
UNDER
"REMARKS"

7. Does this person have private resources?
8. Can the family help?
9. Are Community funds available for this purpose?
10. Is there in effect or pending any award for accident or disability or a court judgment?

Is this person in receipt of or eligible for any of:

- | | | | | | |
|-------------------------------------|------------|----------------------------|------------|--|------------|
| 11. Old Age Assistance | [REDACTED] | 12. Old Age Security | [REDACTED] | 13. Allowances for Blind Persons | [REDACTED] |
| 14. Allowances for Disabled Persons | [REDACTED] | 15. Workmens Compensation | [REDACTED] | 16. Veterans Benefits | [REDACTED] |
| 17. Hospital Insurance | [REDACTED] | 18. Medical Care Insurance | [REDACTED] | 19. Municipal or Provincial Benefits by virtue of residence. | [REDACTED] |
20. Dependents who would be in distress if the benefits recorded in 11 to 16 were used to defray costs of medical care. _____

REMARKS

Child should be placed in suitable foster home while attending

OPD rehabilitation clinics.

Duration: 4 - 5 months.

↓
Tumble

000117

21. Suggested Place for I. M. H. S. **EASTERN REGION**
protracted care of this case: Foster home arranged through Children's Service Centre.

SEP 1 9 40 AM '64

22. Estimated Cost: **NATIONAL MAINTENANCE HEALTH & WELFARE \$2.56** Comforts incl. Per Day \$2.56 Total \$2.56

23. Estimated Assistance from Sources 6 - 18 nil

24. Estimated Charge to Appropriation: Per Day \$2.56

25. Recommendation: By Date

26. Classification (Active: Conservative) By H.T.S.P. Date 5/9/64

27. Charge Object

006820

MEDICAL SERVICES
SUB-RECORDS

SEP 2 3 34 PM '64

URGENT
REPORT

DISTRIBUTION

- Deputy Minister, National Health
- Director, Indian Affairs Branch
- Surgeon General
- Chief, Epidemiology Division

- Public Health Section

ITEM Typhoid - Sarmaur

DATE OF OCCURRENCE
23 May 1964

LOCATION

Sarmaur, Quebec

N

o

FIRST REPORT ☒
ON May 26/64

W

o

PROGRESS
REPORT ☐AGENCY/~~GROUP~~ Pointe-Bleue

BAND/RESERVE/CAMP

Weymontachie, Sarmaur

SOURCE OF INFORMATION

Superintendent, Pointe-Bleue Agency

DATE
26 May 1964

DETAIL

At the end of May 1964, two cases of typhoid fever were found among the non-Indian workers of a wood camp. We were advised that five Indians were among the workers and had been in contact with the active cases.

EXISTING MEDICAL FACILITIES THIS AREA

Part-time physician, hospital and Provincial Health Unit situated at La Tuque.
No Medical Services personnel in the area.

ACTION TO DATE

The camp was closed by the lumber company; their physician did serological tests on all the workers and reported the cases to the Provincial Department of Health. We were in contact with the epidemiologist in chief of the Province of Quebec, the local health unit and the company physician. Our part-time physician at La Tuque furnished us with the names of the Indians concerned who had positive serological tests.

FURTHER ACTION PLANNED

A Nurse will be sent to the area to see the families concerned, take the necessary samples and immunize the population as necessary. It should be noted that all five men concerned had three T.A.B. injections.

PROSPECTS

It seems unlikely that an epidemic will develop but we feel that it is necessary to take precautions especially in this isolated group.

SIGNATURE

DESIGNATION

Director, Medical Services.

DATE

June 9, 1964.

DEPARTMENT OF NATIONAL HEALTH & WELFARE
INDIAN & NORTHERN HEALTH SERVICES

FILE NUMBERS
Document divulgué en vertu de la Loi sur l'accès à l'information

21M/17-15

REPORT

DISTRIBUTION

H.O. 2
E.R. 1
Q.Z. 1

866-040-3
850-1-A21

ITEM Typhoid - Sanmaur DATE OF OCCURRENCE 23 May 1964

LOCATION Sanmaur, Que. N o FIRST REPORT ON 26 May 1964
W o PROGRESS REPORT

AGENCY / GROUP Pointe-Bleue

BAND / RESERVE / CAMP Weymontachie, Sanmaur

SOURCE OF INFORMATION Superintendent, Pointe-Bleue Agency DATE 26 May 1964.

DETAIL At the end of May 1964, two cases of typhoid fever were found among the non-Indian workers of a wood camp. We were advised that five Indians were among the workers and had been in contact with the active cases.

EXISTING MEDICAL FACILITIES THIS AREA

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No Medical Services personnel in the area.

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A Nurse will be sent to the area to see the families concerned, take the necessary samples and immunize the population as necessary. It should be noted that all five men concerned had three T.A.B. injections.

PROSPECTS

It seems unlikely that an epidemic will develop but we feel that it is necessary to take precautions especially in this isolated group.

SIGNATURE

M. Sami and

DÉSIGNATION

Zone Superintendent,
Quebec Zone,
Medical Services.

DATE

5 June 1964.



ACTION REQUEST

TO Minister M. S. DATE 24-2-64
LOCATION _____

FROM Eastern Region RE FILE NO. _____
FOR: _____

<input type="checkbox"/>	ACTION
<input type="checkbox"/>	APPROVAL
<input type="checkbox"/>	COMMENTS
<input type="checkbox"/>	DRAFT REPLY
<input checked="" type="checkbox"/>	INFORMATION
<input type="checkbox"/>	INVESTIGATE AND REPORT
<input type="checkbox"/>	INVESTIGATION
<input type="checkbox"/>	MAKE.....COPIES
<input type="checkbox"/>	MORE DETAILS
<input type="checkbox"/>	NOTE AND FILE

<input type="checkbox"/>	NOTE & FORWARD
<input type="checkbox"/>	NOTE & RETURN
<input type="checkbox"/>	P.A. ON FILE
<input type="checkbox"/>	REPLY DIRECTLY
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<input type="checkbox"/>	SEE ME, PLEASE
<input type="checkbox"/>	SIGNATURE
<input type="checkbox"/>	TRANSLATION
<input type="checkbox"/>	YOUR REQUEST

PREPARE MEMO TO:.....

REPLY FOR SIGNATURE OF:.....

REMARKS.....

.....

.....

.....

.....

000796

s.19(1)

INDIAN HEALTH SERVICES

**ASSESSMENT
FOR
PROTRACTED
CARE**

Department of National Health and Welfare

Confidential

Surname (block letters)		Given Names		Single <input checked="" type="checkbox"/> Divorced
				Married
Agency		Band		Widowed Separated
Pointe Bleue		Montagnais		Personal Number
Home Address				
Pointe Bleue				
Sex	Age	Date of Birth	Religion	Occupation
M <input checked="" type="checkbox"/> F			R.C.	NIL
Next of Kin or Guardian			Address	
			Pointe Bleue	
			Relationship	
			Father	

1. If this person has not been residing in an Indian or Eskimo Community, where has he been residing over the past five years? _____

N/A

2. Present Medical condition: Gross mental retardation -

Mental age: about 3 years old - does not speak

- If any of the following questions can be answered "yes", please mark thus ☒
3. Is there reasonable expectation of a substantial improvement of the medical condition if under active treatment? ☐
4. Is there reasonable expectation that active treatment will result in a return to a useful life in a private home? ☐
5. Is the continuous supervision of nursing care by a registered nurse essential in the treatment of this case? ☐
6. Is it necessary to have regular attendance by a Doctor as frequently as once every week for this case? ☐
7. Does this person have private resources? ☐
8. Can the family help? ☐
9. Are Community funds available for this purpose? ☐
10. Is there in effect or pending any award for accident or disability or a court judgment? ☐

COMMENT
UNDER
"REMARKS"

Is this person in receipt of or eligible for any of:

- | | | |
|---|---|---|
| 11. Old Age Assistance <input type="checkbox"/> | 12. Old Age Security <input type="checkbox"/> | 13. Allowances for Blind Persons <input type="checkbox"/> |
| 14. Allowances for Disabled Persons <input type="checkbox"/> | 15. Workmens Compensation <input type="checkbox"/> | 16. Veterans Benefits <input type="checkbox"/> |
| 17. Hospital Insurance <input type="checkbox"/> | 18. Medical Care Insurance <input type="checkbox"/> | 19. Municipal or Provincial Benefits <input type="checkbox"/> |
| 20. Dependents who would be in distress if the benefits recorded in 11 to 16 were used to defray costs of medical care. _____ | | |

REMARKS

This girl cannot take care of herself; cannot be educated even for
personal hygiene; behaviour trouble - exhibitionnist - since her
menstrual periods started - Family cannot control any more -

↓
Tumble

006370

INDIAN HEALTH
SUB-REGISTRY

21. Suggested Place for
protracted care of this case:

Mental institution for mentally retarded

FEB 24 2 08 PM '64

22. Estimated
Cost: \$4.00

Maintenance

FILE NO:

Comforts

Per

Total

day

\$4.00

23. Estimated Assistance
from Sources 6-18

NIL

24. Estimated Charge
to Appropriation:

Per

day

\$4.00

25. Recommendation:

By

Date

26. Classification (Active: Conservative) By

Date

H.T.S.C.

[Signature]

5/1/64

27. Charge Object

<u>H.T.S.C.</u>

MEMORANDUM

CLASSIFICATION

TO
A

Zone Superintendent,
QUEBEC ZONE.

P.A.
1323
M 210

YOUR FILE No.
Votre dossier

OUR FILE No. 150-1-A21
Notre dossier

FROM
De

Regional Superintendent,
Eastern Region.

DATE September 5/63

FOLD

SUBJECT
Sujet

INHS 8009 - Notice of Loss of Benefit for:

1. Mr. Montagnais Band, Pointe Bleue I.A.
2. Mr. Montagnais Band, Pointe Bleue I.A.

s.19(1)

Attached are INHS 8009's, "Notice of Loss of Benefit"
completed on behalf of Mr. Montagnais Band,
Pointe Bleue Indian Agency and Mr. Montagnais
Band, Pointe Bleue Indian Agency.

Would you kindly notify any hospitals, doctors, etc. who
may be concerned with accounts for the above noted persons? Thank
you. We have enclosed extra copies for your use.

/LF
Encls.

J. H. Wiebe
J. H. Wiebe, M.D., M.P.H.

c.c. Regional Supervisor of Indian Agencies, Quebec
c.c. The Director.
c.c. Superintendent, Pointe Bleue Indian Agency.
c.c. Nurse in Charge, Pointe Bleue Health Centre.
c.c. Mr. S. Weatherly.
c.c. Mr. Y. Gervais.

266 10 8 25 WH 83
208-
IND 208-
IND 108-
D.C.S. 158
D.C.S. 158

s.19(1)

002127
002128

Text visible from previous page

INDIAN HEALTH
SUB-REGISTRY
INDIAN HEALTH
SUB-REGISTRY

SEP 10 8 52 AM '63
SEP 10 8 53 AM '63
FILE NO:

FILE NO:



NEWSPAPER

000800

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
INDIAN AND NORTHERN HEALTH SERVICES

s.19(1)

NOTICE
OF
LOSS
OF
BENEFIT

SURNAME (BLOCK LETTERS)			GIVEN NAMES	
AGENCY Pointe-Bleue			BAND Montagnais	NUMBER
SEX M. F. X	AGE	DATE OF BIRTH	OCCUPATION	
ADDRESS La Tuque, P.Q.				
PARENT'S NAMES				

Indian Health Services restricts arrangements for essential medical care to persons of native status who are living the Indian way of life, are without sufficient resources to make their own arrangements and who are not eligible for assistance from any other agency, either government or non-government.

Any person whose name is not on a band list will not be considered for care. Many persons whose names are on band lists will have ceased to be acceptable for care from Indian Health Services for one or more of the following reasons:

1. Believed to have sufficient private resources.
2. Eligible for care from another agency.
3. Third party responsibility is involved.
4. Disassociation from the native way of life because of having lived away from a reserve or Indian community for more than twelve months.

The Indian named above is not accepted for care by Indian Health Services at the present time because of reason 4 above.

**4. Disassociation from the native way of life because of having lived
away from a reserve or Indian community for more than twelve months.**

For Director, Indian Health Services

September 5, 1963.

Date

Distribution:

Regional Superintendent
Regional Supervisor
Zone Superintendent
Superintendent of Agency
Professional Attendant
Hospitals
The Director.

150-1-A21

and file _____
and files _____

AVIS DE
CESSATION D'ADMISSIBILITÉ AUX SOINS MÉDICAUX

s.19(1)

Date 9 Juillet 1963.

Endroit _____

A	<u>[Redacted]</u>	<u>Montagnais</u>	<u>[Redacted]</u>	<u>Pointe-à-Barre</u>
	Nom	Bande	Numéro	Agence

[Redacted] La Tuque, P.Q.

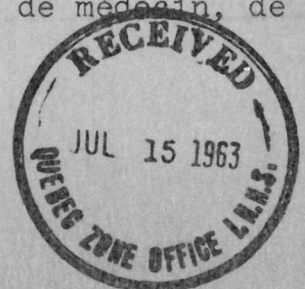
A. Les Services de santé des Indiens n'accordent les soins médicaux essentiels qu'aux personnes qui ont le statut d'indigène, vivent à la manière des Indiens, n'ont pas les ressources nécessaires pour prendre leurs propres arrangements, et n'ont droit à aucune assistance de quelque autre agence, gouvernementale ou non gouvernementale.

B. Les gens non inscrits comme Indiens ou non attitrés à l'être n'ont pas droit aux secours médicaux. Beaucoup de personnes inscrites ou attitrées à l'inscription perdront, pour une ou plusieurs des raisons énumérées plus bas, leur admissibilité aux soins fournis par les Services de santé des Indiens.

C. Veuillez prendre avis, par les présentes, que l'admissibilité aux soins médicaux accordés par les Services de santé des Indiens pour vous-même (et les membres de votre famille non énumérés à F ci-après) cessera pour les raisons suivantes:

1. On croit que vous avez des moyens suffisants pour payer les primes d'assurance protégeant d'ordinaire contre les frais médicaux et hospitaliers. ☐
2. Vous avez droit aux soins d'une autre source. ☐
3. Il y a en cause de l'assurance accidents ou invalidité ou une ordonnance d'un tribunal. ☐
4. Vous avez abandonné le mode de vie des indigènes pour avoir vécu plus de 12 mois en dehors de la réserve ou de la localité indienne. ☒
5. Vous avez obtenu l'affranchissement (par demande ou mariage). ☐
6. _____ ☐

D. A compter du Oct. 1/63, vous devrez prendre la même responsabilité que les non-Indiens en ce qui concerne les soins de médecin, de



- 2 -

spécialiste, de dentiste, les médicaments, l'hospitalisation, l'ambulance, etc., et payer de vos propres ressources ces services.

E. Si vous résidez dans votre réserve, vous avez toujours le droit de demander et de recevoir pour vos enfants les services d'hygiène publique fournis par les cliniques (consultation maternelle, clinique d'immunisation, etc.) dirigées par les Services de santé des Indiens et du Nord, et vous ainsi que votre famille pouvez bénéficier des services rattachés au diagnostic et au traitement de la tuberculose et des maladies mentales.

F. Membres de votre famille non compris immédiatement dans cette ordonnance et pouvant continuer à demander les soins médicaux:

Nom	Bande n°	Age	Adresse
_____	_____	_____	_____
_____	_____	_____	_____

G. Toute réclamation contre cet avis doit s'adresser par écrit au fonctionnaire supérieur des Services santé des Indiens et du Nord ou à la Division des affaires indiennes de votre région avant Sept. 1/63 date pour être transmise au soussigné.

Seul le directeur peut révoquer cette ordonnance.

[Signature]
(pour le Directeur, Services de Santé des Indiens et du Nord)

H.	Nombre de personnes à charge autres que les enfants de moins de 18 ans.	Prime mensuelle nette pour le ménage
	Moyenne du revenu global mensuel du ménage	Revenu estimatif théorique du ménage

(Prière d'envoyer en trois copies)

	Initiales
S.S.I.N. (sur place)	<i>[Signature]</i>
D.A.I. (sur place)	<i>[Signature]</i>
Q.G. de zone	<i>[Signature]</i>

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INDIAN AND NORTHERN HEALTH SERVICES

s.19(1)

NOTICE
OF
LOSS
OF
BENEFIT

SURNAME (BLOCK LETTERS)			GIVEN NAMES		
AGENCY Pointe-Bloue			BAND Montagnais		NUMBER
SEX M. <input checked="" type="checkbox"/> F. <input type="checkbox"/>	AGE	DATE OF BIRTH	OCCUPATION		
ADDRESS Kenogami, P.Q.					
PARENT'S NAMES					

Indian Health Services restricts arrangements for essential medical care to persons of native status who are living the Indian way of life, are without sufficient resources to make their own arrangements and who are not eligible for assistance from any other agency, either government or non-government.

Any person whose name is not on a band list will not be considered for care. Many persons whose names are on band lists will have ceased to be acceptable for care from Indian Health Services for one or more of the following reasons:

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3. Third party responsibility is involved.
4. Disassociation from the native way of life because of having lived away from a reserve or Indian community for more than twelve months.

The Indian named above is not accepted for care by Indian Health Services at the present time because of reason 4 above.

4. Disassociation from the native way of life because of having lived

away from a reserve or Indian community for more than twelve months.

[Signature]
For Director, Indian Health Services

September 5, 1963
Date

Distribution:

Regional Superintendent
Regional Supervisor
Zone Superintendent
Superintendent of Agency
Professional Attendant
The Director.
Hospitals

150-1-A21

and file _____
and files _____

AVIS DE
CESSATION D'ADMISSIBILITÉ AUX SOINS MÉDICAUX

s.19(1)

Date le 9 juillet 1963.

Endroit _____

A _____
Nom Montenais Bande _____ Numéro Pointe-Élie Agence

Kénogami, P.Q.

A. Les Services de santé des Indiens n'accordent les soins médicaux essentiels qu'aux personnes qui ont le statut d'indigène, vivent à la manière des Indiens, n'ont pas les ressources nécessaires pour prendre leurs propres arrangements, et n'ont droit à aucune assistance de quelque autre agence, gouvernementale ou non gouvernementale.

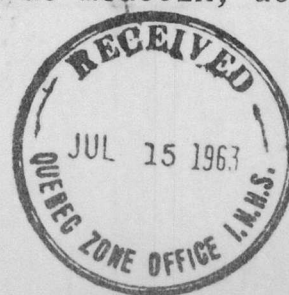
B. Les gens non inscrits comme Indiens ou non attirés à l'être n'ont pas droit aux secours médicaux. Beaucoup de personnes inscrites ou attirées à l'inscription perdront, pour une ou plusieurs des raisons énumérées plus bas, leur admissibilité aux soins fournis par les Services de santé des Indiens.

C. Veuillez prendre avis, par les présentes, que l'admissibilité aux soins médicaux accordés par les Services de santé des Indiens pour vous-même (et les membres de votre famille non énumérés à F ci-après) cessera pour les raisons suivantes:

1. On croit que vous avez des moyens suffisants pour payer les primes d'assurance protégeant d'ordinaire contre les frais médicaux et hospitaliers. ☐
2. Vous avez droit aux soins d'une autre source. ☐
3. Il y a en cause de l'assurance accidents ou invalidité ou une ordonnance d'un tribunal. ☐
4. Vous avez abandonné le mode de vie des indigènes pour avoir vécu plus de 12 mois en dehors de la réserve ou de la localité indienne. ☒
5. Vous avez obtenu l'affranchissement (par demande ou mariage). ☐

6. _____
_____ ☐

D. A compter du Oct.1/63, vous devrez prendre la même responsabilité que les non-Indiens en ce qui concerne les soins de médecin, de



- 2 -

spécialiste, de dentiste, les médicaments, l'hospitalisation, l'ambulance, etc., et payer de vos propres ressources ces services.

E. Si vous résidez dans votre réserve, vous avez toujours le droit de demander et de recevoir pour vos enfants les services d'hygiène publique fournis par les cliniques (consultation maternelle, clinique d'immunisation, etc.) dirigées par les Services de santé des Indiens et du Nord, et vous ainsi que votre famille pouvez bénéficier des services rattachés au diagnostic et au traitement de la tuberculose et des maladies mentales.

F. Membres de votre famille non compris immédiatement dans cette ordonnance et pouvant continuer à demander les soins médicaux:

Nom	Bande n°	Age	Adresse

G. Toute réclamation contre cet avis doit s'adresser par écrit au fonctionnaire supérieur des Services santé des Indiens et du Nord ou à la Division des affaires indiennes de votre région avant Sept. 1/63 date pour être transmise au soussigné.

Seul le directeur peut révoquer cette ordonnance.

[Signature]
(pour le Directeur, Services de Santé des Indiens et du Nord)

H.	Nombre de personnes à charge autres que les enfants de moins de 18 ans.	Prime mensuelle nette pour le ménage
	Moyenne du revenu global mensuel du ménage	Revenu estimatif théorique du ménage

(Prière d'envoyer en trois copies)

	Initiales
S.S.I.N. (sur place)	<i>[Signature]</i>
D.A.I. (sur place)	<i>[Signature]</i>
Q.G. de zone	<i>[Signature]</i>



ACTION REQUEST

TO	Director, Medical Services	DATE	22.8.63
LOCATION	Ottawa Ontario		
FROM	Eastern Region (E76)	RE FILE NO.	
FOR:			

<input type="checkbox"/>	ACTION	<input type="checkbox"/>	NOTE & FORWARD
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	NOTE & RETURN
<input type="checkbox"/>	COMMENTS	<input type="checkbox"/>	P.A. ON FILE
<input type="checkbox"/>	DRAFT REPLY	<input type="checkbox"/>	REPLY DIRECTLY
<input checked="" type="checkbox"/>	INFORMATION	<input type="checkbox"/>	REPLY, PLEASE
<input type="checkbox"/>	INVESTIGATE AND REPORT	<input type="checkbox"/>	SEE ME, PLEASE
<input type="checkbox"/>	INVESTIGATION	<input type="checkbox"/>	SIGNATURE
<input type="checkbox"/>	MAKE.....COPIES	<input type="checkbox"/>	TRANSLATION
<input type="checkbox"/>	MORE DETAILS	<input type="checkbox"/>	YOUR REQUEST
<input type="checkbox"/>	NOTE AND FILE	<input type="checkbox"/>

PREPARE MEMO TO:.....

REPLY FOR SIGNATURE OF:.....

REMARKS.....

.....

.....

.....

.....000807

s.19(1)

INDIAN HEALTH SERVICES

**ASSESSMENT
FOR
PROTRACTED
CARE**

Department of National Health and Welfare		Confidential	
Surname (block letters)		Given Names	
Agency		Band	
Home Address		Personal Number	
Sex	Age	Date of Birth	Religion
Occupation	Relationship		
Next of Kin or Guardian		Address	

1. If this person has not been residing in an Indian or Eskimo Community, where has he been residing over the past five years?

N/A

2. Present Medical condition: Gross mental retardation - does not sit or stand up by himself

- If any of the following questions can be answered "yes", please mark thus ☒
3. Is there reasonable expectation of a substantial improvement of the medical condition if under active treatment?
4. Is there reasonable expectation that active treatment will result in a return to a useful life in a private home?
5. Is the continuous supervision of nursing care by a registered nurse essential in the treatment of this case?
6. Is it necessary to have regular attendance by a Doctor as frequently as once every week for this case?
7. Does this person have private resources?
8. Can the family help?
9. Are Community funds available for this purpose?
10. Is there in effect or pending any award for accident or disability or a court judgment?

COMMENT
UNDER
"REMARKS"

- Is this person in receipt of or eligible for any of:
11. Old Age Assistance
12. Old Age Security
13. Allowances for Blind Persons
14. Allowances for Disabled Persons
15. Workmens Compensation
16. Veterans Benefits
17. Hospital Insurance
18. Medical Care Insurance
19. Municipal or Provincial Benefits by virtue of residence.
20. Dependents who would be in distress if the benefits recorded in 11 to 16 were used to defray costs of medical care.

REMARKS

This child was hospitalized at Lafuque in May - then transferred to Quebec for malnutrition - scurvy - rickets and retarded development - the family cannot take proper care of the child - case to be studied again in a few years.

Tumble

020114

005683

EASTERN REGION
I.N.H.S.

INDIAN HEALTH
SUB-REGISTRY

21. Suggested Place for
protracted care of this case: Placement through "Le Service Familial de Québec" -
in an institution - AUG 21 8 32 AM '63

AUG 23 9 02 AM '63

FILE NO:

22. Estimated Cost:	Maintenance	Comforts	Per	Total
	<u>\$4.00</u>		<u>day</u>	<u>\$4.00</u>

23. Estimated Assistance
from Sources 6 - 18

N11

24. Estimated Charge to Appropriation:	Per	Total
	<u>day</u>	<u>\$4.00</u>

25. Recommendation: By _____ Date 19 Aug. 63

26. Classification: (Active: Conservative) By BISH Date 2/8/3

27. Charge Object

→ COPY FOR THE DIRECTOR

MEMORANDUM

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

CLASSIFICATION

TO
Zone Superintendent,
QUEBEC ZONE,

YOUR FILE No.
Votre dossier

OUR FILE No. 150-1-A21
Notre dossier

DATE July 23, 1963

FROM
De

Regional Superintendent,
Eastern Region.

S.19(1)

FOLD

SUBJECT
Sujet

INHS 8008 - Cessation of Acceptability for Medical Attendance
for Mr. [REDACTED] Montagnais Band, Pointe Bleue I.A.
and Mr. [REDACTED] Montagnais Band, Pointe Bleue I.A.

Please find attached Forms INHS 8008, "Notice of
Cessation of Acceptability for Medical Attendance" completed
on behalf of Mr. [REDACTED] Montagnais Band, Pointe
Bleue Indian Agency, and [REDACTED] Montagnais
Band, Pointe Bleue Indian Agency.

Would you please send these forms to the above-noted
Indians, by registered mail? Thank you.

Atts.
/LF

J. H. Wiebo, M.D., M.P.H.

c.c. The Director.
c.c. Superintendent, Pointe Bleue Indian Agency.

014669

INDIAN HEALTH
SUB-REGISTRY

JUL 24 10 41 AM '63

FILE NO:

000811

FROM: [illegible] TO: [illegible]

Friday, June 7 - 12:00

Mrs. Perrault, the Minister's Office - 2-2793

phoned to say:

That the Minister has an inquiry regarding the supply of medicines for the population of the area known as Kegaska - Blanc Sablon, Quebec.

A poor community she says.

Does not think they are Indian or Eskimo.

I suggested it might be a Provincial Health Dept. responsibility.

She still-thought we might have something to do with it.

I said someone who could give an authoratative answer would phone her on Monday.

She spoke quite French-English. I suggest Mr. Bernard might converse more easily with her.

I did not suggest

Eastern Region as I

did not think Dr. W.

was there.

McK

*Answered by telephone
We have no responsibility
Provincial*

Regional Superintendent,
Eastern Region, Medical Services.

Ph
850-1-A21
812-2-532 (M22)

Director, Medical Services.

August 9, 1962.

Letter of Doctor Emile Simard, Chicoutimi

Further to my letter of June 29, 1962, please find enclosed a second letter from Doctor Emile Simard of Chicoutimi which is self-explanatory. Would you please see that Doctor Simard receives a reply on this matter.

[Signature]
P. E. Moore, M.D., D.P.H.

Encl.

WH

850-1-A21

812-2-532

DOCTEUR ÉMILE SIMARD

H22

Med

Chicoutimi, le 1er août 1962.

Ministère des Affaires Indiennes,
Hôtel du Gouvernement,
Ottawa.

Re: M. Herménégilde Nepton,
638, rue Lapointe, Chicoutimi.

Cher Monsieur,

En date du 22 juin je vous ai écrit une
lettre au sujet du patient sus-mentionné.

M. Nepton est revenu me voir à mon bu-
reau aujourd'hui. Seriez-vous assez aimable de répondre
à ma lettre afin de m'indiquer ce que je dois faire avec
le compte d'honoraires de ce patient qui est lui-même très
anxieux de savoir votre attitude à son sujet.

Votre tout dévoué,

ES/mg


Emile Simard, M.D.

0043508

001851

INDIAN HEALTH
SUB-REGISTRY

AUG 3 9 37 AM '62
INDIAN AFFAIRS

AUG 7 2 22 PM '62

FILE NO:

Regional Superintendent,
Eastern Region, Medical Services.

PA

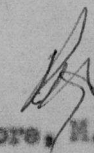

850-1-A21
812-2-532 (N22)

Director, Medical Services.

June 29, 1962.

Letter of Doctor Emile Simard re Hermenegilde Nanton

I am attaching a copy of a self-explanatory letter received from Doctor Emile Simard, Surgeon of Chicoutimi. May this be for your consideration and appropriate reply, please.


P. E. Moore, M.D., D.P.H.

Encl.

WH

Director,
Medical Services



822-1-A21 (M22)

850-1-A21

122-1-A21 (E70)

Regional Superintendent,
Eastern Region

28 Mar. 62

Resolution of the Pointe Bleue Council

As suggested in your memorandum of the 9th of March '62
we put the Pointe Bleue Resolution into the hands of our Zone
office and a copy of their letter to the Band Council is attached.

We shall keep you posted of any developments.



J.H. Wiebe, M.D., M.P.H.

Encl.

JHW:cf

21/3-8

Québec, le 23 mars 1962.

Le Secrétaire,
Conseil de Bande de Pointe-Blanc,
c/o M. L.D. Michaud,
Surintendant,
Agence Indienne,
Pointe-Blanc,
Cité Roberval,
P.Q.

Sujet: Résolution 9/62 - Conseil de Bande
de Pointe-Blanc.

Monsieur,

La résolution # 9/62 du Conseil de Bande de Pointe-Blanc, datée du 6 février 1962, a été référée à notre Directeur pour considération, puisqu'elle a trait au Service de Santé. Il me fait plaisir de vous répondre en son nom.

Vous ne permettrez de répondre séparément aux deux parties de votre résolution:

1^o Désignation d'un médecin à temps complet pour la Réserve de Pointe-Blanc.

Ce n'est pas dans les coutumes du Service de Santé des Indiens de nommer un médecin à temps complet pour des groupes d'Indiens qui ont facilement accès aux services de médecins en pratique privée demeurant dans les environs. De plus, la population de Pointe-Blanc ne justifierait pas une telle désignation.

Par ailleurs, si ceci vous tient à cœur, vous pourriez peut-être étudier comment il vous serait possible, individuellement ou en groupes, d'obtenir des fonds pour participer au coût d'opération d'un tel projet, après quoi notre Service pourrait être prêt à reconsidérer votre cas.

Nous nous devons de vous dire qu'il nous est actuellement

2...

s.19(1)

Page 2.

presqu'impossible de trouver des médecins à temps complet pour plusieurs endroits ou réserves qui en ont un besoin urgent, à cause de la distance considérable des hôpitaux etc... Vous pouvez donc considérer que vous êtes extrêmement chanceux d'avoir les services médicaux dont vous jouissez présentement. De nos jours, bien loin de demander une extension des services médicaux de notre Département, plusieurs groupes d'Indiens sont à étudier comment ils peuvent s'organiser par eux-mêmes.

2o Remplacement de l'Infirmière.

Nous devons vous dire que nous nous considérons extrêmement fortunés d'avoir Mile Lévesque parmi nos infirmières. Si, par hasard, Mile Lévesque décidait de quitter Pointe-Bleue, [redacted] aurait alors, évidemment, l'opportunité de demander l'emploi. En attendant, nous lui suggérerions de faire application à notre Service, pour un autre endroit, afin d'acquérir de l'expérience.

Vous mentionnez que [redacted] est aussi "diplômée" que Garde Lévesque; [redacted] aurait-elle donc un diplôme universitaire en hygiène publique, en plus de son diplôme d'infirmière licenciée ?. Si elle est intéressée à obtenir un emploi dans notre Service, elle n'a qu'à écrire à Mile P. Laurin, Surintendante des Infirmières pour la Zone de Québec, à l'adresse mentionnée plus bas, qui se fera un plaisir de lui envoyer les formules d'application nécessaires.

N'hésitez pas à communiquer de nouveau avec nous, si vous avez quelque autre problème ayant trait au Service de Santé, il me fera toujours plaisir de vous renseigner.

Bien à vous,

HEALTH & MEDICAL
HYGIENE
M. Savoie

M. Savoie, M.D.
Surintendant - Zone de Québec,
Service de Santé des Indiens,
C.P. 430 - 3 rue Buade,
Québec 4.

WWW 50 8 18

INFORMATION
EVOLUTION

MS/jb
c.c. E. R.
" " The Director.

0000085

Regional Superintendent,
Eastern Region, Medical Services.

P.A.

822-1-421 (M22)

850-1-421

Director, Medical Services.

March 9, 1962.

Resolution of the Pointe-Bleue Band Council

I am attaching two copies of a Resolution from the Pointe-Bleue Band Council dealing with the appointment of a resident doctor on the Reserve and the employment of an Indian nurse vice Nurse Levesque. Also attached is a copy of a covering memorandum from the Indian Superintendent. May this be for your information, consideration and appropriate action please.

I would appreciate copies of any correspondence between your office or your Zone Office and the Band Council for my files.

P. E. Moore, M.D., D.P.H.

Encl.

cc Director, I.A.B.

WH

[Handwritten signature]

850-1-A21
812-2-532

EMILE SIMARD, M. D., F. R. C. S. (C)
EDOUARD BEAUDRY, M. D., F. R. C. S. (C)
CHIRURGIENS

HÔTEL-DIEU ST-VALLIER
CHICOUTIMI
TÉL: LI. 9-0434

Chicoutimi, le 22 juin 1962.

Med
Ministère des Affaires Indiennes,
Hôtel du Gouvernement,
Ottawa.

Re: M. Herménégilde Nepton,
638, rue Lapointe, Chicoutimi.

Cher Monsieur,

Ce Monsieur a été hospitalisé durant le mois de mai 1962 et il a subi une intervention chirurgicale (résection intestinale) à l'Hôtel-Dieu St-Vallier de Chicoutimi.

Il m'a demandé de vous écrire afin de savoir si les honoraires médicaux, chirurgicaux et hospitaliers doivent être payés par votre département. M. Nepton est un Indien. Il est né en 1906 à St-Urbain, P.Q. Son père était Joseph Nepton. M. Nepton me dit que pendant le passé il a déjà subi une intervention à l'Hôtel-Dieu de Québec et qu'à ce moment, votre département avait assumé le paiement des frais encourus.

Seriez-vous assez aimable de relever son dossier et de me donner vos commentaires et de m'indiquer à qui je dois faire parvenir mon compte d'honoraires.

Je vous remercie de votre attention et je demeure,

Votre tout dévoué,

ES/mg

Emile Simard
Emile Simard, M.D.

7359 5114 ES

21 JUN 1962

003514

009336

007214

INDIAN HEALTH
SUB-REGISTRY

JUN 28 2 11 PM '62

JUN 28 9 28 AM '62

FILE NO.

12 APR 1962

822-1-421
850-1-A21

21/17-1



Ottawa, March 6, 1962.

Dr. P.E. Moore, D.P.H.,
Director,
Indian and Northern Health Services,
Department of National Health and
Welfare,

Booth Building,
Ottawa.

Dear Dr. Moore,

I attach in duplicate for your attention a Resolution from the Pointe-Bleue Band Council dealing with the appointment of a resident doctor on the Reserve along with a memorandum from the Indian Superintendent.

Yours sincerely,

J. BROWN

Acting Director.

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION
INDIAN AFFAIRS BRANCH
BAND COUNCIL RESOLUTION

NOTE: The words "From our Band Funds" must appear in all resolutions requesting expenditures from Band Funds.

The Council of the Pointe-Bleue Band of Indians,
(Name of Band)
in the Pointe-Bleue Indian Agency,
(Name of Agency)
in the Province of Québec at a meeting, held at Pointe-Bleue
(Name of Province in full) (Name of Place)
this 6 day of Février A.D. 19 62
(In Full) (Month)

Do HEREBY RESOLVE:

s.19(1)

Qu'un médecin réside dans la réserve pour le bien-être
des membres de la Bande Indienne car le nombre de la po-
pulation augmente énormément et nous aurions de meilleurs
services. Si on décide qu'il y ait une infirmière avec le
médecin, nous donnerions la préférence à [REDACTED]
[REDACTED] indienne de Pointe-Bleue qui est diplômée autant
que Garde Lévesque que nous avons présentement.



	<u>Albert Connolly</u> (Chief)	
<u>Mme Emery Connolly</u> (Councillor)	<u>Jean J. Robertson</u> (Councillor)	<u>Georges Begin</u> (Councillor)
..... (Councillor)	<u>Gérard Siméon</u> (Councillor)	<u>David Philippe</u> (Councillor)
..... (Councillor)	<u>Louis Georges Launier</u> (Councillor)	<u>Charles Basile</u> (Councillor)
..... (Councillor) (Councillor) (Councillor)

FOR HEADQUARTERS USE ONLY					
1. TRUST ACCT	2. CURRENT BALANCES		3. Expenditure \$	4. Authority Indian Act Sec.	5. Source of Funds <input type="checkbox"/> Capital <input type="checkbox"/> Revenue
	A. Capital \$	B. Revenue \$			
6. Recommended Date Superintendent, Reserves and Trusts			7. Approved Date Director, Indian Affairs		

PA

Ottawa, le 9 mars 1961.

Cher monsieur Tremblay,

Je tiens à répondre à votre demande relative aux services dentaires pour la Réserve indienne de Pointe-Bleue.

Un dentiste du Ministère effectue deux visites régulières par année à la Réserve. Durant ces visites, qui durent de deux à trois semaines, il s'efforce surtout de fournir un traitement dentaire aux écoliers. Le dentiste des Services de santé des Indiens et du Nord fait de plus courtes visites au cours de l'année pour faire des examens dentaires chez les enfants des écoles. Bien sûr, l'on fournit les soins essentiels pour le soulagement de la douleur ou de l'infection à quiconque demande de tels soins pendant les visites du dentiste.

Entre les visites, toute personne résidant dans une réserve peut demander des soins dentaires d'urgence aux dentistes de l'exercice privé à Roberval. Lorsqu'un particulier est incapable de payer pour de tels services, les Services de santé des Indiens et du Nord acceptent pour règlement les comptes de dentistes sans autorisation préalable.

Pareillement, de l'assistance est accordée aux personnes nécessiteuses lorsqu'il s'agit de procédés dentaires discrétionnaires, pourvu que les dentistes obtiennent l'autorisation préalable pour entreprendre le traitement requis.

- 2 -

Il se fait très peu de demandes de ce genre parce que la plupart des adultes de la réserve peuvent prendre leurs propres arrangements en matière de soins dentaires et payer leurs propres comptes. Pour cette raison, et étant donné les visites régulières faites par les dentistes du Ministère à la Réserve de Pointe-Bleue, il n'a pas été jugé nécessaire de prendre d'autres arrangements à cet égard.

Veuillez agréer mes salutations distinguées.

J. Waldo Monteith.

Monsieur Jean-Noël Tremblay, député
Chambre des communes
Ottawa (Ontario)

~~850-1-A21~~

~~822-1-A21 (H42)~~

Returned by ↗

PC

March 7, 1961.

Dear Mr. Tremblay:

This is in reply to your query concerning dental services for the Pointe Bleue Indian Reserve.

A Departmental Dental Officer makes two routine visits a year to the Reserve. During these visits of from two to three weeks, his efforts are directed principally to carrying out dental treatment for the school children. Additional visits of shorter duration are made throughout the year by the Indian and Northern Health Services Dentist to conduct dental inspections of the school pupils. Essential care for relief of pain or infection is provided, of course, to any who seek attention during his visits.

In the intervals between his visits, anyone living on the Reserve may obtain emergency dental attention from the private dental practitioners in Roberval. Where an individual is unable to pay for such services, the dentists' accounts are accepted for payment by Indian and Northern Services without prior authorization.

Similarly, assistance is afforded to needy persons, where elective dental procedures are involved, provided they obtain prior authorization to undertake the desired treatment.

The number of such requests for assistance is small since most of the adults on the Reserve are able to make their own arrangements for dental care, and to pay their own accounts. Because of this, and in view of the Departmental Dental Officer's periodic visits to the Pointe Bleue Reserve, it has not been considered necessary to make any other arrangements in this regard.

Yours sincerely,

Jean-Noel Tremblay, M.P.,
House of Commons,
Ottawa, Ontario.

J. Waldo Monteith.



850-1-A21 (H-42) P.A.

822-1-A21

March 7, 1961.

Dear Mr. Tremblay:

This is in reply to your query concerning dental services for the Pointe Bleue Indian Reserve.

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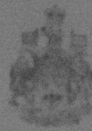
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Yours sincerely,

JH
Jean-Noel Tremblay, M.P.,
House of Commons,
Ottawa, Ontario.

J. Waldo Monteith.



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

855-1-A21
822-1-A21

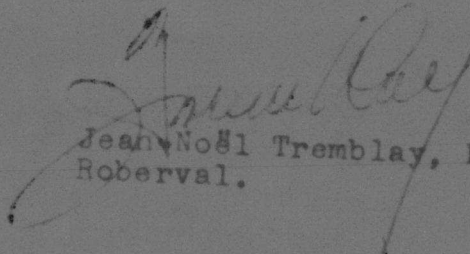
O t t a w a,
le 23 février 1961.

L'honorable J. Waldo Monteith,
Ministre de la Santé nationale et
du Bien-être social,
Chambre des Communes,
Ottawa.

Monsieur le ministre,

Je vous serais
bien obligé de me dire comment sont assurés
les services de chirurgie dentaire à la
réserve indienne de Pointe-Bleue.

Avec mes remercie-
ments, je vous prie d'agréer, monsieur le
ministre, l'assurance de ma considération
distinguée.


Jean Noël Tremblay, M.P.
Roberval.

MAR 3 1961

Dr. Wiebe:

~~There~~ are three (3) Dentists at Roberval, Quebec. They are:
A. Belanger, Gerard Dubois, Jules Thibeault.

Accounts paid by I.N.H.S. to the above-noted since April,
1960 are as follows:

Dr. A. Belanger	- Aug./60	- 10.00	(Pointe Bleue Indian Agency)
	Aug./60	- <u>7.00</u>	(Fort Chimo Indian Agency)
		17.00	

Dr. G. Dubois	- June/60	- 30.00	(Pointe Bleue Indian Agency)
	July/60	- 9.00	" " " "
	Aug./60	- 7.00	" " " "
	Oct./60	- 39.00	" " " "
	Feb./61	- <u>2.00</u>	" " " "
		87.00	

Jules Thibeault	Apr./60	- 3.00	(Pointe Bleue Indian Agency)
-----------------	---------	--------	------------------------------

E94.

Subject *Query - Dental Services, Pointe Bleue Reserve.*

Page

TO
↓

E70

- It would be appreciated if you could let us have the necessary information with respect to the query made by Mr. J. J. Tremblay M.P. in order that a reply can be drafted for the Minister's response:

(a) How many Indians?

(a) How many of school-age?

(c) What dental services are provided

(i) by departmental D.O.?

(ii) by non-departmental dentists at public expense?

(a) Where are they provided?

(e) By whom are they provided?

(h) At what times are they provided?

H42

a) Total population 1266.

plus residential school which opened in Oct. 1960. Approx 175 children.

b) Age distribution

1-6	-	230
7-16	-	285
17-21	-	126
22-65	-	548
66-70	-	27
70+	-	46

1262

Unknown - 4

1266

c) i) - Departmental D.O. - Dr. Morison to 9 April 60

- Inspections of a short nature on his way to and from Pt. Chimo.

Also - 9 Jan 61 - 31 Jan 61 - still there at month end.

ii) Non-dept. dentists - see attached summary - 10 Apr. 60 to date.

d) Portable equipment used at schools.

e) Dr. Morison - departmental D.O.

S.19(1)

17.00

87.00

3.00

} Most Roberval Indians (adults) pay for their own care.

f) Ordinarily twice yearly by Dr. Morison

- as required for relief of pain by private dentists

018224

EASTERN ONTARIO
1982

MAR 2 10 13 AM '82

HEALTH & SOCIAL SERVICES
1982

Regional Superintendent,
Eastern Region, I.N.H.S.

112-2-552 (B71)

May 31, 1960.

812-2-822 (122)

850-1-A21 (122)
January 27, 1961.

Director, Indian and Northern
Health Services.

s.19(1)

Account--Doctor L. P. Simard, Chicoutimi, for Miss
[REDACTED]

You will recall that in the spring of 1960 some correspondence occurred over the rendering of accounts by members of the teaching staff of Hotel Dieu St-Vallier Hospital, Chicoutimi, for services rendered to indigent Indian staff patients hospitalized there. One of the surgeons involved in this correspondence was Doctor L. P. Simard with whom Doctor Savoie corresponded on June 22, 1960 (her file 21/17-11) and apparently the matter was satisfactorily resolved. However, I just received the attached correspondence from Indian Affairs Branch which indicates that while Doctor Simard apparently has accepted the fact that I.N.H.S. will not make payment for his professional services to indigent Indians in general and the patient in particular, he has been making efforts to collect directly from the Indian who is apparently indigent.

For your consideration and appropriate action please. I would appreciate your remarks on the situation at Chicoutimi.

Original Signed

H. A. PROCTER

P. B. Moore, M.D., D.P.H.

Encl.

WH

17/21

PA 850-1-A21(M22)

Ottawa, le 11 avril 1960.

[REDACTED]
Chicoutimi (P.Q.)

Monsieur,

Services médicaux pour les Indiens du Canada

s.19(1)

Le Colonel H.M. Jones, Directeur des affaires indiennes, m'a transmis votre lettre du 21 mars parce que les questions relatives à la santé des Indiens du Canada relèvent de la Direction des Services de santé des Indiens et du Nord. Je prends acte que vous êtes le père de Mme [REDACTED] qui a épousé M. [REDACTED], Montagnais numéro [REDACTED] de la bande du Lac St-Jean.

Vous vous rendez compte, je crois, que votre fille, Mme [REDACTED], s'est montrée extrêmement indépendante dans le passé et ne semble avoir fait aucun effort pour collaborer avec les Services de santé des Indiens pour obtenir les soins médicaux dont elle avait besoin. Il y a deux ou trois ans, alors que M. et Mme [REDACTED] étaient hospitalisés au Sanatorium de Roberval et recevaient des traitements aux frais de nos Services, ils ont insisté pour quitter le sanatorium malgré l'avis du médecin, et faire à leur guise. Aussi récemment que l'été dernier alors que Mme [REDACTED] était à Montréal, elle a de propos délibéré ignoré les arrangements d'ordre médical des Services de santé des Indiens dans cette région, arrangements qu'elle connaissait très bien, et a accumulé des comptes de médecin et d'hôpital qui auraient pu être évités en recourant aux aménagements fournis par notre Direction. On lui a à ce moment-là appris par lettre que si elle faisait encore de cette façon des comptes pour des traitements médicaux et hospitaliers, elle devrait les régler elle-même.

000834

- 2 -

s.19(1)

A Québec, les Services de santé des Indiens maintiennent un bureau zonier qui est situé dans le même immeuble que le bureau régional de la Direction des affaires indiennes, et ces bureaux figurent dans l'annuaire du téléphone. Des arrangements complets ont également été pris à Québec encore pour fournir les soins médicaux requis par les Indiens du Canada qui ont besoin de l'aide de notre Direction. Je dois supposer que votre fille, Mme [REDACTED], a de nouveau sciemment passé outre à ces arrangements. Toutefois, comme M. [REDACTED] semble être gardé au Sanatorium de Roberval par une agence provinciale ou municipale, si Mme [REDACTED] a besoin d'assistance à même les deniers publics, je crois qu'elle devrait s'adresser à la même agence qui prend en charge le traitement de son époux. Or, il se peut que Mme [REDACTED] n'ait fait aucun effort pour tenir compte des arrangements pris par cette agence.

J'envoie une copie de votre lettre à nos fonctionnaires de la région de l'Est, pour leur gouverne, et afin qu'ils prennent les mesures qui s'imposent.

Veuillez agréer mes salutations distinguées.

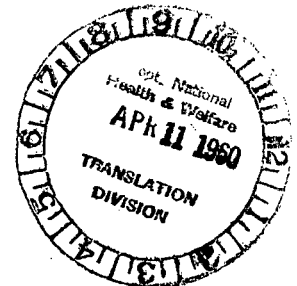
Le Directeur des Services de santé
des Indiens et du Nord,

P.E. Moore, M.D., D.P.H.

File No.

850-1-A21 (M22)

OTTAWA, April 8, 1960.



[REDACTED]
CHICOUTIMI, P. Q.

Dear [REDACTED]

Medical Services for Canadian Indians

s.19(1)

Colonel H. M. Jones, Director, Indian Affairs Branch, has referred to me your letter of March 21, 1960, because matters respecting the health of Canadian Indians are the concern of the Directorate of Indian and Northern Health Services. I note that you are the father of Mrs. [REDACTED] who is married to Mr. [REDACTED], No. [REDACTED] Montagnais of Lake St. John Band.

I believe that you realize that your daughter, Mrs. [REDACTED], has been extremely independent in the past and has made no apparent effort to co-operate with Indian Health Services in obtaining necessary medical attention. Two or three years ago, when both Mr. and Mrs. [REDACTED] were hospitalized at the Roberval Sanatorium and were receiving treatment at the expense of this Service, they insisted on leaving the sanatorium against medical advice and going their own way. As recently as last summer when Mrs. [REDACTED] was in Montreal, she quite deliberately bypassed the Indian Health Services medical arrangements in that area, of which she was well aware, and ran up doctor and hospital bills which she could have avoided by using the facilities available from the Directorate. At this time she was informed by letter that if she again incurred accounts in this fashion for medical or hospital treatment she must expect to settle them herself.

In Quebec City, Indian Health Services maintains a Zone Office which is located in the same building as the Indian Affairs Branch Regional Office and these offices are listed in the telephone directory. Complete arrangements have also been made in Quebec City for the provision of necessary medical attention to Canadian Indians

TO: Mr. Theogene Duchesne--II

s.19(1)

April 8, 1960.

who require assistance from this Directorate. I must assume that your daughter, Mrs. [REDACTED], once again deliberately bypassed these arrangements. However, since Mr. [REDACTED] is presumably being maintained in the Roberval Sanatorium by some provincial or municipal agency, should Mrs. [REDACTED] require assistance from public funds, I believe that she could look to the same agency as is sponsoring her husband's treatment. However, it may be that Mrs. [REDACTED] has not made any effort to follow the arrangements made by that agency.

I am passing a copy of your letter to my Eastern Region Officers for their information and any appropriate action on their part.

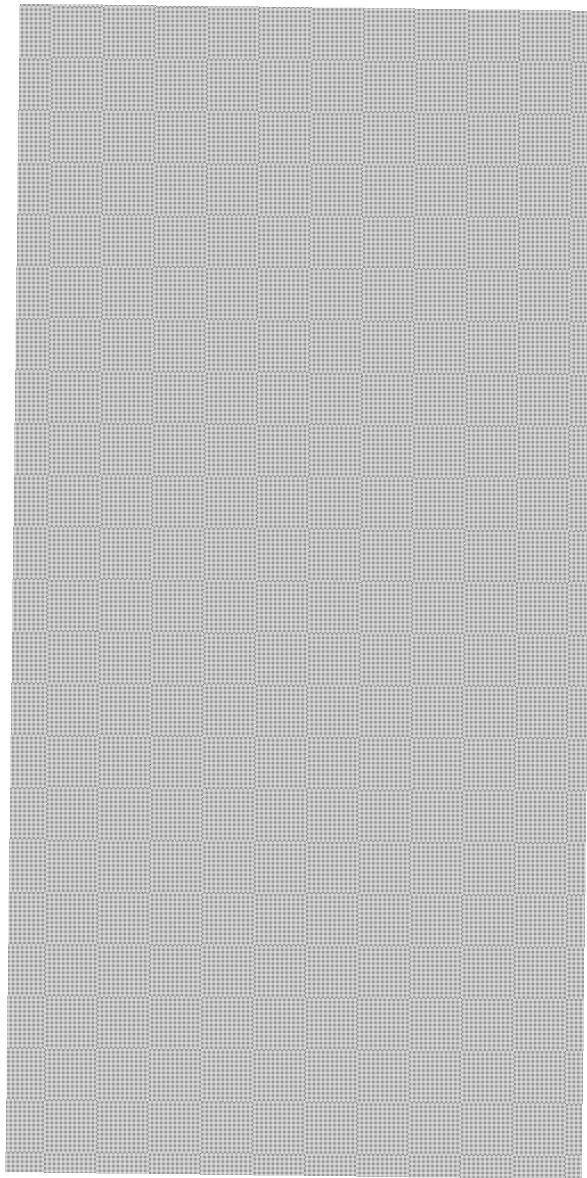
Yours very truly,

P. E. Moore, M.D., D.P.H.,
Director, Indian and Northern
Health Services.

cc Director, I.A.B.
Reg. Supt., Eastern
Zone Supt., Quebec

s.19(1)

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OTTAWA, ONTARIO

RECEIVED
JAN 10 1997
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OTTAWA, ONTARIO

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

TRANSLATION DIVISION

MEMORANDUM TO: Date: April 8, 1960.

Translation Division,
Room 818, Jackson Bldg.

Description of work to be done: Attached letter
dated April 8 to Mr. [REDACTED] s.19(1)

Special Instructions: To be translated from
English to French

Final Disposal: Sent to Dr. P. E. Moore, Director,
I.N.H.S. for signature

Return to: Doctor R. A. Armstrong,

Room 602 Building Booth

DEADLINE FOR COMPLETION: April 22, 1960.

Chief of Division or other
authorized official

M-1295
10.54



000839

PA.
File No.

850-1-A21 (122)

OTTAWA, April 8, 1960.

CHICOUTIMI, P. Q.

s.19(1)

Dear

Medical Services for Canadian Indians

Colonel H. M. Jones, Director, Indian Affairs Branch, has referred to me your letter of March 21, 1960, because matters respecting the health of Canadian Indians are the concern of the Directorate of Indian and Northern Health Services. I note that you are the father of Mrs. _____ who is married to Mr. _____, No. _____ Montagnais of Lake St. John Band.

I believe that you realize that your daughter, Mrs. _____, has been extremely independent in the past and has made no apparent effort to co-operate with Indian Health Services in obtaining necessary medical attention. Two or three years ago, when both Mr. and Mrs. _____ were hospitalised at the Roberval Sanatorium and were receiving treatment at the expense of this Service, they insisted on leaving the sanatorium against medical advice and going their own way. As recently as last summer when Mrs. _____ was in Montreal, she quite deliberately bypassed the Indian Health Services medical arrangements in that area, of which she was well aware, and ran up doctor and hospital bills which she could have avoided by using the facilities available from the Directorate. At this time she was informed by letter that if she again incurred accounts in this fashion for medical or hospital treatment she must expect to settle them herself.

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TO: Mr. Theogene Duchesne--II

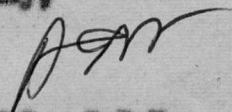
April 8, 1960.


s.19(1)

who require assistance from this Directorate. I must assume that your daughter, Mrs. [redacted], once again deliberately bypassed these arrangements. However, since Mr. [redacted] is presumably being maintained in the Roberval Sanatorium by some provincial or municipal agency, should Mrs. [redacted] require assistance from public funds, I believe that she could look to the same agency as is sponsoring her husband's treatment. However, it may be that Mrs. [redacted] has not made any effort to follow the arrangements made by that agency.

I am passing a copy of your letter to my Eastern Region Officers for their information and any appropriate action on their part.

Yours very truly,


P. E. Moore, M.D., D.P.H.,
Director, Indian and Northern
Health Services.


cc Director, I.A.B.
Reg. Supt., Eastern
Zone Supt., Quebec

WH

Regional Superintendent,
Eastern Region, I.N.H.S.

P.A.

850-1-A21 (M22)

Director, Indian and Northern
Health Services.


April 7, 1960.

No. Montagnais of
Lake St. John Band

I am attaching a copy of a letter from
of Chicoutimi, P.Q., who is the
father of Mrs. . Mrs. , you
may recall, has contributed many pages of correspon-
dence to the files of this Directorate over the past
few years and seems to have a chronic tendency to de-
liberately bypass the arrangements made by this
Service when she desires treatment for real or
imagined troubles. I am also attaching a copy of my
reply to Mr. .

s.19(1)

You may wish to pass a copy of this
correspondence to the Zone Superintendent, Quebec,
for her information.


P. E. Moore, M.D., D.P.H.

Encl.

WH

IN AFFAIRS
RANCH



OFFICE OF THE
DIRECTOR

422 87/17-1

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

OTTAWA, April 1, 1960.

Dr. P.E. Moore, D.P.H.,
Director,
Indian and Northern Health Services,
Dept. of National Health and Welfare,
Ottawa.

Dear Dr. Moore:

s.19(1)

Enclosed is a copy of a self-explanatory letter
(translation) from Mr. [REDACTED],
Chicoutimi, P.Q. and a copy of my reply for whatever action
you consider appropriate.

Mr. [REDACTED] is an Indian of the Pointe Bleue
Agency, No. [REDACTED] Montagnais of Lake St. John Band.

Yours sincerely,


H.M. Jones,
Director.

Enc.

001510

Text visible from previous page

s.19(1)

INDIAN HEALTH
SUB-COUNTRY

APR 4 2 47 PM '60

FILE 47

170.

11-10-68

...the

87/17-1 (PA)
CR:GF

OTTAWA, April 1, 1960.

s.19(1)

[REDACTED]
Chicoutimi, P.Q.

Dear [REDACTED]

I have for acknowledgment your letter of March 21st concerning your daughter [REDACTED] who is married to Mr. [REDACTED], No. [REDACTED] Montagnais of Lake St. John Band.

As medical services to the extent that such services are provided are the responsibility of the Department of National Health and Welfare, I have forwarded a copy of your letter to the Director of Indian and Northern Health Services of that Department.

Yours sincerely,

Original Signed by
H. M. JONES

H.M. Jones,
Director.

G.C. Director, Indian & Northern Health Services
Regional Supervisor, Quebec
Superintendent, Pointe Bleue

~~87/1700~~
87/17-1

Chicoutimi, March 21, 1960.

A

s.19(1)

Indian Affairs Branch,
Ottawa, Ont.

Gentlemen:

Here I am with the problem of an Indian who is married to a Canadian. He is in the Roberval Sanatorium and his wife is at the Roy-Rousseau Clinic in Quebec. As it is a couple of years since he has resided on the Reserve, through a lack of security, and was living most of the time in the woods, Indian Affairs do not want to take charge of their hospitalization; and no municipality grants them a right to public assistance. Those patients must be treated, nevertheless, because they are people, after all.

Please take this matter into consideration.

If it were possible, I should like you to send me a recommendation which I might send to the Roy-Rousseau Clinic to insure the adequate treatment of the wife. I thank you in anticipation.

Here is the Indian's name:

Pointe-Bleue Indian Reserve.

His wife's name is . I am her father and I do not have the means to help them, because I am an invalid.

Yours very truly,

(Sgd.)

Chicoutimi.

Translation
AT - 28-3-60

1-2-60
1-9-60
Jr

COPY FOR DIRECTOR

PA H2A
150-1-A21 (E71)

OTTAWA, 29 February 1960.

Doctor Harvin A. Stevens,
71 Park Avenue,
New York 16, N.Y.

Re: [REDACTED] - Pointe Bleue, P.Q.

Dear Doctor Stevens:

s.19(1) Last August and September you were kind enough to bring to our attention, the plight of the above mentioned Indian boy from Pointe Bleue Agency, Quebec, and to forward to us your clinical notes and recommendations. We are in receipt of a brief summary of [REDACTED]'s first hospitalization which is now being forwarded to you for your information, and with the respectful request that you would also inform Mr. [REDACTED], on whose behalf you were presumably acting as a consultant for this boy.

[REDACTED] was hospitalized in the Montreal Children's Hospital from October 19th. 1959 until January 21st. 1960. His admission diagnosis, as you are well aware, was chronic bilateral dislocation of the hips and pectus excavatus. As a result of their investigations, an open reduction of the left hip was done on November 20th. 1959 and this was followed by an external rotation osteotomy done on January 8th. 1960. The patient was then immobilized in a hip spica, and after an uneventful recovery was discharged to his home for the first waiting period in his long road to orthopedic recovery. His post-operative, and pre-discharge recheck x-rays, show the hip joint and the femur both to be in good position and the dislocation adequately reduced.

Again, thank you for your interest in this boy, and for bringing him to our attention.

Yours very truly,

AHS: pf

cc Director ✓
cc Doctor Hamel
cc Quebec Zone Supt.

J. H. Wiebe
J. H. Wiebe, M.D., H.P.H.,
Regional Superintendent, Eastern Region,
Indian & Northern Health Services.

000847

Eld

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IN

LEH

FEB 29 1 44 PM '60

Regional Superintendent,
Eastern Region, I.N.H.S.

Director, Indian and Northern
Health Services.

812-4-98

850-1-A21 (122)

December 14, 1959.

s.19(1)

Account--Sacred Heart Hospital, Cartierville, for Mrs. [REDACTED]

Further to my letter of September 9 on the above subject I have just received a letter from Director, Indian Affairs Branch, concerning [REDACTED] of Pointe Bleue. You may recall that in the previous correspondence it was suggested that while [REDACTED] was not registered as an Indian and did not live on a Reserve, he was entitled to be registered as an Indian and it was felt that the fact that he was not so registered was not his fault. Accordingly, the recommendation had been made that Indian Health Services accept the account.

Colonel Jones makes the following statement:-

"Mr. [REDACTED]'s status has been investigated and the evidence available indicates that [REDACTED]'s father, [REDACTED], and his grandfather, [REDACTED], were of non-Indian status. Therefore, in accordance with the provisions of Section 11 of the Indian Act, [REDACTED] and his family are not entitled to be registered as Indians."

Under the circumstances, Indian Health Services cannot consider payment of the account at the Sacred Heart Hospital, Cartierville, for Mrs. [REDACTED]

P. E. Moore, M.D., D.P.H.

WH

N AFFAIRS
ANCH



OFFICE OF THE
DIRECTOR

21/29-1

H22

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

Ottawa, December 8, 1959.

Dr. P.E. Moore, D.P.H.,
Director,
Indian and Northern Health Services,
Dept. of National Health and Welfare,
OTTAWA.

Dear Dr. Moore:

Mr. Gordon of the Welfare Division received an inquiry by telephone from Dr. R.A. Armstrong of your Service sometime ago concerning one, [REDACTED] who resides in the vicinity of Pointe Bleue, Quebec.

s.19(1)

Mr. [REDACTED]'s status has been investigated and the evidence available indicates that [REDACTED]'s father, [REDACTED], and his grandfather, [REDACTED] were of non-Indian status. Therefore, in accordance with the provisions of Section 11 of the Indian Act, [REDACTED] and his family are not entitled to be registered as Indians.

Yours sincerely,

Acting Director.

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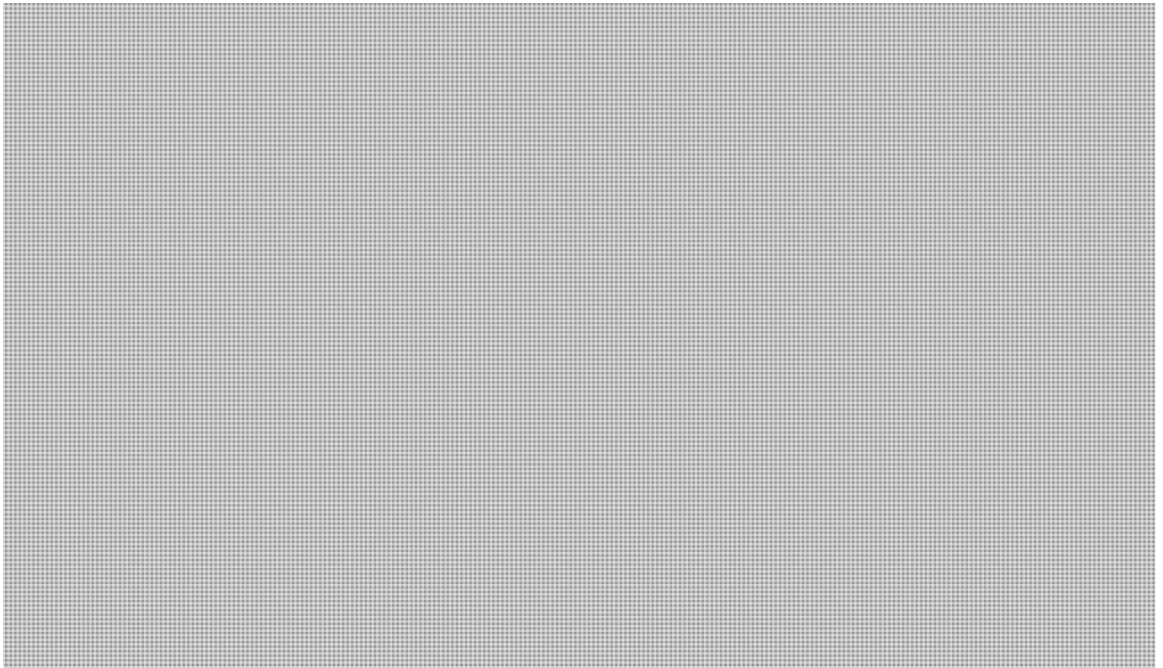
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INDIAN HEALTH
SUB-REGISTRY

DEC 10 3 42 PM '59

FILE NO:

s.19(1)



RECEIVED
1959 DEC 10 3 42 PM

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Director, Indian & Northern
Health Services

YOUR FILE:

DATED:

OUR FILE: 150-1-A21 (Vol.2)
(E70)

FROM: Regional Supt., Eastern Region

DATE: 8 Oct. 1959

SUBJECT:

[REDACTED] - Pointe Bleue

s.19(1)

Reference is made to telephonic communication and correspondence you have had with a certain Mr. [REDACTED] in Montreal who became interested in [REDACTED], whose disability has been diagnosed as Congenital dislocated hips.

It has been firmly established that the child is eligible for assistance and Doctor Hamel has been instructed to admit him to the Orthopaedic Clinic of the Montreal Children's Hospital. Doctor Hamel has been asked to keep close contact with the hospital so that during periods of quiescence in the patient's treatment he may be removed from hospital for care elsewhere. He has also been instructed to let us have monthly reports on the boy's progress. For your information we attach a copy of an assessment made by Dr. H.F. Farfan of the Montreal Children's Hospital. If this paper is of no specific interest to you we would be glad to have it returned to our files where it will serve to complete the profile on this case.

J. H. Wiebe

J. H. Wiebe, M.D., M.P.H.
Regional Supt., Eastern Region

Encl. 1

JHW/cf

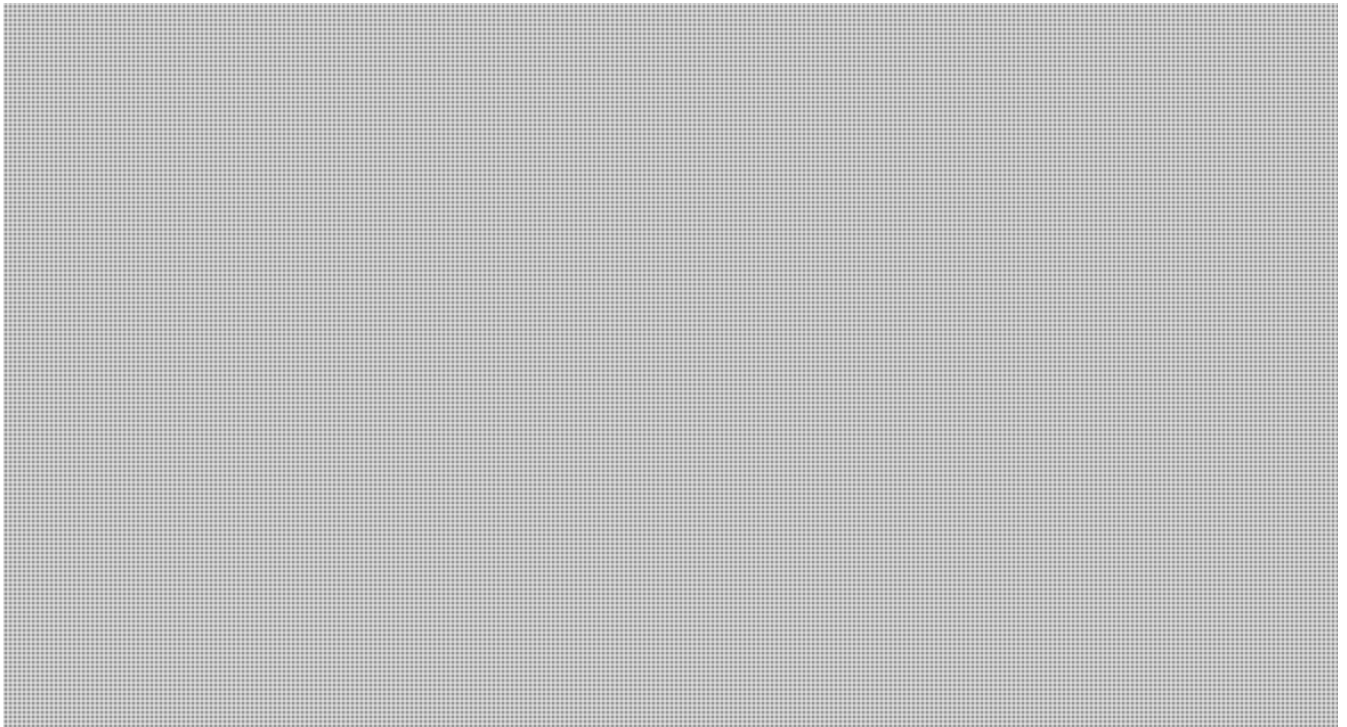
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OCT 8 1 01 64 28

s.19(1)

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002481
INDIAN HEALTH
SUB-REGISTRY

OCT 8 1 07 PM '59
FILE NO:





THE MONTREAL CHILDREN'S HOSPITAL

formerly THE CHILDREN'S MEMORIAL HOSPITAL

2300 TUPPER STREET
MONTREAL 25. QUE.

September 24th, 1959

RE: [REDACTED]

s.19(1)

Dr. A. M. Hamel,
Department of Indian Affairs,
Caughnawaga, P.Q.

Dear Dr. Hamel:-

This little boy was seen at our Orthopaedic Clinic, on the 24th of September, 1959. He is now age [REDACTED] years. The principal abnormalities are:-

1. Bilateral Congenital dislocation of both hips.
2. Gross pectus excurvatum.

The upper extremities appear normal. The lower extremities appear normal, except for the dislocated hips. Both hips ride extremely high on the illium, with a fair degree of mobility.

X-Rays show the gross dislocation on both sides and absent or late appearing upper femoral epiphyses. Because of the dislocated hips, there is an increased lumbar lordosis, and the gait in this child is extremely poor.

In my opinion, the pectus excurvatum is ammenable to surgical treatment, with a good prognosis. The bilateral dislocated hips, present a very severe problem, but I feel that if this problem is not attended to soon, it will only be more difficult to treat later. Were this boy's condition left in status quo, he is sure to have great difficulties with ambulation at a fairly early age.

I therefore advise that this child be admitted to hospital for surgical treatment of both hips and possibly for the chest. I should like to remark, however, that even with surgical treatment, the over all prognosis of the hips remains poor and that the only chance to obtain a worthwhile result, would be to have treatment carried out at this time.

Sincerely,

H.F. Farfan, M.D. F.R.C.S. (C)
Certified Specialist,
Province of Quebec,
Orthopaedic Department,
Montreal Childrens Hospital



Reg. Supt. Eastern Region,
Indian Health Services,
Room 406, Booth Bldg.,
165 Sparks St., OTTAWA, Ont.
Zone Supt. (Quebec Zone)

812-4-58

850-1-A21

ORIGINAL

COPY

ON

FILE(S)

112-4-620 (E73)

812-4-58 (122)

2 1-17 1959.

21/17-12 (213)

October 2, 1959.

Account - Sacred Heart Hospital, Cartierville, for Mrs. [REDACTED]

s.19(1)

Please find enclosed a memo from Mr. Boulanger, Regional Supervisor of Indian Agencies, explaining his attitude concerning giving welfare to the [REDACTED] family.

Personally, we agree completely with Mr. Boulanger as regards the first paragraph of page 2 of his memo. My own recommendation would be that we accept this account but that the necessary steps are taken to advise [REDACTED] of what he should do to regularize his situation.

M. Savoie

M. Savoie, M.D. (213)
Quebec Zone Superintendent,
Indian Health Services.

MS/tv
Encl. 1

FILE NO:

OCT 8 3 1959

SUB-REGISTRAR
INDIAN HEALTH

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BEST COPY AVAILABLE

s.19(1)

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

MEMORANDUM

TO: Zone Superintendent,
Indian Health Services,
FROM: Regional Supervisor of Indian Agencies
SUBJECT: Mr. & Mrs. [REDACTED],
Kiskiasing,

OUR FILE: 21/3-3

YOUR FILE: 1/2-1-320

DATE: September 24, 1959.

Hereunder, you will find a few comments on the contents of Dr. Moore's letter dated September 9, 1959.

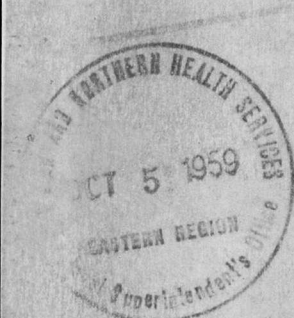
If we strictly adhere to the Indian Act and our regulations, there is no doubt that Mr. & Mrs. [REDACTED] are not presently eligible for departmental assistance. They are not registered Indians and are living off Reserve.

It is to be noted, however, that they are not also eligible for assistance from the Province as they live in an unorganized territory; they are not paying taxes of any kind and the Welfare Agency for that region cannot afford neither the personnel nor the funds to look after them.

I do not think I would hesitate to grant them temporary Welfare assistance if they were in dire need, pending the approval of Branch office, as it is felt that we have here a border-line case which, subject to a wide interpretation of our Welfare regulations, would deserve consideration.

First of all, in the eyes of provincial officials, the [REDACTED] family is of an Indian status for all intents and purposes. As far as our own Branch is concerned, we have the assurance that they could be registered. [REDACTED] is, in fact, the brother of [REDACTED] and they were both born at Pointe Bleue Indian Reserve from parents officially identified as Indians.

At the time the lists were made in 1951, [REDACTED] being in Kiskiasing, which is an isolated area, I presume that he did not have the opportunity to see the lists or that he was not even informed of the necessity for him to register if he wanted to retain his Indian status. I also feel it was due to an oversight if his name was not automatically included on the original list.



000856

BEST COPY AVAILABLE

s.19(1)

File: 21/3-3


Zone Superintendent

-2-

24.9.59

Secondly, the [redacted] family have lived by their own means so far. Their case deserves much more consideration than others who failed to help themselves although they had much better opportunities to do so.

To summarize, it is my opinion that [redacted] and his family are not legally entitled to any assistance due to the fact that they are poor ignorant people living in an isolated area and who were not properly informed by our staff of the advantages for them to register as Indians. In other words, they were not explained the difference between Indian extraction and Indian status. If this fact bars them from benefiting assistance from the Branch and Indian Health Services, we feel it would only be fair for us to advise them of the proper steps to be taken to correct this situation which actually prevents them from being eligible to any kind of public or departmental assistance.

R.L. Boulanger,
Regional Supervisor of Indian Agencies

c.c. Ottawa
c.c. Supt. No. 21

000857



DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

150-1-A21

IN YOUR REPLY REFER TO
OUR FILE NO.

Sept. 29th, 1959.

Dr. J.H. Wiebe, M.P.H.,
Reg. Supt., Eastern Region,
Indian & Northern Health Services,
165 Sparks St., Booth Building,
Ottawa, Ont.

s.19(1)

Dear Doctor,

Re: [REDACTED]

Following our telephone conversation regarding the above-mentioned little Indian boy from Pointe Bleue, I did as you suggested and took him to the Orthopaedic Department of the Montreal Children's Hospital and am sending you the original report.

I tried to contact you by telephone the other day and was told you would be absent for at least a week. The reason I called was to have your decision in this regard as to whether or not to place the boy at the Children's Hospital for treatment. It is important that I have your permission to go ahead in this matter as soon as possible, as you can see from the nature of the report.

The father and mother of this child were here last weekend to see the boy and they give their wholehearted consent to whatever treatment will prove beneficial to him.

(over)



Phoned Dr. Hamel. OK.

- ① To report to P.Z.
- ② Keep close surveillance in hospital
- ③ Return to Chippewagan after treatment

7-10-59.



DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

IN YOUR HANDS
OUR FUTURE

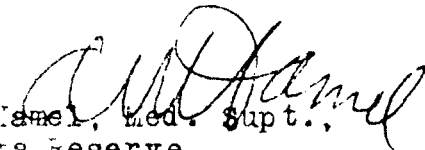
- 2 -

In the meantime, in order to minimize the expense, I suggested to the parents who have to return home on Sept. 30th, that they take their child back with them. Upon hearing from you, and in the event of your approval I shall then obtain a bed for the boy and notify the parents to bring him to Montreal.

I am also enclosing a medical report intended for Dr. H. Procter.

Yours,

AMH/ps
Encl.


Dr. A.M. Hamel, Med. Supt.,
Caughnawaga Reserve,
Indian Health Services,
Caughnawaga, Que.

E70

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Reg. Supt. Eastern Region,
Indian Health Services,
Room 406, Booth Bldg.,
165 Sparks St., OTTAWA, Ont.
FROM: Zone Supt. (Quebec Zone)

YOUR FILE: 150-1-A21 (E70)

DATED 18 Sept. 59.

OUR FILE: 21/3-3 (213)

DATE: 25 Sept. 59.

SUBJECT:

[REDACTED], Band No. [REDACTED], Pointe Bleue.

Please find enclosed copy of a report we have just received on that child from our nurse-in-charge at Pointe Bleue.

You will note that the child was seen by an orthopedic surgeon in Chicoutimi in 1955 and has been wearing a special dorsal support since January 1959. The diagnosis of congenital dislocation of the hips was never noted.

Miss Levesque is correct in mentioning that Dr. Dumas mentioned the case to me when I passed through Roberval on September 7. I told him that I would make arrangements to have that child seen by an orthopedic surgeon here in Quebec; it will evidently be quite satisfactory if he is treated in Montreal instead.

s.19(1)

You will note from Miss Levesque's report that [REDACTED] is definitely an Indian from Pointe Bleue whose parents fulfil residency requirements.

I do not think any blame could be reflected on our Pointe Bleue people who, I am sure, did all they could for the child.

For your information.



MS/tv

Incl. 1

M. Savoie

M. Savoie, M.D. (213)
Quebec Zone Superintendent,
Indian Health Services.

Dr. A.M.Hamel,
Indian Health Services Clinic,
Caughnawaga, Que.

150-1-A21(E70)

Regional Supt., Eastern Region

23 Sept. 1959

[REDACTED], Band No. [REDACTED] - Pointe Bleue

s.19(1)

Attached you will find two x-ray plates and certain correspondence relating to [REDACTED] about whom we spoke on the telephone last week and who presumably is now under your care.

As far as we can determine from Indian Affairs Branch here this boy has now been properly identified. We are still awaiting word from Quebec on this matter however.

The attached material might be of some value to the consulting orthopedic surgeon who will be examining this boy. I believe that they can remain on your files after the surgeon has seen them.



J. H. Wiebe, B.D., M.P.H.
Regional Supt., Eastern Region

Encl.

JHW/cf

ELIZABETH KENNY INSTITUTE

MEDICAL CENTER

Wenderson 3-8712-13

MARVIN A. STEVENS M.D. Medical Supervisor

September 21, 1959

Harry Procter, M. D.
Indian Health Service
Department of Health & Welfare
Ottawa, Ontario, Canada

s.19(1)

RE: [REDACTED]

Dear Dr. Procter:

Dr. Stevens examined the above named patient on August 26th, 1959 and the following is a copy of his examination which is sent to you as per his instructions.

"On the right he has a good extensor hallucis longus and good extensors of 2, 3, 4 and 5. Good peroneals. Apparently all the muscles in the right leg are functioning.

Patient has a marked shoemaker's chest.

On the left he has good peroneals, good tibials, good gastroc soleus group, good hamstrings.

Patient has a marked lordosis as well as old evidence of rickets.

Arms function normally.

Clinically patient has bilateral dislocation of the hips.

Apparently all erector spinae groups function.

He has a typical gait of a dislocated hip case."

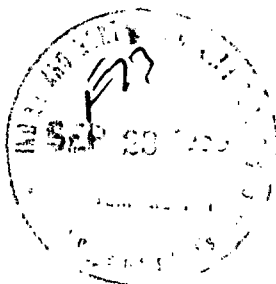
Very truly yours,

Florence Maher

(Miss)

Florence Maher
Secretary

fm/s



BEST COPY AVAILABLE

Quebec Zone Superintendent,
Indian Health Services,
P.O.Box 430, Quebec 4, P.Q.

150-1-A21(E70)

Regional Supt., Eastern Region

18 Sept. 1959

s.19(1)

[REDACTED], Band No. [REDACTED] -- Roberval.

May we bring to your attention a somewhat extraordinary sequence of events relating to the above mentioned Indian child (presumably belonging to the Pointe Bleue Agency).

A telephone message from a Mr. [REDACTED] of Montreal informs us that on a recent hunting trip in the area north of Roberval he and a party of American visitors ran across [REDACTED]. One of the party was a surgeon who examined [REDACTED] and found what he believed to be a congenital dislocation of the hips. Apparently the boy was taken to a doctor in Roberval who more or less shrugged his shoulders and indicated that nothing could be done for the boy. Thereupon the party of Americans acquired the consent of the parents to have the boy flown with them to New York City where he would be examined by competent medical people.

This has now been done and today we have a message from Dr. [REDACTED] that indicates that [REDACTED] will be returning to the City of Montreal with his patrons, probably this coming week-end. In order that treatment, if necessary, be not delayed we have asked Mr. [REDACTED] to be in touch with Dr. Hamel who will take the boy in custody.

It is important to determine without delay whether this boy is in fact a bona fide member of an Indian Band and other pertinent facts. It is almost certain that the nurse-in-charge would have known about this case were the child an Indian and would have taken the necessary steps to have him treated if in the opinion of the local medical profession this were possible.

Before Dr. Hamel admits this child to the Montreal facilities it is important that we should know whether or not he is a proper charge against Indian and Northern Health Services. In the event that he is not, we must find out whose responsibility he might be. Would you please consider this investigation as urgent. Unfortunately we are unable to give you more detail than that contained above.

c.c. Dr. A.M. Hamel
c.c. Director

AHW/cf

J. H. Niche, M.D., M.P.H.
Regional Supt., Eastern Region

MINUTES ON ATTACHED CORRESPONDENCE

s.19(1)

File

Page

Subject

Cong. Disloc. Hip - Roberval

Mr [redacted] - Montreal (other details not known yet) phoned 10 sep 59 with the following story:
a group of hunters (apparently well-off) visiting the Roberval area became acquainted with a [redacted] year old Indian Boy who they have had diagnosed as "bilateral disloc. of hip & collapse cavity of chest". The surgeon consentated believed that ortho. surgery would improve his condition. The pressure is on to have the elbow.
I advised that we would want a further ortho. consentation either at St. Foye or Queen Mary. They are going to get him to one of these but in the interim there is to be material in the mail addressed to Director.
noted [signature] (Value of surgery - doubtful?) [signature] (over)

s.19(1)

(H.F.) Room 505 Dominion Sq. Bldg., T.

17-9-9. Mr. [redacted] called. Boy King returned from New B.
to Montreal on Saturday 19-9-9.

① Mr. McCrimmon, I.B.B., confirms that this is under

[redacted], Beach St. [redacted] Pointe Bleue.

② [redacted] instructed to deliver the boy to Dr. Harnack.
She will look after consultation.

③ If (a) this boy is not the one stipulated
b) nothing can be done for him.

Mr. [redacted] understands that charges in
the connection with returning him to [redacted] must be his [redacted].

HOURS
APPOINTMENT

TELEPHONE
MURRAY HILL 6-5724

DR. MARVIN A. STEVENS
71 PARK AVENUE
NEW YORK 16 N. Y.

September 17, 1959

Harry Procter, M. D.
Indian Health Service
Dept. of Health and Welfare
Ottawa, Ontario
Canada

s.19(1)

Dear Dr. Procter:

I examined [redacted] on August 26, 1959, at the request of Mr. [redacted]. I am forwarding you my notes of that date and comments together with x-rays taken here under separate cover for your appraisal.

Clinically and by x-ray evidence it is quite apparent that this little Patient has bilateral congenital dislocation of the hips and will require extensive hospitalisation, orthopedic surgery and post operative rehabilitation.

A complete medical evaluation was not done and, of course, would be necessary before any surgery on the chest would be contemplated. It is my feeling his first problem is, of course, the correction of his dislocated hips and it is doubtful that chest surgery will ever be performed.

In brief, I have advised Mr. [redacted] that this little Patient's stay in this country would be extensive and unnecessary as it is my understanding that you have the facilities and, certainly the orthopedic surgeons to handle this case quite satisfactorily and I have recommended the transfer of this case to your care and supervision.

Very truly yours,

Marvin A. Stevens
Marvin A. Stevens, M. D.

MAS:LP

cc: [redacted]

Regional Superintendent,
Eastern Region, I.N.H.S.

PA. 812-4-88) (122)
850-1-421)
September 9, 1959

Director, Indian and Northern
Health Services

Account--Sacred Heart Hospital, Cartierville, for
Mrs.

s.19(1)

We have received the March, April and May 1959 accounts of the
Sacred Heart Hospital, Cartierville, for hospitalization of Mrs.


of Kiskissing, together with Doctor Savoie's letters of July 22 and
August 6, and your letter (112-4-820) of August 5. I note that it is stated
that is not registered on any Band and that he has not been
living on a reserve for many years. Because it seemed very odd that the
Agency Superintendent would grant relief to if he were not an Indian
and not living on a reserve, we consulted Indian Affairs Branch Head Office
to see if any light could be shed upon the matter. There is a general list
for Pointe-à-la-Croix Agency, so that apparently is not registered even in
this fashion. Thus, although, could apparently be registered
anytime he chose to apply, he is not at the moment a registered Indian and,
therefore, is beyond assistance from Indian Health Services. This situation
can hardly be considered comparable to the case of a child whose status is
in doubt and who receives assistance from Indian Health Services and Indian
Affairs Branch pending clarification of his status.

Indian Affairs Branch advise that they have a reg-
istered under No. Pointe-à-la-Croix Band. Presumably, this is not the same
person. I believe that Indian Affairs Branch would like to know on what
grounds relief assistance would be given to a person who is not a registered
Indian and who is not living on a reserve. Would you please ask Doctor
Savoie for her further remarks on this matter. The way things stand now, it
does not appear that this account can be accepted by Indian Health Services.
We will, however, defer decision until clarification has been obtained.


P.E. Moore, M.D., D.P.H.

H22 150-1-A21(E70)

OTTAWA, 24 July, 1959


Chicoutimi, Que.

s.19(1)

Dear Mrs. ,

Your letter of the 29th of May '59 referring to difficulties you had in connection with obtaining medical and hospital services while in Montreal for your recent delivery, has been referred to this office for reply.


Our investigations of the circumstances have shown that you made no attempt to co-operate with our officers in the field in order to ensure that all requirements were fulfilled. In view of this we are not inclined to pay your accounts in the amount of \$36.75 with the Hospital St. Joseph and \$50.00 with Dr. Jean Marc Sauvé.

Since, however, we are informed that you have no intention of paying the doctor who served you so well and the hospital, we are asking them to transmit their accounts to us so that we may recommend to our Director that they be paid. This we do entirely to ensure that the doctor and the hospital will not find themselves unpaid, for they acted in good faith and in a humanitarian manner.

We should wish to advise you that if, in future, you incur accounts under similar circumstances, this Service will be unable to meet them unless you seek the advice of and follow the instructions of the nurse-in-charge and the Agency Superintendent at your home reserve.

→ c.c. Director
Director, I.A.B. (File 21/17-1)
Quebec Zone
Dr. A.M. Hamel

Yours very truly,


J.H. Wiebe, M.D., M.P.H.
Regional Supt., Eastern Region,
Indian & Northern Health Services

s.19(1)

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W. H. H. H. H. H.

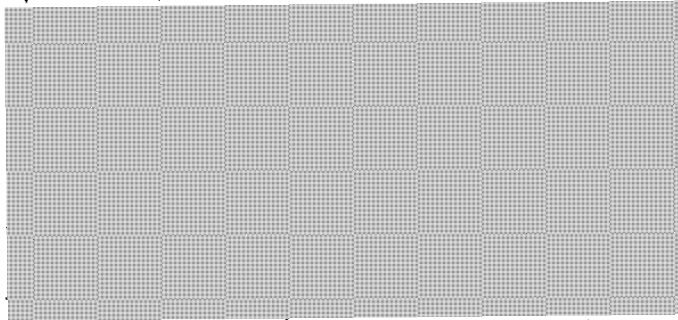
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W. H. H. H. H. H.

INDIAN HEALTH
SUB-REGISTRY

JUL 24 2 29 PM '59

FILE NO.



Your file 21/17-1

150-1-A21(E70)

OTTAWA, 24 July, 1959

Director,
Indian Affairs Branch,
Dept. of Citizenship & Immigration,
Ottawa, Ont.

Dear Colonel Jones,

s.19(1)

Re: Mrs. [REDACTED] of Chicoutimi

Attached is a copy of a letter we have written
to Mrs. [REDACTED] in reply to that transmitted by you to us
some time ago.

Yours very truly,

P. E. Moore, M.D., B.P.H.
Director, Indian & Northern
Health Services

JHW/cf

P

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

850-1-A21

TO: Director, Indian & Northern
Health Services

YOUR FILE:

DATED:

OUR FILE 150-1-A21(E73)

FROM: Regional Supt., Eastern Region

DATE: 3 Dec. 1958

SUBJECT:

Account-Jonquiere Police-[REDACTED]-Pointe Bleue Agency

s.19(1)

Attached for your information is a self-explanatory copy of a memo dated 15 September to the Quebec Zone and Dr. Savoie's reply of November 21st, concerning the transportation accounts from the Municipality of Ste-Germain-du-Lac Etchemin and the Cite de Jonquiere for [REDACTED], an Indian of Pointe Bleue. The relevant correspondence referred to in Dr. Savoie's memo of November 21st is also attached.

As will be evidenced from a perusal of this correspondence the situation is rather involved but we certainly question the idea that Indian and Northern Health Services is responsible for all the costs involved in the peregrinations of this admittedly troublesome but sick Indian. Indian and Northern Health Services is, of course, prepared to accept hospitalization accounts for sick and needy Indians and where the patient is certified as financially indigent will also accept accounts for the cost of transportation to and from the place of treatment.

While there would seem to be some case for our accepting responsibility for the accounts from the Cite de Jonquiere, the account from the Municipality of Ste-Germain-du-Lac is not exactly in the same category, constituting merely assistance given to a destitute visitor. We feel that the involved circumstances which resulted in these accounts justify an expression of legal opinion as to what responsibility Indian and Northern Health Services has and whether part or all of the accounts in question should be the responsibility of another agency or agencies. If you concur will you please arrange to obtain an opinion from our Legal Division and forward this to us with the attached correspondence after the latter has served its purpose.

c.c. Quebec Zone

E. P. Ward
for J.H. Wiebe, M.D., M.P.H.
Regional Supt., Eastern Region

EPW/cf

Quebec Zone Superintendent,
Indian Health Services,
P.O.Box 430, Quebec 4, P.Q.

150-1-A21(E70)

Regional Superintendent, Eastern Region

15 Sept.1958

Account - Jonquiere Police

The attached letter and account is passed to you for consideration since it came directly to Ottawa.

This is indeed a strange type of account and has a number of aspects which we believe should be investigated. Why were the City police involved to the extent that they were? Why could they not get any assistance from the Indian Superintendent? Was it impossible to contact our nurse? Why did certain sanatoria refuse admission of [REDACTED]

s.19(1)

I believe Mr. [REDACTED] is the patient about whom we have had considerable correspondence in the past and it would be very much appreciated if you would go to the bottom of this whole thing so that in future proper channels might be followed.

It is most unlikely that we will be able to pay for [REDACTED] stay in the cells of the Jonquiere police station since there appears to have been a charge of drunkenness connected with his transportation. On the other hand, we will undoubtedly need to make some form of restitution. For your comments please.

(sgd) J.H.Wiebe, M.D., M.P.H.
Regional Supt., Eastern Region

c.c.H.Q.

Reg. Supt. Eastern Region,
Indian Health Services,
Room 406, Booth Bldg.,
165 Sparks St., OTTAWA, Ont.
Zone Supt. (Quebec Zone)

150-1-A21 (E70)
Sept. 15, 1958.
21/17-19 (213)

Nov. 21, 1958.

s.19(1)

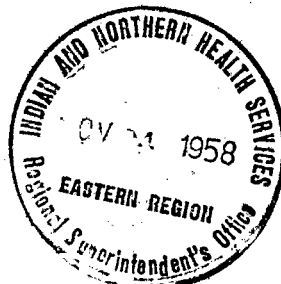
Account Jonquière Police - [REDACTED] - Pointe Bleue Agency.

Please find enclosed two vouchers for the transportation back and forth from the Begin Sanatorium of [REDACTED] an Indian of Pointe Bleue. This involves the Jonquière and Ste-Germaine Police. We have also included the relevant correspondence.

This situation is pretty involved, as you may remember, but can be summarized as follows: [REDACTED] is a trouble maker that has been refused by one sanatorium after the other. Every cent he gets is spent on drinking and his conduct is disorderly to say the least. In both places, the police was contacted because of complaints against him by people who found him drunk. All parties concerned acted in good faith, I mean the police, the sanatorium, our Nurse and the Assistant Superintendent of Pointe-Bleue Agency.

Unfortunately, there is no hope that we can collect from [REDACTED] who is really sick, though not active, and cannot work; he has no money whatsoever and is usually fed at the various prisons he is sent to. I am afraid we will have to accept both these accounts.

For your consideration.



M. Savoie
M. Savoie, M.D. (213)
Quebec Zone Superintendent,
Indian Health Services.

MS/tv
Encls.

Bessimé, Oct 15th, 1958.

The Superintendent of the Quebec Zone,
Indian & Northern Health Services,
3 Beade St., Upper Town,
Quebec, Quebec.

s.19(1)

Dear Dr. Savie:

In answer to your letter of October 3rd, 1958,
in connection with [REDACTED]. I remember having
received from the Jonquiere Police a telephone call by which
I was being informed of the arrest of [REDACTED].

This Indian is well known to the Police at
Jonquiere, many times he has caused them much trouble
and they did not want to keep him in jail.

I then called nurse Lavoie who is familiar
with this case, no hospital ~~would~~^{will} accept this Indian except
the Bejin Sanatorium, we then decided to ask the police
to send him back to the Sanatorium in the Eastern
Townships where he had already been hospitalized.

The means of transportation to that place are
quite difficult and I did ask the Police to take the
necessary means to reach that destination but I did
not suggest any particular way; Hoping that this information
will be useful to you, I am

Yours truly,

E. H. Pelletier.

[REDACTED]
3rd floor

3/I7-I9
2I/I7-I9

Bersimis le 15 octobre 1958

Surintendant Zone de Quebec,
Service de la Sante Des Indiens,
3 rue Buade, Haute-Ville,
Quebec, Que.

Sujet: [REDACTED]
Pointe Bleue.

s.19(1)

Cher Docteur Savoie,

En reponse a la votre du 3 octobre 1958 au sujet de [REDACTED], je me souviens avoir reçu un appel telephonique de la police de Jonquiere, laquelle m'informait de l'arrestation de [REDACTED].

Cet Indien est tres connu de la police a Jonquiere, il leur a cause du trouble a plusieurs reprises et ils ne voulaient pas le garder aux cellules.

J'ai alors appele Garde Levesque qui connait tres bien ce cas, aucun hopital ne veut garder cet Indien, excepte le Sanatorium Begin, nous avons alors decide de demander a la police de le renvoyer au Sanatorium dans les Cantons de L'Est ou il avait deja ete hospitalise.

Les moyens de transport pour se rendre a cet endroit sont assez difficile et j'ai demande a la police de prendre les moyens pour qu'il se rende a destination, mais je n'ai suggere aucun moyen en particulier, esperant que ces quelques renseignements pourront vous etre utiles, je demeure,

Bien a vous,



E.H. Pelletier
E.H. Pelletier,

Pointe Bleue, Sept. 27th 1958.

The Superintendent of the Quebec Zone,
Indian & Northern Health Services,
P.O. Box 430 - Upper Town
Quebec, 4, P.Q.

s.19(1)

[REDACTED]

It is true, that Mr. [REDACTED] is now in jail, however the infraction was not committed till after his stay in the hospital, that is, the ~~1st~~ day which followed his arrival at Roberval. According to the Royal Canadian Mounted Police, ~~they~~ ~~had to put him away~~ he had to be ~~sent~~ jailed because they had received many complaints from people ~~many citizens~~ ^{people off} Roberval.

I discussed the case with Mr. Tacombe and he looked after Mr. [REDACTED] when the Chief of Police of Ste Hermine advised him that an Indian had been discharged from the hospital and did not have any money for the return trip. Mr. Tacombe communicated and I telephoned the hospital to find out if the man in question had been released from the hospital. As it was so, Mr. Roy issued him a ^{with} travel warrant and [REDACTED] was able to get on the train Quebec - Roberval.

~~What~~ Concerning the transportation of [REDACTED] to the Begin Sanatorium at Ste Hermine, Mr. E.H. Pelletier called me on a Saturday night at 11 P.M. A doctor had seen Mr. [REDACTED] who was hemorrhaging and he should be hospitalized. According to Mr. Pelletier the Jonquiere Police would do the transportation of Mr. [REDACTED] to the Begin Sanatorium which would admit him. I authorized the transportation believing that the Police officer would use his car.

I have already written to you concerning Mr. [REDACTED], to inform you that he is on the black list of many hospitals. Due to his alcoholic intoxication ~~strongly~~

(over)

000876

he endangered his life, this time it was less serious but how could I judge from such a distance. Finally if I should have acted otherwise, tell me what to do for the next time.

Simone Lévesque PHN
Nurse in charge - Pointe Bleue.



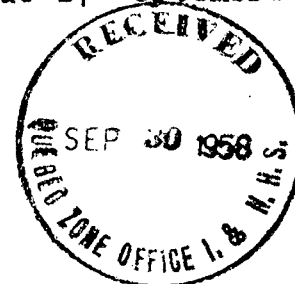
DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

IN YOUR REPLY REFER
TO FILE No. 21/17-10
YOUR FILE No.

Pointe-Bleue 27 Septembre 1958

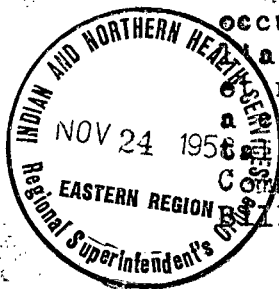
Surintendant Zone de Québec
Service Santé des Indiens
C.P.430 Haute-Ville
Québec 4 P.Que.

s.19(1)



Il est exact, que M. [redacted] soit présentement en prison, cependant l'infraction a été commise après son séjour à l'hôpital, soit dans la journée qui suivie son arrivée à Roberval. D'après la Police Montée, ils ont dû le mettre à l'ombre parce qu'ils ont reçu des plaintes de plusieurs personnes de Roberval,.

J'ai discuté du cas avec Mr. Lacombe, il s'est occupé de Mr. [redacted] lorsque le chef de Police de Ste. Germaine l'a averti qu'il y avait un indien qui était sorti de l'hôpital et n'avait pas un sou, pour le voyage de retour. Mr. Lacombe a communiqué avec moi, j'ai téléphoné aux autorités de l'hôpital pour savoir si le monsieur en question avait bien son congé. Comme c'était bien le cas, Mr. Lacombe lui a fait un Warrant, et il a pu prendre le train [redacted] la journée.



Lorsqu'il s'est agit du transport de Mr. [redacted], à Ste. Germaine, Sanatorium Bégin, Mr. E.H. Pelletier, m'a téléphoné un samedi soir vers 11hrs. il fallait absolument hospitaliser, un médecin avait vu M. [redacted], celui-ci faisait des hémorragies, selon Mr. Pelletier la police de Jonquière a accepté le transport et au sanatorium Bégin on acceptait de recevoir Mr. [redacted]. J'ai autorisé le transport croyant que le policier irait avec son automobile.

Je vous ai déjà écrit au sujet de Mr. [redacted] pour vous dire qu'il était sur la liste noire de plusieurs hôpitaux, à la suite d'intoxication Alcoolique il met sa vie en danger, cette fois c'était moins sérieux, mais comment juger à distance. Enfin s'il aurait fallu agir autrement, dites-moi quoi faire !... pour la prochaine fois.

Simonne Sévigny
Simonne Lévesque P.H.N
Inf-en Charge Pointe-Bleue.

September, 26th, 1958.

Dr. M. Savine, Superintendent,
Indian Health Services,
Dept. National Health & Welfare,
Government Bldg. - Quebec.

s.19(1)

Subject: [REDACTED] - Pointe Bleue
Your File - 21.17-14-2

Dear Doctor;

~~On~~ On the night of August 30th, ~~someone~~ someone who pretended to be a parish priest of Gouguine called me and asked me to admit Mr. [REDACTED] who was having hemoptysis ??? . Someone brought him here during the middle of the night.

All the examinations being negative, we discharged Mr. [REDACTED] in the regular way. As he had no money we gave him 3.⁰⁰ for his bus fare to Quebec, where he was to see an Indian Agent.

He left the Sanatorium on September 9th, but instead of going to Quebec he bought some liquor. The next night he was at St. Melachie, but one day later he came back to St. Hermine and went in a house. The occupants of the house were scared and had him thrown out by the police. The next morning the people whom Mr. [REDACTED] had visited informed us of the accident and the authorities of the Sanatorium expecting that Mr. [REDACTED] would be back called the police. Shortly after, as foreseen, Mr. [REDACTED] came back but the Police would not let him enter the Sanatorium.

We have not heard of him since. We advised him to go to the Sanatorium at Roberval in the future. He made quite a long trip for what ~~was~~ which may have been not even an epistaxis.

I hope that this information will provide you with the required clarifications and ~~etc.~~

Tra ent



de la tuberculose
pulmonaire

SANATORIUM BEGIN

COMTE DE DORCHESTER
P. Q.

Dr. Aimé Gagnon
Médecin - Directeur

le 26 septembre 1958.



M. le docteur M. Savoie, Surintendant,
Service de Santé des Indiens,
Ministère de la Santé Nationale et du Bien-Etre Social,
Hôtel du Gouvernement,
QUEBEC.

Sujet: [redacted] - Pointe-Bleue,
Votre dossier 21/17-14-2.

s.19(1)

Cher docteur,

Le soir du 30 août, quelqu'un se donnant comme un vicaire de Jonquière, a téléphoné ici demandant l'admission de M. [redacted] parce que celui-ci faisait des hémoptysies ??? Quelqu'un est venu le reconduire en pleine nuit.

Tous les examens étant négatifs, nous avons libéré M. [redacted] régulièrement. Comme il n'avait pas d'argent, nous lui avons donné \$3.00 pour payer son autobus jusqu'à Québec où il devait voir un agent du Service des Indiens.

Il a quitté le Sanatorium le 9 septembre mais au lieu de se rendre à Québec, il s'est procuré de la boisson. Le lendemain soir il était rendu à St-Malachie, mais un jour plus tard il était revenu à Ste-Germaine et est entré dans une maison. Les occupants ont eu peur et l'ont fait sortir par la police. Le lendemain matin, les gens qui avaient reçu cette visite nous ont mis au courant et les autorités du Sanatorium s'attendant que M. [redacted] viendrait s'échouer ici, ont appelé la police. Peu après, tel que prévu, M. [redacted] s'est présenté, mais la police ne l'a pas laissé entrer au Sanatorium.

Nous n'en avons pas entendu parler depuis. Nous lui avons conseillé de se présenter au Sanatorium de Roberval à l'avenir. Il a fait un bien long voyage pour ce qui n'était peut-être même pas une épistaxis.

J'espère que ces informations vous procureront les éclaircissements désirés et vous prie de me croire, cher docteur,

Votre tout dévoué,



Aimé Gagnon

Aimé Gagnon, M.D.,
Directeur médical.

AG/cd

000880

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

s.19(1)

EXPLANATION OF TRANSPORTATION

INDIAN
HEALTH
SERVICES

PLEASE SEE NOTES
ON THE REVERSE

A

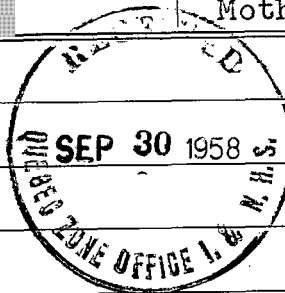
SUFFICIENT
INFORMATION
FOR ACCURATE
IDENTIFICATION
ONLY REQUIRED

SURNAME (BLOCK LETTERS)			GIVEN NAMES		
Pointe-Bleue			Montagnais		
AGENCY	BAND	NUMBER			
Pointe-Bleue	Montagnais				
SEX	AGE	DATE OF BIRTH	RELIGION	OCCUPATION	SCHOOL
M. / F.			R.C.	----	
ADDRESS					
St. Cyriac					
PARENT'S NAME					
NEXT OF KIN				RELATIONSHIP	
				Mother	

B



FROM	Jonquière	DATE	Aug. 31-58
TO	Sanatorium Bégin		
PURPOSE	Admission to the hospital		
CARRIER	Taxi	ESTIMATED COST OF PASSAGE	\$60.00



C

FOR
CHARTERED
AIRCRAFT
ONLY

EXCLUSIVE OR SPLIT CHARTER?	WHO ARRANGED?
WAS THE AREA CO-ORDINATOR OF AIR TRANSPORT INFORMED WHEN FLIGHT ARRANGED?	
TYPE OF AIRCRAFT	ANY LESS EXPENSIVE CRAFT AVAILABLE?
WHO OR WHAT ELSE CARRIED ON THIS TRIP?	
CAPTAIN OF CRAFT	

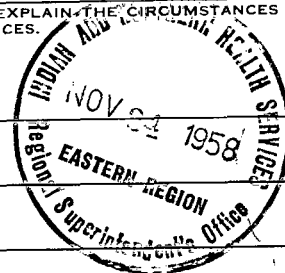
D (NOTE 2)

WHERE THE PRIOR APPROVAL OF AN OFFICER OF INDIAN HEALTH
SERVICES WAS OBTAINED FOR THIS TRIP, PLEASE INSERT THE NAME
OF THE OFFICER AND A REFERENCE TO ANY PERTINENT CORRESPOND-
ENCE.

APPROVED BY	INDIAN HEALTH SERVICES
REFERENCE	DATE

E (NOTE 3)

WHERE THE PRIOR APPROVAL OF INDIAN HEALTH SERVICES WAS NOT OBTAINED, PLEASE EXPLAIN THE CIRCUMSTANCES AND THE
REASON FOR BELIEVING THAT THIS IS A PROPER CHARGE AGAINST INDIAN HEALTH SERVICES.



Simonne Sivesque P.H.N.
SIGNATURE OF PERSON REPORTING

Pointe-Bleue P. Que.
ADDRESS

Nurse-in-Charge
IDENTITY

Sept. 3-1958
DATE

000881

(OVER)

F (NOTE 4)

PASSENGER'S CONTRIBUTION	WHO WILL PAY PASSENGER'S SHARE OF COST	ADDRESS
HOW WILL PASSENGER'S SHARE BE PAID		WHEN
AMOUNT COLLECTED	COLLECTED BY	CREDITED TO

G (NOTE 5)

IT IS CERTIFIED THAT THE PASSENGER WAS OF

INDIAN
ESKIMO
OTHER

STATUS
ON

DATE

IS THE PASSENGER ELIGIBLE FOR CARE FROM INDIAN HEALTH SERVICES?

YES
NO

IF A WARRANT WAS ISSUED

WARRANT NUMBER

SIGNATURE

OFFICIAL APPOINTMENT

DATE

REMARKS:

NOTES

1. Indian Health Services will accept accounts arising from the transportation of Indian or Eskimo patients where removal has been requested by Indian Health Services.

2. If removal has not been requested by Indian Health Services but is locally considered essential for the safety of the patient and of necessity at the expense of Indian Health Services, the circumstances should be reported to the Zone Superintendent for Indian Health Services, and approval of transportation as a charge against Indian Health Services sought. When received the approval should be recorded in Part "D".

3. If delay in obtaining prior approval will seriously prejudice the condition of the patient any competent person may arrange transportation for a seriously ill patient. The circumstances should be explained in part "E".

4. Except where removal has been requested by Indian Health Services, transportation should not be a charge against Indian Health Services unless the patient, the relatives and the community are unable to arrange the transportation. If not able to pay in full, the patient, relatives and community must contribute as much as possible either directly to the carrier or through the administrator for the credit of the Receiver General of Canada. Part "F" provides space for recording the details.

5. None but those Indians and Eskimos ordinarily residing in an Indian or Eskimo community and unable to make other arrangements for medical care are eligible for care from Indian Health Services. Part "G" should not be signed by anyone except an officer in charge of official records.

6. As this form may be initiated under a wide variety of circumstances and pass through various channels, the co-operation of everyone is requested in explaining the need for the use of public funds for the transportation of patients. Where this form is initiated in some other office than that in which the voucher covering the account is raised, this form should be forwarded to be connected with the voucher.

7. Parts "A, B, C and D" are to be completed where employees of Indian Health Services incur extraordinary expense in travel on duty.

THE CITY OF JONQUIERE
DEPARTMENT OF POLICE & FIRE

OFFICE OF DIRECTOR
OF POLICE
FERNANDO Dicaire

JONQUIERE - Quebec.
CANADA - Sept. 4 - 1958.

DEPARTMENT OF INDIAN AFFAIRS
OTTAWA. Ont.

s.19(1)

Dear Sir:-

On the 30th of August, 1958, at about 7 P.M. the Mother Superior of the Jonquiere hospital, telephoned ~~me~~ asking to come and get the Indian [redacted] who had been drinking and wanted to be hospitalized. ~~but~~ As he had been hemorrhaging in the morning and is tubercular, the Jonquiere Hospital refused to admit him.

I then sent constables to get him and had him locked up ~~pending~~ while I would settle his case. After ^{about} half an hour after he was interned, we found him lying on his back, on the floor of his prison cell having another hemorrhage. The Sergeant in charge then called the municipal physician, Dr. Brassard, who gave him an hypo and advised us that we had to take ~~at~~ the patient immediately to our hospital and there was "danger" for us ~~if~~ to keep him in prison.

I then communicated with the R.C.M.P. of Pointe Bleue to ask him to look after this case. He called me back in 15 minutes to tell me that his car had broken down and that he had communicated with the Roberval Sanatorium but they also refused to admit [redacted]. He then advised me to get in touch with Corporal Gerard Languin of Chicoutimi detachment.

I finally reached Corporal Languin and after submitting my case ~~that~~, he told me to communicate with the Indian Agent at Pointe Bleue because this was ~~that~~ his problem.

(over)

000883

s.19(1)

To continue this task, I contacted the Indian Agent at Pointe Bleue, Mr. Lacombe, who was absent and so I spoke to his assistant Mr. E. Pelletier.

I again explained the case of [redacted] and asked him to look after it. He asked me to communicate with the Begin Sanatorium of Lake Etchemin at the Mermaine of Dorchester to obtain [redacted]'s admission. I insisted that he himself ^{should} look after the admission and to send an agent of the R.C.M.P. to ^{escort} ~~take~~ him to the Sanatorium should he obtain ^{the} admission. He refused and authorized me to make all arrangements telling me that the Department of Indian Affairs would pay all expenses.

I then communicated with the Mother Superior of the Begin Sanatorium who immediately accepted to admit [redacted].

On the authorization of Mr. Pelletier of the Pointe Bleue Indian Agency I had Mr. [redacted] transported by taxi to the Begin San. and on the recommendation of the doctor my Sergeant Detective escorted him.

Enclosed you will find an account in triplicate, which I was asked by the Indian Agency of Pointe Bleue to forward to you for payment.

Hoping Sir, that you will find everything satisfactory and that I shall receive shortly the payment of this account in the amount of \$1,005.

I insisted on writing this letter so that you may be familiar with the facts which were urgent in this case and which have caused these expenses.

Please accept, Sir - etc...

Yours truly,

FERNANDO DICAIRE

PHONE: LI 7-3686

50

LA CITE DE JONQUIERE

DEPARTEMENT POLICE ET FEU

BUREAU DU DIRECTEUR

DE POLICE

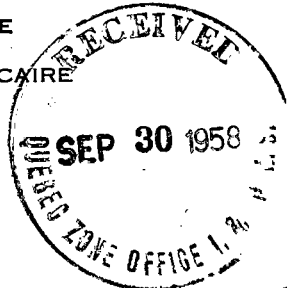
FERNANDO DICAIRE



JONQUIERE, P.Q.

SEP 8 1

INDIAN



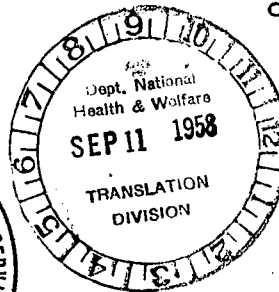
JONQUIERE, QUE.

CANADA

4 Sept. 1958

DEPARTEMENT DES AFFAIRES

OTTAWA, ONT.



CHER MONSIEUR:--

s.19(1)

Le 30 Aout 1958, vers les 7.00 hrs. P.M., la Mère Supérieur de l'hôpital de Jonquière, m'appela au téléphone pour me demander d'aller chercher l'indien [REDACTED], qui était en boisson et qui voulait se faire hospitaliser, mais comme le matin il avait fait une hémorragie et qu'il est tuberculeux, l'hôpital de Jonquière refusait de l'admettre.

J'ai donc envoyé des policiers le chercher et conduit en cellule en attendant de régler son cas. Environ une demie-heure après qu'il fut interné, nous l'avons trouvé sur le dos, dans le plancher de sa cellule et il faisait une autre hémorragie, le sergent en charge fit donc venir le médecin municipal le Dr. Brassard, qui lui administra une piqure, et nous avisa qu'il fallait conduire le patient dans un hôpital immédiatement, qu'il y avait danger pour nous de le garder en cellule.

J'ai donc communiqué avec l'agent de la R.M.M.P. de Pointe-Bleu, pour lui demander de s'occuper du cas. Il me rappela au bout de 15 minutes pour me dire que son automobile était brisée, et qu'il avait communiqué avec le sanatorium de Roberval qui avait refusé l'admission de [REDACTED], et d'entrer en communication avec le détachement de Chicoutimi le Caporal Gérard Lauzon.

J'ai donc rejoint le caporal Lauzon, et après lui avoir soumis mon cas, il me dit de communiquer avec l'agent Indien de Pointe-Bleu que c'était leur problème à eux.

Pour continuer ce travail, j'ai contacté l'agent Indien de Pte.-Bleu M. Lacombe, qui était absent, et en l'occurrence j'ai parlé avec son assistant M. E. Pelletier. Je lui ai de nouveau expliqué le cas de [REDACTED] et je lui ai demandé de s'occuper de cela. Il m'a demandé de communiquer moi-même avec le sanatorium Bégin de Lac Etchemin à Ste. Germaine de Dorchester pour obtenir la permission de le conduire là.

J'ai insisté pour que lui-même s'occupe de demander l'admission et d'envoyer un agent de la R.C.M.P. le conduire s'il obtenait l'admission. Il a refusé et m'a chargé de faire les arrangements moi-même et que le département des affaires indienne se chargait de défrayer les dépenses encourues.

000885

-2-

s.19(1)



J'ai donc communiqué avec la Mère Supérieure du Sanatorium Bégin qui a accepté immédiatement l'admission de [REDACTED]

Sur l'autorisation de M. Pelletier de l'agence indienne de Pte.-Bleu j'ai fait conduire en taxi M. [REDACTED] au sanatorium Bégin, et avec recommandation du médecin j'en ai fait accompagner par mon Sergent Détective.

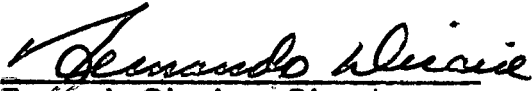
Vous trouverez donc ci-joint un compte en trois copie, que l'agence indienne de Pte.-Bleu m'a demandé de vous transmettre pour acquittement.

Espérant Monsieur, que vous trouverez le tout à votre entière satisfaction, et que je recevrai sous peu le paiement de cette facture au montant de \$100.05.

J'ai tenu à vous écrire cette lettre afin de vous mettre parfaitement au courant des faits qui étaient urgents dans le cas présent, et qui ont occasionné ce compte de dépense.

Veillez agréer Monsieur, l'expression de mes meilleurs sentiments et me croire,

Votre tout dévoué,


Fernando Dicaire, Directeur
Sûreté Municipale
Jonquière. P.Q.



ETAT DE COMPTE

JONQUIERE. P.Q. 4 SEPTEMBRE 19 58

M. DEPARTEMENT DES AFFAIRES INDIENNES. OTTAWA.

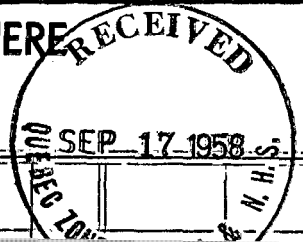
Sur demande et recommandation de l'AGENCE INDIENNE DE
POINTE-BLEU Cté Roberval.

Doit à FERNANDO DIGAIRE, Directeur de Police.

s.19(1)

LA CITE DE JONQUIERE

JONQUIERE, P.Q.



Aout 30 -1958

Re: Transfert de l'indien

de Jonquière au Sanatorium Bégin, Lac Etchemin
Cté, Dorchester.

Visite du Dr. Brassard et soin médical
dans sa cellule à Jonquière

10.00

Transport en taxi de Jonquière au Sa-
natorium Bégin

60.00

Salaire du constable qui a conduit le
patient à l'hôpital 14 hrs. à 1.75

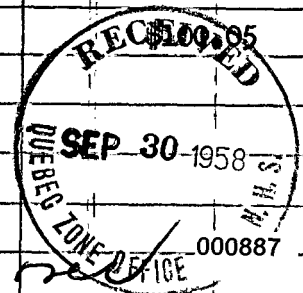
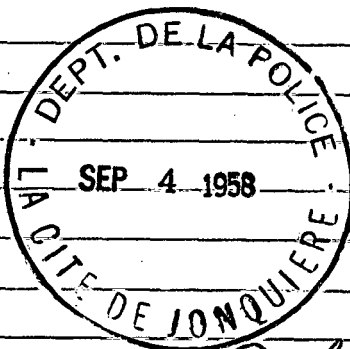
24.50

2 repas pour constable sur le voyage

3.75

1 téléphone de Jonquière au Sanatorium

Bégin Lac Etchemin pour obtenir l'admission 1.80



Coding

s.19(1)

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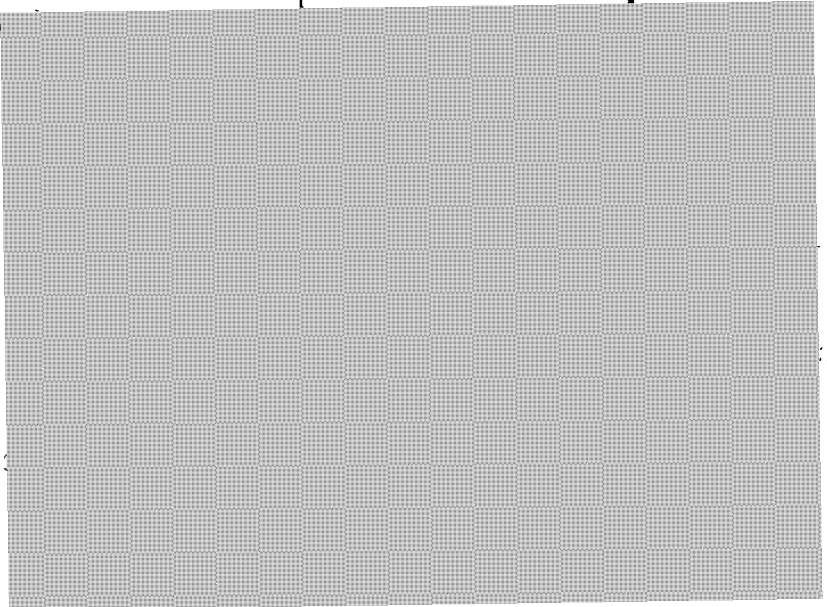
P.O.	EST.	PROJ. No.	VOTE	F.E.	AMOUNT
DR.	142	546	42	311	100.05
CR.					

INITIALS: *alp*

GOODS RECEIVED OR SERVICES PERFORMED.
PRICES FAIR AND JUST, APPROVED FOR PAYMENT.

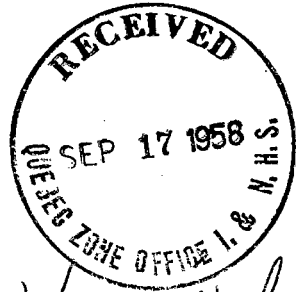
AUTHORITY: _____

APPROVED: _____ H. O. USE



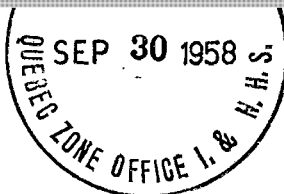
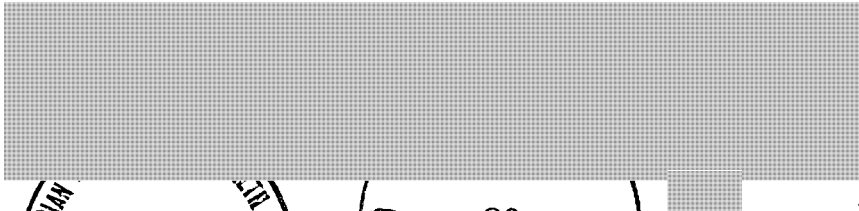
1/1 Germaine L2 Sep.
1958

Parke de Police
J. B. Guire,
P. B.



Je ne pourrai pas
me rendre à la date pro-
mise le 12 sep 5-8, à 8 hrs AM,
par ce que je suis au sénatorem
'd'urgence et je ne peut y
sortir

s.19(1)



000889



CANADA

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION - INDIAN AFFAIRS BRANCH

VOUCHER FORM

AGENCY FILE NO.

21/29-13

PAY TO

ADDRESS

Corporation Municipale,
Ste Germaine-Du-Lac-Etchemin,
Co. Dorchester, Que.

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

H. Q. FILE

FOR TREASURY USE ONLY

CHEQUE NO.

DATE

PASS TO

DATE

INITIALS

INVENTORY CONTROL

INVOICE DATE

SERVICE

AMOUNT

Sept.

To pay for assistance given by the Municipality of Ste
Germaine to sick and destitute
Indian of Pointe Bleue Band discharges from Sanatorium
Begin, as per attached account.

\$ 17.45

s.19(1)

Band No-

()

P.O.	PROJ. No.	F.E.	AMOUNT
EST.	VOTE	PRI.	OBJ.
DR. 142	546	42	311
CR.			
INITIALS	GOODS RECEIVED OR SERVICES PERFORMED. PRICES FAIR AND JUST, APPROVED FOR PAYMENT.		
AUTHORITY:		APPROVED: H. O. USE	
CHARGE TO VOTE		ALLOT.	
546		5002 42-311	

Form I.N. 11 S. 8501 attached

VOUCHER NO. 674 DATE Sept. 16/58

P.O. No.

E.R. No.

BAND FUNDS ACCT. No. EMERGENCY EXPEND.

X

H.Q. AUTHORITY

DEPT'L CHEQUE No. (CREDIT VOUCHER ONLY)

b Pointe Bleue Agency.

AGENCY

CERTIFICATE

I HEREBY CERTIFY THAT THE MATERIAL HAS BEEN SUPPLIED, THE WORK PERFORMED,
THAT THE CHARGES ARE FAIR AND JUST AND THE EXPENDITURE HAS BEEN INCURRED ON
GOVERNMENT BUSINESS.

RECOMMENDED FOR PAYMENT:

SUPERINTENDENT

THIS
SPACE
FOR USE
OF
HEAD
OFFICE

CODE No.

VOTE

ALLOT.

AMOUNT

APPROVED FOR PAYMENT

DATE

000890

Ste. Hermine de Dorchester - Sept. 11-1958.

Agent; St Pierre, from Pointe Bleue, Roberval, owes
to the Municipal Corporation of Ste Hermine de Dorchester
for assistance and board given to Mr. [REDACTED] s.19(1)

10 Sept. 1958	1 bed	2.50	(Bedard Hotel)
11 Sept. 1958	2 Tel. Calls to Quebec	1.60	
11 " 1958	TRANSPORTATION by bus		
	Ste Germaine to - Quebec.	2.10	
	CONSTABLE FEE	5.00	
	TRANSPORTATION FOR CONSTABLE	4.00	{ MAYOR'S AUTHORIZATION - ETC. }
			{ ASSISTANT CONSTABLE }
	1 BREAKFAST	.75	
	1 LUNCH	1.50	
		<u>17.45</u>	

As the municipal constable was authorized by telephone
to provide this man with the assistance ~~to him~~ he required.
I beg to present you with the expenses.

Hoping that this will be satisfactory.

I remain, yours truly.

ANTONIE FORTIN
Secretary-Treasurer.

Denis Jacques
Municipal Constable.
St. Hermine de Dorchester.

Corporation Municipale
STE-GERMAINE-DU-LAC ETCHEMIN
Clé Dorchester, P. Q.

es

Ste Germaine de Dorchester, P.Q. Septembre 11 1958



Agent St Pierre ~~de~~ Roberval Pointe Bleu.
doit a
a la Corporation Municipale de Ste Germaine de Dorchester
Pour Aide et pension ~~etc-dont-le-de~~ etc, donné a Mr



s.19(1)

10 Septembre 1958

1 coucher \$ 2.50 Hotel Bedard

11 " " " 1958
11 " " " 2

2 Telephones a Quebec 1.60
Transport Autobus
Ste Germaine a Quebec 2.10
Ouvrage Constable 5.00
Transport " " 4.00
1 dejeuner 75
1 Diner 1.50

Autorisation maire, etc Aide constable.

L.&.\$%
17.45



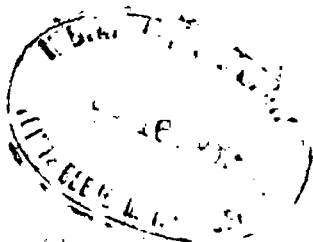
Comme le constable municipal a été autorisé par telephone de fournir
l'aide dont cet homme, avait besoin, Je m'empresse de vous faire parvenir les deboursés.

Esperant que ceci sera a votre satisfaction,

Je demeure Votre dévoué

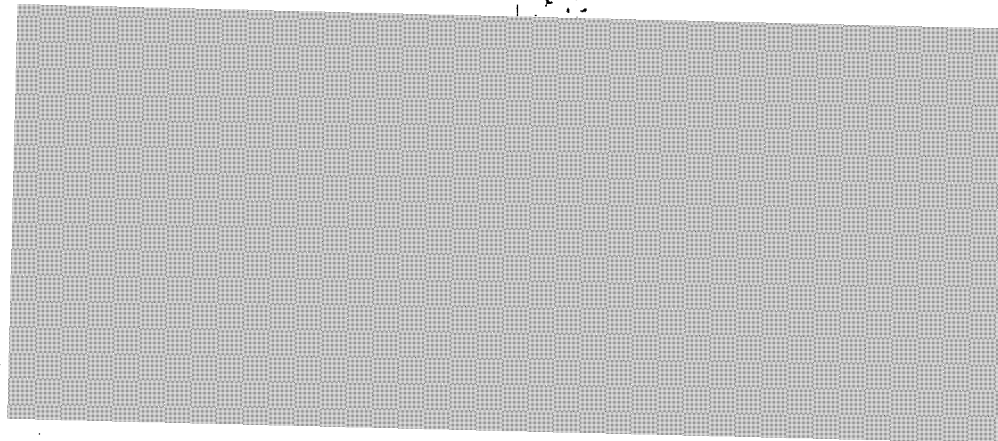
Antoine Fortin
Secrétaire-Tresorier.

Denis Jacques
Constable Municipal
Ste Germaine de Dorchester.



s.19(1)

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THE QUEBEC MUNICIPALITY
CITY OF QUEBEC

850-1-A21

LES DOCTEURS PAUL DAVID
LUCIEN CAMPEAU YVES DESROCHERS OSMAN GIALLORETO
GHISLAINE GILBERT JEAN de L. MIGNAULT MARC SAVARD

INSTITUT de CARDIOLOGIE de MONTREAL

5415, Boul. de l'Assomption

Cl. 9-4611 loc. 265-266

Montréal

Le 19 septembre 1958

Docteur P.E. Moore,
Directeur du Service de Santé
des Indiens du Nord,
Ministère de la Santé Nationale et
du Bien-Être Social,
OTTAWA, Ontario.

s.19(1)

Re: [REDACTED]

Pointe-Bleue.

Cher docteur,

Le docteur Ghislaine Gilbert, en charge du service de cardiologie infantile dans notre Institution, m'a remis la lettre que vous lui avez adressée en date du 8 septembre 1958, concernant l'envoi d'un compte pour des services professionnels rendus à la malade [REDACTED], âgée de [REDACTED] ans, domiciliée à Pointe-Bleue, Cté Roberval, Lac St-Jean, P.Q.

Puisqu'il s'agit d'une malade indienne, qui jouit des bénéfices de la loi de l'Assistance Publique, il est entendu qu'aucun compte nous est dû pour prestations professionnelles. Depuis son ouverture en 1954, l'Institut de Cardiologie de Montréal traite gratuitement les malades indigents qui constituent environ 30% de notre clientèle. Il me fait plaisir de vous signaler en plus que ces malades sont suivis et traités personnellement par les membres réguliers de notre personnel médical, à la même façon que les malades payants.

Puisqu'un compte a été envoyé, j'ai revu le dossier de cette malade avec le service de comptabilité de l'hôpital. De cette revision résulte: Mademoiselle [REDACTED] a été hospitalisée le 14 septembre 1957, comme patiente semi-privée à la demande du docteur André Beauchesne, du Sanatorium St-Michel de Roberval. Aucune lettre ni document du Ministère de la Santé Nationale et du Bien-Être Social n'accompagnait cette hospitalisation. C'est pourquoi la malade n'a pas été considérée comme étant d'Assistance Publique, d'autant plus qu'à son admission elle n'avait aucun

007620

INDIAN HEALTH
SUB-REGISTRY

SEP 22 11 18 AM '58

FILE NO:

s.19(1)

document suggérant cette condition. Le dossier d'hospitalisation du 14 septembre au 22 octobre 1957 est adressographié à Mademoiselle [REDACTED], malade semi-privée.

Le médecin traitant fait les charges professionnelles en référant au dossier: si le statut hospitalier de la malade change pendant l'hospitalisation, le bureau de comptabilité rectifie le reste en conséquence. Cette rectification n'a pas été faite et c'est pourquoi la malade a reçu le compte du médecin traitant.

Nous nous excusons pour cet erreur et nous suggérons que pour l'avenir toute hospitalisation semblable à celle de Mlle [REDACTED] soit demandée ou accompagnée par une lettre officielle certifiant la condition spéciale de la malade.

Nous espérons que vous trouverez dans ces renseignements les explications demandées. Agréez, cher docteur, l'expression de nos sentiments dévoués.



Ogman Gialloreto, M.D.
Assistant-Directeur

OG/ap

Text v



... ..

Jh

**DEPARTMENT OF
NATIONAL HEALTH AND WELFARE
OFFICE OF THE MINISTER**

Memorandum:

*Return con.
to I.H.S.*



000898

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

To: Deputy Minister of National Health

YOUR FILE: 850-1-A21 (M1)

DATED:

OUR FILE:

FROM: Indian & Northern Health Services

DATE: August 8/58

SUBJECT:


Complaints - Mrs. [REDACTED]

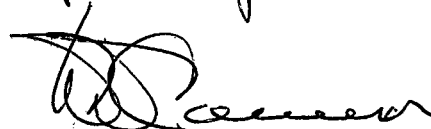
1/ The Minister has received from Mr. Jean-Noel Tremblay, M.P. for Roberval. letters of complaint from Mrs. [REDACTED]. Mrs. Fairclough has forwarded these letters to Mr. Monteith.

s.19(1)

I attach reports from our field officials which would indicate that this woman is a trouble maker and that little credence should be placed in her complaints. Possibly the Minister would like to show this correspondence to Mr. Tremblay.

May the correspondence be returned for our files when it has served its purpose.


P. E. Moore, M.D., D.P.H.
Director

The Minister
I think the reports speak for themselves


000899

005971

INDIAN HEALTH
SUB-REGISTRY

SEP 10 4 00 PM '58

FILE NO:

171. COL

1. "WORLD" - 1970 - 1971

[illegible]

s.19(1)

Deputy Minister of National Health

850-1-A21 (M1)

Indian & Northern Health Services

August 8/58

Complaints - Mrs. [REDACTED]

s.19(1)

The Minister has received from Mr. Jean-Noel Tremblay, M.P. for Roberval, letters of complaint from Mrs. [REDACTED]. Mrs. Fairclough has forwarded these letters to Mr. Monteith.

I attach reports from our field officials which would indicate that this woman is a trouble maker and that little credence should be placed in her complaints. Possibly the Minister would like to show this correspondence to Mr. Tremblay.

May the correspondence be returned for our files when it has served its purpose.

P. E. Moore, M.D., D.P.H.
Director

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Director, Indian & Northern
Health Services

YOUR FILE:

DATED: 150-1-A21(E70)

OUR FILE:

DATE: 29 July, 1958

FROM: Regional Superintendent, Eastern Region

SUBJECT:

Mrs. [REDACTED] - Pointe Bleue

s.19(1)

Final reference is made to the correspondence between the Hon. Mr. Monteith and the Hon. Mrs. Ellen Fairclough with respect to complaints registered by Mrs. [REDACTED] of the Pointe Bleue Agency.

Attached are copies of a report from Dr. Wilfrid Dumas who treated her and also from Miss Simonne Levesque, nurse-in-charge at Pointe Bleue. We attach also a copy of a letter from Doctor Savoie, Quebec Zone Superintendent.

From this correspondence it would definitely appear that this woman is a trouble maker of dubious character and that little credence should be placed in her complaints. You will note that there has been no attempt on the part of Mrs. [REDACTED] to cooperate with our staff or to follow advice given.

In summary, we would wish to support any action taken by our field nurse and suggest that she is entirely blameless in this matter.

J. H. Wiebe

J. H. Wiebe, M.D., M.P.H.
Regional Superintendent, Eastern Region

Encl.

JHW/cf

s.19(1)

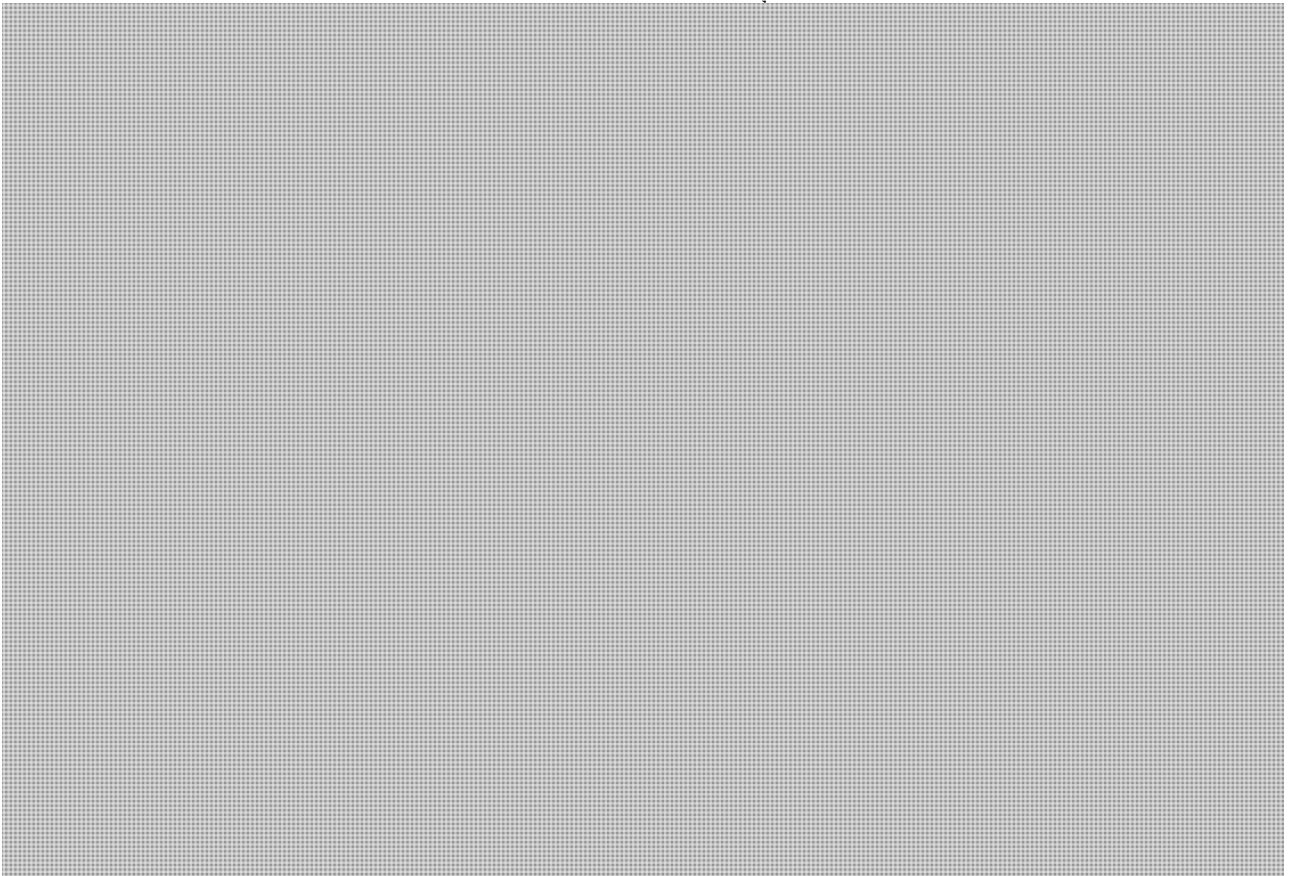
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09481

INDIAN-HEALTH
SUB-REGISTRY

JUL 30 10 05 AM '58

FILE NO:



RECEIVED
INDIAN-HEALTH
SUB-REGISTRY

Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

4-7-58.
21/3-8

Zone Supt. (Quebec Zone)

July 21, 1958.

s.19(1)

Complaints Mrs. [REDACTED], Pointe Bleue Agency.

Further to your Memo of July 4th about complaints made by Mrs. [REDACTED] of Pointe Bleue Agency, please find enclosed reports from Dr. Dumas, Miss Levesque and a copy of Mrs. [REDACTED]'s medical file at the Hotel Dieu St. Vallier, Chicoutimi.

This case was discussed at length with Indian Affairs, Miss Levesque, Dr. Dumas and Dr. Gagnon who looked after Mrs. [REDACTED] during most of her pregnancy. Please note that Mr. Boulanger has made a report to his Director on that matter.

We have been told by different persons that Mrs. [REDACTED] is of dubious reputation; as a matter of fact, in 1956, the Indians requested her eviction from the Reserve because of her disorderly conduct, abusive language and use of intoxicants. You will find on the hospital report that in 1951 diagnosis of personality disorders was made; again in 1955, the diagnosis is: Mystic delirium and schizoid state. The attending physician then recommended a transfer to Hospital St. Michel, which is the mental hospital; however, no place could be found for her there and she remained in Chicoutimi. I think the preceding facts explain Mrs. [REDACTED]'s actions in writing the local M.P.

*Noted
E10*

As for her hospitalizations, we have the following notes:

From 1-1-58 to 4-1-58. Diagnosis: 8 months pregnancy. The patient believes she has lost some liquid but examination is negative.

From 15-1-58 to 17-1-58. Diagnosis: False labour.

From 10-2-58 to 13-2-58. Diagnosis: Full term pregnancy.

Normal delivery. Signed: Dr. A. Gagnon.

Dr. Gagnon confirmed to me by phone that there was no question but that Mrs. [REDACTED]'s pregnancy was a normal one and that there was no question of complications due to a displacement of the womb. The three hospitalizations in January and February, previous to the normal delivery, could well have been avoided. As for her

-2-

s.19(1)

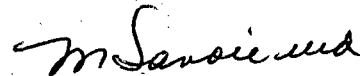
hospitalization at Roberval, please see Dr. Dumas' report. It was confirmed that if Mrs. [REDACTED] had ever done the preparatory work for painless natural child-birth, neither Dr. Dumas nor Dr. Gagnon were aware of it.

About Mrs. [REDACTED]'s other complaints, please see Miss Levesque's report.

Unfortunately, Mrs. [REDACTED] was gone with her husband to their hunting grounds, 150 miles away from the Reserve and accessible only by canoe and could not be interviewed.

May I mention that we consider Miss Levesque as a very competent nurse who has always endeavoured to give the best services to the Indians. Dr. Dumas, besides being a truly honest man, is a very competent physician and has never spared his efforts to give adequate care to our Indians. I would also like to mention that Mr. Bourassa, who was at the time Superintendent of the Pointe Bleue Agency, always seemed to us to be fair in his dealings with Indians and has always given our Service the best of collaboration.

From all these facts that we have found in personal interviews and the attached reports, we doubt very much if there is serious cause for complaints.



M. Savoie, M.D. (213)
Quebec Zone Superintendent,
Indian Health Services.

MS/tv

July 18, 1958

Quebec Zone Superintendent,
Indian Health Services.

s.19(1)

Re: Mrs. [REDACTED]

This woman admitted herself without passing through the usual channels. She was treated as any other patient..... but Mrs. [REDACTED] would not submit to treatments.

Not content to not submit herself to prescribed treatment she used abusive and vulgar language.

She left the hospital because she was not at full term yet - knowing she had a few days yet I discharged her.

Yours very truly,

(sgd) Wilfrid Dumas, M.D.

TRANSLATED FROM FRENCH

18 July, 1958

Quebec Zone Superintendent,
Indian Health Services,
P.O.Box 430, Upper Town,
QUEBEC 4, P.Q.

s.19(1)

Re: Mrs. [REDACTED] Years
Pointe Bleue, Que.

I remember very well the telephone call from Mrs. [REDACTED] It was to inform me that she was expecting a baby, that her husband was tuberculous and that both were to be transported urgently to the hospital in Roberval.

I told her then that there were few vacancies and that as far as she was concerned she would have to wait until delivery time before being hospitalized. I suggested that she come and live at Pointe Bleue with a relation of her husband's, awaiting delivery.

When the question of transportation came up I told her to get in contact with her Indian Superintendent, Mr. Bourrassa. I will not mention all the abusive language used by Mrs. [REDACTED] during this telephone conversation.

Immediately after this call I phoned the sanatorium to find out whether they had any vacancies and could admit Mr. [REDACTED]. They informed me that they had no vacant beds at the time but took his name and said that the next vacant bed would be reserved for [REDACTED]. Then I called on Mr. [REDACTED], where Mrs. [REDACTED] lived, and inquired whether she would take in Mrs. [REDACTED].

My request was neither accepted nor denied, she did not appear to be happy about having this woman in her house.

I then went over to the Indian Agency and asked Mr. Bourrassa what had been decided regarding transportation for Mr. & Mrs. [REDACTED]. He informed me that he had received a second call from Mrs. [REDACTED] and she said she had not requested transportation.

Mrs. [REDACTED] her her baby in Chicoutimi on the [REDACTED]. When I learned that she was living at her sister-in-law's home in Pointe Bleue I went to make a post-natal visit. The mother and baby were examined. Every one was fine. The baby had received B.C.G. in Chicoutimi. I was able to verify this from a certificate they had received with the date of vaccination. I made several recommendations, especially requesting that the baby be protected against cold and spoke on D.C.T. vaccination when the baby was 3 months old.

s.19(1)

Mrs. [REDACTED]'s attitude at the time of this and subsequent visits was disconcerting, as she demonstrated that she cared little for the advice I was giving and took the same attitude later on when advising her regarding the baby's health.

On my return to Quebec on the 10th of May (meeting of I.H.S. Nurses) there was a large grippe epidemic, nearly all the babies were sick, also a great number of adults and children. Calls were succeeding each other. Mrs. [REDACTED] telephone to say her baby had the grippe. As the baby had little temperature I told her to come to the dispensary where I would give her the necessary drugs to look after it. I do not see why she complains of having had to come to the dispensary on the day since she was staying with friends close to the dispensary. A week before I met her twice coming out of this house.

The following Monday, 12 May, in the forenoon, Mrs. [REDACTED] telephoned to say her baby was not any better. I told her I would drop in to see the baby as soon as possible. I had a number of patients in the dispensary, therefore treated the most urgent cases and had the others wait - so about a half hour later I was at Mrs. [REDACTED]'s; there she told me she had called a doctor from Roberval (Dr. Gaston of Boissiere) that he had treated her and the baby. She showed me the prescription which the doctor had left for her baby and asked for the drugs mentioned thereon. I recall there were rectal suppositories prescribed. As I did not have these drugs nor the other drugs mentioned I sent the baby to the hospital.

I continued to treat Mrs. [REDACTED]. She reacted to the penicillin injection which the Roberval doctor had given her. I gave her pills against the allergy, had her take a dose of Epsom salt as she was not nursing the baby, and went to see Mrs. [REDACTED] with whom she was staying for three days on the previous week. This latter told me she would take in Mrs. [REDACTED] again until Mrs. [REDACTED] was completely recovered.

I found out later that Mrs. [REDACTED] did not get along with Mr. [REDACTED]. She had herself hospitalized in the sanatorium - the whole family was therefore hospitalized.

(sgd) Simonne Levesque,
Nurse i/c/ Pointe Bleue, P.Q.

MINUTES ON ATTACHED CORRESPONDENCE

850-1-A21

File

150-1-A21

Page

Subject

Pointe Bleue - ~~And~~ Nursing Services et al.

TO



Urgent requests for info. have gone out and this will be forwarded to you on receipt. We have copies of this correspondence.

E 70

4-7-8.

P.O.F.
H-1

01899

INDIAN HEALTH
SUB-REGISTRY

JUL 7 10 53 AM '58

FILE NO:



CANADA

MINISTER OF CITIZENSHIP AND IMMIGRATION



Ottawa, June 25, 1958.

Hon. J.W. Monteith, P.C., M.P.,
Minister of National Health and Welfare,
House of Commons,
OTTAWA, Ontario.

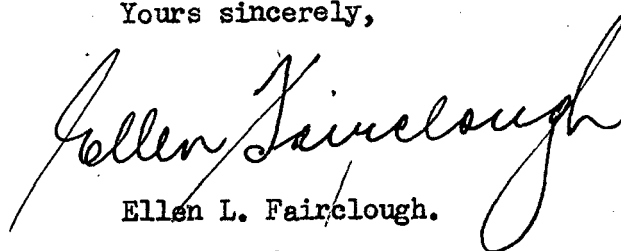
s.19(1)

My dear Colleague:

Mr. Jean-Noel Tremblay, M.P. for Roberval recently
forwarded the attached letters of complaint from Mrs. [REDACTED]
[REDACTED] of the Pointe Bleue Indian Reserve.

A number of these complaints concern medical and
hospital services and would appear to involve your department.
Mr. Tremblay has been informed that these are being referred to
you for investigation and that he would be advised of the results
in due course.

Yours sincerely,


Ellen L. Fairclough.

00914

INDIAN HEALTH
SUB-REGISTRY

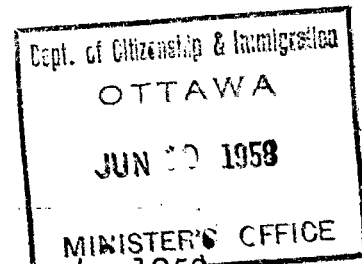
JUL 3 11 02 AM '58

FILE NO:



HOUSE OF COMMONS

CANADA



Ottawa, June 4, 1958.

Hon. Ellen Fairclough,
Minister of Citizenship
and Immigration,
O t t a w a.

s.19(1)

Dear Madam:

RE: [REDACTED] Indian Reserve,
Pointe-Bleue, Que.

Please find enclosed a copy of a letter written to me
by Mrs. [REDACTED] who asks me to intervene
in the case of her father-in-law, Mr. [REDACTED].

I believe there should be an inquiry held into the
case of Mr. [REDACTED].

Accordingly, I am submitting this request to your
kind attention, trusting you will give it the necessary
consideration.

I thank you in anticipation.

(S.) J. Tremblay

Jean-Noël Tremblay, M.P.

Att.

Translation
AT - 6-6-58

1A.53 G.

HOUSE OF COMMONS

CANADA

Ottawa, June 4, 1958.

Hon. Ellen Fairclough,
Minister of Citizenship
and Immigration,
O t t a w a.

s.19(1)

Dear Madam:

May I respectfully submit to your kind attention the case of Mrs. [REDACTED], of the Pointe-Bleue Indian Reserve. Mrs. [REDACTED] has forwarded to me, as intended for you, a long indictment involving the Agent for the Indians at Pointe-Bleue and the nurse assigned to the Reserve.

I should be very grateful if you granted this matter all due attention.

For the last while I have received several complaints concerning the above-mentioned persons.

I have made a copy of Mrs. [REDACTED]'s handwritten document and I am sending it along with the original.

I shall be very pleased to hear news respecting this case and I thank you in anticipation.

Yours respectfully,

(S.) J. Tremblay

Jean-Noël Tremblay, M.P.

Att.

Translation
AT - 6-6-58

Pointe-Bleue, June 2, 1958.

Mr. Jean-Noël Tremblay, M.P.,
Ottawa.

Dear Sir:

In receiving your letter I was glad to see that there are still some people who are not asleep or, more precisely, who do not stop their ears in order to sleep more soundly when there is talk of the Indians and their grave problem. Alas! you have not yet heard the end of it.

My father-in-law, a respectable man aged [redacted] years, who is held in esteem by everyone and has never stopped working, has been ill for the last 10 years. He was treated in 1955 by Dr. Simard, of Chicoutimi; he would now require further treatment and perhaps an operation, according to what that doctor told him at that time. However, I am not a physician, nor is my father-in-law. But I have seen him myself working very hard winter and summer; steadily, with severe pains in the left side, day and night, because he cannot afford to/take treatment, as he does not receive sufficient help from the Government office to feed his family of five young children. Of course, an Indian would not have the right to complain for so little, when we know that women and children are dead or paralyzed through neglect.

stop work and/

So here is why I am writing you.

When my husband, my child and I went to join my father-in-law in the woods this winter, as I wrote you lately, he was obliged to sell moose meat to some of our friends, as we all needed provisions in Pointe-Bleue. When an Indian sells something, I want you to know, it is always because he is needy.

s.19(1)

At present, and consequently, Mr. [redacted] is being hunted by your police, game wardens and agent himself, who said that he would go after him if Mr. [redacted] did not come back from the woods to pay a heavy fine. From what I have just told you, you can see that my father-in-law is not able to make such a payment. If he were, I should prevent him from doing so. As now is the custom with Indians, he will be sent to jail.

I advise you that I will use every means to preserve my father-in-law from that. So, we shall go to court. But nobody likes to go to court, especially not Indians, as they are not armed to defend themselves, may I say again.

Please read no animosity into my letter. I am only a bit revolted and disgusted.

Would you kindly forward this document to the Minister of Justice.

Yours very truly,

(S.) Mrs. [redacted]

True copy.

J.N.T.

Translation
AT - 6-6-58

000915

Pointe-Bleue, May 10, 1958.

Hon. E.D. Fulton,
Minister of Justice,
Ottawa, Ont.

Dear Sir:

My name is [REDACTED]; I am a former [REDACTED]

[REDACTED]. Recently, I married a young Indian trapper of the Pointe-Bleue Indian Reserve, where I am now residing. In normal times I go hunting with my young husband.

s.19(1)

Last December, during my first pregnancy, when I was five months and three weeks gone, we were hunting with my husband's parents on our hunting ground at the head of the Serpent River; but I had to leave the woods because of complications due to a displacement of the womb. So, we came out of the woods. I went to my family's home in Chicoutimi, with my husband. As my child ran the risk of being born prematurely any day, my husband could not go back to his work. He took the grippe, and after a while, he went back to work in poor condition, to provide for our maintenance. His health deteriorated.

We went back to the woods, since there were two months to go and I was agreed with my physician from Chicoutimi, Dr. Antoine Gagnon. But other complications occurred and I had to come back and enter the hospital. Everything was going normally, relatively speaking. I preferred to come out of the hospital and await events at my parents' home. On January 1, in the evening, I had to be taken to the hospital again. Things went on in that manner. I came out of the hospital again, under the close supervision of my doctor. My husband continued to work in spite of his condition, which continued to worsen, as a result of the grippe. He took treatment at his own expense, but our income was rapidly diminishing. City living is extra expense for us hunters. Finally, we were hard up. My husband went to the Health Unit in Chicoutimi. The doctor in charge, who knew my people well, advised me to have him hospitalized promptly. Accordingly, in spite of my advanced pregnancy, I made all necessary arrangements. There was no place at the St-Michel Sanatorium in Roberval. We had to wait a week. I had communicated with the Indian Reserve to ask for help in the name of my husband, since we were without means. I called the nurse attached to the Indian Reserve, Nurse Simone Levesque. It would be too long to report here all of her acid words, because I was asking her to come to get us, my husband and me, as I had decided to have my baby at the Roberval hospital, since my husband was to be hospitalized there also. She definitely refused and advised me to open a credit account, saying that she would get in touch with the Agent, Mr. J.-J. Bourassa, from whom I received a telephone call a week later to notify me that my husband had his place at the Roberval Sanatorium, thanks to the intervention of Dr. Marcel Lapointe, Superintendent of the Chicoutimi Hospital and a friend of mine. He hung up after advising me to take the bus. It was about 10 days before my confinement was due; but I could expect it from one moment to the other, as Dr. Gagnon could certify.

We had to be there the next day; we had no money. Dr. Lapointe advised me to call the R.C.M.P. at Chicoutimi. They referred me again to the Agent in Pointe-Bleue, telling me to call him and reverse the charges; I was to ask him to call the Police back to give them notice to convey us.

000916

...2

I did as told, and Mr. Bourassa simply refused to take the telephone call. I was spent with fatigue and nervousness.

But take a good breath, as I have not finished.

I had to leave, to thumb my way, in January, by 25° below zero, from Chicoutimi to Roberval. I arrived there in a truck that was travelling from Quebec City with a load of potatoes; it had broken down on the way and I was cramped from head to foot.

s.19(1)

I entered Roberval hospital with my husband. Before I had time to go to the toilet, I was given an oil enema, designed to hasten delivery. My husband, who was still at my side, picked me up off the floor, where I almost died in suffocation, although I had warned the sister, and nurses, upon arrival, that I had done the preparatory work for painless natural childbirth. Dr./Dumas appeared (I shall spare you some details); he paid no attention to the recommendations of my doctor in Chicoutimi and ordered, against my protests, that I be given drops to cause contraction of the womb, thus provoking pain and advancing delivery. Seeing that, and thinking of my child above all, I decided to leave Roberval Hospital and go to Chicoutimi. My husband was ill with grief. The next day, Dr. Dumas said to me that the Department had recommended letting me out of the hospital, since, according to him, I was not ready to give birth. Everything I am telling you here took place before witnesses. He had me discharged from the hospital. Three days later, not knowing where to go, I looked up an old Indian woman to deliver me. She refused, fearing there might be trouble made for her. So I left on Monday, February 10, at eight o'clock in the morning, three days after my discharge from the hospital, without assistance from the Government or the nurse. Some friends, Mr. and Mrs. [REDACTED] were the only ones who kept me at their place during those three days. Mr. [REDACTED] was also hospitalized in abnormal conditions.

I again travelled to my parents' home at my own expense, that is to say, hitchhiking, in great pain and exhausted. Five days later, I went back to Roberval to show my husband a fine baby daughter weighing seven pounds and three ounces. I went again to Mr. Bourassa's office; he refused to give me food, requiring a certificate from the Superintendent of the Hôtel-Dieu in Roberval; and that was the end of the week.

My husband came out of the hospital with two days leave, for the child's christening.

Seeing me without help or money and temporarily staying with a friend, with my baby in a cold and almost uninhabitable house, like many others on the Reserve, paying for water at five cents a pail, my husband, sick and discouraged, came out of the hospital against medical advice and took me to the woods, where we stayed two months, as I had to come back again without incipient ulcers of both breasts. I was nursing my baby.

My husband went back to work, fell into a lake under the ice as he returned from hunting, one evening, and hemorrhaged all night. Ten days later, his father, seeing that his condition was worsening, forced him to come back for treatment. He was suffering from tubercular bronchitis.

...3

000917

...3

Here he is again on the Reserve, where he applied for help from Mr. Bourassa, who again refused to give us relief, saying that the Government is not obliged to feed the Indians, that they only do it through charity. I threatened to call him to account. Five minutes later, he called me back and gave me a voucher for supplies, recommending economy.

My husband went back to the hospital yesterday, urged by Dr. Paquet, a humane and conscientious doctor. That happened after all sorts of manoeuvres on the part of the Agent and nurse; it would take too long to talk about that here.

As I am writing you, I am sick with the grippe; my three-month old daughter is also sick and there is no immediate care for me nor for my child. I had to run to my sister-in-law's in the middle of the night, because both the baby and I were suffocating. I am alone in a large, cold house and I must saw my own wood, my husband being in the hospital.

went/

I am leaving some of it out of this letter because I am not very strong. I/~~am going~~ back home for another two days, to fight it alone with my child, in illness. I sent for Dr. de la Boissière, whom I know well. He gave me, at his own expense, an injection of penicillin, as I was feverish. He also gave me two prescriptions for the baby and one for me. I sent for the nurse in order to get those remedies. I forgot to tell you that Nurse Levesque had given me some milk of magnesia for the child and drops for myself, which I had to call for, myself, by bicycle in winter cold.

s.19(1)

I had to give ~~me~~ the baby the milk of magnesia and the drops that served for me. The doctor told me not to give her any more, as it was too strong for her. Then the nurse decided to put my baby in the hospital; but according to her, I was not sick enough for the hospital. I was reacting violently to the injection, unable to get up and look after myself alone. One of my friends, also a nurse, attended to giving me the care I needed. The nurse went to my sister-in-law's, who has four children. They all had the grippe. She asked her to keep me at her place.

Two days later, seeing the state of fatigue in which my sister-in-law was, I went to see Dr. Paquet, of the Roberval Sanatorium, who was treating my husband. He examined me and had me put in the hospital.

I am writing you from there. Now the three of us are in the hospital.

My husband will again have to interrupt his cure to go back to work, as I am penniless and have not the courage to go back to fight for food, and to face a coarse customer who, I hope for the sake of the Canadian Government, is overstepping his duties as an agent of the Government.

I am not the only one to complain about him and I shall point out that inquiries made to date have not given much result. I ask for an immediate change in the administration, concerning the present employees of the Government on the Pointe-Bleue Reserve; otherwise, I shall publish the irregular things going on there. I trust I shall not have to go that far, and I hope also that the Government, upon noting those facts, will take the opportune decisions.

P.S. I should have preferred going to see you; but I have no money and I am ill.

Yours very truly,

(S.) Mrs.

000918

Ministère de la Santé
1570 St-Hubert - CH, 124
Montréal.

s.19(1)

Institution: Département de la Défense Nationale

Nom du patient: [REDACTED] Age: [REDACTED] ans Adresse: Réribonka, Lac St-Jean, P.Q.

Date de l'admission: _____ Date de la sortie: _____

Diagnostic: Infiltration suspecte 1/3 Statut du malade: _____

sup. droit-Contrôle 1 mois-Fort suspect

Raison du congé: _____

Référé au médecin ou à la clinique: _____

Capacité de travail: _____

REMARQUES:

*Entrée dans un sanatorium suggérée par le
Dr. D. L. Desmeules.*

C.C.T. 4
S-554-(M)

000919

00770

INDIAN HEALTH
SUB-REGISTRY

JUL 3 9 37 AM '58

FILE NO:

000920

COPY FOR HEAD OFFICE.

850-1-A21

Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

21/17-11

Zone Supt. (Quebec Zone)

s.19(1)

June 13, 1958.

Application for Medical Treatment - [REDACTED], Pointe Bleue Agency.

We have just received a letter from the above mentioned [REDACTED], an Indian of Pointe Bleue Agency for Application for Medical Treatment. Mr. [REDACTED] has been employed by the C.B.C. in Montreal for a number of years. Mr. Bourassa notes that he is single and that his salary is around \$5,000. a year.

Following the Superintendent's recommendation, we have written Mr. [REDACTED] advising him that Indian Health Services could not be responsible for his medical treatment.

For your information.

M. Savoie

M. Savoie, M.D. (213)
Quebec Zone Superintendent,
Indian Health Services.

15/tv

c.c. H.O.

" Supt. Pointe Bleue.

004906

s.19(1)

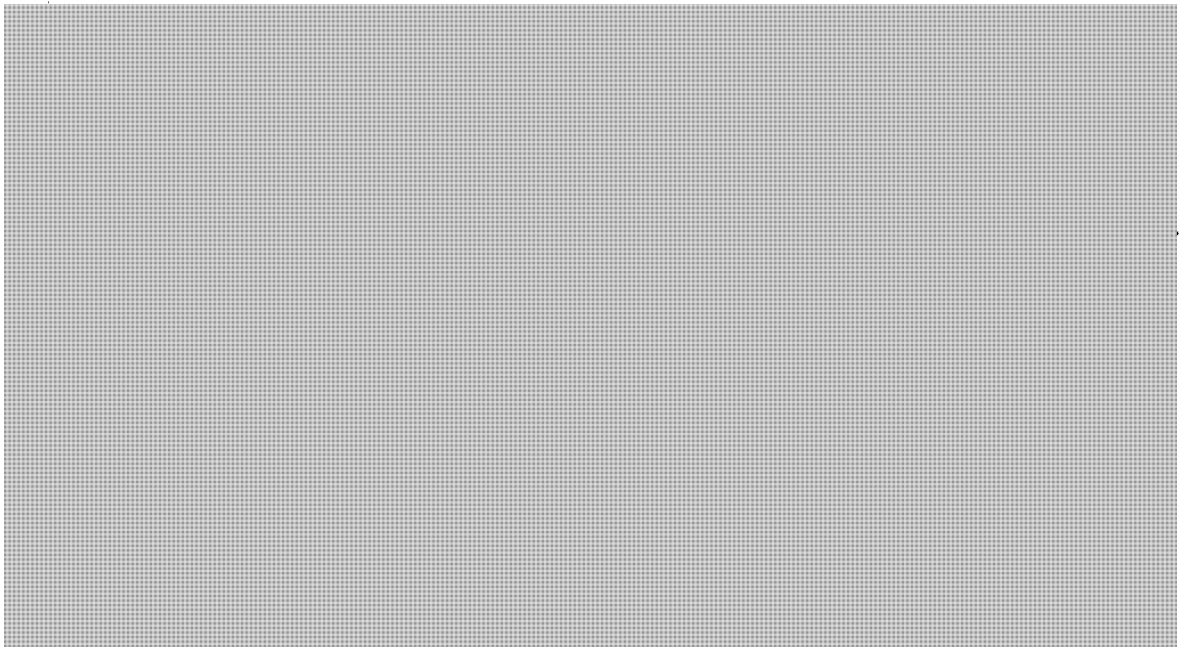
INDIAN HEALTH
SERVICE STRY

Text visible from previous page

JUN 16 3 44 PM '58

FILE NO:

M



850-1-A21 (M2)

Ottawa, 15 May, 1958.

Lieutenant-Colonel H.M. Jones,
Director,
Indian Affairs Branch,
Dept. of Citizenship & Immigration,
Ottawa, Canada.

s.19(1)

Dear Colonel Jones:


Physical Condition - [REDACTED] Pointe Bleue Band

On 17 March 1958 we acknowledged your 21/3-8 of 10 March 1958 and promised to get some additional information for you when we could. Unfortunately that which did come to hand has not been passed to you as promptly as it might.

Accompanying is a copy of a communication provided by our Quebec office. It tends to confirm the fact that in the regular x-rays being obtained by Mr. [REDACTED] there is nothing to indicate active disease and therefore this evidence is not of much weight in substantiating relief rations. You will note that Mr. [REDACTED] declines to attend the facilities which we have provided in order that he might have a thorough check.

In passing to you the complete report from our Quebec office we trust that it is not likely that it will be necessary to quote from these reports because they should be considered as privileged documents. It is only on such understanding that we are able to obtain frank comments.

Yours very truly,


P.E. Moore, M.D., D.P.H.,
Director,
Indian and Northern Health Services.

 /bt
Encl.

Regional Superintendent,
Eastern Region, I.N.H.S.

850-1-A21 (M2)

Director, Indian & Northern Health Services.

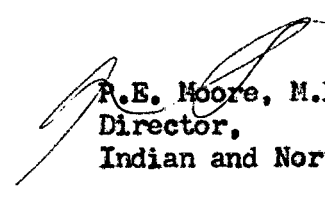
13 May, 1958.

St. Jerome Hospital for the Chronically Ill

We are pleased to have the information contained in your 150-1-A21 of 9 May 1958 conveying the information provided by Dr. Savoie about the new institution for the chronically ill which is being made ready near Roberval. We would certainly wish to take advantage of the cut rates at this new institution wherever possible.

We have a slight concern over the possibility of removing people who are ordinarily resident of Lorette to place them at Roberval. However keeping this possibility in mind we believe that this institution can have a great use for those Indians who do not have an institution for the chronically ill in their immediate area. I wonder if it would be possible to have an understanding with this new institution that our part-time physician at Roberval should have access to our patients rather than accepting accounts from some new physician. It may be that admission to the hospital is contingent upon accepting their staff including professional attention but it may be that this is a looser arrangement and we could have our people looked after through our already existing resources.

It is presumed that where appropriate our 8820 is used before any patient is admitted to this institution along with others of a similar nature.


R.E. Moore, M.D., D.P.H.,
Director,
Indian and Northern Health Services.

/bt

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Director, Indian & Northern
Health Services

YOUR FILE:

DATED:

OUR FILE: 150-1-A21(E71)

FROM: Regional Superintendent, Eastern Region

DATE: 9 May, 1958

SUBJECT:

Hospital for the Chronically Ill - Roberval


Enclosed is a letter from Doctor Savoie describing a newly opened hospital for the chronically ill near Roberval, P.Q.

Doctor Savoie believes that we have a few patients who would be more economically accommodated at this institution. These are patients who do not require active medical care but cannot be accepted in a home as they do require nursing care. Doctor Savoie mentions two patients who are at present at St. Augustine Hospital, in Lorette.

Accommodation in rooms (without bathroom) will be from \$70.00 to \$100.00 per month depending upon whether the patient is up or confined to bed.

Doctors visits and drugs are not included but arrangements for the physicians' services, when necessary, have been completed.

We would like to advise Doctor Savoie to admit the two patients whom she mentions on a trial basis. For patients who do not require active medical care this institution should save us money, as the day rate is much lower than a hospital rate. Old Age pensions will be contributed. Limited doctors accounts, when necessary, should be acceptable.


I. F. Kennedy, M.D.
for J. H. Wiebe, M.D.
Regional Superintendent

Encl. 1

IFK/cf

003177

INDIAN HEALTH
SUB-REGISTRY

MAY 12 11 14 AM '58

FILE NO:

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

YOUR FILE: 150-1-A74
850-1-A74 (H22)
DATED: February 4, 1958.
OUR FILE:

FROM: Zone Supt. (Quebec Zone)

DATE: April 28, 1958.

SUBJECT:

Chronic Cases.

During our last visit to Pointe Bleue Agency last week, we had the opportunity of visiting a new hospital for the chronically ill at St-Jérôme near Roberval. This hospital is not finished yet but will be open, probably next week, for the first forty cases. When it is finished and organized, it should accommodate near two hundred people.

This is a truly modern place which was constructed as a home for the aged; however, the Sisters were asked to convert it into a hospital for the chronically ill. There is only one large room with four beds, the others being either private rooms or double rooms; there is a choice of rooms with or without toilet and with or without bath-room. The first floor is reserved for persons confined to their beds; all beds there are of the hospital type, it is organized like a hospital with a nurse's desk, lab., complete x-ray equipment, doctor's office and minor surgery room. The other floors are for patients who can move about, the beds are the household type and the organization seems more like a hotel than a hospital. It is very sunny, they have verandas all around and it should afford all the comforts of home plus those of a well furnished small hospital.

Despite this plush organization, their rates are more than reasonable. The cheapest accommodation would be: from \$70.00 to \$100.00 a month for double rooms without toilet, the range depending whether the patient can move about and go to the dining-room or is confined in bed and needs special nursing care.

There is, however, a draw-back like always when a thing seems too good, that is: the doctor's visits and drugs are not included, that is why we wanted your advice before we move some of our patients there. They are going to have a doctor in residence and



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000927

s.19(1)

they have made arrangements for consultants to come from the nearby Alma Hospital.

The patients we would like to see hospitalized there, would be those who do not require active medical care but cannot be accepted in a Home; for example: [redacted] and [redacted] who are actually at St. Augustine Hospital in Lorette. For those who have to be seen regularly by the doctor, St. Augustine is cheaper because medical services and drugs are included.

There is a hope that the Sisters would take [redacted] the imbecile actually at Quebec Immigration Hospital. They do not intend to accept mental cases but they might accept him till we can find a place at Baie St-Paul. If we can manage that, it would save us quite an amount of money. The Sisters are hesitating because, as yet, they are not organized for pediatrics and would need special beds; they would accept him probably if we could find two or three other children to fill their big four beds' room; it is understandable that they would not want to put the child with an adult. We will keep you informed of our success or failure there.

Would you please advise us of what you think about those doctors' accounts that would be forthcoming from this place. I would like very much to tell them that as our patients are charity patients, they are supposed to be treated free; however, they would find out quickly that we pay the doctors at Roberval.

In calculating the rates for the room and board, it is understood that whenever applicable, the Old Age Pension would be subtracted from the amount with a fraction of it going to the patient.

As the Sisters gave us a deadline of the first few days of May to decide whether or not we wanted some rooms, would you please give this your prompt consideration.

M. Savoie

M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.

MS/tv

COPY FOR HEAD OFFICE.

850-1421

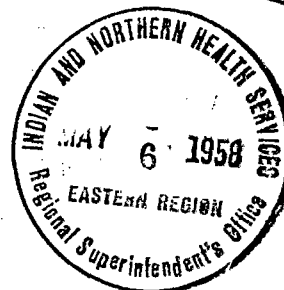
30. APR. 1958

Hoe
H.S.
P.A.

Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

Zone Supt. (Quebec Zone)

Report on visit to Chapais, Opemiska Copper Mines.



April 23, 1958.

At Dr. Procter's request, we proceeded to visit the Indians located at Chapais while Miss Laurin and I were at Pointe Bleue last week. The party was composed of Miss Laurin, Miss Levesque, Nurse in charge Pointe Bleue, Miss Fortin, Indian Affairs Social Worker and myself.

Location: Chapais is located twenty-two miles from Chibougamau and one hundred and seventy-seven miles from Pointe Bleue. Except for the first forty-three miles, the rest of the road is gravelled and though dangerous and dusty was in a good enough condition for the time of the year. The round trip was made on April 15 and was uneventful except for two flats (one tire had to be replaced in Chapais as it was badly cut). The trip was made in the Pointe Bleue Departmental car; this convinced us that this car had to be replaced very soon as it is all but falling to pieces. We found out, on the way back, that the tail-lights were not working, only the stop lights worked. The repairs would be costly as both rear fenders are badly crumpled. Another conclusion we made was that that trip should not be made by a woman alone: as was said before, the road itself is dangerous and besides, it stretches for more than an hundred miles in nothing but bush and forest. There is not much traffic at this time of the year as the road was closed to heavy traffic.

General conditions: Except for one man, whose family is living in a tent, all the others are working at the mines and making good wages. I met Mr. Cooke, the General Manager, who is very satisfied with those Indians and in fact would like to get more. He wants them to be totally integrated in the White community: as a matter of fact those Indians who ten years ago lived in the bush are now well in the way toward integration. They are living independently and seem perfectly happy to owe nothing to nobody except themselves.

001053

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*For your info
E-23
25/4/58
We are acknowledging
a letter from H. S. S. S. S.
for this excellent
report.*

001843

INDIAN HEALTH
SUB-REGISTRY

APR 23 4 02 PM '58
MAY 6 11 29 AM '58

FILE NO
FILE NO

s.19(1)

-2-

Housing: All the workers except one are living in houses built by the company. Those are exactly similar to the ones inhabited by the Whites and are not set apart but stand in the middle of the village. It would be very hard to distinguish those households from the White ones; we heard of absolutely no complaints about or from neighbors. Miss Laurin and Miss Levesque visited all the Indian families living in Chapais. There are three houses and two tents. The one worker who is living in a tent will have his house this Summer.

Houses: They consist of three bedrooms, one very large kitchen and a complete bathroom. There is electricity and running water. Actually, most of these also have the usual electric apparatus including washing machines. They are spotlessly clean, and so are their inhabitants.

Tents: Those are also remarkably clean and the people look healthy and well.

The Indians come from three places: Rupert House: fifteen people, Mistassini: four and Waswanipi: sixteen. Among the Waswanipi people, there is one daughter who is an unmarried mother and who works as maid in the town. She lives with her baby at her parents' house.

Health Arrangements: All the workers participate in a compulsory insurance plan for hospitalization and surgical care. They pay for medical care themselves and seem quite happy to do it.

There is a doctor in residence, Dr. Boyle from Toronto, who has a very nice and well organized nine-bed clinic. This is more like a small hospital with x-ray, lab. facilities, operating room, and delivery room. Dr. Boyle said that he had submitted accounts to our Department before (for the squatters only); the hospital has such also sent in accounts and was paid \$10.00 a day which seems satisfactory. We see no reason why there should be any changes there. The only accounts forthcoming from this place should regard the [redacted] family the only one whose father is not working. It is improbable that there will be more squatters as Mr. Cooke does not want a shack-town near his place and will try to get all the people coming around to work in the mines and get integrated.

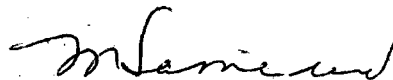
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000931

-3-

Conclusion: We cannot but agree with the Manager's outlook on this problem and would recommend that those Indians be left to their own devices. There are at the present time no health problems, of sanitation or immunization, and we see no necessity for us to send a nurse there even a few times a year. May I add that our impression and conclusions are shared by Indian Affairs personnel who do not intend to do anything about these people in the way of welfare, for the moment. Our joint impression is that we can only wish it would go as well everywhere else!

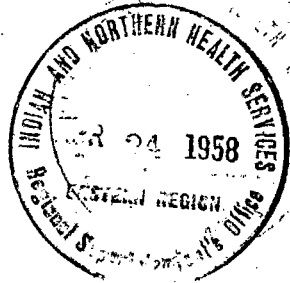
For your information.



M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.

MS/tv

①



Simonne (M2)

Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

Zone Supt. (Quebec Zone)

22/3/58

850-1-A21 (M2)
March 17, 1958.

April 3, 1958.

[REDACTED] - Pointe Bleue Agency.

We have just received a letter from Miss Levesque, Nurse in Charge Pointe Bleue, concerning the above mentioned member of the Pointe Bleue band. The following is a literal translation of her answer.

s.19(1)

"Forward to your letter of March 17, 1958 about the pulmonary examination of Mr. [REDACTED] by Dr. Labrecque, I must advise you that Mr. [REDACTED] refuses to comply with your request.

I have seen him three times to try and decide him, on March 20, 25 and 31. He refuses categorically and does not want to be examined by Dr. Labrecque.

Regularly every three months, he goes to Roberval for a chest x-ray; please find enclosed the last report from the Roberval Health Unit; Mr. [REDACTED] has asked and obtained all reports of his x-rays from the Roberval Health Unit. Yours very truly, original signed by Simonne Lévesque, P.H.N. Nurse in Charge Pointe Bleue, P.Q."

The x-ray reports reads: Chronic tuberculosis of the left apex, moderately advanced, apparently stopped. Recommendation control x-ray every three months. Dated: 7-3-58; signed by H. Pineault, M.D.

We have contacted Dr. Labrecque about this case and he is not surprised that Mr. [REDACTED] refuses to come to Quebec Immigration Hospital. You may remember this case from past correspondence; Mr. [REDACTED] was the cause of a lot of trouble



-2-

at the hospital as he was decided to spend the rest of his days on relief because of an alledged illness which was never proved. He does have a tuberculoma of the left apex, but has refused surgery.

M. Savoie

M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.

MS/tv
c.c. H.O.

002359



INDIAN HEALTH
SERVICE

APR 8 4 37 PM '58

FILE NO:

6-8-1958
10/14

RECEIVED
REGIONAL SUPERINTENDENT'S OFFICE
APR 8 1958

TO: REGIONAL SUPERINTENDENT'S OFFICE
FROM: [illegible]
SUBJECT: [illegible]

~~The DIRECTOR~~
~~INHS~~

000937

copy

H-218

INDIAN HEALTH SERVICES

**ASSESSMENT
FOR
PROTRACTED
CARE**

Department of National Health and Welfare					Confidential	
Surname (block letters) LAUNIERE			Given Names Albert		Single Married <input checked="" type="checkbox"/> Widowed Separated	
Agency Pointe Bleue			Band Montagnais		Personal Number 97	
Home Address Pointe Bleue						
Sex M F	Age 75	Date of Birth 29-1-83	Religion R.C.	Occupation -		
Next of Kin or Guardian Elizabeth Philippe			Address Pointe Bleue		Relationship Wife	

1. If this person has not been residing in an Indian or Eskimo Community, where has he been residing over the past five years? _____

N/A

2. Present Medical condition: **Total blindness - Myocardial Sclerosis (from report by Dr. Roger Dunne - St. Augustin Hospital).**

If any of the following questions can be answered "yes", please mark thus			X	COMMENT UNDER "REMARKS"	
3. Is there reasonable expectation of a substantial improvement of the medical condition if under active treatment?		-			
4. Is there reasonable expectation that active treatment will result in a return to a useful life in a private home?		-			
5. Is the continuous supervision of nursing care by a registered nurse essential in the treatment of this case?		-			
6. Is it necessary to have regular attendance by a Doctor as frequently as once every week for this case?		X			
7. Does this person have private resources?		-			
8. Can the family help?		-			
9. Are Community funds available for this purpose?		-			
10. Is there in effect or pending any award for accident or disability or a court judgment?		-			
Is this person in receipt of or eligible for any of:					
11. Old Age Assistance	-	12. Old Age Security	X	13. Allowances for Blind Persons	-
14. Allowances for Disabled Persons	-	15. Workmens Compensation	-	16. Veterans Benefits	-
17. Hospital Insurance	-	18. Medical Care Insurance	-	19. Municipal or Provincial Benefits by virtue of residence.	-
20. Dependents who would be in distress if the benefits recorded in 11 to 16 were used to defray costs of medical care.			None		

REMARKS **Launière does not receive a pension for the Blind as he has Old Age Security and cannot receive both.**

His children cannot contribute.

↓
Tumble

06536

INDIAN HEALTH
SUB-REGISTRY

21. Suggested Place for protracted care of this case: Hôpital - Foyer St-Jérôme, St-Jérôme, Lac St-Jean.

JUL 21 1 45 PM '58

22. Estimated Cost:	FILE NO:		Per Month	Total
	Maintenance	Comforts		
	\$70.00			\$70.00

23. Estimated Assistance from Sources 6 - 18

#12

\$43.00

\$43.00

24. Estimated Charge to Appropriation:

Per month

\$27.00

25. Recommendation: Transfer

By

M. Sarnie md

Date June 58.

This patient is actually at St. Augustine Hospital in Lorette.

There is no doubt that he has to remain in a hospital. We recommend the transfer because the Foyer St-Jérôme is nearer his Reserve and because it will be cheaper for us.

Please refer to past correspondence; Files #150-1-A21 -- #850-1-A21

#150-1-10

26. Classification: (Active: Conservative) By Concur.

21-7-8

Date

(HISA)

J. White md

27. Charge Object

850-1-A21 (M2)

Ottawa, 17 March, 1958.

Nurse in Charge,
Pointe Bleue Health Centre,
Pointe Bleue, P.Q.

s.19(1)

Dear Madam:

Assessment - [redacted], Pointe Bleue

Dated 28 May 1957 the Regional Superintendent wrote the Zone Supervisor of Nursing with a copy to you asking that you arrange for an assessment of [redacted] of Pointe Bleue. It was suggested that he be referred to Dr. Labrecque at Parc Savard. Dated 13 June Dr. Labrecque provided a very careful appraisal of this man's fitness. It is necessary to repeat this performance because presumably in the course of a mass x-ray survey [redacted] had a plate taken and the Department of Health Medical Officer prepared a report dated 13 December 1957 stating "Chronic T.B. of doubtful activity, left apex, to be re-examined in three months". Somehow a copy of this report got into [redacted]'s hands and he is using it as evidence of continued disability.

Would you be good enough to arrange with Dr. Labrecque for another assessment of Mr. [redacted] with a report which may be passed to Indian Affairs Branch for their information.

Yours very truly,



P.E. Moore, M.D., D.P.H.,
Director,
Indian and Northern Health Services.

cc Dr. J.E. Labrecque, Hospital Superintendent, Parc Savard.
Director, Indian Affairs Branch
Regional Superintendent, Eastern Region, I.N.H.S.

850-1-A21 (M2)

Ottawa, 17 March, 1958.

Lieutenant-Colonel H.M. Jones,
Director,
Indian Affairs Branch,
Dept. of Citizenship & Immigration,
Ottawa, Canada.

Dear Colonel Jones:

s.19(1)

Physical Fitness - [REDACTED], Pointe Bleue

The use, as brought to light in your 21/3-8 of 10 March 1958, in the fashion he does of a certain piece of paper that has somehow come into [REDACTED]'s hands is a demonstration of why the medical profession can be accused of being reticent about providing information to patients, relatives and curious friends. In a fair proportion of cases medical opinions are understood and accepted as useful information. In a large proportion of cases the information is either thoroughly misunderstood, alarming or abused for some personal motive.

The document that [REDACTED] is using as evidence of disability is nothing more than a very terse report from a provincial chest man who has read a routine x-ray probably taken during a mass survey. It says nothing more than that [REDACTED] has had tuberculosis and should be re-examined periodically to see that it remains under control. No more.

So long as he lives, [REDACTED] will carry the diagnosis of chronic tuberculosis. The important thing is the words which are attached to this diagnosis, in this instance "doubtful activity". As a single reading by a man who is one hundred miles away and knows nothing of the previous history of the case as will be the circumstances here, this is a good opinion. The Doctor remarks that there was once something in the chest, believes it is quiet but needs to be watched. This is the same situation observed by Parc Savard in May 1957.

- 2 -

s.19(1)

You will see that we are saying there is nothing new in this case except that a routine x-ray report has got into the hands of someone who wants to exploit it. We are most reluctant to jump into an exhaustive re-examination every time [REDACTED] feels frustrated but believe that one per year is justifiable.

We will ask our Nurse at Pointe Bleue to arrange another admission to Parc Savard for assessment and let you have a report. In the meantime do not worry about [REDACTED] being required by a little work.

Yours very truly,

P.E. Moore, M.D., D.P.H.,
Director,
Indian and Northern Health Services.

/bt

INDIAN AFFAIRS
BRANCH



BF
4850-1-21
Rof
Hr

OFFICE OF THE
DIRECTOR

21/3-8

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

OTTAWA, March 10, 1958.

Dr. P. E. Moore, D.P.H.,
Director,
Indian and Northern Health Services,
Dept. of National Health and Welfare,
O T T A W A.

s.19(1)

Dear Dr. Moore:

Re: Mr. [REDACTED]
No. [REDACTED] Montagnais of Pointe Bleue Band

Enclosed are copies (translations) of a further letter of complaint from the above noted and a medical certificate from Dr. André Bauchene; also a copy of my reply to Mr. [REDACTED]

In your letter dated July 25, 1957, file 850-1-A21 (M2) you stated that with the exception of a tumour in the upper part of his left lung, no disability could be found at that time to explain Mr. [REDACTED]'s alleged incapacity for work.

In view of Dr. Bauchene's diagnosis of chronic tuberculosis of doubtful activity and recommendation that he be re-examined in three months, I should appreciate a further medical report from you upon which a firm conclusion may be reached regarding Mr. [REDACTED]'s present employability and relief requirements.

Yours sincerely,


Acting Director.

c.c. Dr. P. E. Moore, D.P.H.,
Director, Indian & Northern Health Services,
Dept. of National Health and Welfare,
O T T A W A.

MAIL TO

21/3-8 (FA)

To be Translated

CR:SL

OTTAWA, March 10, 1958.

s.19(1)

[REDACTED] Esq.,

Lake St. John,
Roberval County,
Quebec.

Dear Mr. [REDACTED]:

Your letter dated February 19, 1958, to the Acting Minister of Citizenship and Immigration, has been referred to me for attention.

As stated in the letter dated August 13, 1957, which was sent to you by the Minister's Associate Private Secretary, your circumstances were investigated at that time and a report was received from the Director of Indian and Northern Health Services of the Department of National Health and Welfare, dated July 25, 1957, indicating that you had recently been examined by doctors at Parc Savard Hospital in Quebec and that you were considered employable.

I have now forwarded a copy of your letter of February 19th to the Director of Indian and Northern Health Services and have requested a reassessment of your present physical condition.

Yours sincerely,

L. BROWN

Acting Director.

C O P Y

Pointe-Bleue, February 19, 1958

Hon. E.D. Fulton,
A/Minister of Citizenship
and Immigration,
O t t a w a.


Dear Sir:

s.19(1)

I am writing to you in a very special manner, to give you the report on the latest examinations undergone. I am glad to contradict the false reports made by the Agent and the Supervisor against me. The same thing happened again today. Agent Jean J. Bourassa, of Pointe Bleue, has refused me food rations. I worked a few days, by dint of great effort, to pay my terms and electricity; and he wants me to use the little money I preferred to keep for my terms. I want this injustice to come to an end; I want what I have a right to receive, just like the others.

Now, would you please refer this to whom it may concern. The Health Bureau definitely told me that they gave recovery cards only to those who were cured; but I cannot obtain such a card. I asked for a certificate of recovery or of illness, and this is what they gave me. So, they cannot give me a recovery card; accordingly, I must be sick. With this report, am I in good health, as the Agent and Supervisor claim?

May I expect an answer, please?


Pointe-Bleue, Roberval Co.
Que.

- 2 -

P.S.

Please note that the Agent forces me to work in cold houses; he deprives me of food in order to make me work. It is not a place for a man who is suffering and has suffered from tuberculosis for some time. Or rather, since I have worked a few days in those houses I have the "grippe" and I am tormented by stitches. I wish that revenge and that stubbornness to end, because all this is not of a nature to help a sick man recover. I know I am not believed and that is why I am sending you a report.

When a man is sick or has to be operated on, they force his consent by depriving him of food or obliging him to work. This should not be done. The only thing left in life is freedom. After all, we are in a free country; we are not slaves. What do you think of it?

If you need further particulars, I am at your service to provide them.

This is a letter of information. Can you give me some information on the subject?

Yours very truly,

s.19(1)

Translation
AT - 25-2-58



C O P Y

Form UC 18 D

S-M-101

DEPARTMENT OF HEALTH

Tuberculosis Branch

Dr.

Dear Doctor:

I am pleased to forward to you the report on the clinical and radiological examination of the lungs of your patient,

Mr. [REDACTED]

Pointe-Bleue

s.19(1)

Clinical examination

Radiological examination (X-ray)

Chronic T.B. of doubtful activity, left apex. To be re-examined in three months.

Date: 13-12-58 (?)

Signed:

Andre Bauchene, M.D.

Translation
AT - 25-2-58

004358

s.19(1)

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INDIAN HEALTH
SUB-REGISTRY

MAR 14 9 15 AM '58

FILE NO:

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INDIAN HEALTH

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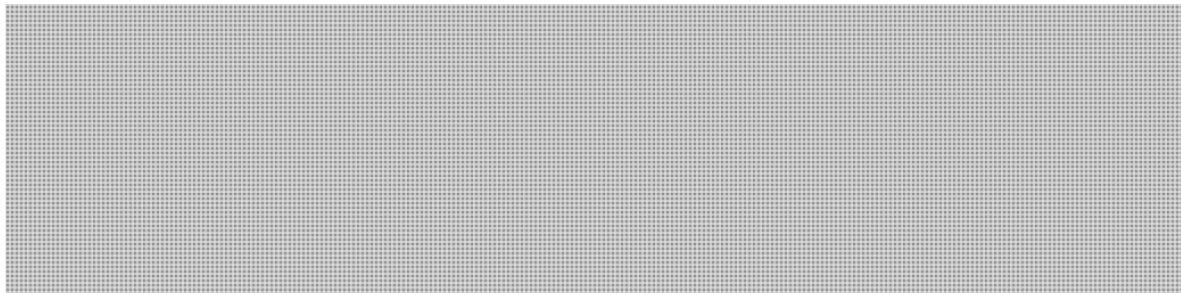
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RECEIVED
INDIAN HEALTH

THIS COPY FOR HEAD OFFICE.

Zone Superintendent
Quebec Zone Indian Health Services
P.O.Box 430 Upper Town
Quebec 4, P.Q.
Regional Superintendent, Eastern Region

21/17-7-2
Jan 29/58

850-1-A21
150-1-A21 (H22)

February 11, 1958

Mrs. [REDACTED] -Pointe Bleue Agency.

s.19(1)

This is to acknowledge your letter of January 29th. concerning the above member of Pointe Bleue Agency. The Directorates policy relating to hospitalization of an Indian patient at Laval Hospital would be to pay the all inclusive public ward rate on exactly the same basis as would be charged for an indigent white patient hospitalized at the same hospital.

The same remarks would hold true regarding the cardiac catheterization or other very special tests. If it is the policy of the Laval Hospital to not charge extra for these tests when they are done on indigent white patients, then it would not be proper for Indian Health Services to pay extra for them. On the other hand if the Hospital receives more money from the municipality for caring for such patients, Indian Health Services could be expected to follow suit. Would you please therefore proceed to make arrangements on this basis.

for: J.H. Wiebe, M.D.
Regional Superintendent
Eastern Region.

RAA/rh.

c.c. Head Office.

COPY FOR HEAD OFFICE

Zone Superintendent,
Quebec Zone, Indian Health Services,
P.O. Box 430, Upper Town,
QUEBEC 4, P.Q.
Regional Superintendent, Eastern Region.

21/17-12
Feb. 5/58
150-1-A21 &
→ 850-1-A21 (H22)
March 7, 1958

- Pointe Bleue Agency

s.19(1)

With regard to your letter of February 5th concerning and similar cases, it is realized that with the present situation in the Province of Quebec, it is likely that this Service will be stuck with payment for many custodial cases. Our aim must be to attempt to prevent them from being admitted to treatment institutions in the first place.

We must make arrangements whereby it is understood that Indian Health Services will not accept accounts for such people newly admitted to so called treatment institutions, unless prior authorization has been obtained. In the case of a patient such as who is blind and presumably is on maintenance dosage of digitalis, it could be justly argued that this person does not need hospitalization and therefore cannot be accepted as a charge against Indian Health Services. The fact that his home is unsuitable is not an indication for putting him in the hospital. Once they are in, we are more or less stuck with them, but it should be possible to refuse to authorize admission of a good many of them. Almost any sort of a home could accommodate a blind man who has to take one pill a day and if we hold firm about denying admission to this type of person, undoubtedly some other arrangements will be made.

We must therefore insist that the form assessment for protracted care be filled out in advance, before any similar custodial case is admitted to a chronic hospital or other so called treatment institution, and we must be very tough in assessing these forms to make sure that the person really does need nursing care and not just a proper home.

for J.H. Wiebe, M.D.,
Regional Superintendent, Eastern Region,
Indian Health Services.

RAA/LF

cc Head Office ✓

000950

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

PA 850-1-A21

TO: Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

YOUR FILE: 850-1-A21
150-1-A21 (H22)
DATED: February 11, 1958.
OUR FILE: 21/17-7-2

FROM: Zone Supt. (Quebec Zone)

DATE: February 27, 1958.

SUBJECT: 28/1/58

Mrs. [REDACTED] - Pointe Bleue Agency.

s.19(1)

This is to acknowledge your letter of February 11, 1958 concerning the hospitalization of Mrs. [REDACTED] at Laval Hospital.

Following your recommendations, we have made arrangements with the hospital whereby we will be charged the all inclusive rate of \$10.50 per day for Mrs. [REDACTED] and any other Indian patient who would be hospitalized there in the future.

As this is a teaching hospital, there will be no accounts from the doctors.



M. Savoie

M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.

MS/tv

s.19(1)

000296

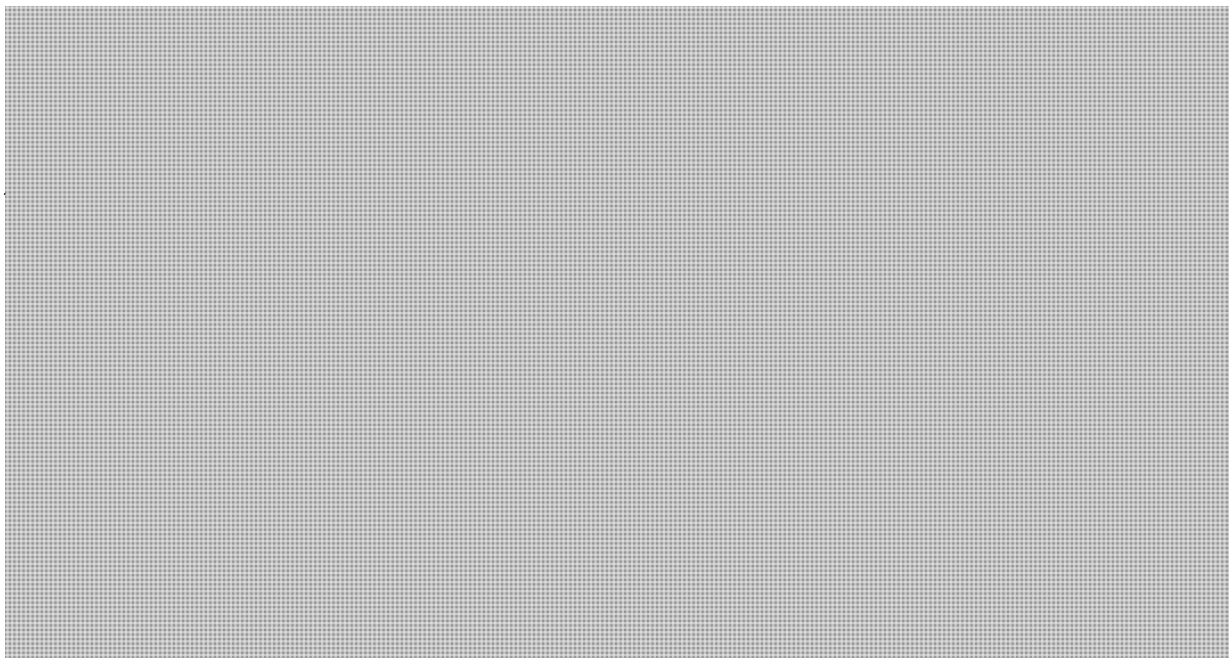
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INDIAN HEALTH
MINISTRY

MAR 3 10 17 AM '58

FILE NO:

RECEIVED
MAR 3 1958
INDIAN HEALTH
MINISTRY

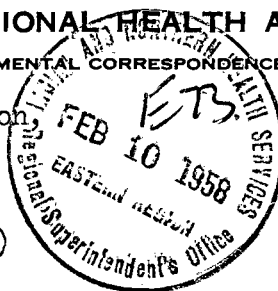


DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

H22
TO: Reg. Supt. Eastern Region
Indian Health Services,
Ottawa, Ont.

FROM: Zone Supt. (Quebec Zone)



H22
YOUR FILE: 150-1-A21
DATED: 850-1-A21 (H22)
OUR FILE: January 22, 1958.
21/17-12
DATE: February 5, 1958.

SUBJECT:

- Pointe Bleue Agency.

s.19(1)

Forward to your letter of January 22nd about Mr. [REDACTED]
I am very much afraid we will have to pay Hospital bills indefinitely.

The case was discussed with the Social Worker, and Miss Fortin confirmed what I already suspected: boarding homes, hostels and old people homes will not accept such a case. [REDACTED] has two handicaps: he is blind and has a heart disease that needs supervision, if not treatment in a general hospital. In my opinion, the best place for him is where he is now: in a hospital for chronically ill persons. The man will probably have to stay in a treatment institution till his death.

We have this particular problem, in the province of Quebec, that we lack institutions, other than properly treatment institutions, that will care to this type of person. Except in ~~seldom~~ *FEW* cases, all those people will have to remain in hospitals or nursing homes, and therefore, if we are to conform with the recent agreement you mentioned with Indian Affairs Branch, will still be our responsibility.

We will try, as much as possible, to have the forms Assessment for Protracted Care, filled out to support our recommendations but even if they indicate that the people should be transferred to non-treatment institutions, we doubt very much if we will be able to find any.

This matter was discussed to-day with Mr. Boulanger and we were assured of his collaboration and Miss Fortin's, Indian Affairs Social Worker.

M. Savoie

M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.

MS/tv

s.19(1)

003050

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INDIAN HEALTH
SUP. REGISTRY

FEB 10. 2 34 PM '58

FILE NO:

COPY FOR H.O. ATT/ H22

850-1-A21

Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.



21/17-7-2

February 4, 1958.

Zone Supt. (Quebec Zone)

s.19(1)

- Pointe Bleue Agency - Progress Report.

[redacted] is [redacted] years old, she is a girl from Pointe Bleue and is actually hospitalized at the Montreal Institute of Cardiology. She was transferred from Roberval Hospital in September for special treatment. At the time, it was thought she had a congenital cardiopathy.

We have just received from the Institute, a very complete report of the treatment done, the evolution, prognosis and recommendations.

Translation: "This patient was treated for a severe form of rheumatic fever with cardiac insufficiency. The base of treatment was cortisone associated with complete rest. During the flu epidemic in October 1957, she had a bronchitis vigorously treated by antibiotics. Six weeks after her hospitalization to the institute, the patient was transferred to our service of cardiology at the B.C.G. Clinic where are treated young heart patients for whom hospitalization must be prolonged.

Presently her condition is satisfactory: the cardiac insufficiency has regressed, the temperature, and lab. tests are normal. The repeated attacks of the rheumatic fever have left her with a mitral insufficiency which will be evaluated at the end of treatment. We believe that in about six weeks, this patient could be transferred to a nursing home where she should have complete rest for still a few more months. We do not think that this patient could benefit from surgery before a few years. She will have to take penicillin regularly as prophylaxis against a recurrence of the rheumatic fever."

As we would like to avoid still a few more months of hospitalization in a convalescent home, we are making inquiries at Pointe Bleue about the family conditions; if those prove

...

-2-

s.19(1)

satisfactory, we would like to send [REDACTED] home under the supervision of Dr. Dumas and our nurse in charge.

We will advise you of any further developments in this respect.

M. Savoie

M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.

MS/tv
c.c. H.O. Att/ H22

→ 850-1-A21

Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

150-1-A21 (H22)
November 29, 1957.
21/17-11

Zone Supt. (Quebec Zone)

January 30, 1958.

Accounts [REDACTED], Pointe Bleue Agency.

s.19(1)

Following receipt of your letter of November 29, indicating that I.H.S. would not be responsible for the accounts of [REDACTED], we wrote to all interested parties advising them of the fact.

We received to-day a letter from Mr. [REDACTED] protesting against the decision and joining some more accounts. We discussed the case with Indian Affairs' officials and found out that, not only did those Indians living off Reserves, have a right to Public Assistance, but that there existed a definite agreement between Indian Affairs and the province of Quebec. The agreement reads as follows: Translation - "A full age person living in a municipality since more than twelve consecutive months, and whose indigent state is proved, has a right to help from Public Assistance. Like every other person, Indians have a right to this assistance."

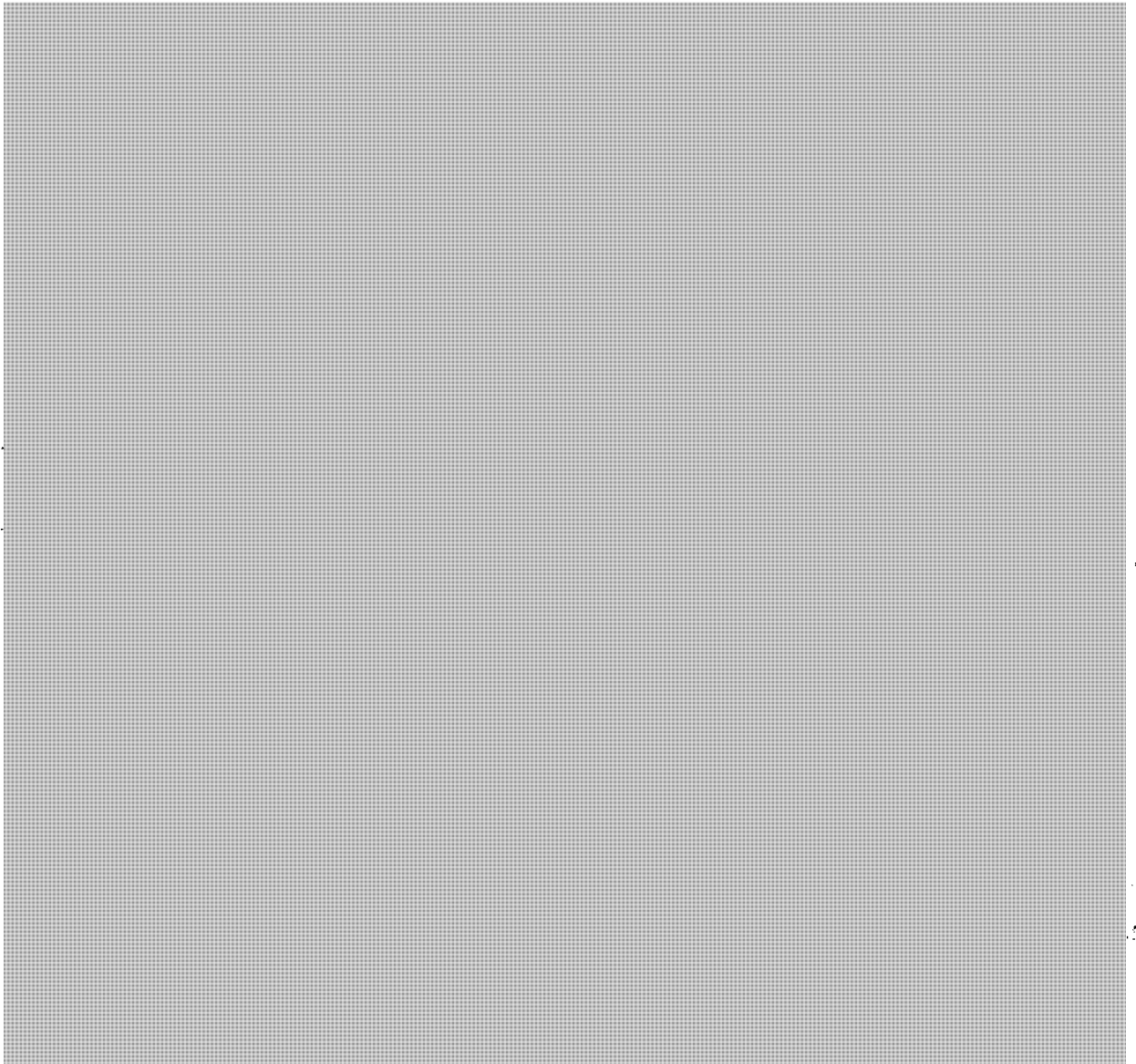
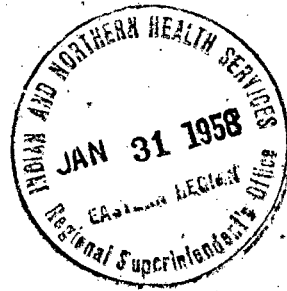
Mr. [REDACTED] has been notified again that his accounts would not be paid by Indian Health Services but that we urged him again to ask assistance from his municipality. We hope this should close the matter, anyhow, we are assured of Indian Affairs' backing in this situation.

M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.

MS/tv

s.19(1)

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850-2-A21 (M22)

OTTAWA, January 24, 1958.

Superintendent,
Pointe Bleue Indian Agency,
POINTE BLEUE, Quebec.

s.19(1)

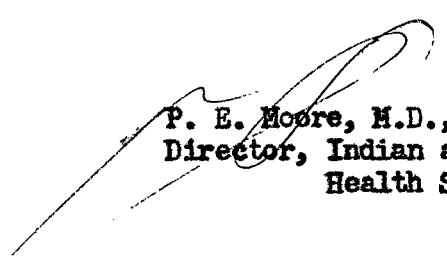
Dear Sir:

Mrs. [REDACTED] --La Croche, P.Q.

I wish to thank you for your letter of January 11, 1958 (File 21/3-8) concerning Mrs. [REDACTED] of La Croche, P. Q. I have replied to Mrs. [REDACTED] and have pointed out to her that you were perfectly correct in your action.

I am attaching a copy of this letter for your information.

Yours very truly,


P. E. Moore, M.D., D.P.H.,
Director, Indian and Northern
Health Services.

 Encl:

VH:

s.19(1)

850-1-A21 (M22)

OTTAWA, January 23, 1958.

[REDACTED]
LA CROCHE, P. Q.

Dear Mrs. [REDACTED]:

Medical Services For Indians

Your letter of December 16, 1957, to Colonel H. M. Jones, the Director of Indian Affairs Branch, has been passed to this office for reply as medical services to Indians are the concern of Indian Health Services. I think perhaps I can answer your question best by briefly stating the policy of Indian Health Services.

Although it is popularly believed by many people that the Indian is entitled to free medical and dental care, this is actually not the case. The question of medical care was not mentioned in any of the agreements between Indians and the Government of Canada nor has Parliament passed any laws to provide free medical care to the Indian. However, because many Indian people lived in areas which were located far away from medical attention and because many of them were dying from serious infections such as Tuberculosis, the Federal Government established Indian Health Services to help the Indian to improve his health until such time as he was able to provide for his own medical attention.

Now, when an Indian leaves his Reservation or Indian community and goes to live in a white community, after a certain length of time he becomes entitled to help from that community if he should need it. You can see that it would not be right to take the money which is intended to help the Indian living in his own

s.19(1)

TO: Mrs. [REDACTED]

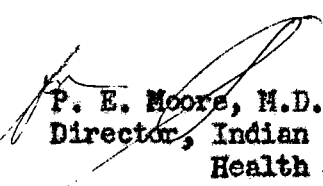
-II

January 22, 1958.

Indian community to pay for services to Indians who have left the Indian community to live in another part of the country. Again, if your husband is working and earning money, he should be able to provide at least some of the medical care that his family needs and if he should be unable to provide all the medical care required, he should expect assistance from the Community of La Croche the same as any other person living in La Croche would do. The Superintendent of the Agency at Pointe Bleue is thus perfectly correct in his action regarding medical accounts for your family.

I hope that this will clarify the situation somewhat.

Yours very truly,


P. E. Moore, M.D., D.P.H.,
Director, Indian and Northern
Health Services.

cc Reg. Supt., Eastern
Director, I.A.B.

EH



COPY FOR HEAD OFFICE

Zone Superintendent,
Quebec Zone, Indian Health Services,
P.O. Box 430, Upper Town,
QUEBEC 4, P.Q.
Regional Superintendent, Eastern Region.

21/29-1

Jan. 7/58

150-1-A21 &

→ 850-1-A21 (H22)
January 22, 1958

s.19(1)

Pointe Bleue Agency

This is to acknowledge your memorandum of January 7th relating to . While we agree with your recommendations that this man is a welfare case and should therefore be maintained by welfare as a charge against their appropriation, the recent agreement with Indian Affairs Branch on custodial care are linked more to the type of institution involved, rather than to the individual case. Briefly, the agreement is such that Indian Health Services will accept all custodial accounts from hospitals, nursing homes, and other treatment institutions, and will receive no accounts from boarding homes, hostels and other forms of purely boarding accommodation. As we are coming across examples of persons who have been our charge in the past who are being maintained in Old Persons Homes, boarding houses, etc., we are passing these to Indian Affairs Branch who are taking them on, and they are likewise passing to us accounts for persons being accommodated in "treatment institutions".

Therefore, this Service must accept these accounts from the Hopital St. Augustine for . At the same time, we must see that he is removed from this institution and placed in the type of institution which is more appropriate. Would you therefore initiate action to have this man removed from the hospital and placed in a hostel or a boarding house, or an old persons home, or some other type of accommodation? It is likely that this will require the co-operation of Mr. Boulanger.

If you would bear the above points in mind relating to long term cases, you may be able to save the Department a good deal of money by ensuring that long term cases are admitted to any sort of institution other than one which might be interpreted as being a "treatment institution".

RAA/LF

for J.H. Wiebe, M.D.,
Regional Superintendent, Eastern Region.

cc Head Office ✓

000962

005912

INDIAN HEALTH
SUB-REGISTRY

JAN 23 4 56 PM '58
FILE NO:

P.A.
↓
850-1-A21 (M22)
812-4-526 (M22)

OTTAWA, January 17, 1958.

Colonel H. M. Jones,
Director,
Indian Affairs Branch,
Department of Citizenship
and Immigration,
OTTAWA, Ontario.

s.19(1)

Dear Colonel Jones:

Pointe Bleue

I wish to acknowledge your letter of December 4, 1957, (File 21/29-17) relating to [REDACTED], an aged and blind man of Pointe Bleue Band. I have made enquiries from our Zone Superintendent at Quebec City who advises that the man is completely blind and receives no treatment for his eyes. He suffers from arterio-sclerotic heart disease which is common in elderly persons and which requires him taking one tablet per day. Other than this, he receives no treatment. He walks around by himself and is seen by the attending doctor about once a week. It is not felt that he needs hospital treatment.

However, since the Hopital Ste. Augustine is a hospital, Indian Health Services will accept the accounts for his care at that institution but since this man does not require hospital treatment, it would seem reasonable that he be accommodated in a different type of institution. I am, therefore, writing our Zone Superintendent at Quebec to try to make necessary arrangements to have [REDACTED] admitted to a purely boarding type of accommodation in an appropriate institution. Any help which your Branch can give in the finding of a suitable home for this man will be appreciated.

Yours very truly,

Original Signed
H. A. PROCTER

P. E. Moore, M.D., D.P.H.,
Director, Indian and Northern
Health Services.


000964

WH

GOVERNMENT
OF
CANADA

ACTION REQUEST

P. P. & S. Cat. 3433

TO (Mr. , Miss)

LOCATION

FOR:

FILE NO.

☐ ACTION

☐ APPROVAL

☐ COMMENTS

☐ DRAFT REPLY

☐ INFORMATION

☐ INVESTIGATION

☐ MORE DETAILS

☐ NOTE & FILE

☐ NOTE & FORWARD

☐ NOTE & RETURN

☐ REPLY, PLEASE

☐ SEE ME, PLEASE

☐ SIGNATURE

☐ TRANSLATION

☒ YOUR REQUEST

PREPARE MEMO TO:

REPLY FOR SIGNATURES OF:

REMARKS:

*We have nothing here
on this case*

FROM (Mr., Mrs., Miss) PHONE

LOCATION

D/000965

3me Supt

Tuebe

Sh...



CANADA

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

INDIAN AFFAIRS BRANCH January 11th., 1958.

PLEASE QUOTE FILE 21/3-8
850-1-A21 (AP22)

Indian and Northern Health Services,
Department of National Health and Welfare,
Ottawa, Ont.

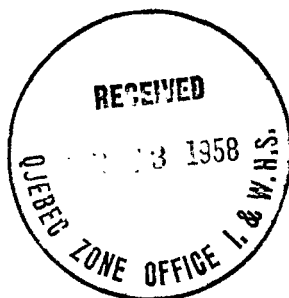
s.19(1)

Re:- Mrs. [REDACTED] La Croche, P.Q. and Mr. P.E.
Moore, M.D., D.H.P.'s letter dated January 9th.

Mrs. [REDACTED] of La Croche, P.Q. has been away from the Reserve for a number of years. La Croche is a municipality consequently Mrs. [REDACTED] can call for public assistance from the Municipality, therefore our assistance is not needed.

I have been here for 17 months and I do not recall having seen or heard of Mrs. [REDACTED]

I recommend that we do not provide assistance to this family.



Jean J. Bourassa
L. Jean J. Bourassa, Supt.
Pointe Bleue Indian Agency.
Pointe Bleue, Co. Roberval, Qué.

259 JAN 13 1958

P.A.



850-1-A21 (AP22)

OTTAWA, January 9, 1958.

Superintendent,
Pointe-Bleue Indian Agency,
POINTE-BLEUE, P. Q.

Dear Sir:

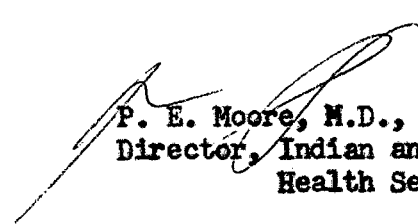
s.19(1)

Mrs. [REDACTED]
La Croche, P. Q.

Colonel H. M. Jones, Director, Indian Affairs Branch, has referred to this office a letter received from Mrs. [REDACTED] of La Croche, P. Q. I am attaching a copy of this letter for your information.

Before I write to Mrs. [REDACTED] with regard to her questions I would appreciate your furnishing me with the background of the situation so that I will not upset anything which you have accomplished with this group of people. May I have a reply at your early convenience.

Yours very truly,


P. E. Moore, M.D., D.P.H.,
Director, Indian and Northern
Health Services.

 cc Reg. Supt., Eastern

Encl:

WH

AN AFFAIRS
BRANCH



OFFICE OF THE
DIRECTOR

21/17-1

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

OTTAWA, January 2, 1958.

Dr. P. E. Moore, D.P.H.,
Director,
Indian and Northern Health Services,
Dept. of National Health and Welfare,
O T T A W A.

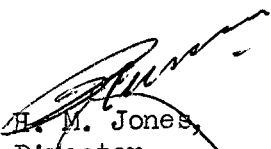
s.19(1)

Dear Dr. Moore:

Re: Mrs. [REDACTED]
La Croche, P.Q.

Enclosed is a translation of a self-explanatory letter from the above noted for whatever action you may consider appropriate and a copy of the acknowledgment being sent to Mrs. [REDACTED]

Yours sincerely,


H. M. Jones,
Director.

s.19(1)

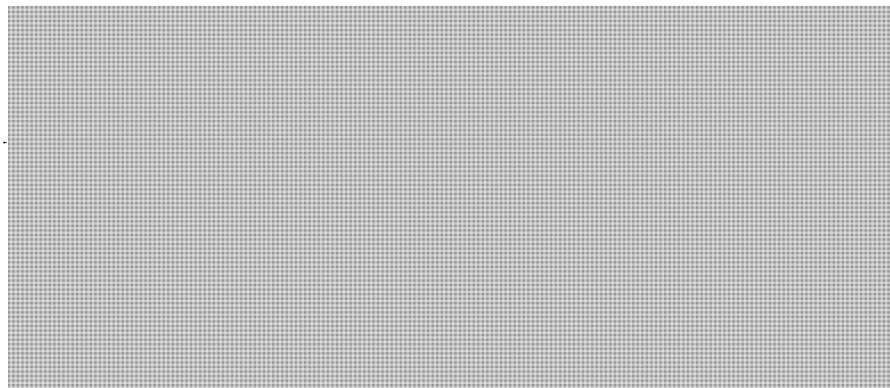
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HEALTH
MINISTRY

JAN 6 9 47 AM '58

FILE NO:



c.c. Dr. P. E. Moore, D.P.H.

Director,

Indian and Northern Health Services,

Dept. of National Health and Welfare,

O T T A W A.

MAIL TO

21/17-1 (PA)

To be translated into French

OTTAWA, January 2, 1958.

Mrs. [REDACTED]

La Croche,

P. Q.

s.19(1)

Dear Mrs. [REDACTED]:

I have for acknowledgment your letter of December 16th, but as medical services for Indians are the responsibility of the Department of National Health and Welfare, I have forwarded a copy of your letter to the Director of Indian and Northern Health Services of that Department.

Yours sincerely,

Original Signed by

H. M. JONES

H. M. Jones,
Director.

C O P Y

(Translation)
La Croche, P.Q.,
16/12/57


Mr. H.M. Jones,
Ottawa, Ont.

Sir:

My husband is an Indian of the Pointe-Bleue Reserve. His work demands that he live more than 300 miles from the reserve, and since I have come to live with him here, the Superintendent of the Pointe-Bleue Agency refuses to make the government pay for the medical care and hospitalization which we require when we reside outside the reserve. I would like to know if he has reason to refuse this assistance.

Thanking you in advance for the reply which you will forward, hoping it will be favourable, as I know several Indians who reside outside of the reserve year in and year out and who do not lose their rights, which would be an injustice to us.

Yours truly,


La Croche, P.Q.

s.19(1)

COPY FOR HEAD OFFICE

Zone Superintendent,
Quebec Zone, Indian Health Services,
P.O. Box 430, Upper Town,
QUEBEC 4, P.Q.
Regional Superintendent, Eastern Region.

21/17-11 &
21/17-12
Dec. 31/57
150-1-A21 (H22)

January 8, 1958

Accounts--Pointe Bleue Agency

This is to acknowledge your letter of December 31st concerning several doctors' accounts from Pointe Bleue Agency which are being declined by Indian Health Services. The accounts for [redacted] are being returned as requested as [redacted] We are [redacted] are accounts for [redacted] and [redacted] notifying Dr. Gadbois of Alma that [redacted] will be responsible for his own account.

for J.H. Wiebe, M.D.,
Regional Superintendent,
Eastern Region.

Encls.
RAA/LF

cc Head Office ✓

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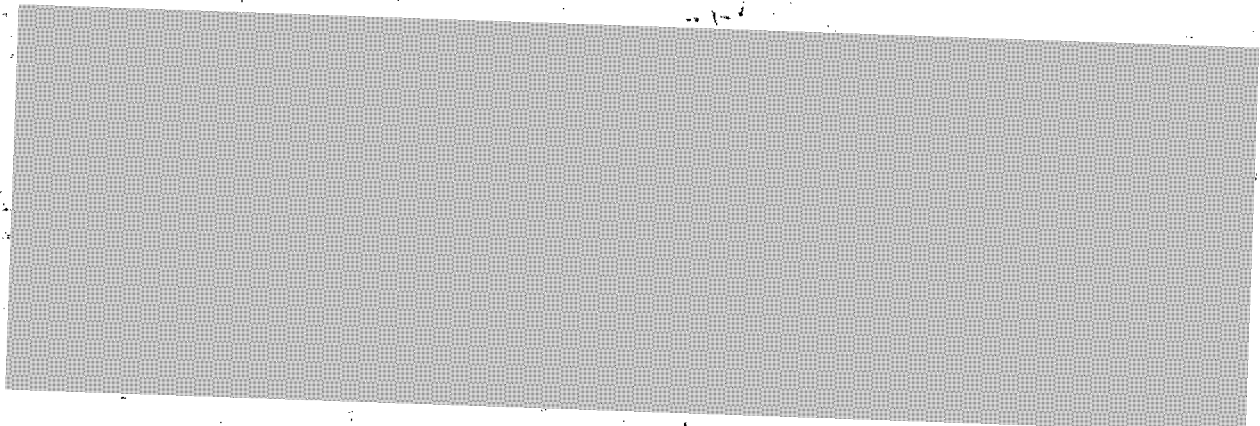
s.19(1)

001-294

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INDIAN HEALTH
SUB-REGISTRY

JAN 9 9 01 AM '58
JAN 9 9 01 AM '58
FILE NO:
FILE NO



DO NOT WRITE HERE

000974

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

H22
TO: Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

YOUR FILE: 150-1-A21 (H22)
DATED: December 23, 1957.
OUR FILE: 21/17-11
21/17-12
DATE: December 31, 1957.

FROM: Zone Supt. (Quebec Zone)

SUBJECT:

Doctors' and HospitalsAccounts - Pointe Bleue Agency.

s.19(1)

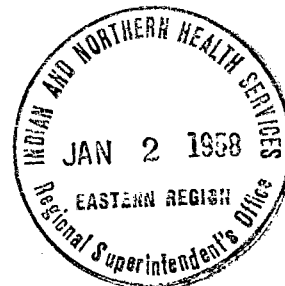
Thank you very much for your letters about Doctors' and HospitalsAccounts for various Indians of Pointe Bleue Agency. Those Indians, for whom the accounts were refused, were: [REDACTED] and [REDACTED]

We would like to notify the doctors and hospitals concerned as soon as possible that they will have to collect their accounts directly from those people, however, the accounts were not forwarded with your letters and we have no record here of either the hospitals or doctors' names. Would you be kind enough to send us as soon as possible the relevant names and addresses if not the accounts themselves.

M. Savoie

M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.

*Accounts
returned to
Savoie by H.22
MS/tv*



000975

COPY FOR HEAD OFFICE

Zone Superintendent,
Quebec Zone, Indian Health Services,
P.O. Box 430, Upper Town,
QUEBEC 4, P.Q.
Regional Superintendent, Eastern Region.

21/17-11 &
21/17-12
Dec. 10/57
150-1-A21 (H22)


December 23, 1957

Doctor's and Hospital Accounts---[REDACTED]---Pointe Bleue Agency

s.19(1)

This is to acknowledge receipt of your letter of December 10th concerning the above named Indian of Pointe Bleue Agency. We concur with your opinion and that of Mr. Bourassa, that this Service will decline the doctor's and hospital accounts for [REDACTED].

Would you please therefore notify the doctors and hospital concerned to collect their accounts directly from Mr. [REDACTED] ?


for J.H. Wiebe, M.D.,
Regional Superintendent,
Eastern Region.

RAA/LP

cc Head Office ✓

000976

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ALTA
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DEC 23 3 28 PM '57

FILE NO:

COPY FOR HEAD OFFICE

Zone Superintendent,
Quebec Zone, Indian Health Services,
P.O. Box 430, Upper Town,
QUEBEC 4, P.Q.
Regional Superintendent, Eastern Region.

21/17-11 &
21/17-12
Dec. 10/57
150-1-A21 (H22)

December 23, 1957

s.19(1)

Hospital & Doctor's Accounts for [REDACTED]

-Pointe Bleue Agency

This is to acknowledge your letter of December 10th regarding the accounts for [REDACTED] of Pointe Bleue Agency. We concur entirely with your opinion and that of Mr. Bourassa that this man should be held responsible for his own accounts. Even if the first two reasons did not apply, the fact that he did not consult our designated physician is grounds enough for declining the account. We must begin to be very strict about acceptance of accounts from other than designated physicians except for bona fide emergencies. The fact that this man was intoxicated did not require an emergency hospital admission. If he wished medical attention under the auspices of Indian Health Services, he should have gone through the arrangements which have been made by this Department.

Would you therefore notify the doctor and hospital concerned to collect their accounts directly from Mr. [REDACTED] ?

RAA/LF

for J.H. Wiebe, M.D.,
Regional Superintendent, Eastern Region.

cc Head Office ✓

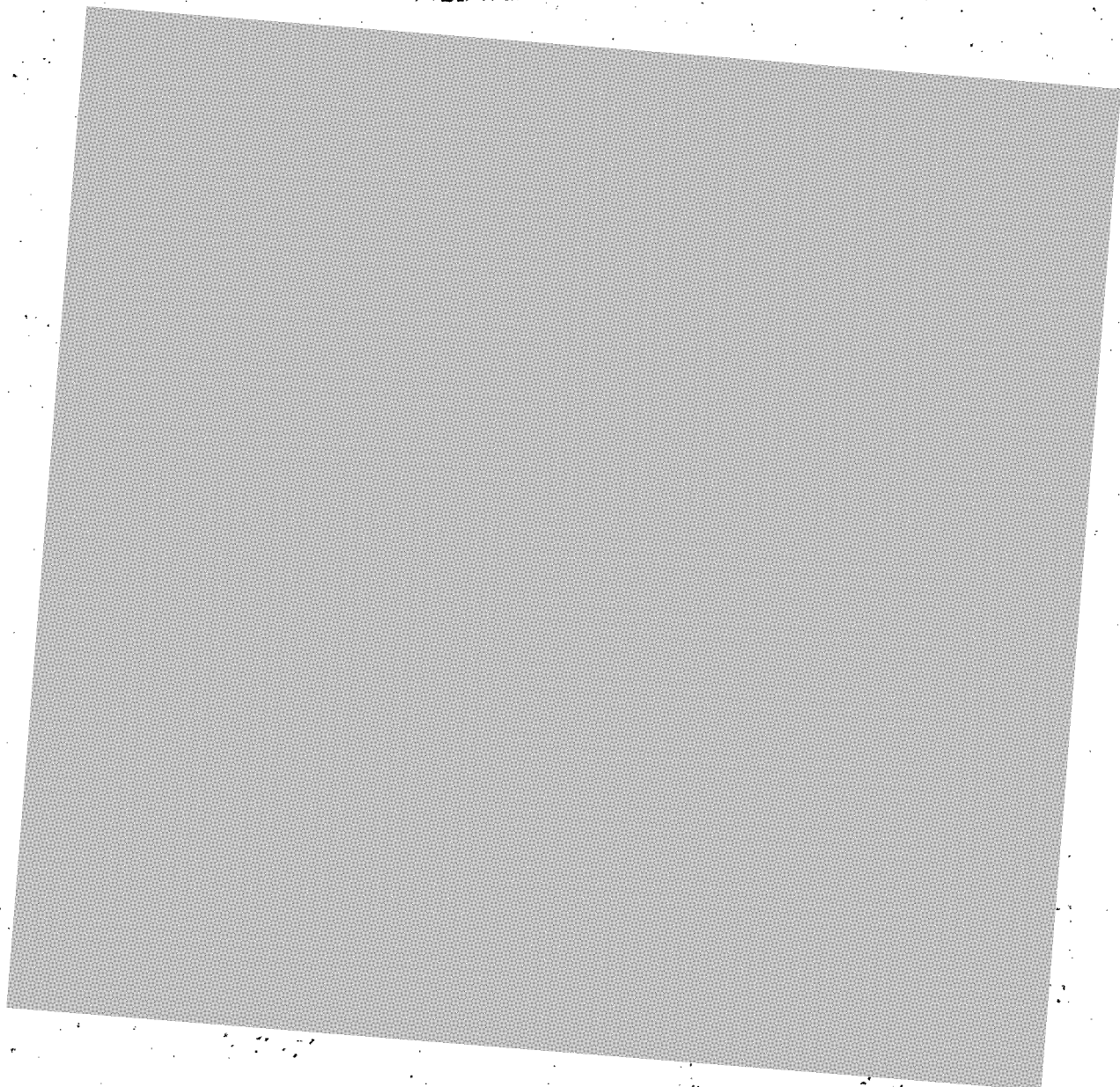
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U U 6 9 0 2

HEALTH
TRY

DEC 23 3 28 PM '57

FILE NO:



COPY FOR HEAD OFFICE

850-1-A21

Zone Superintendent,
Quebec Zone, Indian Health Services,
P.O. Box 430, Upper Town,
QUEBEC 4, P.Q.
Regional Superintendent, Eastern Region.

21/17-11
Dec.10/57
150-1-A21 (H22)

December 23, 1957

Accounts——Pointe Bleue Agency

s.19(1)

This is to acknowledge receipt of your letter of December 10th concerning the above named Indian of Pointe Bleue Agency. We concur with your opinion and that of Mr. Bourassa and this account will not be accepted by Indian Health Services.

Would you please therefore notify the doctors and hospital concerned that accounts arising from this patient's treatment are not the concern of Indian Health Services.

RAA/LF

for J.H. Wiebe, M.D.,
Regional Superintendent, Eastern Region.

cc Head Office ✓

000980

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Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

DEC 23 4 23 PM '57

FILE 17:

COPY FOR HEAD OFFICE

850-1-A21

Zone Superintendent,
Quebec Zone, Indian Health Services,
P.O. Box 430, Upper Town,
QUEBEC 4, P.Q.
Regional Superintendent, Eastern Region.

21/17-11
Dec.10/57
150-1-A21 (H22)

December 23, 1957

Accounts--

---Pointe Bleue Agency

s.19(1)

This is to acknowledge receipt of your letter of December 10th concerning the above two Indians of Pointe Bleue Agency. We concur with your opinion and that of Mr. Bourassa concerning [REDACTED]. This account will be declined on two grounds: 1. that he should be able to pay it himself; and 2. that he sought attention from a doctor of his own choice rather than going through the arrangements made by Indian Health Services.

The same remarks could apply to [REDACTED], at least as far as the medical arrangements were concerned, but in view of your recommendation, we will accept this account. I think it might be well if you were to point out to [REDACTED] whom we understand is in Quebec, that this account is being paid only because she is now on good behaviour, and that if she reverts to her previous mode of living, Indian Health Services will have to decline all accounts except emergency.

We would like you to express our appreciation of Mr. Bourassa's excellent cooperation in the matter of straightening out the true responsibility of many recent accounts. We are confident that he will continue his vigilance, and that in this way many dollars of public funds will be conserved so that they may be applied where they are most needed. There has certainly been a big improvement in the accounts from the Quebec Zone already, and this has been brought to the Director's attention.

for J.H. Wiebe, M.D.,
Regional Superintendent, Eastern Region.

RAA/LF

cc Head Office ✓

000982

s.19(1)

Text visible from previous page

DEC 23 4 23 PM '57
FILE NO:

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

H22
TO: Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

YOUR FILE: 750-1-A21
DATED:
OUR FILE: 21/17-11 & 21/17-12

FROM: Zone Supt. (Quebec Zone)

DATE: December 10, 1957.

SUBJECT:

Hospital & Doctor's accounts for [REDACTED] - Pointe Bleue Agency.

s.19(1)

Please find enclosed a self-explanatory letter from Mr. Bourassa, Superintendent Pointe Bleue Indian Agency, and attached correspondence and accounts.

Even if this man fulfils residency requirements and is not eligible for Public Assistance, we feel we should not pay his accounts.

Three reasons motivate this recommendations: 1° the man should be able to pay.
2° this hospitalization was due to drinking.
3° the man should have contacted Superintendent before being hospitalized; he would have been referred to Dr. Dumas who is our Medical Officer in charge at Pointe Bleue. Dr. Dumas is aware of our policy regarding Indians and would have been in a much better position to judge whether the patient needed hospitalization or not.

Please notify us of your decision regarding these accounts.

M. Savoie
M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.



MS/tv
Encl. 5

000984

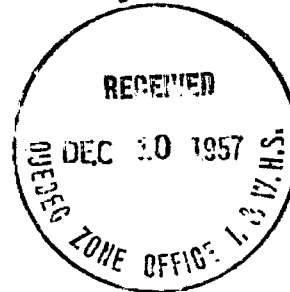
21/17-11

-12

s.19(1)

5 Novembre 1957.

Monsieur [REDACTED]
Kiskising, Qué.



Cher Monsieur:-

Il me fait plaisir de vous aviser, en réponse à votre lettre en date du 1 Novembre 1957, que vous avez toujours votre status Indien.

J'ai reçu aussi vos comptes, de médecin et d'hôpital, mais je ne puis vous assurer que le service de santé des Indiens paiera ces comptes car avant de vous présenter à l'hôpital de Jonquière, vous auriez dû obtenir l'autorisation du médecin, le Docteur Wilfrid Dumas, qui est en charge du département ici à Pointe Bleue. Comme votre cas n'était pas urgent vous auriez dû nous consulter.

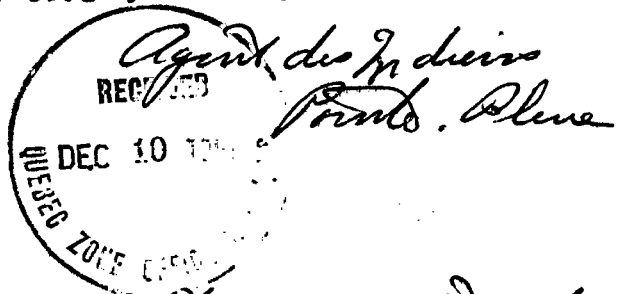
Votre tout dévoué,

L. Jean J. Bourassa
L. Jean J. Bourassa, Supt.
Pointe Bleue, Co. de Roberval, Qué.



Kiskisink / Zombel / 853

Mrs. Jean Bourassa



Mrs

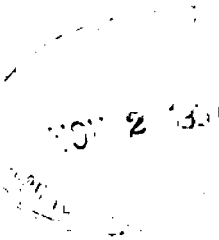
Je vous envoie au sujet de
l'hôpital que j'ai fait à Juguira
Je vous envoie la facture de
mon hospitalisation, et ainsi
que le compte de mon médecin
qui en a soigné, maintenant
Mrs l'agent, comme moi et venu
à Kiskisink. J'aurais bien aimé
à vous voir sur ce sujet là
car dans le moment je suis sans
ouvrage, depuis au delà de 1 mois
1/2, à présent je suis sans es-
000986

fait partie encore de la revue de
la Pente-Blanche.

Vous remerciant à
l'avance

s.19(1)

Kiskisno
C. Dubuc

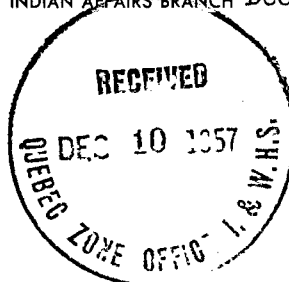




CANADA

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

INDIAN AFFAIRS BRANCH December 7th., 1957.



Zone Superintendent,
Indian Health Services,
Quebec, Que.

Re:- Hospital and Doctor 's account for
[redacted] Indian of this Band
s.19(1) living in Kiskisink.

[redacted] is single, [redacted] years of age and has work ed and looked after himself up until now.

[redacted]'s father [redacted] is a member of this band but [redacted] was born and raised in Kiskisink.

I visited Kiskisink a month ago. unfortunately [redacted] was absent from the village, I talked with his aunt Miss [redacted], who told me that [redacted] had been working pretty steadily, either guiding or as a woodsman for some years. She also told me that [redacted] was suffering from stomach ulcers due to heavy drinking and that his trip to Jonquière was for drinking purposes but he was so sick that he had to go to a hospital. She stated that [redacted] had told her that.

Doctor Bouchard and the Hospital phoned here and they were told that we would not accept the charges.

I would like to state at this point that Kiskisink is not a municipality in the sense of the word as nobody pays taxes overthere, consequently [redacted] would fullfill residency requirements but should be able to pay.

The statement made by Miss [redacted] was confirmed by the schoolboard secretary of Kiskisink.

Included please find a letter which was sent to [redacted].

I do not recommend the payment of these accounts.

Jean J. Bourassa
J. Jean J. Bourassa, Supt.
Pointe Bleue Indian Agency.

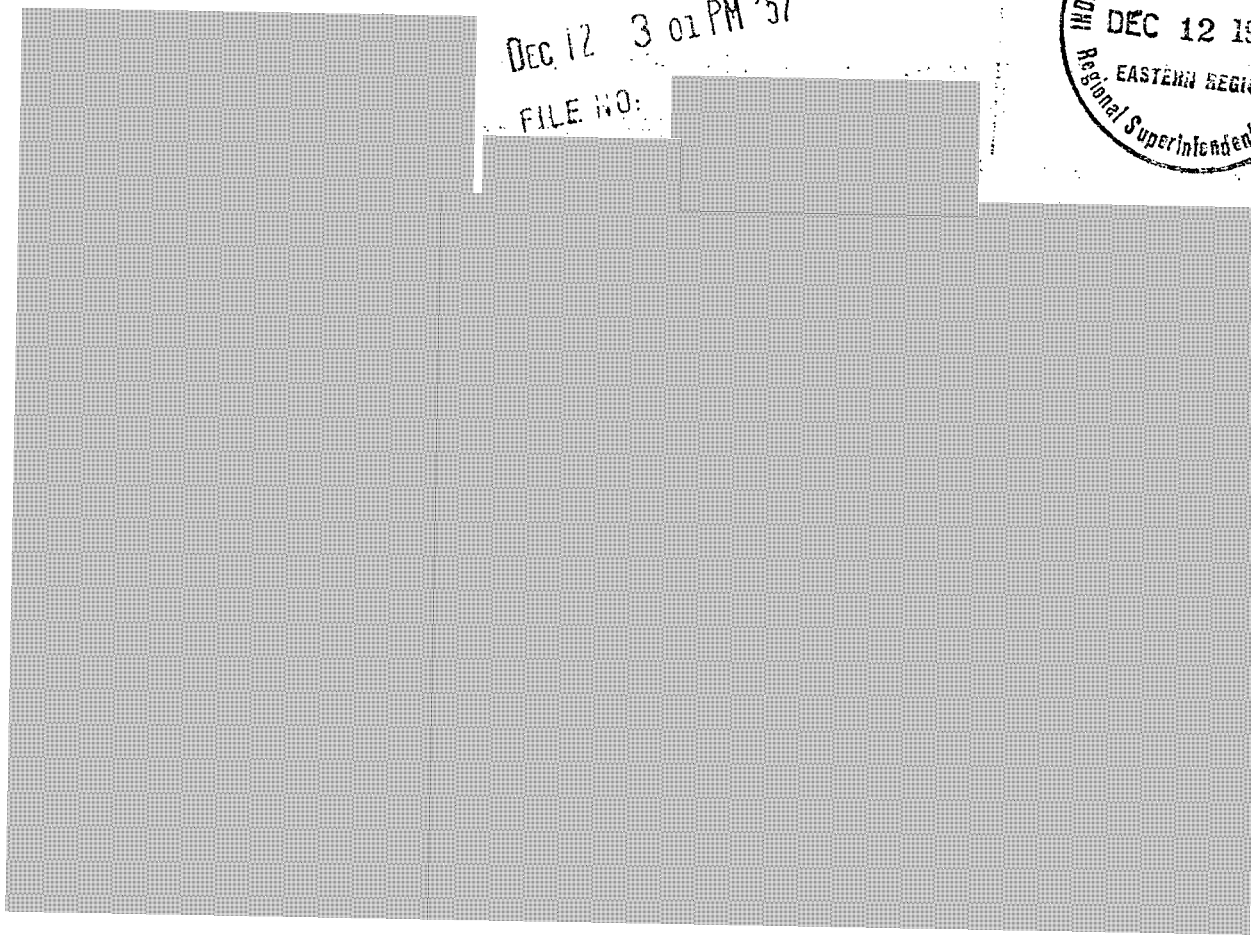
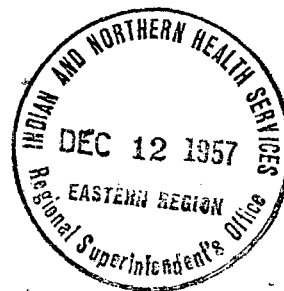
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11 03 32 3

DEC 12 3 01 PM '57

FILE NO:



RECEIVED
IN THE
OFFICE OF THE
REGIONAL SUPERINTENDENT

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

422
TO: Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

YOUR FILE: 158-1-A21

DATED:

OUR FILE: 21/17-11 & 21/17-12

FROM: Zone Supt. (Quebec Zone)

DATE: December 10, 1957.

SUBJECT:

Doctors and Hospital accounts - [REDACTED] - Pointe Bleue Agency.

s.19(1)

Please find enclosed a self-explanatory letter from
the Superintendent of Pointe Bleue Agency.

We concur with Mr. Bourassa's opinion.

Please advise if you want us to take action from here.

M. Savoie

M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.

MS/tv
Encl. 2



000990

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

YOUR FILE: 150-1-A21
DATED:
OUR FILE: 21/17-11

FROM: Zone Supt. (Quebec Zone)

DATE: December 10, 1957.

SUBJECT:

Dr. Gadbois's account for
Indians of Pointe Bleue.

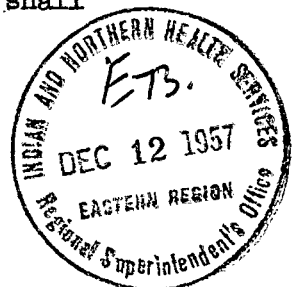
s.19(1)

Please find enclosed Dr. Gadbois's account for the above mentioned Indians together with some correspondence received from Mr. Bourassa, Superintendent of Pointe Bleue Indian Agency. We agree completely with Mr. Bourassa about (paragraph I). This case was discussed before both with Mr. Boulanger and Mr. Bourassa, and there is no question but that Mr. [redacted] should pay his accounts. Therefore, payment of Dr. Gadbois's account about this Indian is not recommended for payment.

The situation is different for (Paragraph II) if you remember, there has been some past correspondence about [redacted]. Now, however, the situation is different. Contrarily to what Mr. Bourassa says, [redacted] is not expecting a baby. She was pregnant when she left Roberval but aborted. She is presently employed as housemaid in Quebec City and under close supervision of the Social Worker. For the past three months she has been very quiet and co-operative. She has no money and her salary is held to pay for her hospitalization at La Miséricorde Hospital. As this account was rendered for services given in 1956, and for an illness not caused by her conduct or drinking, we feel it should be recommended for payment 1° because she does fulfill residency requirements, and 2° as an encouragement to the girl to keep out of trouble and maintain her present good conduct.

Could we please be advised of your decision. We shall wait before taking any action.

M. Savoie
M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.



MS/tv
Encl. 3

000991

445-20-7-7

DEPARTMENT OF NATIONAL HEALTH AND WELFARE 850-1-A21

INTRADEPARTMENTAL CORRESPONDENCE

TO: Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

YOUR FILE: 138-1-A21
DATED:
OUR FILE: 21/17-11

FROM: Zone Supt. (Quebec Zone)

DATE: December 10, 1957.

SUBJECT:

[REDACTED] - Pointe Bleue Agency - Doctor's account.

s.19(1)

Please find enclosed a self-explanatory letter from the Superintendent of Pointe Bleue Agency.

We concur with Mr. Bourassa's opinion and do not recommend payment of the account.

Please advise if you want us to take action from here.

M. Savoie

M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.

MS/tv
Encl. 2





CANADA

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

INDIAN AFFAIRS BRANCH December 7th., 1957.



Zone Superintendent,
Indian Health Services,
Quebec, Que.

Re:- Miss [REDACTED], Indian of this Band.

s.19(1)

Miss [REDACTED] is an Indian of this Band, [REDACTED] years of age but has been living in Jonquière or in the near vicinity for quite a number of years.

[REDACTED] is a member of this Band, does not fulfill residency requirements and should be able to pay through Province public assistance. I am not quite sure but I am under the impression that the hospital was paid by public assistance.

I do not recommend the payment of this account.

Kindly deal with Dr. Victorin Masson, yourself.

L. Jean J. Bourassa
L. Jean J. Bourassa, Supt.
Pointe Bleue Indian Agency.



s.19(1)

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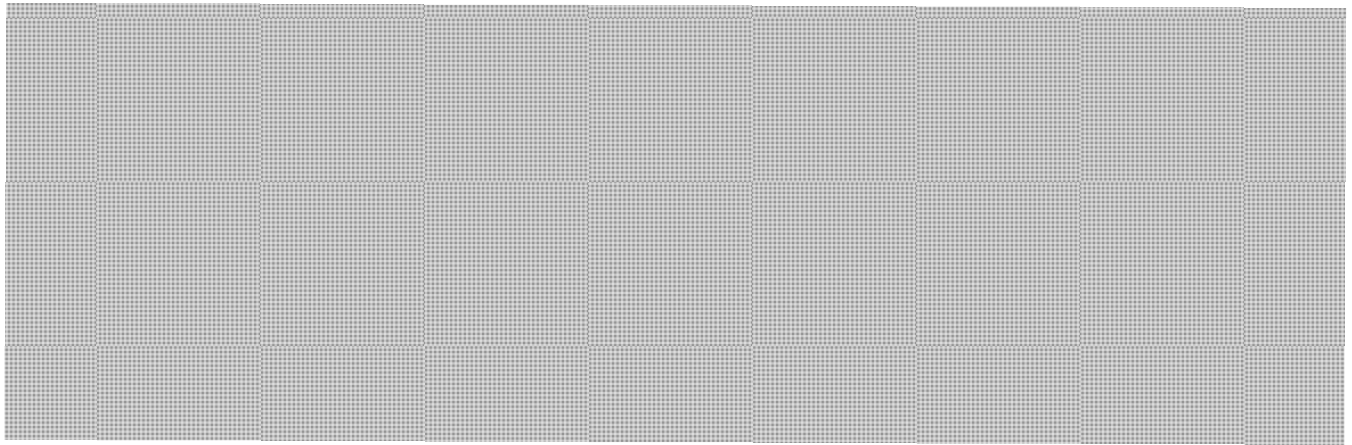
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THE SECRETARY OF THE
HEALTH DEPARTMENT

THE SECRETARY OF THE HEALTH DEPARTMENT



THE SECRETARY OF THE
HEALTH DEPARTMENT
OTTAWA, ONTARIO

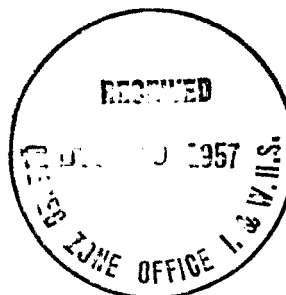
THE SECRETARY OF THE



CANADA

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

INDIAN AFFAIRS BRANCH December 7th., 1957.



Zone Superintendent,
Indian Health Services,
Quebec, Que.

Re:- [REDACTED] Indian of this Band
but living in Roberval city.

s.19(1)

Included please find accounts from different doctors and hospital for
[REDACTED] Indian of this Band.

[REDACTED] has been living in Roberval for the last 10 years consequently
the Province public assistance should pay if the family is really destitute.

I do not recommend the payment of these accounts.

Kindly deal with this family yourself.

L. Jean J. Bourassa, Supt.
Pointe Bleue Indian Agency.



s.19(1)

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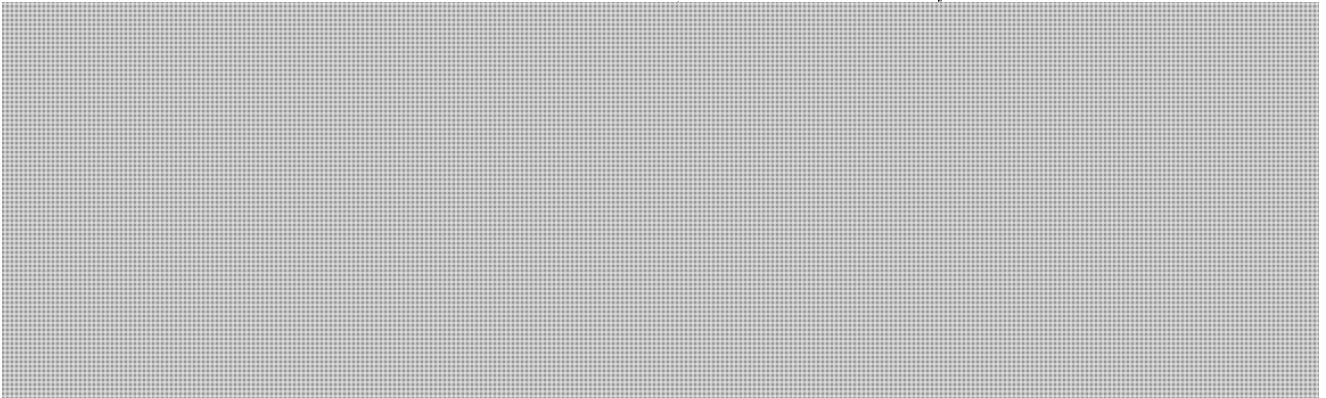
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1957 OCT 11

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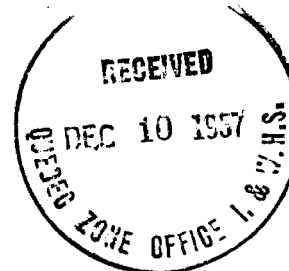


DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

INDIAN AFFAIRS BRANCH

7 December 1957

Zone Superintendent,
Indian Health Services,
Quebec, Que.



Re:- Doctor Jacques Gadbois's account for [redacted]
and [redacted] both Indian of this Band.

s.19(1)

On the Included Indian Health Services, Doctors' monthly account the a/m Indians have been treated by Dr. Gadbois.

1. - [redacted] is a young married man [redacted] years of age. He was married a year ago and has no children. [redacted] was given a college and University education, by our education department, so that he could go through life on his own two feet. His earning as a teacher is approx. \$3600.00 per year and on week ends drives a taxi for his father. This year, he bought a brand new car for his private use and also he uses it as a taxi. [redacted] fulfills the residency requirements but is able to pay this small account. It is only through stubbornness that he wishes this account to be paid because he was told by the writer approx. a month ^{ago} that he was a fool if he produced a bill for his sickness.
2. - [redacted] is single and [redacted] years of age. She is at present expecting a baby at La Miséricorde in Quebec City. [redacted] is some kind of intercity globetrotter, we have received bills on her account from 3 or 4 different cities in the last few months. [redacted] fulfills residency requirements and is unable to pay as far as I know. We should not pay Dr. Gadbois' account as I feel that [redacted] is only a cover up for [redacted]'s account.

I do not recommend the payment of Dr. Gabois' account for the a/m Indians and reasons given.

Kindly deal with Dr. Gadbois yourself.

Jean J. Bourassa
L. Jean J. Bourassa, Supt.
Pointe Bleue Indian Agency.

000997

COPY FOR HEAD OFFICE 850-1-A21

Zone Superintendent,
Quebec Zone, Indian Health Services,
P.O. Box 430, Upper Town,
QUEBEC 4, P.Q.
Regional Superintendent, Eastern Region.

21/17-11
Oct. 2nd, 1957
150-1-A21 (H22)

November 29, 1957

s.19(1)

Accounts - [REDACTED] - Pointe Bleue Agency

With regard to the case of [REDACTED] of Pointe Bleue Agency, I am afraid that it will be necessary for the Directorate to decline accounts arising out of their recent illnesses and hospitalizations. Dr. Dumais in his letter advises very strongly against the acceptance of these accounts and implies that the Indian families living near the [REDACTED]s did know that having left the reserve they were not acceptable for assistance from Indian Health Services. The main reason that Mr. Bourassa recommends payment of these accounts is that it would be a real hardship to the [REDACTED] family to have to pay them themselves. This, however, has no real bearing on the case in point as these accounts are properly the responsibility of another agency, and as such are not a proper charge against Indian Health Services.

We have made enquiries in the Ottawa area, as to the operation of the Quebec Public Charities and have been informed that it is true that the patient is supposed to notify the municipality at the beginning of treatment, or at the time of hospitalization. However, many cases arise where this is not done and the municipality refuses to accept the hospital account. The patient then appeals the municipality's decision and we have been told that in every single case the court has overruled the municipality and ordered it to pay. The usual reason given at the time of appeal is that the person required the hospitalization or treatment before he had time to apply to the municipality. The courts may not be so lenient in their outlook in Eastern Quebec as they are in Western Quebec, but nonetheless [REDACTED] should take the same action as any white indigent in his area would have to take. It should be made clear to [REDACTED] that this is not a discrimination against him, but rather that he is eligible for assistance from the community in which he lives, and having left the Indian community it would not be fair to expect Indian Health Services to provide this assistance.

Would you please advise the interested parties of this decision and thank Dr. Dumais for the trouble he has taken in providing us with the information in his letter? We would appreciate further information on the outcome of this matter.

RAA/LF
cc Head Office ✓

for J.H. Uebe, M.D.,
Regional Superintendent, Eastern Reg.

000998

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s.19(1)

ALTH:
ERY

Nov 29 3 53 PM '57
FILE NO.:

RECEIVED
NOV 29 1957
U.S. AIR FORCE

850-1-A21 (AP22)

OTTAWA, November 29, 1957.

Colonel H. M. Jones,
Director,
Indian Affairs Branch,
Department of Citizenship
and Immigration,
OTTAWA, Ontario.

s.19(1)

Dear Colonel Jones:

Mrs. [REDACTED]

P.Q.

With reference to your letter of May 29, 1957, file 21/29-13 (FA) containing attached correspondence relating to the case of Mrs. [REDACTED] P.Q., I would like to advise you of the course of action Indian Health Services has taken in this matter.

Although it was stated that Mr. [REDACTED] and other Indians were unaware that if they left their Indian community for a period exceeding a year, they would no longer be acceptable for assistance from the Federal Government Agencies. The letter of Doctor Dumas at Roberval, who provides professional attention to the Indians in this area, implies that this is not, strictly speaking, the case but that several members of the group [REDACTED] had been told by himself that they were no longer acceptable for assistance from Indian Health Services having left their Reserve. Inasmuch as the [REDACTED] family had been living and presumably paying taxes in a Quebec municipality for many years, they should be entitled to such assistance as a white indigent would receive from the municipality in time of need.


TO: Director, I.A.B.--II

November 29, 1957.

Quebec Public Charities normally requires that a patient who wishes to receive assistance from them must apply at the beginning of the illness or at the beginning of the hospitalization but frequently, in the Ottawa area, at least, this is not done by the patient. The municipality, I have been told, then automatically declines the account whereupon the patient appeals to the Courts (there is an appeal provision provided) and in the Ottawa area invariably, the municipality has been over-ruled and ordered to pay the account. The reason usually given by the patient at the time of these appeals is that he required the services before he had a chance to apply for the assistance.

I have written to our Zone Superintendent, Quebec, advising her of the Directorate's decision to decline these accounts and have asked her to notify all the interested parties. I trust that you concur with this decision.

Yours very truly,



B. E. Moore, M.D., D.P.H.,
Director, Indian and Northern
Health Services.

cc Reg. Supt., Eastern



WH:

Regional Superintendent,
Saskatchewan Region, I.N.H.S.

ORIGINAL	850-5-S1
COPY	850-1-A21
ON	
FILE(S)	

850-5-S1 (H50)

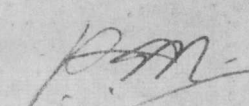
November 26, 1957.

Director, Indian and Northern
Health Services.

Cases of Gastroenteritis -- Punnichy, Saskatchewan

The September, 1957 account from Dr. J. Litvin of Punnichy, Saskatchewan, indicated 14 cases of gastroenteritis with one death, amongst Indian infants. This information is being forwarded for your comments and any suggestions as to action that might be taken to prevent this sort of thing in future.

You will be interested to learn that the Indian Affairs Branch has suggested the formation of a committee on sanitation at which problems of mutual interest in the sanitation field can be studied.


P. E. Moore, M.D., D.P.H.,
Director, Indian and Northern
Health Services.

eb:
cc Dr. R. A. Armstrong



DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

FROM: Zone Supt. (Quebec Zone)

YOUR FILE:

DATED:

OUR FILE:

DATE: November 21, 1957.

SUBJECT:

Progress Report [REDACTED] - Pointe-Bleue Agency.

s.19(1)

Please find attached a translation of a medical report received at Roberval from Montreal's Institute of Cardiology.

This child has been hospitalized at Roberval in 1956 and was transferred to Montreal for specialized treatment.

For your information.

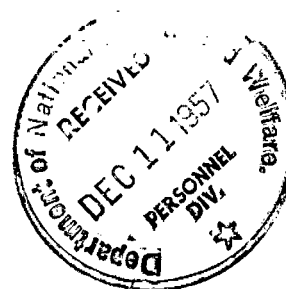
M. Savoie

M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.

Sent 22/11/57
E73, MS/tv
Encl. 1
c.c. Dr. Armstrong.

s.19(1)





s.19(1)

Translation of a medical report received at Roberval from Montreal's Institute of Cardiology. (abridged)

- Pointe-Bleue Agency.

Opinion: patient suffering from pancarditis following Rheumatic Fever, with mitral insufficiency. A septal defect is probably associated (I.A.C.)

History: age: [redacted] years old. Admission: 14-9-57. Indian - Pointe-Bleue. Mother: treated for T.B. in the past.

First attack of rheumatic fever age [redacted] followed by frequent bouts of pharyngitis.

April 56: hospitalized in Roberval for dyspnea, asthenia, palpitations and precordialgia. Heart murmur.

X-Ray: heart much enlarged.

roots: overcharge.

Patch Test: + + + +

B.S.R.: 43

Antistreptolysin: 2,500

Treatment: penicillin and Sodium Salicylate.

Admission to the Institute: important dyspnea on effort and decubitus dyspnea - Precordialgia, palpitations, cough and asthenia.

Examination: T° 100.2 Weight: 106

Heart: regular at 90.

Systolic murmur grade III/IV along the left lower side of the sternum and at the apex. Maximum at the apex with irradiation towards the axilla and the back (left scapula).

B.P.: 110/70 upper limbs.

140/80 lower limbs.

Lungs: N.A.D.

Liver: enlarged (one finger's breadth)

Limbs: no cyanosis or edema. Good femoral and radial pulse.

No sign of articular involvement.

E.C.G.: axis balanced + 60°.

enlargement "hi-ventricular & hi-auricular".

X-Ray: Heart and lungs: 16-9-57.

Lungs normal with no sign of lesions or pleural effusion. The pulmonary vessels are slightly pulsatile (fluoroscopy).

Heart: global cardiomegalia, grade III with predominant mitral configuration. Left atrium: much enlarged. Right atrium: moderately enlarged. The ventricular mass extends considerably over the spine in "OAG". The aorta is rather small.

Fluoroscopy: cardiac dynamics are poor.

Thoracic cage: N.A.D.

Lab: Hgb: 12.4 gms or 79%

Haematocrit: 39%

B.S.R.: 26 mm.

W.B.C.: 8,250

Urinalysis - blood sugar and urea: N.

C.R.P.A.: + +

Antistreptolysin: 250 units.

Throat culture: negative.

B.K. in sputum: negative.

Haemoculture: negative.

Treatment: for rheumatic pancarditis: absolute rest and Cortisone.

The patient was much better when she developed bronchitis during the flu epidemic. She was treated "vigorously" with antibiotics.

Her present condition is satisfactory. The treatment is carried on.

10-10-57: B.S.R.: 7mm - T°: normal.

The patient was transferred to the B.C.G. Clinic, Department of Cardiology, where young patients, who must remain hospitalized longer, are followed regularly.

At the completion of this treatment, the investigation will be completed by a cardiac catheterization to rule out an associated septal defect.

ms-



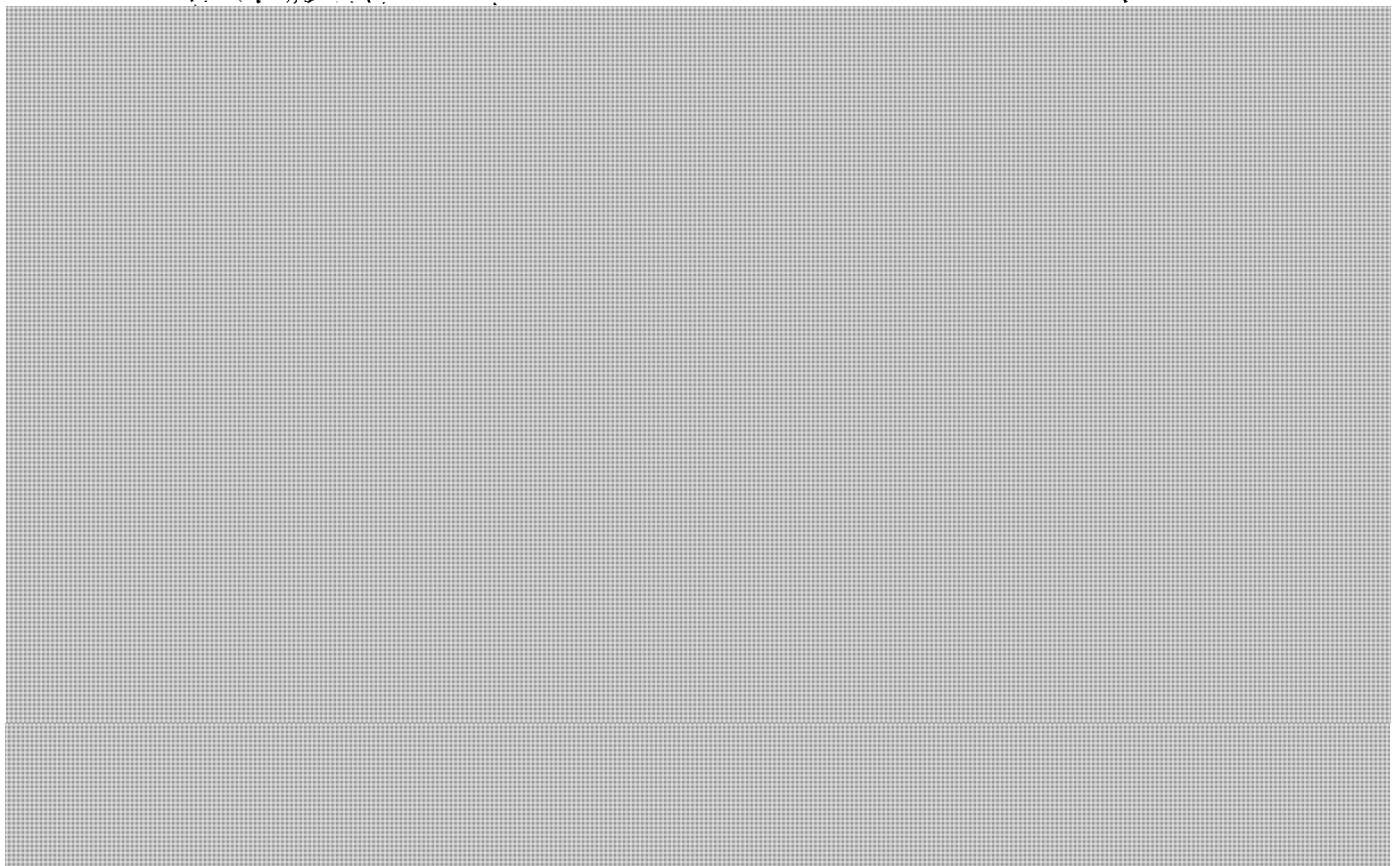
s.19(1)

003123

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SOCIETY

DEC 11 3 25 PM '57

FILE NO:



COPY FOR HEAD OFFICE

Zone Superintendent,
Quebec Zone, Indian Health Services,
P.O. Box 430, Upper Town,
QUEBEC 4, P.Q.
Regional Superintendent, Eastern Region.

850-2-A21
cc on 850-1-A21
21/17-11
Oct. 9/57
150-2-A21 (H22)

October 31, 1957


s.19(1)

[REDACTED] - Pointe Eleus Agency

This is to acknowledge with thanks your memorandum of October 9th outlining the problems encountered with [REDACTED]. I don't suppose there is a great deal that we can do about this case except pay her bills, unless she spends a sufficient length of time in any one community that we can expect that community to take over her responsibility.

It is unfortunate that there are no real rehabilitation centres for women prisoners in Quebec, as it is almost certain that this person is going to end up in prison again. However, if she were to get a sentence of two years or more, she would be transferred to Kingston, Ont. where there is some rehabilitation carried out. Even so, there is no real program that would be designed to help this type of person. However it might be that somewhere in Quebec there would be an organization, most likely a religious one, that might take an interest in this girl and attempt to help her in some way. Perhaps you or the Regional Supervisor of Agencies might know of such an organization and be able to interest them in her. It does not appear that Alcoholics Anonymous are doing much for her.

This type of memo is much appreciated by us, and we are always glad to get information on the various types of problem cases that you encounter. Keep up the good work.


for J.H. Wiebe, M.D.,
Regional Superintendent, Eastern Region,
Indian Health Services.

RAA/LP

cc Head Office ✓

C
O
P
Y

21/15-11

October 9, 1957.

Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

Zone Supt. (Quebec Zone)

ORIGINAL	850-2-A21
COPY	7 850-1-A21
ON	
FILE(S)	

s.19(1)

- Pointe Bleue Agency.

Please find attached Dr. Lupien's account for treatment of the above mentioned Indian girl.

The situation was as follows: this girl was found drunk and in d.t.s. If you remember, we processed the account for her hospitalization at Grand-Mere a short time ago.

She is quite a problem: she is an alcoholic, she has the habit of travelling all over the place and was suspected of self induce abortion a couple of times. Indeed, it was reported to me that she was hospitalized in April at the Maisonneuve Hospital, Montreal, where the diagnosis was made of abortion with presence of caustic material locally.

Right now she is a welfare case, she has a job in Quebec and is supposed to have joined Alcoholics Anonymous.

She was told most forcibly by the Superintendent that it was the last time her medical accounts would be paid. This of course was only a threat, as she has no money, usually does not work and twice was found in serious haemorrhage. She has been to prison twice.

The telephones to Pointe Bleue, La Tuque and Trois-Rivieres were made respectively to the Superintendent of the agency, the doctor who saw her before at La Tuque and the R.C.M.P. (on the Superintendent's suggestion).

She is a most difficult case, the Pointe Bleue's R.C.M.P. watch her when she is there and have sent her to prison, but when she gets out, she starts travelling and they loose her.

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- 2 -

The money she probably earns by her "profession".
For your information.

(Signed) M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.

/IL

COPY FOR DR. ARMSTRONG

850-1-A21

Document released under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

850-2-1

~~11-1-18~~ (H22)

87/17-2-15

Zone Supt. (Quebec Zone)

October 3rd, 1957.

[REDACTED] - Pointe Bleue Agency.

s.19(1)

After all the correspondence that has been exchanged about this child, I was anxious to see him when I went to Pointe Bleue. Miss Levesque took me to the home and I made the following observations:

House: It could easily be the cleanest on the Reserve; it is also pretty and well decorated inside due to the mother who is intelligent and hard working.

Family: The father is a good provider and the children are not lacking in anything. The nurse told me this family was one of her "consolations". All the children are well fed, well clothed and happy.

[REDACTED] is now [REDACTED] years old. He is a good looking child, blond with enormous brown eyes, a little small for his age but well enough developed considering his past history. Abdomen: long scar from the sternum almost down to the pubis, well healed now. A space about 2 by 3 inches in the abdominal wall is constituted by skin only, eventration. He wears a band all the time. Now and then, he has a recurrence of haemorrhagic rectitis. With all the intestinal surgery done, it is no wonder the mother has to supervise his diet. She is very careful about it, as the slightest deviation will result in diarrhoea and bloody stools.

I discussed the case with Dr. Dumas and his opinion is that it is a miracle the child is still alive (I agree, for different reasons!). He maintains the child received the best care possible considering the state he was in: repeated haemorrhages, a wound that would not close, repeated ear infections etc. I dropped the subject for reasons you can

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-2-

Reg. Supt. Eastern Region.

imagine. However, he said no surgery was contemplated for now (Thank heaven!) and promised me we would be notified in advance and permission would be asked.

s.19(1)

The mother was very flattered such "important" people were interested in her child and promised to report faithfully on his progress. Our nurse sees him weekly and will report everything of the smallest significance both to Dr. Dumas and myself.

I do hope [redacted]'s hospitalizations are over though it is certain something will have to be done about his eventration. I would strongly recommend, however, that surgery be done in a good specialized center: Montreal Children's Memorial or Ste. Justine. I think you would agree we cannot risk having history repeat itself.

M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.

ME/tv
c.c. H.O. (H22)

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s.19(1)

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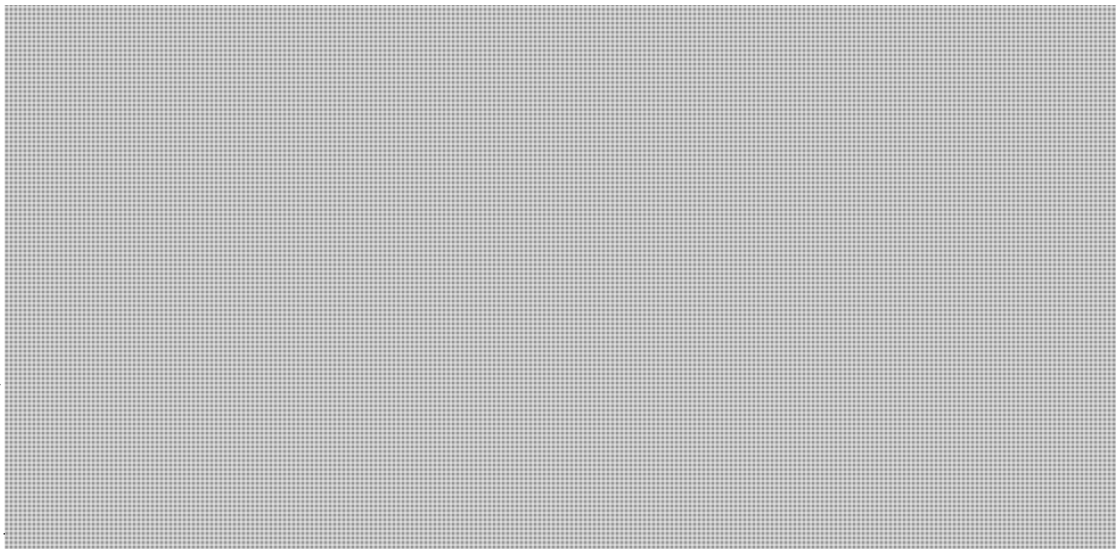
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INDIAN HEALTH
SUR-REGISTRY

OCT 8 9 25 AM '57
FILE NO:

1957 (133)

RECEIVED
OCT 10 1957
INDIAN HEALTH
SUR-REGISTRY



FOR DIRECTOR.

Reg. Supt. Eastern Region,
Indian Health Services,
Ottawa, Ont.

850-1-A21 (AP22)
150-1-A21
21/17-11

Zone Supt. (Quebec Zone)

October 2nd, 1957.

Accounts [REDACTED], Pointe Bleue Agency.

s.19(1)

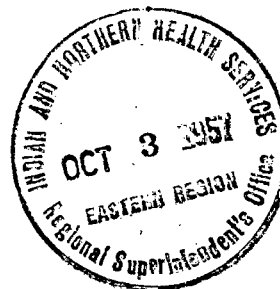
Please find attached a self-explanatory letter we
have just received from Mr. Bourassa, Superintendent,
Pointe Bleue Indian Agency.

May we please be advised of the action taken in
that case.

M. Savoie end

M. Savoie, M.D.
Quebec Zone Superintendent,
Indian Health Services.

MS/tv
c.c. Director.
Att. 1



FIELD SERVICE



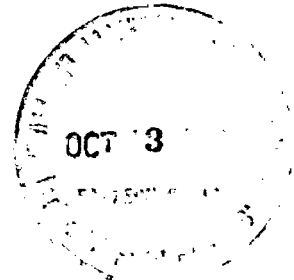
PLEASE QUOTE FILE 21/17-11

850-1-A21 (AP22)

150-1-A21

DEPARTMENT OF CITIZENSHIP AND IMMIGRATION

INDIAN AFFAIRS BRANCH September 30th., 1957.



Zone Superintendent,
Indian Health Services,
Quebec, Que.

s.19(1)

Re:- Accounts - [redacted] and letter dated
September 20th. from P.E. Moore, M.D., D.H.P. Director.

We agree that [redacted] has lived off the Reserve for many years but it is not felt that he realized that this would cut him off from assistance on the part of the Federal Government. Mr. [redacted] has not call for Welfare assistance in the last 5 years and from the information given by my Assistant who has been here for the last 5 years, no Indian were educated to the fact that they would not receive assistance, if they were living off the Reserve, after one year.

The accounts presented are for last year and Mr. [redacted] will not get the Quebec Public Assistance to pay for these accounts as the request must be made on entering the hospital or at the beginning of the treatment.

It is felt by this office that due to economic circumstances of the family, it would create undue hardship to the family if they were made to pay.

May we recommend the payment of the accounts.

Your interpretation of acceptability for relief assistance is correct.

cc R.L. Boulanger.

L. Jean J. Bourassa
L. Jean J. Bourassa, Supt.
Pointe Bleue Indian Agency.

s.19(1)

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THE HEALTH
CITY

Nov 20 11 17 AM '57

FILE NO:

24 11 17 AM '57

P.A.
850-1-A21(AF22)
150-1-A21

Ottawa, September 20, 1957.

Superintendent,
Pointe Bleue Indian Agency,
POINTE BLEUE, Quebec.

s.19(1)

Dear Sir:

Accounts--

The accounts of Dr. J. M. Villeneuve, Desbiens Mills, Quebec for services to the family and the attached correspondence has been forwarded to this office by Indian Affairs Branch.

It appears to us from the correspondence that [redacted] has lived off the Reserve for many years, even though he realized that this would cut him off from assistance on the part of the Federal Government. It is also our understanding that Mr. [redacted] is not entitled to receive welfare relief from Indian Affairs Branch. If this is so it would not be permissible for Indian Health Services to considered payment of his hospital and medical accounts, as the rules governing the acceptability of Indians for assistance from Indian Health Services are the same as those governing their acceptability for relief from Indian Affairs Branch.

This does not mean that Mr. [redacted] does not have some Agency to which he can turn for assistance. Surely having resided in the Province of Quebec for a number of years and having paid Provincial taxes, he is entitled to whatever help an indigent white person in the

TO: Pointe Bleue Indian Agency--II

September 20, 1957.

same situation could claim and expect.

Would you please advise us if our interpretation of aforementioned acceptability for relief assistance from Indian Affairs Branch is correct.

Yours very truly,

P. E. Moore, M. D., D. P. H.,
Director, Indian and Northern
Health Services.

cc Colonel Jones.

DW

850-1-A21 (M2)

Ottawa, 25 July, 1957.

Lieutenant-Colonel H.M. Jones,
Director,
Indian Affairs Branch,
Dept. of Citizenship & Immigration,
Ottawa, Canada.

Dear Colonel Jones:

s.19(1)

Assessment - [REDACTED] Pointe Bleue

Following receipt of your 21/10-3 (FA) of 13 May 1957 we arranged for [REDACTED] Montagnais of Pointe Bleue to be thoroughly examined at the Parc Savard Hospital in Quebec. Accompanying is a copy -- of the report which has been provided to us.

We consider that the Doctors at Parc Savard are quite competent and have sufficient experience in dealing with Indians that their conclusion may be considered dependable. The conclusions are:

- 1) [REDACTED] has a tumour in the upper part of his left lung. This is a quiet tuberculoma not now causing any dangerous condition except by its pressure on local tissues which will produce a certain degree of irritation. However this condition has been known for a number of years and Mr. [REDACTED] is aware that there has been a standing offer for the removal of this tumour through the auspices of Indian Health Services but he firmly declines to take advantage of this offer.
- 2) No other disability can be found to explain this man's alleged incapacity for work. We must come to the conclusion therefore that such disability as he has is being clung to as an excuse for sympathy and support from public funds. In other spheres this is known as malingering.

- 2 -

We regret the delay that has occurred in bringing this report into yours hands and trust that it will serve its purpose.

Yours very truly,



P.E. Moore, M.D., D.P.H.,
Director,
Indian and Northern Health Services.



/bt
Encl.

850-1-A21

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
INTRADEPARTMENTAL CORRESPONDENCE

TO: Director, I.&N.H.S.
Att: Dr. Armstrong

YOUR FILE:

DATED:

OUR FILE: 150-1-A21(E40)

FROM: Regional Superintendent, Eastern Region

DATE: 23 July '57

SUBJECT:

[REDACTED] - Pointe Bleue Indian Agency

s.19(1)

Enquiry from the field reveals that the above mentioned who was the subject of a long series of operations at Roberval is receiving adequate care from his parents and also is recovering fairly well. Both Dr. Dumas and Nurse Levesque are taking care of this child and the nurse keeps Dr. Dumas informed every week.

Should further information become available we shall pass it on to you.

J.H. Wiebe

J.H. Wiebe, M.D.
Regional Superintendent

JHW/CF

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
INTRADEPARTMENTAL CORRESPONDENCE

TO: Director, I.&N.H.S.

YOUR FILE: 850-1-A21(M2)

DATED:

OUR FILE: 150-1-A21(E40)

FROM Regional Superintendent, Eastern Region

DATE: 22 July, 1957

SUBJECT:

Assessment - [REDACTED]

s.19(1)

Herewith a copy of Dr. Labrecque's report requested by you.

We deeply regret any inconvenience caused Indian Affairs Branch by delay in reply which resulted from the passing of this report, in my absence, to a new staff member who failed to take necessary action. We know this is hardly acceptable.



J. H. Wiebe, M.D.
Regional Superintendent

Encl. 1

JHW/CF

006701

INDIAN HEALTH
SUP-REGISTRY

JUL 22 4 13 PM '57

FILE NO:

Department of
NATIONAL HEALTH AND WELFARE

Canada

Quebec Immigration Hospital,
June 13th, 1957.

Your file no. 150-1-A21(E40)

The Regional Superintendent, Eastern Region,
Indian Health Services,
Ottawa, Ont.Attention: Dr. J. H. Wiebe

s.19(1)

Re: [REDACTED] - Pointe Bleue

Dear Dr. Wiebe:

In reply to your letter of May the 28th,
please be advised that the above named Indian reported for
examination on the 7th of June 1957. Results of examination
are as follows:-

Patient was admitted in Quebec Immigration
Hospital, under Section 7 of the Indian Health Regulations
made under the Indian Act, on the 10th of October 1956, for
treatment of pulmonary tuberculosis. Had been treated in St.
Michel Sanatorium at Roberval off and on: in 1954, a period
of three months in the Winter and one month in the Fall; again
hospitalized in August 1956. Diagnosis is: Tuberculoma of
apical segment of left upper lobe. Patient wastold that
surgery would be indicated but refuses operation. Clinically,
disease is inactive since 1955.

Present complaint is weakness in the left upper
limb, with pain above left scapula, that patient relates to an
accident he would have sustained in 1954, previous to his hospita-
lization for tuberculosis. [REDACTED] was examined by our Dr. W. M.
Pfeiffer, who reports as follows:-

"" Outpatient examined for complaint of weak-
ness in the left arm, and pain above left scapula. He relates
his symptoms to a forcing movement with the left arm extended
while holding on to a bar or piton while at work, about three
years ago.

... 2

- 2 -

Man is father of 4, youngest is 5; wife alive and well.

EXAMINATION: Well developed, heavy-set, and sturdy man of about stated age, and 5'6" tall. Pyknic type.

Musculo-skeletal system: The limbs and torso are symmetrical. Mensuration reveals the right arm and forearm to be 3/8" greater circumference than left, likely due to his right handedness. Active movements, full range. He demonstrates crepitation in anterior aspect of left shoulder, when he puts left hand behind his back - however this can be elicited in right side, and is of little significance. Movements against resistance are so feeble with the left member that they are unimpressive.

Nervous system: Pin point reveals many areas about the left shoulder girdle, arm, and forearm where there is hypaesthesia. Re-testing reveals same areas of hypaesthesia. Man notes that left nuchal area is thicker than right and states he has numbness from left occiput to shoulder, - some hypaesthesia noted here. Tendon reflexes are about equal bilaterally. Pharyngeal and corneal reflexes normal, also pupil. Ears normal.

C.V. - Pulse (seated) 90 - Art. tension 124/82.
Resp.: negative, except slight dullness in left supraclavicular area.

- Addendum (1) Not possible here to make ergometric tests.
(2) No definite segmental zone of paresthesia determined. The finding of isolated areas of hypaesthesia and anaesthesia (could represent pattern of Hys.) may influence man to think "there is something wrong".
(3) Not possible to determine value of synkinetic movements, e.g. pronator sign, at one examination, on account of the feeble attempts to use the left upper member.
(4) Mentality, likely average for his life-station.

Notion: Mild paraesthesia (hypaesthesia, etc.)
left shoulder and arm.

X-ray of chest showed no significant changes when compared to previous films. Large, dense, homogeneous mass, about 3 cms. in diameter, is evidenced in the apical segment of the left upper lobe.

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- 3 -

X-ray of the left shoulder shows no anomaly of the bone structure. "" (W.M. Pfeiffer, M.D.)

IN CONCLUSION: This Indian boy suffers presently from a complex, he is exaggerating minor ailments in order to secure assistance for himself and his family from Welfare. There is however a suspicion that the pains in the left shoulder and upper limb may be caused by neuritis, due to the presence of the tuberculoma in the left apex. When active treatment is offered, patient is not cooperative. What he actually wants is to be declared totally and permanently incapacitated, in order to receive assistance for the rest of his life.

After this examination, Dr. Pfeiffer and myself are of the opinion that the man was uncooperative, was exaggerating purposely the weakness of his left upper limb, and is physically fit to work.

Yours very truly,

(Signed)

J. E. LABRECQUE, M. D.
Hospital Superintendent.

c.c. Miss P. Laurin

JEL/FP

COPY

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