

Handicraft and Home Industries.—In 1938, a small section of the Indian welfare and training service was established for the purpose of encouraging handicrafts and home industries. Loans from a revolving fund were made available to groups of Indians desiring to produce and market articles made on Indian reserves, and assistance was given in securing necessary materials.

In order to build up a stock of various lines and to assist in the setting of standards of quality, all goods produced on organized reserves are sent to a central warehouse at Ottawa. The articles produced are inspected by senior Indian workers on the reserves, and carefully inspected again by the Departmental craft supervisor when received at the warehouse. In addition to the production of basketry, bark and wooden articles of various types, several other projects were promoted in schools and on reserves, such as metal work, loom weaving, etc. During the war years, it was necessary to cancel some of these projects because of the scarcity of metal, fine weaving yarns and other materials and the Indian workers who were trained were profitably employed in craft studios.

Indian Medical Services.—Concern for the health of the Canadian aborigines began with the first landings of the European explorers and has persisted in varying degrees of intensity until the present. The sick were brought to Jacques Cartier for his blessing; surgeons accompanying troops of the Crown were instructed to give such attention as they could to the Indians, and by the 1820's physicians in the employ of Indian Affairs were devoting their full attention to the health of Indians.

Government health services for Indians have gradually expanded, until to-day there are 20 hospitals administered by the Federal Government together with a number of mission hospitals and nursing stations almost exclusively concerned with the care of Indians. Larger reserves have a full-time Departmental medical officer; smaller bands have attention on a part-time basis or, in some cases, the local physician receives fees for services rendered to Indians. Nursing care is provided by departmental nurses, field matrons or dispensers.

The present marked expansion of Indian health services began in 1928 when a separate Medical Branch was established in the Department of Indian Affairs. In 1945, Indian health services were transferred to the Department of National Health and Welfare and are now conducted through a small headquarters staff. A Dominion-wide staff of physicians, nurses and field matrons and dispensers arranges for medical attention and hospitalization, field nursing and general health services.

Fur Conservation.—Almost one-half, or some 60,000, of the Indian population of Canada are still located in the northern and outlying regions, and are very largely dependent on hunting and fishing for their livelihood. Their fortunes, therefore, fluctuate with fur catches and prices.

In recent years, the Government has made successful efforts to assist the Indian hunters and trappers by fur conservation and development projects. By special arrangements with the provinces, large areas have been set aside as Indian hunting preserves. Fur preserves, used as illustration stations and training grounds, are proving highly successful in helping the Indian to practise fur conservation which, in turn, is resulting in annually increasing benefits for participating Indians. Remarkable results have been achieved in these protected areas, particularly with muskrat and beaver.