

## Introduction

### ***Indian Health Services - Medical Services Branch Annual Reports Collection, 1946-1990***

The *Indian Health Services – Medical Services Branch Annual Reports Collection, 1946-1990* was a collaborative effort. University of Manitoba student Catherine M. Mecas read, analyzed and digitized each issue of the *Reports* as a Summer Intern with the Manitoba First Nations Network Environment for Aboriginal Health Research (MFN-NEAHR) Summer Internship Program. The project was supervised by Dr. Mary Jane Logan McCallum, Department of History at the University of Winnipeg. The Indigenous Studies Portal staff including Deborah Lee at the University of Saskatchewan library made the full text of these annual reports available in this online searchable database. We hope that this collection will be a useful learning and research tool for students, faculty and the general public interested in the history of Aboriginal health in Canada.

Initially organized as a service of the Department of Indian Affairs, federal responsibilities in Aboriginal health were acknowledged formally in 1904 when the DIA appointed a General Medical Superintendent. A Medical Branch was created in 1927 and operated under various titles; however it was not until the post-Second World War era when health services noticeably expanded, especially in the areas of funding, infrastructure, administration, staffing and treatment. On November 1, 1945, the Service was transferred to the newly-created federal department National Health and Welfare (now called Health Canada).

<b>Aboriginal Health Service Title</b>	<b>Federal Department Title</b>	<b>Date</b>
Indian Health Services	Department of Indian Affairs	1927-1945
Indian Health Services	Department of National Health and Welfare	1946-1961
Medical Services Branch	Department of National Health and Welfare	1962-1999
Medical Services Branch	Health Canada	1997-1999
First Nations and Inuit Health Branch	Health Canada	2000-present

This collection contains the complete reports for the Indian Health Services Branch from 1946 to 1961 and for the Medical Services Branch from 1962 to 1990. Prior to 1946, Indian Health Services reported to the Department of Indian Affairs. Those reports are available online at: <http://www.collectionscanada.gc.ca/databases/indianaffairs/index-e.html> First Nations and Inuit Health Branch Annual Reports have been available online from 2002-3 at <http://www.hc-sc.gc.ca/hcs-sss/pubs/cha-lcs/index-eng.php> The digitized versions of the reports available here are copies of the originals.

These *Annual Reports* contain information about the activities of the federal government in the field of Indian health from the years 1946 to 1991. Some of the activities of the MSB from 1946 throughout the 1960s shown in the reports are: Indian hospital and sanatorium activities, tuberculosis prevention and treatment activities, immunization/vaccination, public health programs, and descriptions of medical service personnel. There are also many charts, diagrams, tables with numbers and statistics on diseases, hospital stays, and mortality rates throughout the 1950s and 1960s. There are also some photographs. The later reports of the 1970s to 1991 are written in an objective summary format, highlighting only the main activities. Some of the activities recorded were: First Nation involvement, conferences, environmental health, public health treatment, and prevention programs. Additionally, organizational policy and structures are also apparent in the reports, including diagrams of the hierarchal structure of the entire DNHW, directories of both departmental officers, and departmental establishments (1946-1969). Again the later reports of 1970-1991 are much less elaborate with organizational descriptions, and are more focused on describing organizational policies.

Historian Maureen Lux argues that three common problematic health policy issues have lingered through the twentieth century: financial responsibility, inconsistency and lack of Aboriginal control. These reports show that earlier policy was very self-serving, and biased toward Canada's responsibility toward Aboriginal health. Much of the earlier reports clearly indicate that Canada's DNHW did feel compelled by law or by First Nation rights that they should fund/assist in healthcare. They only did so for charitable reasons. The reports from 1946, up until the 1960s, do not mention any Aboriginal involvement. In contrast, the later reports from the 1970s to 1991 are written more objectively, and indicate a focus on working with First Nation groups and individuals, rather than against, and give them the option to control their own health services.

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