

WHAT IS HER FUTURE? The majority of Indian children in Manitoba are born into a family that lives on a reserve, remote from organized white communities and their resources. Surrounded by family and friends, they have an affection and freedom that white children do not know — but they are also deprived of "modern conveniences, good educational facilities and broad opportunity for social and vocational stimulation and growth". How the Indian's prospects are gradually being changed through special programs of rehabilitation is the subject of several articles in this issue.

Nearly 19,000 Receive Blood Tests

A total of 83 previously undetected cases of diabetes have been turned up so far as a result of the diabetes detection surveys in western Manitoba this year.

According to Dr. J. A. Moorhouse, medical director of this special pilot study, a total of 18,579 people in western Manitoba municipalities were given simple blood tests by the Sanatorium Board of Manitoba preventive surveys teams. The samples were afterwards analysed by University of Manitoba research staff, and a total of 1,862 letters were sent out to family physicians regarding screen test abnormalities, and requesting further follow-up tests.

By December 8, 867 of the letters had been answered and among these, 83 gave confirmatory results. Still to be heard from are the doctors who received the other 1,000 letters.

But the findings so far do indicate a significant number of persons with previously undiagnosed diabetes, Dr. Moorhouse said.

He also disclosed that other tests had been run on the tiny blood samples, and from the 867 persons followed up by December 8, a total of 49 cases of previously unknown anemia had been found, as well as 13 cases of renal conditions, not previously known.

The diabetes detection project began on June 1 of this year and continued until the beginning of November. It had the financial support of the Associated Canadian Travellers, Brandon Club, and was fully approved by the Canadian Diabetic Association and the Manitoba Medical Association.

The Sanatorium Board provided the tests in conjunction with tuberculosis preventive surveys.

85,000 Get TB Tests

The Sanatorium Board of Manitoba concluded this year's tuberculosis preventive program with a free tuberculin and chest x-ray survey of about 10,000 students and faculty at the University of Manitoba and affiliated colleges.

During the year, approximately 85,000 people in Manitoba took advantage of the community tuberculosis preventive program, financed by contributions to the Christmas Seal Campaign. This number does not include those examined at our stationary or travelling consultant clinics, or the some 20,000 people x-rayed when our mobile units visited Manitoba's Indian reservations.

Problems of Indian Integration Tackled at Rehabilitation Seminar

For three days, 14 people sat around a conference table and talked about Indians — their thinking, their behaviour and the many problems they encounter when they leave the reserve and try to fit into a different culture.

The staff who had gathered for this seminar—held November 30 to December 1 at Pembina House, Ninette, by the Sanatorium Board's Special Rehabilitation Services — are ordinary people with middle class backgrounds and average educations. Yet, in purpose and thinking, they are rather extraordinary, for they share a very deep desire to understand the Indian and what is and perhaps is not being done for him through rehabilitation schemes.

At present, there is a large and expensive program under way in Manitoba to integrate the Indian with white society. Various provincial and federal government departments, as well as the Sanatorium Board of Manitoba, are taking a hand in the plan. Indian Affairs Branch alone is working with a \$12 million budget for new housing.

Ted Locke, supervisor of Vocational Opportunity Services of the Community Development Branch, provincial Department of Welfare, has a staff of over 30 people who are assisting unskilled and unemployed Indians and Metis to get training and jobs. His department, which has 22 field officers working out of four Manitoba centres, works very closely with the Board's Special Rehabilitation Services, and many referrals for our social orientation and work conditioning unit at Ninette come from this source.

At the seminar, Mr. Locke said that Vocational Opportunity Services has built up an active caseload of 3,000 since it was organized last year. The only provincial governmental department in Canada which is sharing in responsibility

for Treaty Indians, V.O.S. is now deeply involved in re-locating families and training men and women for jobs, particularly for new industrial developments in the north.

Mr. Locke, who expects to double his staff within the next year, told about plans to develop industrial camps or townsites in the north, each with its own school, shops, recreation centre, to accommodate workers and their families, many of whom will be Indian. At Gillam, the site of a new hydro power development, a multi-service project is well under way. In one year the population of this community, located about 180 miles south-east of Churchill, will have increased from 300 to 3,000. Sixty percent of the workers are of Indian origin, from all parts of the province. All have, or are, receiving special training.

The program appears to be moving fast, but those participating in the seminar wondered if perhaps we are moving too quickly in our plans to integrate the Indian.

T. A. J. Cunnings, executive director of the Sanatorium Board, warned that rehabilitation workers have a very heavy responsibility in dealing with the lives of these people. The integrating of Indians into a competitive, industrialized and mainly urban society, involves considerable psychological strain for them, he said. Complete acculturation is likely to be a difficult and lengthy process.

There has been remarkable progress in our understanding of Indians. Ten years ago the general attitude was "You can't do anything with Indians — why try?" The success of such programs as

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A.C.T. Presents \$7,000 Cheque



Jack Cook, left, of the Associated Canadian Travellers, Brandon Club, presents the cheque to J. B. Craig, Brandon, member of the Sanatorium Board. (Brandon Sun Photo)

The Associated Canadian Travellers, Brandon Club, presented a cheque for \$7,000 to the Sanatorium Board of Manitoba when some 200 A.C.T. members gathered for the annual President's Dinner and Ball at the Prince Edward Hotel in Brandon on December 3.

The cheque, handed over by club member Jack Cook to J. B. Craig of Brandon, executive member of the Sanatorium Board, represents the first payment on a \$17,000 pledge to pay for diabetes blood tests which were given this year to 18,579 Western Manitoba residents, along with the Board's tuberculin skin testing program.

The diabetes detection project represents a new venture for the Associated Canadian Travellers of Brandon, who during the past 20 years have donated close to \$250,000 to the Sanatorium Board. For many years, the contributions were used to help pay for tuber-

culosis preventive work throughout the province. Later, club members directed their assistance to the Assiniboine Hospital in Brandon.

With the transfer of the Assiniboine Hospital operation to the Brandon General Hospital last January, the Travellers returned to support of the effort to find early and unsuspected disease through community-wide surveys of apparently healthy people.

This diabetes detection program is the biggest yet attempted in Canada and could, A.C.T. members feel, open up a whole new era in preventive medicine.

An Investment that Pays Off

When George Munroe was growing up, he wanted very badly to make something of himself. To be someone, he thought, who could be of great service to others and be respected by his fellow men.

But George lacked the proper education and direction, and at the special rehabilitation seminar at Pembina House, Ninette, this month, he stated his past troubles succinctly. "I wanted to set the world on fire," he said. "But I soon ran out of matches."

George, a non-Treaty Indian from Camperville, Manitoba, spoke about the benefits of the Sanatorium Board's Special Rehabilitation Services at Winnipeg and Ninette. In the beginning, he told his listeners, he had tried to get ahead by joining the Canadian navy. The navy turned him into a radar plotter . . . but that, he found, was not a useful occupation when he rejoined civilian life three years later.

He had trouble finding a job, managing his money, and, in all, coping with city life. So, in Sep-

tember, 1965, on the advice of the Community Development Officer back at Camperville, he enrolled for the three month social orientation and work conditioning course at the rehabilitation unit at Ninette. He returned to school, and now, at age 22, he is enrolled in Grade 12 at Argyle School in Winnipeg.

George hopes to enter university next year, perhaps in the social work course. With his courage and determination and the interest and support of the rehabilitation counsellors, it is now very possible that he will fulfill that boyhood dream.

Mr. Munroe is one of several hundred young men and women who have received help from the Board's special rehabilitation program. There have, of course, been many failures, but these are more than offset by the even more numerous successes.

Among them we remember Elijah McKay who years ago was admitted to sanatorium with virtually no education. With the help of sanatorium teachers and the

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The Rehabilitation Process

By R. C. McKenzie, Special Rehabilitation Services

Sanatorium Board of Manitoba

ED. NOTE: The program offered by the Special Rehabilitation Services of the Sanatorium Board of Manitoba has been widened in recent times to include not only tuberculosis patients but also many other persons who, because of a lack of job skills and the inability to adjust on their own to the white Canadian culture, can benefit from the scheme outlined here by Mr. McKenzie. This article shows how the program affects the tuberculosis patient of Indian ancestry. We would like to remind readers, however, that about one third of the candidates accepted by Rehabilitation Services are not tuberculosis patients — and not all are Indian or Metis.

Our rehabilitation program is a process of six steps, beginning with the in-sanatorium program, and followed by the rehabilitation (or social orientation and work conditioning) unit, pre-vocational training, vocational training, job placement and follow-up. In this article emphasis is on the Rehabilitation Unit System, the most difficult part of our program. Usually if a candidate can manage this step, he finds the rest of the plan comparatively easy.

The In-sanatorium Rehabilitation Program provides social service and counselling. The Social Service Department serves as a liaison between the patient and his outside world, whether this be his family, the Indian agent or the welfare worker. Since the majority of patients entering sanatorium have limited financial means, the Social Service program is very important. The outside welfare agency is immediately advised of the patient's admission to hospital and his probable length of stay in hospital, and enquiries are made through the agency about the patient's home conditions and the welfare of his family. The welfare agencies have been most co-operative in providing this information, and usually we are able to tell the patient that the welfare of his family is being attended to. In most cases, once he is satisfied that his family is being taken care of, the patient becomes more co-operative with regard to his treatment.

The rehabilitation program begins with an interview between the rehabilitation officer and the patient, shortly after the patient's admission to hospital. He is told about the opportunities available to him on discharge from sanatorium and is encouraged at this time to take part in the school program.

The patient is seen by the rehabilitation officer at least every two weeks while he is in hospital and his activities are increased in line with his medical treatment. Thus, he may progress from bedside study to attending the classroom for group teaching. With increased exercise, he may also take part in group activities and social events, which help in his social education and integration. On discharge from the sanatorium, he is transferred to the rehabilitation unit where he becomes a student and no longer a patient.

The main functions of the rehabilitation unit are:

1. To provide opportunity for basic social training.
2. To provide an intermediate orientation period between the

hospital and the reserve and to begin training for employment.

3. To provide an opportunity for careful evaluation of abilities and needs of the individual rehabilitant.

4. To offer an introduction to urban living, and a chance for the rehabilitant to become somewhat accustomed to the type of environment in which he will live and work.

5. To provide a setting where, through field visits, lectures and demonstrations, the rehabilitant may be given some knowledge of the nature of business and industrial employment, and requirements of service in various fields.

The average time spent in the rehabilitation unit is approximately four months. The decision in regard to discharge, promotion and personal allowances is the responsibility of an Advisory Committee, composed of the Supervisor of Special Rehabilitation Services, the supervisor of the unit, a doctor, and representatives from the Canada Manpower Centre and the Vocational Training Centre.

The daily routine of the rehabilitation unit is to simulate an average work day. The student gets up on his own, looks after his own bed area and the cleaning of a certain portion of the unit. There is minimum supervision, no written rules, for it has been found that the lessons learned by simply living in a controlled environment and experiencing the benefits of social acceptance are far more lasting than those taught by regimentation.

Schooling is important but plays a secondary role. Much of the time in the classroom is spent on group counselling on many topics, such as grooming, budgeting, social courtesies and responsibilities, attitudes towards landlords, employers, co-workers, and the rights and responsibilities of citizenship. Films are used extensively, interviews with employers are simulated, students are given practise in answering advertisements from newspapers and completing job application forms. Visits are made to industry, vocational training schools and, most important, students become familiar with and are encouraged to participate in social activities.

When the student is discharged from the rehabilitation unit, he is placed in a boarding house in the city, where he is expected to cooperate with the family and abide by the house rules. He is enrolled in an upgrading course, called Basic Training for Skill Development, which prepares the

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The Ill Wind that Blows Good to Manitoba Indians

By A. L. Paine, M.D., Medical Superintendent, Manitoba Sanatorium

Thomas Tusser in the 16th century wrote, "Except wind stands as never it stood, it is an ill wind turns none to good". His contemporaries, William Shakespeare and John Heywood, made similar references to the vagaries of ill winds. Today, some 400 years later, we still say, "It's an ill wind that

blows nobody some good". For most of us this saying has a deeper meaning than merely one man's loss is another man's gain. Does it not recognize the truth that often a cause or an individual experiences unforeseen rewards when stricken by misfortune? The story of tuberculosis down through the ages seems to bear out this philosophy and more recently it has given a happy turn to the destiny of many Treaty and Metis people afflicted with this once dread disease.

Before the modern treatment era, many consumptives came from good circumstances. They were not handicapped by poverty or lack of education, but were removed by ill health from the ordinary walks of life. Thus they were free to develop any creative ability they possessed. To this must be added the sense of urgency to produce, born of the almost certain knowledge of an early death.

Today the good is happening to an entirely different segment of society: to the underprivileged and in Manitoba more specifically, to the Indians and Metis who one may truthfully say in many instances are fortunate to develop the disease. A diagnosis of tuberculosis brings them to the sanatorium where two equally important processes come into play. The first is the treatment of their disease which, with modern methods, now almost always leads to recovery. The second is a break from the past, guidance in better ways of living and, at least for younger patients, the chance for scholastic upgrading and vocational training.

At first glance it would seem hard to find any link between the oldtime consumptive and the participant in this modern program. Perhaps the most significant link with the past in Manitoba lies in the men who cradled the rehabilitation movement. These men came from the previous era of tuberculosis treatment, and not infrequently suffered from the disease. Their philosophy, high courage and vision were products of that era and they evolved the principles upon which our present rehabilitation program is built. Dr. D. A. Stewart was such a man and might be considered Manitoba's first tuberculosis rehabilitation worker. Having contracted tuberculosis in

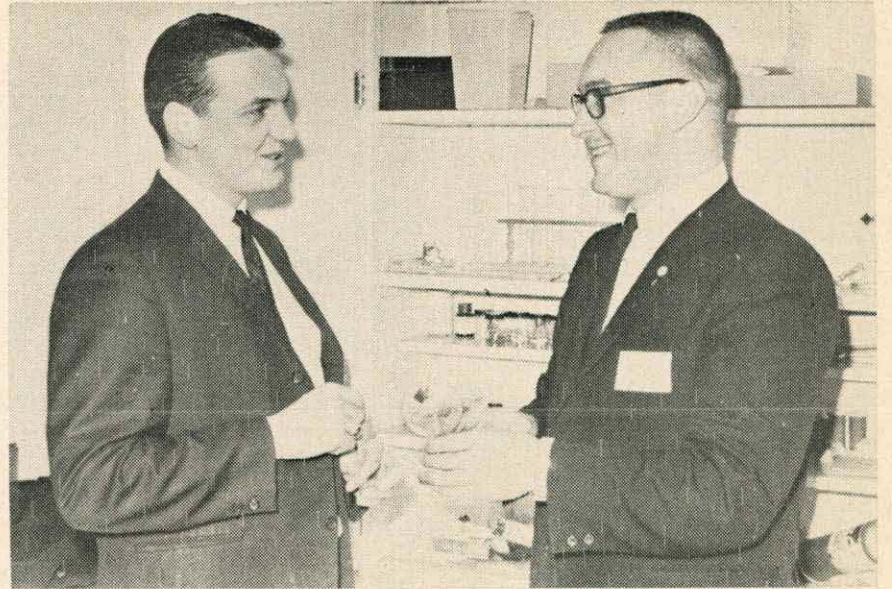
early manhood, he recovered to become a leader in that field. He was a man of many talents and those who worked under him remember in particular his boundless energy and his obsession for keeping everyone around him busy at self-improvement.

Under the guidance and inspiration of Dr. Stewart the sanatorium school, operated haphazardly but with vigor in the early years, was officially established with the appointment of a teacher from the Department of Education in 1921. By the late thirties it had an enviable record of achievement.

Into this fertile soil the winds of tuberculosis cast a potent organizing force in the early 1940's in the person of T. A. J. Cunnings, now executive director of the Sanatorium Board. He came with an unusually active mind, good education and sound business training, but was hard hit with tuberculosis, which kept him strictly confined to bed for several years. During this time his drive for achievement never abated. He was what Dr. Stewart used to call a self-starter. Soon his energy overflowed the bounds of self-improvement and while still entirely bedridden he not only started and edited our first news bulletin, but conceived the plan that developed into our present rehabilitation program.

After his recovery Mr. Cunnings became the first director of the Rehabilitation Division of the Sanatorium Board which commenced operation on May 1, 1942. The program involved a new concept in the management of the patient, shifting the emphasis from his disability to a well considered medical forecast of his ultimate capacity for work. For this purpose Mr. Cunnings developed the widely accepted Work Tolerance Prognosis formula used in our present program and in other programs as far distant as Australia. Now, for the first time, the Sanatorium Board not only offered in-hospital schooling, but also aid in job placement after discharge.

Guided by the Work Tolerance Prognosis, the rehabilitation officer saw the patient early in his treatment, estimated his capabilities and interests, counseled in study projects and finally, on the patient's discharge, helped to find the patient suitable employment.



Lynn Kuzenko, left, supervisor of Pembina House, and Roger Butterfield, supervisor of Special Rehabilitation Services, were chief organizers of a seminar on Indian problems held recently at Ninette. The rehabilitation program they now head is a unique experiment in Canada and has attracted the attention of many other organizations, including the Peace Corps and the Jobs Corps in the United States. (Photo Courtesy of The Brandon Sun)

To bridge the gap between the rehabilitation program then and as it stands today, one must take note of the momentous changes in the general field of tuberculosis. Even in the late thirties the chance for recovery had greatly improved due to sanatorium rest and collapse therapy. Thus many more patients were candidates for rehabilitation but we must remember that most of them were white.

Then came the great "blitz" of the late 1940's with intensive case-finding programs, especially amongst Indians, which resulted in a huge increase in treatment load and the opening of two new sanatoria for Treaty patients. The isolation of the infected cases in sanatoria, plus the advent of chemotherapy and pulmonary resection, brought about a rapid drop in mortality and a less dramatic but steady fall in case load until now, after some 15 years, we are reduced to some 200 treatment beds in Manitoba. From the rehabilitation standpoint, the significant thing is that 85 percent of the patients on treatment are now of native extraction and the majority of patients of trainable age are in this group.

Conditions have thus become reversed and we now need a program to serve natives as well as whites. At first the most urgent need was for scholastic upgrading and the teaching staff at Ninette alone increased from one to two in 1950, to three in 1955 and finally to four in 1962 where it has remained.

Aside from grade schooling the application of rehabilitation techniques to natives was at first a slow process, and it was not until 1957 that much progress was made. At that time a pre-vocational training scheme was set up in 1958 in the form of a rehabilitation unit in Brandon, to serve as the very necessary link to job placement. As the program functions

today, all of this initial activity is at Ninette.

Here rehabilitation is considered an integral part of treatment as well as its goal. It begins within a few days of admission when family and social background, ability, inclination and potential are investigated. If the patient is good material, plans are made at once for ultimate transfer to the rehabilitation unit. In this way he will be happier and more willing to stay his allotted time in hospital, knowing it leads to further training and finally to a job.

It is significant that almost all young native patients now reject a return to their former communities as having no future, and are eager for rehabilitation training.

Although the rehabilitation program has proved much more difficult in native patients, it is now being crowned with considerable success. It has led to more awareness and understanding of the whole native population and has pointed to the usefulness of a similar but greatly expanded effort in dealing with their social and economic ills. A small beginning has already been made in such a program.

Perhaps we can hope that the zephyrs of good from the ill winds of tuberculosis may yet blow into a Chinook, melting away the social barriers and bringing healthy growth to the economy of the entire native population.

—From a paper presented to the Canadian Tuberculosis Association annual meeting, June, 1966.

SBM Awards Bursaries

Two students at the University of Manitoba School of Medical Rehabilitation have been awarded Sanatorium Board of Manitoba bursaries.

Miss Michele D. Campbell, a second year occupational therapy student, has received a \$200 bursary for the present school year, and a further \$200 for 1967-68.

A second \$200 bursary for 1966-67 was also awarded last month to Miss Ethyl Lynne Stewart, third year physiotherapy student.

MERRY CHRISTMAS, EVERYONE!

With the Christmas Season fast approaching, the members of the Sanatorium Board of Manitoba would like to express to patients, staff, ex-patients, former staff and friends everywhere our warmest wishes for a joyous holiday and New Year.

1. First medical superintendent of Manitoba Sanatorium, appointed in 1909.

PROBLEMS OF INDIAN INTEGRATION

(Cont'd. from page 1)

the Sanatorium Board's rehabilitation units has proved that Indians can adapt to life and work in the city when given the proper chance.

Yet even today, said Mr. Cunnings, there are far too many misconceptions about the Indian. Indians, he pointed out, have many fine traditions. The children are brought up in a loving, permissive atmosphere; they are not exposed to, or hampered by, the tensions and rigid rules of the white culture.

"Indian children have affection and freedom. They do not have the anxieties of the mother thrust upon them through early toilet training, worry about marring furniture, and excessive attention to tidiness, cleanliness and clothing. The compulsions imposed by the clock are largely absent. There is not a time-centred discipline. And the high values placed on these things in white society are difficult for the Indian to appreciate."

The Indian's lack of acquisitiveness is usually misunderstood as laziness and lack of foresight, Mr. Cunnings said. We should remember that "from childhood, the Indian is conditioned to freedom, irregularity, and hard work for short periods alternating with long periods of complete leisure.

"It is understandable that they sometimes find it difficult to see the advantages of our competitive, driving, time-dominated, future-orientated society. Yet acceptance of these values is a necessary prerequisite to integration into the

economic structure of business and industry."

We are all largely products of our own environment, Mr. Cunnings concluded. Academic schooling, for example, has held little importance in the Indian culture, where early in life the son identifies himself with the father as hunter, trapper and food provider and the daughter learns her simple, uncomplicated role from the mother.

Indians have been accused of not being very bright, or capable of undertaking work on a high intellectual plane. Mr. Cunnings exploded that theory by citing a number of sociological studies among Indians and so-called backwoods people.

Intelligence, he said, can be affected by the deprivations of our environment. It has also been shown that the intelligence quotient in growing children tends to change in the direction of the family's intellectual level. Those abilities essential for successful adaptation to his culture increase regularly in the child up to about age 17; those not essential for adaptation do not increase as quickly, in fact may not increase at all.

In the case of Indians, who live in a depressed socio-economic and educational environment, it would seem necessary to break the present chain of parent to child, by gradually moving the young people to places that permit adequate social and educational development, Mr. Cunnings said.

Gordon Stinson Retires

The staff at Manitoba Sanatorium gathered for a farewell tea last month in honor of Mr. and Mrs. Gordon Stinson. Mr. Stinson has retired from his post as chief engineer at our Ninette hospital, and he and Mrs. Stinson, a member of our nursing staff, have taken up residence in the town of Neepawa.

Mr. Stinson's ten years of able, devoted service at Ninette marked the climax to a varied and rather adventurous career which, in the early years, took him to various parts of the Canadian north. Born on a large farm near Hargrave, Manitoba, Mr. Stinson left home soon after he finished high school to take a job freighting fish out of Fort McMurray, Alberta. Later he moved even further north to the MacKenzie River where he worked as a fireman on one of the old sternwheelers that carried supplies up-river to Fort Good Hope.

During the 1920's and 30's, Mr. Stinson bounced around on various construction jobs in northern Manitoba, Ontario and Quebec; then in the late thirties he settled into an assistant superintendent's job with the Manitoba Power Commission in Brandon.

In 1940 he obtained his First Class papers as a Stationary Engineer and soon after took a post with Canadian Industries Limited



(later Canadian Salt) as chief power engineer. He joined the Sanatorium Board staff at Ninette in 1957.

A quiet man who likes to read, Mr. Stinson has been a big asset at our Ninette hospital, where his responsibilities have included the day-to-day maintenance and upkeep of the buildings. He has been a member of the Lions Club and the Manitoba Association of Fire Chiefs — and, in all, a well-liked, respected member of the Ninette community. All of us join in wishing him and Mrs. Stinson a very long and happy retirement.



HONOR MR. SPEIRS — Members of the Sanatorium Board gathered for a special luncheon at the Manitoba Rehabilitation Hospital on November 25 to pay tribute to J. W. Speirs for his meritorious service and great contribution as a member of the Board from 1942 until 1966. Mr. Speirs, left, who was chairman of the Sanatorium Board from 1958 until his retirement this year, was presented with a handsome gift by Frank Boothroyd, the new chairman. (Photo by J. J. Zayshley)

THE REHABILITATION PROCESS

(Cont'd. from page 2)

student academically for vocational training.

The rehabilitant is considered self-sufficient after completing a vocational course and finding employment. But even then rehabilitation Services does not step out of the picture completely. Each case is followed up for at least three months and in some cases, for as long as one year, depending on the amount of difficulty the individual has with respect to his job, his residence and in general, his adjustment to his new environment.

The Special Rehabilitation Program was started on April 1, 1958, and since then, 328 persons have been placed in permanent employment in urban settings. In 1965, a total of 83 persons completed the course in the rehabilitation unit. Of these, 17 returned to regular schools with the plan to complete Grade 12 and enter university; 39 attended the Basic Training Course for Skill Development; 38 enrolled

in vocational training and three received training-on-the-job. The program has seen a great increase in the enrollment of rehabilitants since 1958, especially in the last two or three years. In 1965 alone, there were 98 permanent job placements.

It is important that all engaged in this field appreciate the boundaries of rehabilitation work. We cannot solve the general problem of unemployment, and in periods when many people are out of work, some will be ex-tuberculosis patients. However, tuberculosis patients of native extraction can be scholastically upgraded, made socially compatible with urban living, given adequate job training, and, finally, directed into avenues of work where they are not vocationally handicapped and can successfully compete in the labour market.

—From a paper presented to the annual meeting of the Canadian Tuberculosis Association, June, 1966.

INVESTMENT THAT PAYS OFF

(Continued from page 1)

Board's rehabilitation officer, he managed to work his way up to Grade 9, then become a certified orderly. With his earnings, Elijah started his own "rehabilitation program", bringing his entire family out of their remote home at Sachigo Lake and settling his father into a job and his brothers in school.

There are many more . . . Roy Daniels, for example, who is now a member of the Company of Young Canadians . . . Ross Wood, who has become a successful commercial artist . . . and Tommy Suwarek, the young Eskimo from Rankin Inlet who, because of precarious health, was forced to make a new home for himself in the south. Tommy today is happily working as an upholsterer in Brandon and living with his wife and two children in a big new trailer he purchased himself.

In a series of articles about Pembina House, Garth Stouffer, of

the Brandon Sun summed it up this way:

"Officials report that it costs, on the average, \$1,000 to maintain a persons on welfare for a year.

"Had the 358 graduates of the Sanatorium Board's program not been helped, it is quite feasible to suggest that another \$358,000 would be expended annually to support them.

"Instead, they are pouring more than \$70,000 a year into the Canadian treasury, in addition to being a working, living part of society and making their contribution to the nation's gross national product."

These typists, carpenters, plumbers, hairdressers, nurses' assistants and orderlies may never set the world on fire. But the very fact that they have successfully negotiated that tremendous step from the reserve to the city is a great accomplishment in itself.