

ESK. HLTH

FEB 1961

HT-HT-19

Prepared for Dr. P.E. Moore, M.D., D.P.H.,  
Director of Indian and Northern Health  
Services by Dr. J.S. Willis, Chief,  
Northern Health Services

1961

WILSON  
M  
RINSOURC

February 1961

Article for "Spreekuur Thuis"  
Netherlands Medical Magazine.

Feb 1961  
See Oct 41

### HEALTH CARE FOR CANADIAN ESKIMOS

Imagine a population one thousand times smaller than that of Holland. Imagine this population distributed in more than 200 communities along some 10,000 miles of Arctic coastline. Imagine a population which, within a very short time (historically speaking) has come from the most primitive living and survival conditions to sudden contact with the living habits and standards of the North American white man. Imagine a population with great inherent strength and courage, weakened in health by the influx of foreign diseases, still in the confusing state of transition from complete self-dependence to the inter-dependence of community life characteristic of the western world.

Such is Canada's Eskimo population.

#### Present State of Health

Both for humanitarian reasons and because Canada's North is becoming increasingly important to the country's economy, the Eskimos are being given ever-widening health services and attention. It is -- has to be -- a gradual process.

As Dr. Percy E. Moore, Director of Indian and Northern Health Services of the Department of National Health and Welfare, has pointed out, "Even if we had unlimited financial resources to pour into a northern health service, it is doubtful whether such expenditure would be desirable or effective. In teaching Eskimos to accept and practise public health measures, we are not merely filling a vacuum. Were this so, our task would be easier. We are, in effect, trying to change a long-established culture which has and has established attitudes on health and disease, treatments and practices. We must move slowly."

That this work is given the importance it deserves can best be illustrated by the impressive growth pattern of Indian and Northern Health Services. From about two and a half million dollars spent on these services in 1944, health appropriations for Indians and Eskimos have grown until in 1960 over twenty-three million dollars were provided. While most of this money has been spent on the numerically larger Indian population -- 180,000 Indians are still on reserves in Canada -- the 10,000 Eskimos have had their share of improved health services. Within the last two years, for example, government hospitals have been provided at Inuvik and Frobisher Bay and Nursing Stations <sup>ARE UNDER CONSTRUCTION</sup> at Spence Bay and Eskimo Point.

Providing health services in the Arctic is difficult and expensive because the Eskimos are scattered over vast rugged northland areas. Indian and Northern Health Services has had to set up a widespread network of outpost services in an effort to meet the health needs of the people. These services vary according to the size and stability of the population and the degree of isolation. Medical Officers are <sup>POSTED TO WORK</sup> assigned to work in existing Mission hospitals along the Mackenzie River and at Pangnirtung, <sup>AND MAY BE THEIR WORK IN THEM</sup> Nursing Stations are located between the hospitals and at strategic points along the Arctic coast. In the smallest settlements the Hudson's Bay Company post manager, the local officer of the Royal Canadian Mounted Police, the local teacher or the local priest or missionary acts as a part time dispenser, working with a small medicine chest under directions given by radio. The nursing stations staffed by one or two nurses serve a dual purpose: they provide both a centre for a public health nursing service in the community and are equipped with a few beds, bassinets and cribs for the admission of maternity and emergency patients.

Due to the remoteness of some of the stations, the nurses often have to assume responsibility for many activities ordinarily

beyond the scope of nursing. These responsibilities vary from comparatively minor routine duties to grave emergencies. Patients requiring hospital care are transported as soon as possible. The outposts are linked with larger settlements by radiotelephone, which is their chief means of communication. While the nurses work under the guidance of Supervisors of Nursing and Medical Officers, they may see these infrequently. The great distances involved coupled with the high cost of travel make regular visits impractical. As a matter of fact, difficult deliveries have been carried out successfully by nurses under the direction of a Medical Officer hundreds of miles away -- babies "delivered by air" are not at all uncommon.

To cover areas not adequately provided with outpost health services, mobile health teams carry out patrols during the spring and summer months. In these patrols, an attempt is made to examine and treat the complete population of each settlement visited. The three major patrols cover the east, west and central Arctic. The most important of these is the Eastern Arctic Patrol, carried out via the Department of Transport ship, "C.D. Howe". Although this particular survey is done by sea, many expeditions have to be conducted by air, particularly when a medical emergency arises in an outlying area.

Child and maternal health now holds a place of top priority in the total health program. High morbidity and mortality rates continue, particularly among infants and young children. Previously, the tuberculosis problem took priority. It still requires a great deal of attention in some areas but generally the over-all picture has markedly improved. Conditions such as gastro-enteritis in children are prevalent in communities where sanitary conditions are still poor. However, acute respiratory infections are the leading cause of death.

Eskimo health statistics demonstrate conclusively that the I.N.S.S. health program is proving effective. Where 3% of 4,000 Eskimos examined in 1955 were shown to have active tuberculosis

in 1959 the percentage had fallen to 4%. Early discovery by x-ray and early treatment in properly equipped hospitals are the keystones in this campaign aimed at wiping out this disease. Today, nearly 90% of the Eskimos are x-rayed annually.

Undoubtedly the greatest contributory factor to ill health in the North is the all too often low standard of living. In some areas, nutrition standards are low and uncertain. The Eskimo living in isolation may have as a home a tent banked with snow, a snow house or a shack made from old packing cases. In such circumstances even a mild illness can become a medical emergency. When, for example, an Eskimo baby develops pneumonia, unless warmth and shelter, good nursing and adequate therapy are made available within the next twenty-four hours, the chances of recovery are small. Half of all Eskimo deaths are of infants under 12 months of age and most of these die of pneumonia.

Despite the enormous program expansion, the size and nature of the northern health problem makes it impossible economically to provide anything like the same level of public health and treatment services that other Canadians enjoy. The area to be covered-- the inaccessibility of many settlements -- would make the provision of comparable services prohibitive in cost. An illustration of this is the fact that to place and maintain a nurse in a remote Arctic area costs from \$50,000 to \$100,000 in initial capital expenditure; \$20,000 to \$25,000 annually thereafter. The treatment of an average tuberculosis case costs between \$3,500 and \$5,000 a year, or \$3,500 to \$15,000 per case, plus transportation expenses.

Curiously enough, the expensive tuberculosis hospitalization which has been so extensive has had an important secondary effect on the Eskimos; they acquire greater insight into and appreciation of many western public health and hygiene practices. These are carried back and to some extent put into effect when they return to their own communities. This indirect health education has undoubtedly accelerated the northern health program. More formal

health education is an integral part of the health program. Field nurses, for example, in their home visits, are disseminating health education at the basic level of the family unit. An increasing number of expectant mothers are availing themselves of routine prenatal check-ups. Simply-written health education material in both English and Eskimo syllabics has been produced on various health topics for distribution.

It will take time to reduce the infant mortality and improve the Eskimo's home environment. It will take time to bring prenatal care to every Eskimo mother. Meanwhile the Eskimo is spared death by motor vehicles and the peptic ulcer rate is low. A new generation of Eskimo children, learning in the new Government schools about healthy living, will soon take their places alongside their fellow Canadians, many of them to bring nursing, medical technology and sanitation to their own people. The inexorable law of "the survival of the fittest" has made them an active, intelligent, mechanically inclined group, enriching the Canadian heritage.

