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Lecture

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INDIAN AND ESKIMO HEALTH CONDITIONS

P. E. Moore, M.D., D.P.H.

Mr. President, etc.

I wish to open my remarks with a quotation from Henry Bamford Parkes' book - "A History of Mexico" wherein he speaks of the Indian races.

"Man probably originated in the tablelands of Asia. From this centre his descendants, compelled by famine or drawn by the promises of discovery, spread outwards in a series of waves of migration. Some, who went southwards into the jungles of Africa or the deserts of Australia or northwards into the steppes, eventually found their way blocked by the poles. Others, who followed the path of the sun, had more room for expansion. A movement of peoples toward the east crossed the Behring Straits and colonized the two continents of America. Meanwhile another series of invading tribes followed each other to the west, overrunning Europe or northern Africa and skirting the coasts of the Mediterranean until, in the Spanish Peninsula, they were driven back upon themselves by the barrier of the Atlantic. For many thousands of years this was the limit of their advance. Finally, in the year 1492 of the Christian Era, they began to cross the Atlantic, and the two streams of migration were then--at the opposite extremity of the globe from their starting-point--to meet and mingle."

When the Europeans came to the New World they found it populated. The earliest records of any explorers having crossed the Atlantic to the westward, are those of Leif Ericsson and his Norsemen, who found Eskimos in Greenland and the northeastern Arctic regions. About 400 years later, Christopher Columbus found the new land inhabited by people with reddish-brown skins. Thinking he had discovered a new route to India, he surmised

he surmised ..

that these people were Indians and his name American "Indians" has been retained, while the name "Eskimo" has been given to the somewhat different race that populates the Arctic regions of North America. Anthropologists tell us that this native population came to America in successive migrations in prehistoric times from northern Asia, probably by way of the Behring Sea.

The Canadian Indians are not a homogeneous group, but are divided into a number of basic language groups that are, in turn, subdivided into tribes with local dialects. There are ten linguistic groups, of which four are found east of the Rocky Mountains - Algonkian, Athapaskan, Iroquoian and Siouian - and six in British Columbia - Kootenayan, Salishan, Nakaskan, Tsimshian, Haida and Tlinkit. These groups are further subdivided into many tribes with widely differing physical and psychological characteristics and cultures. The Indians of Algonkian stock are the most numerous, covering an area from the Atlantic Ocean to the Rockies, they include such well-known tribes as the Micmacs of the Maritimes, the Montagnais of Quebec and the Objibwas and Crees of Central Canada, and the Blackfoot of the Foothills region.

Iroquoian stock, including the Hurons, is found mainly in Ontario and Quebec. Athapaskan stock inhabits the Northwest Territories and the Yukon, while tribes of Sioux inhabit parts of the Prairie Provinces.

The Eskimos are believed to be a somewhat later migration, although recent discoveries would indicate that there was a similar race occupying the Arctic Islands as long as 20,000 years ago.

At the time of the first European settlements in North America about four centuries ago, the Indian population of what is now Canada was, according to the best estimates of anthropologists, about 200,000. Shortly after the advent of

the advent of ..

the Europeans, the Indian population started to decline, and continued to dwindle until it became a common belief that the Indians were a dying race.

There is little evidence to support any premise that there were, at any time, more than about 10,000 Eskimos in the Canadian Arctic and at the close of World War 11, the figure was static. Now, however, there is a healthy annual increase to slightly over 12,000, while the Indian population which had ebbed to approximately 80,000 before the turn of the century now stands at 191,000 registered Indians.

Following the discovery of the New World, three great powers contended for its mastery. Their manner of dealing with the natives was characteristically differentiated. Spain pursued a course of ruthless extermination, but fortunately our Canadian Indians were never visited by her galleons.

France, on the whole, treated the Indians with kindly paternalism, and the romantic and stirring events that characterized early contact between Indians and Europeans in Canada during their regime, forms one of the most familiar chapters of the story of the settlement of North America. They, however, at no time conceded that the Indian had rights. Whatever was done for him was a matter of grace. The French government did not maintain any separate official Indian office or service. In a measure, however, they recognized Indian land needs, as in a number of cases royal grants of land to religious orders contained conditions express or implied that in addition to spiritual guidance Indians should be provided with a place to live. Certain private grants by seigneurs to religious orders were similarly conditioned.

Those who were entrusted with British colonial administration took a radically different view of the whole question of native relations, and to Britain alone belongs the credit, of first

the credit of first ..

admitting an inherent aboriginal interest in the soil, to be extinguished only by negotiation with the Indians. As early as 1670, during the reign of Charles II, instructions were given to the governors of the colonies, which, among other matters, directed that Indians who desired to place themselves under the British should be well received and protected.

That was the bright side. There was a dark one. Generally whenever new countries are opened up, disease and degradation will be found among the outriders of the march of our civilization. These the Indians encountered. True the missionary was early on the scene as friend and helper. A friend also was the government official, who appeared first as a military medical officer and latterly as a civil servant. There came also the vanguard of adventurers, gentlemen or otherwise, trading into Hudson Bay or anywhere else where money was to be made in the fur trade, with the Indians hunting the fur; while the trader with the strongest firewater got the best fur. Thus in their first collision with the white man and his ways, the Indians tended to sicken and deteriorate. As colonization proceeded they began to leave the healthy tepees and became shack and cabin dwellers. Of sanitation they knew nothing. They fell a prey to tuberculosis, smallpox and other maladies hitherto unknown to them.

Film #1.

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In order to appreciate all the implications of providing a health service to the Indians and Eskimos of Canada it is necessary to understand something about their numbers, habits and distribution over the whole area of the country.

Approximately 90,000 Indians live in settled parts of the country, the remainder are wanderers or semi-roving people who live by trapping, hunting and fishing. There are no concentrations of Eskimos owing to the fact that the food supply available by hunting and fishing is such that they are forced to disperse themselves over practically the whole of

the whole of ..

Canada's northern territories. This is somewhat modified by a wage economy for a small number at a mining area , and certain Defence installations such as Frobisher and the Dew Line. The unit of population among Eskimos is the family, whereas among the Indians it is the Band.

There are many health problems which are peculiar to these ~~Services~~ ^{people}. The poorer the health conditions, the more apathetic are the people. Ignorance and superstition and unwillingness to accept treatment are features among more remote Bands, but on the whole both Indians and Eskimos have come to respect and ask for "white man's medicine".

In their native state the Indians looked to their medicine man as their intercessor for their physical and spiritual welfare. They believed that the good spirit "Kitchi-Manitou", when he was in ascendancy, kept them in good health, but if he became angered, or if his rival "Matchi-Manitou", the evil spirit, became more powerful, sickness and death would follow. The medicine man undoubtedly played on the superstitions of the natives, but they also possessed some knowledge of the use of herbs and native medicine. Barks, ~~etc.~~ containing tannic acid were used effectively to treat diarrhoea and they had some equally potent purges. A powdered dried sap from ~~inside~~ the bark of certain shrubs was a powerful blood coagulant effectively controlling haemorrhages.

Today the medicine man usually confines his practice to a type of witchcraft in which the Indians believe that evil Indians have power to affect them with conditions such as Bell's palsy and haemiplegia and that the medicine man can intercede for them. He also "cures" tuberculosis and other conditions by getting the patient in a dark room and removing bear's claws or other foreign substances, which, he claims, he has the power to take out of the bodies of his patients.

Until 1950 tuberculosis was the leading cause of death among Canadian Indians and the death rate from this disease has been from ten to fifteen times as high as that among the white population.

In 1951 tuberculosis dropped to second position, and in 1953 to sixth place as a leading cause of death, and in 1958 it was in ninth place.

Infant mortality is high and epidemic diseases, *such as measles & influenza*, take an annual toll. Trachoma, a contagious eye disease, was a public health problem of significant proportions, particularly among the western Indians and caused a toll of suffering and blindness. Energetic campaigns coupled with the effectiveness of certain antibiotics has practically eliminated this scourge among Indians.

Factors contributing to the high morbidity and mortality are poor housing conditions, lack of proper hygiene and sanitation, unsatisfactory nutrition, and, in many cases, economic hardship.

Thus
~~From the foregoing~~ it can be seen that there are many characteristically similar problems for governments in attempting to provide adequate care to indigenous populations whether they be in the Arctic, in the temperate, or tropical countries.

The federal government administers *certain of* the affairs of the native peoples, these services for Indians being carried out by the Indian Affairs Branch of the Department of Citizenship and Immigration, while the Eskimo Administration is in a ~~special section of~~ the Department of Northern Affairs and National Resources. Since 1945, Health Services for both groups have been assigned to the Indian and Northern Health Services of the Department of National Health and Welfare. *This year's budget \$25,000,000*

Indian Affairs Branch in the present fiscal year will spend approximately \$49,500,000 on welfare, education, housing and other services designed to improve conditions among the Indians.

~~Similarly,~~ The Eskimo Division of the Department of Northern Affairs and National Resources, provides educational facilities

educational facilities ..

and welfare for Eskimos and are attempting in every feasible way, to improve conditions for these northern Canadians.

Indians and Eskimos are eligible for legislative social benefits, including Family Allowances, Old Age Assistance and Old Age Security and pensions for the blind. All registered Indians are covered by hospital insurance.

For administrative purposes Indian and Northern Health Services is divided into five Regions, Pacific, Foothills which includes Alberta, the Mackenzie district, the Yukon. The Saskatchewan Region, the Central Region which includes Manitoba, the Central Arctic and part of northwestern Ontario; and the Eastern Region, ^{which includes} including the rest of Ontario, Quebec, the Maritimes and the eastern Arctic. Each Region is subdivided into Zones.

A typical zone may be ~~based~~ ^{and} on a departmental hospital, but will be staffed by a medical zone Superintendent, a zone ^{a field medical officer} Supervisor of Public Health nurses, zone dentist, a maintenance supervisor, and an administrative officer. The regional offices have specialists attached such as ophthalmologist, otolaryngologists, nutritionists and health educators.

From ~~what was~~ a modest beginning a comprehensive Indian and Eskimo Health Service has been developed, and this year our appropriation is just under \$25,000,000.

The chief functions of this Service are:

1. The organization and supervision of programs of preventive and public health care by departmental physicians, nurses and dentists in co-operation with provincial health agencies.
2. Provision of essential active treatment, either in departmental hospitals and nursing stations or through arrangements with local physicians and community hospitals.
3. Development of health and social education programs aimed at improving the health consciousness and encouraging community responsibility for [↓] health among Indians and Eskimos.

their own

Our Northern Health Service functions as ^{the} ~~an~~ health department for ~~the two administrations~~, the Northwest Territories ^{governments} ~~territorial council~~ and the Yukon ~~territorial council~~. As such we provide Public Health and Preventive medical services to all the population of the territories, white, Indian and Eskimo and operate a series of Nursing Stations as well as two large hospitals, one at Whitehorse, Y.T., and one at Inuvik on the Mackenzie delta and a smaller one at Frobisher.

The following list of projects illustrates our activities and expansion in the north during the past year.

1. Nursing Station at Tuktoyaktuk ~~90% completed~~.
2. Nursing Station at Eskimo Point ~~90% completed~~.
3. Materials for Nursing Station at Spence Bay now on site awaiting construction next summer.
4. Residence for Medical Officer at Cambridge Bay ~~75% completed~~.
5. Residence for public health nurse at Fort Simpson will be completed by 1 April 1962.
6. Health Services Plan for Northwest Territories for five year period, 1962-67 written for and negotiated with the Committee on Federal-Territorial Financial Relations.
7. Detailed inspection of non-government hospitals in Mackenzie District and at Chesterfield Inlet, Rankin Inlet and Pangnirtung, for T.H.I.S. Board.
8. Preparation, through the Hospital Design Division, of sketch plans for proposed improvements to non-government hospitals in the Mackenzie District, for the T.H.I.S. Board.
9. Inspections of a number of northern communities by the Public Health Engineering Division. Public health advisory services to the Community Planning Group of the Northern Administration Branch, concerned with community planning and development.
10. The usual surveys across the north, for tuberculosis control, dental care where possible, medical inspection and immunization program.

Indian and Northern Health Services operate:

19 departmental hospitals with 2,095 beds and bassinets

43 nursing stations with 171 beds

80 health centres containing dispensaries

31 clinics staffed by a full time doctor or nurse.

Our health personnel consists of:

112 medical officers

26 Dental surgeons *and*

634 Nurses, including both Public Health Nurses and

Hospital nurses,

our staff totals about 2500 and about 15% of these

are Indian or Eskimo.

We also place emphasis on a program ~~that we are conducting~~ to train native health workers. Selected persons are trained to work as Dental Assistants, Sanitarians, Nurses' aides and other auxilliary health personnel.

In addition to those ^{*medical officers*} engaged full time we ~~arrange treatment services with~~ ^{*provide medical care*} more than 2,000 practising physicians ^{*as do*} on a fee for service basis ~~and with~~ some 200 dentists.

^{*Since*} ~~Of course~~ as all registered Indians are covered by the various insurance schemes, almost every hospital in Canada admits and treats Indian and Eskimo patients.

Case finding and health surveys form a most important segment of work, emphasis being placed on tuberculosis, eye disorders, ~~veneral disease~~ and parasitic diseases, ^{*e.g. such as*} trichinosis and echinococcus diseases.

^{*Yilm #2.*} ~~Health education of the public plays an important part~~ ^{*is an integral part*} of ~~our~~ efforts and we have produced and use film strips for teaching on a wide variety of subjects, e.g.

Safe water

Baby Feeding

Tuberculosis

Hydatid Disease

Nutrition

Cleanliness and sanitation

Food Protection

and a large variety of other subjects. We have produced

We have produced ..

numerous booklets and posters for our Public Health Nurses *to school teachers* to use ~~and~~ *we* emphasize pre and post natal clinics and Well

Baby Clinics.

an important aspect of our

Preventive medicine is ~~stressed with~~ immunization against polio, diphtheria, whooping cough and smallpox. ~~vigorously pursued.~~

I venture to ^{say} ~~state~~ that a higher percentage of the Eskimos on ~~the East Coast of~~ Baffin Island have received salk vaccine than have the residents of the city of Toronto.

At this point it might be interesting to insert an excerpt from a report of one of our field nurses:

"Mr. & Mrs. Willy Kakawahay and their eight children ranging in age from 3 months to 10 years lived in very poor surroundings on White Bear Reserve in S.E. Saskatchewan. Willy Kakawahay had been exposed to coaxing, scolding, shaming and all methods of persuasion to try to get him to have his children immunized, but Willy resisted. Mrs. Kahawahay was in favour of having the children done but was afraid of her husband. The ingenious nurse, Miss Kay Dufton was interested in trying to understand the workings of the minds of these people. There was to be a pow-wow and Indians came from far and wide to attend, including some from Montana. She had noticed ^{an item} ~~a clipping~~ ^{news} in the paper stating that there was polio on the Reserve in Montana where the Indians were coming from. The Indians on White Bear had a little store run by a member of the Band so she made a big poster and in big letters advertised a clinic, just for men. The men were the ones who hadn't been having their shots and were opposing it. The Zone Supervisor of Nurses and Miss Dufton had started off to visit on the Reserve to do home immunizing. It was a lovely day and while driving along the road they saw a wagon coming along with two men and two prancing horses, so they stopped the car and Miss Dufton said to them 'Hello' and they grunted 'Hello'. You're

going to have a pow-wow eh? 'Uh-huh'. 'The Montana Indians I guess will be here to your pow-wow eh? 'Uh-huh' 'Did you see they have polio down there? 'Yea'. 'Have you had your shots?' 'No'. 'How would you like to have them now?' 'O.K.' So with that one man jumped off the wagon, pulled up his sleeve, the two nurses set up an improvised immunization table on the back seat of the car, using lots of alcohol, disposable syringes and gave one man his shot. The other couldn't leave his prancing horses so he pulled up his sleeve, reached down and the nurse gave the shot. As the nurses got into the car and started to drive away, the man in the wagon yelled to the nurses 'You better go and do Sophie and the kids'. The nurse turned to the supervisor and stated, 'That's Willy Kakawahay'. ...

B.C.G. vaccination against tuberculosis is used extensively. In some areas it is given to every newborn child.

We supply drugs and medicines to every Band of Indian and every Eskimo centre. There are 2241 Indian reserves in Canada and a supply of medicine and bandages, liniment, etc. is to be found on almost every one of them.

Provision of medical supplies is made to northern posts. We have developed an Eskimo medicine chest for distribution to remote ~~posts~~ ^{settlements}. This chest is stocked with drugs and dressings and simple instructions both in English and Eskimo syllabics.

Difficulties peculiar to this Service are the geographic distribution of most of the Indian and Eskimo populations, with its consequent scarcity of transportation and communication facilities and the necessarily high costs involved in the movement of both patients and personnel. I believe that it would be of interest to describe one of our units ^{which} ~~for the~~ ^{for the} ~~care of~~ ^{for the} Indians, ~~in a given area~~.

In the town of Sioux Lookout, in North Western Ontario, we operate a fully modern 72 bed hospital. This hospital serves

hospital serves ..

which extends
an area from the Manitoba boundary almost to the shores of James Bay, and north to the coast of Hudson Bay, an area of over 60,000 square miles, with a scattered Indian population of about five thousand.

This hospital is the hub of Nursing Stations located at Lac Seul, Pikangikum, Big Trout Lake, Osnaburg House, Lansdowne House, Sandy Lake and Pickle Lake.

A typical Nursing ~~Centre~~ *station* is staffed by a public health nurse, assistant nurse and a handyman. It has its own electrical *ol* ~~light~~ plant and inside plumbing.

In a Nursing Station there is a dispensary with an adequate stock of medical supplies, and there are two, 2 bed wards for emergency cases. The nurse has radio communication with the doctor at the Sioux Lookout Indian Hospital and carries out his instructions.

Medical officers make regular patrols *and* ~~and doctors make~~
also emergency trips by air and may ~~convey~~ *take* patients back to the hospital if this is indicated.

which The nurse also carries out a public health program ~~in her~~
includes immunization
~~area, toxoiding, vaccinating,~~ well-baby clinics, instruction in *sanitation*
nutrition, *aircraft* home visiting and health education.

The ~~planes~~ *aircraft* used in flying into these areas are known as bush planes. They are equipped with floats to land on water in summer, and with skis to land on snow or ice in winter. There is a period of freeze-up and breakup of about six weeks each, when air travel is impossible. Winter flying conditions prevail for about five months of the year.

Our medical service to the Eskimo is, unfortunately, not *intensive*
as ~~well developed~~ as our service to the Indian. This is due almost entirely to the remoteness of the areas in which they live and the wide dispersal of the family groups. However, we do have 8 medical officers stationed in the Arctic and operate 13 Nursing Stations, for Eskimos, such as I have described for

& 3 hospitals

& others

Indians.

a recent report from

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Dr. David Mitchell - Frobisher Hospital -

is interesting

"In the past several months, we have had several Eskimo mid-wives in hospital for delivery. On one occasion, one of the most respected of these women had a severe post-partum haemorrhage plus a retained placenta. She apparently felt that the services rendered in hospital were responsible for her quick recovery, and since then, we have noticed an increasing number of Eskimo women coming to both pre-natal clinic and to hospital for delivery of their children. These women consider coming to hospital for such a simple thing as childbirth as being semi-ridiculous and even chuckle openly among themselves upon admission to hospital. However, we do feel that some inroads into this aspect of maternal health are being made."

I want to emphasize that the majority of the 12,000 Eskimos are scattered along ten thousand miles of Arctic coast and the Arctic Islands, living a nomadic life in groups of three or four families. They gather at trading posts at certain seasons of the year and advantage is taken of this fact in arranging X-ray surveys which we carry out annually along the Arctic Coast. The X-ray party is flown in to these posts, the Eskimos previously having been notified that the doctor and the X-ray will be there. Almost every trading post now has radio communication with the outside world, by means of which medical advice may be obtained.

Messages are sent at Christmas time to the various trading posts, Royal Canadian Mounted Police Posts, and missionaries that the X-ray party will visit the post at Easter.

The Eskimos are most co-operative and will gather at the posts and when asked to do so will leave their families and friends, climb on board an aircraft and start off for a destination 1500 miles away, knowing that they will probably have to remain "outside" as they call it, for a year or more.

In the Eastern Arctic an annual patrol is made by the Canadian Government vessel, the "C.D. Howe". On board this ship we have a complete sick-bay, operating room, X-ray room, dental office and laboratory, and a complete medical party and dentist to staff it.

as you have seen

Yilm #3

The Eskimos gather at all the ports of call for ship time and travel out to the ship in their kayaks to go on board for X-ray, medical and dental treatment. A supply of medicines, dressings, ~~etc.~~ is left at each post, including small amounts of antibiotics, and DDT for keeping down body vermin.

The Eastern Arctic Parol leaves Montreal about the end of June and returns to home port late in October. This is the only period that navigation is open, even for an ice-breaker.

When illness or accidents occur at other times of the year "mercy" flights are undertaken by the Royal Canadian Air Force or commercial aviation company^{ies}. Where it has been impossible to land, medical supplies and instructions have been dropped by parachute and, in some instances, ~~a~~ Army or Air Force doctors have parachuted into a camp.

~~Many of the X-ray surveys have to be carried out entirely by air, the X-ray party flying in, putting up tents, including dark room, and carrying out these surveys when the people are gathered together, for instance at the time of the annual treaty payment.~~

In our T.B. treatment program..

.. Last year we treated 3570 Indians and Eskimos in sanatoria across Canada and at the end of the year had 1284 still under treatment. As we annually discharge over 2000 patients with the disease either cured or arrested, this immediately creates a problem of rehabilitation, and many effective rehabilitation programs are being carried on.

The effectiveness of this ^{anti tb} program can be judged by the fact that the death rate from tuberculosis in 1946 was 579.1 per 100,000 population. It has consistently come down year after year until the latest figure available from the Dominion Bureau of Statistics shows a death rate of 23.8 per 100,000 for 1960.

The objects and policies of Indian administration in Canada were reviewed by a minister of the Crown in the House



in the House ..

of Commons. He stated;

"The ultimate goal of our Indian policy is the integration of the Indians into the general life and economy of the country. It is recognized, however, that during a temporary transition period of varying length, depending upon the circumstances and stage of development of different bands, special treatment and legislation are necessary."

E. DR. P.E.
N AND ESKIMO HEALTH
S TO ROYAL SOCIETY
DA.
(JAN 1962)

Film - An Indian's North Health services nurse in action. 13 minutes

Then I can state that our long term objectives are:

To bring the health of the Indian and Eskimo population to a level comparable with their neighbors, to aid them by proper instruction to learn healthy living and to assist them in all ways to integrate into the social and economic life of the country.

We work closely with the public health agencies of each province.

Altho Improved communications and transport are opening up the North,

still
There is a long way to go before the health of some sections of the minorities we serve will be anywhere near on par with the rest of Canada.

We are trying to cope with proportionately more cases of sickness than exist with other Canadians, with these cases widely scattered over more inaccessible terrain, in generally worse weather, with much more limited transportation facilities, poorer communications and limited funds.

Because nutrition standards are low and uncertain, because the Indian, Eskimo or half-breed living in isolation may have as a home a log cabin, a tent banked with snow, a snow house

a snow house ..

or a shack made from old packing cases, when illness strikes, it often becomes a medical emergency straight away.

When, for example, an Eskimo baby develops pneumonia, unless warmth and shelter, good nursing and adequate therapy are made available within the next 24 hours, the chances of recovery are small.

There is very strong evidence that more than 50% of all Eskimo infants who die in their first year die from pneumonia.

Could we do more - faster - with more dollars?

Frankly, it's hard to say.

Changing cultural attitudes is - and should be - a gradual process.

It is a big jump from the stone age to the atomic age and it is a lot to expect the Eskimo - or the Indian living in isolation - to make this jump in a few short decades.

But what we are spending is having its effect in improved health and awareness of health. We are investing wisely in two important races: the earliest Canadians.