

"BEYOND BIOLOGY: DISEASE AND ITS IMPACT ON THE CANADIAN PLAINS
NATIVE PEOPLE 1880-1930"

by

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M.A., University of Saskatchewan, 1989

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Beyond Biology: Disease AND ITS

IMPACT ON THE CANADIAN PLAINS

Native People, 1880 - 1930

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Abstract

The impact of disease and the demographic collapse of Native communities has often been seen as a "natural", albeit horrendous, consequence of the New World encounter between Native people and Europeans. Non-immune Native groups quickly succumbed to little-understood epidemics in this "biological invasion" that set off a terrible cycle of cultural and ultimately spiritual collapse. The theory discounts the military, economic, and political invasions that accompanied the biological invasion.

This study examines the history of health and disease of the Canadian Plains Native people in the immediate post-treaty period from 1880-1930. The loss of their bison economy dealt a severe economic blow, while government limited food rations and material aid to forestall pauperization. Death rates from influenza, measles, whooping cough, tuberculosis, infant and maternal mortality soared. Native people called for economic solutions to their clearly-recognized diseases of poverty. They approached the Euro-Canadian medical care cautiously and selectively since it was made to shoulder the assimilationist goals of the government. Native people persisted in their indigenous ceremonies, despite government repression, because those ceremonies offered the regeneration and renewal necessary to conceptualize their changed social, economic and health status. This study is

based on the archival collections of the federal government's department of Indian Affairs, church bodies, and manuscripts. A concerted effort has been made to incorporate the voices of the Native people, whether those voices were collected in memoirs or buried in the government records.

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Introduction

Historians have given little thought to the impact of disease on the lives of prairie Native peoples in the post-treaty period. As often as not Native people were seen as pitiable vestiges of a once-great hunting culture. Their freedom gone and spirit broken, they succumbed quickly to the white man's diseases. As non-immune and isolated people they fell victim to little-understood infectious diseases. The result of this meeting between immune and non-immune people was disastrous. Deaths mounted, traditional cures failed and were even seen as hastening death. Native medicine was discredited as the people turned away from indigenous spirits who had apparently surrendered in favour of the Christian deity that was capable of protecting its followers. What is often overlooked in this explanation is that the so-called 'biological invasion' was generally accompanied by a military, cultural, and economic invasion.

The 'biological invasion' is almost axiomatic in discussions of initial contact and subsequent Native-white relations. There is little consideration of birth rates in this theory because the emphasis is on the vast numbers of Native peoples who died in the face of little-understood epidemics. The impact of disease on Native society is thus seen as an unmitigated disaster, as social, cultural, and spiritual structures collapsed. William McNeill's Plagues and Peoples, and Alfred Crosby's Ecological Imperialism

study world demographic trends. McNeill argues that as one society grows in population, through conquest or trade, its members acquire immunity to the pathogens that previously lived in and upon the smaller polity. The conquerers emerge with a pronounced advantage when they encounter a previously independent, isolated people. The outcome of this meeting is predetermined and human intervention is inconsequential.

"McNeill's Law", as it has been called, cites a known immunological reaction that occurs between individuals and applies it to whole societies. The biological determinism of this view concludes that the meeting of immune and non-immune results not only in the death of the individual, but the death also of the indigenous culture and spirituality as the indigenous gods abdicate.¹ Crosby arrives at a similar conclusion. Europeans with immunity to disease were able to overpower indigenous societies and thus settle the 'widowed lands'. "It was their germs, not these imperialists themselves, for all their brutality and callousness, that were chiefly responsible for sweeping aside the indigenes..."² The biological determinists do not allow for any reaction or response from Native people.

The notions of biological invasion and indigenous

¹ William McNeill, Plagues and Peoples (New York: Anchor Press, 1979) p. 184.

² Alfred Crosby, Ecological Imperialism: The Biological Expansion of Europe, 900-1900 (Cambridge: Cambridge University Press, 1986), p. 196.

collapse have been extended past the initial contact situation. Demographer Henry Dobyns is clearly within the biological determinists' school when he concludes that southeastern American Native peoples suffered a 95% decline in population due to disease. With such remarkable mortality it is perhaps obvious to Dobyns to conclude, "The demographic losses combined with psychological shock and cosmological confusion to cause the collapse of aboriginal southeastern cultures."³ Dobyns' use of historical sources has been questioned. For example, Dobyns saw disease where hunger was likely the culprit.⁴

The notions of cause and effect that inform the biological determinist view also need consideration. McNeill, Crosby, and Dobyns conclude that epidemic disease caused Native de-spiritualization and cultural decay. The links holding this reasoning together need examination because it is such a well-entrenched view of the colonization of the New World.⁵ The evidence for this

³ Henry Dobyns, Their Number Become Thinned (Knoxville: University of Tennessee Press, 1983), p. 288.

⁴David Henige, "Primary Source by Primary Source: On the Role of Epidemics in New World Depopulation." Ethnohistory, vol.33, no.3, (Summer 1986), p. 296.

⁵ John Grant, Moon of Wintertime, (Toronto: University of Toronto Press, 1984) pp. 42-3. Regarding Huronia Grant states, "The missionaries of the period, with two centuries of pestilence in their immediate historical background, were by contrast familiars of death. In turning to them Indians were enabled not merely to face death with resignation but even to derive from it a sense of spiritual exaltation."

conclusion rests not so much on the historical record as on the assumption that, if Native peoples eventually converted to Christianity, they no longer practiced traditional Native spirituality; and they no longer practiced Native spirituality and medicine because they were insufficient to conceptualize and treat unknown diseases.⁶

The rationale for the 'disease as spiritual disaster' theme derives from the principles of immunology, not from careful research on specific Native groups. Ethnohistorical research on the Huron has led to a significant revision of this view. Trigger's research has shown that there is little evidence that "epidemics seriously undermined native religious beliefs or that Indians turned to Christianity during these epidemics because it promised them a more attractive form of immortality."⁷

Calvin Martin's analysis of Native motivation for engaging in the fur trade argues that the sixteenth-century Algonkian Native peoples disregarded traditional hunting taboos and embarked on a war of extermination upon the beaver and other animals because they were seen as responsible for epidemic disease. Martin's thesis has received considerable attention because it purports to

⁶ David Fischer argues that this reasoning is the fallacy of post hoc, propter hoc. Historians' Fallacies (New York: Harper and Row, 1970) p. 166.

⁷ Bruce Trigger, "The Historians' Indian" in Fisher and Coates, eds. Out of the Background (Toronto: Copp Clark Pitman, 1988) p. 31.

account for Native behaviour through an analysis of Native spirituality and belief. Martin's conclusions are similar to the biological determinists: the impact of disease on Native peoples is ultimately spiritual or ideological collapse.⁸

According to Martin, the Native shaman was unable to conceptualize or treat European-introduced diseases, and Native peoples abandoned their own spiritual and medical beliefs when traditional cures were ineffective. Therefore, the fur trade was the symptom, not the cause, of spiritual and cultural debasement brought about by disease. Martin makes a considerable leap in logic when he concludes, "By accepting the European material culture the natives were thus impelled to accept the European abstract culture, especially the European religion."⁹

Martin has been challenged for using ethnographic evidence from twentieth-century James Bay Cree for his discussion of hunting taboos and ritual, while arguing for a complete abandonment of such rituals in the sixteenth-century. He draws evidence from disparate groups widely separated in time to support his thesis. He also argues that epidemics in sixteenth-century St. Lawrence Valley accounted for spiritual and religious loss even though there

⁸ Calvin Martin, Keepers of the Game (Berkeley: University of California Press, 1978).

⁹ Martin, p. 34.

is no evidence of major epidemics in that area until the seventeenth-century. Moreover, Martin portrays Native culture and society as fragile and brittle: the presence of disease is cause for a complete abandonment of widely-held beliefs and practices. Although his stated purpose is to get at "the Indian side of the story" through an examination of Native beliefs and spirituality, he portrays Native peoples as incapable of change and adaptation. Therefore, according to Martin, Native peoples reacted inappropriately to changed circumstances; incapable of adaptation they undertook the wanton destruction of their own ecosystem in reaction to the presence of disease. He rejects evidence that Native peoples participated in the fur trade for economic reasons.

Traditional cures and medical beliefs were just as likely reinforced, as debased by the catalyst of epidemic disease. The failure of a particular healing rite spurred the shaman on in an effort to find a cure. When the epidemic waned, as each epidemic did, the rite performed at the time was credited with success.¹⁰ In the face of an epidemic, widely-held beliefs were often reinforced not destroyed.¹¹

¹⁰ Bruce Trigger, Natives and Newcomers (Kingston: McGill-Queen's University Press, 1985) p. 248.

¹¹ see also Charles Rosenberg, The Cholera Years (Chicago: University of Chicago Press, 1962) for a similar conclusion.

It is possible that contemporary observers exaggerated the extent of Native depopulation through disease. It has been argued that Native societies on the North West coast suffered mortality rates of between 30% and 50% as the result of initial epidemic cycles.¹² But, as Fisher argues, late eighteenth century voyagers attributed deserted Native villages on the British Columbia coast to depopulation from disease, whereas villages were deserted for a number of reasons including seasonal migrations, and the depletion of resources.¹³

Arthur Ray took a tentative step into the area with his study of the diffusion of disease by fur trade brigades.¹⁴ Ray's conclusions suggest that the presence of disease does not automatically spell disaster. Depending on the season and trade contacts many Native groups were untouched by epidemics. Geographer Jody Decker's work on disease diffusion and population levels on the prairies from 1774-1839 indicates that while some groups suffered considerable loss from epidemic cycles, the Plains Cree increased their numbers through immigration. They were also protected, to

¹² Robert Boyd, "Demographic History, 1774-1874" in Wayne Suttles, ed. Handbook of North American Indians: The Northwest Coast (Washington: Smithsonian Institute, 1990) p.135.

¹³ Robin Fisher, Contact and Conflict (Vancouver: UBC Press, 1977), p. 22.

¹⁴ A.J. Ray "The Diffusion of Disease in the Western Interior" in S.E.D. Shortt ed., Medicine in Canadian Society (Montreal: McGill-Queen's University Press, 1981) p. 68.

some extent, from smallpox through inoculation during the 1837-38 epidemic.¹⁵

As Decker's research suggests, the presence of disease in Native communities does not necessarily suggest the cultural disaster outlined by Martin, Dobyns and others. This is not to argue that significant population decline was not a reality for Native people. But the combination of economic dislocation as the buffalo herds diminished and permanent settlement on reserves led to population declines. Government policy regarding permanent Native settlement on reserves implied an obligation to maintain those Native peoples unable to feed and clothe themselves. Government food rations may therefore be seen as a subsidy for Native peoples to remain on lands devoid of food resources. But government rations were rarely adequate. It was not so much contagious disease epidemics but rather the diseases of poverty, malnutrition, and overcrowding that were the chief sources of illness. Tuberculosis and "scrofula" (widely recognized diseases of poverty) appear repeatedly in Indian agent's and medical attendant's reports as the primary causes of illness and death.¹⁶

¹⁵ Jody Decker, "'We should never be again the same people': The diffusion and cumulative impact of acute infectious diseases affecting the natives on the Northern Plains of the Western Interior of Canada, 1774-1839." unpublished dissertation, York University, 1989.

¹⁶ Scrofula was a contemporary term for primary tuberculosis with abscess formation, usually of the cervical lymph nodes. Scrofula was apparently perceived as distinct

A theme closely related to discussions of massive Native death rates and disastrous cultural collapse is the question of responsibility. Deftly sidestepped by the biological determinists who see immunological reaction as responsible for Native depopulation, the issue of Euro-American responsibility for the fate of the Native peoples continues to receive attention. It is a view that confuses responsibility and cause; it rests not on historical evidence, but on historical guilt. Russell Thornton's American Native Holocaust and Survival sees war, disease, removal, and destruction of culture as the causes of Native depopulation.¹⁷ Thornton attributes Native depopulation to the conscious genocidal policies of American government and society. His discussion adds little insight because he does not approach the issue of the impact of disease except to describe it as a holocaust. He uses very old anthropological sources that confirm his view that the American Native was approaching extinction. He does not discuss birth rates among Native people until population recovery is under way, in the post-1890 period. He then

from tuberculosis. For example, Dr. George Orton, Medical Superintendent at Winnipeg noted, "Scrofula in its various forms, and consumption, the chief source of ill health and mortality amongst the Indian population, are still largely prevalent." Canada, House of Commons (hereafter CHC), Sessional Papers, Department of Indian Affairs Annual Reports, 1896, v.10, no. 14, p. 139.

¹⁷ Russell Thornton, American Indian Holocaust and Survival (Norman: University of Oklahoma Press, 1987).

credits the American Indian Health Service with aiding population increases even though that organization did not actively offer health care until after 1930.

Thornton's revisionist analysis implies a concerted and conscious attempt by government to destroy Native people. But, as Cole and Chaikin argue, in An Iron Hand Upon the People, those enforcing the Indian Act were imbued with the best and most noble reform tradition of their time.¹⁸ Second, Thornton portrays Native peoples as victims and little else. He denies them the humanity to react to, or influence, their situation. Perhaps ironically, he attempts to tell the "Indian side of the story", but instead makes government and American society the only actors while the Natives become lifeless.

Moving from the frontier of contact into the settlement period Canadian historiography tends to the view that, while Native people may have had considerable control over the scope of change in their lives during the fur trade period, that control was eroded by the exigencies of settlement.¹⁹ Tobias argues that, although resistance to the imposition of government authority was at times concerted and intense, the Plains Cree were overwhelmed by military might and became an

¹⁸ Cole and Chaikin, An Iron Hand Upon the People (Vancouver: Douglas and McIntyre, 1990) p. 24.

¹⁹ Fisher's Contact and Conflict is the clearest presentation of this view.

administered people.²⁰ Carter's Lost Harvests reaches a similar conclusion. Carter, however, allows for adaptability and change on the part of the Plains Cree and Saulteaux of Treaty Four.²¹ The Native agriculturalists met with considerable success until their efforts were undermined by governmental racism, parsimony, and ad hoc policy decisions.

This 'settlement as disaster' theme has not been significantly revised. But as Cole and Chaikin point out in their study of the Indian Act and the Potlatch Law, bureaucratic control does not imply actual control. Abandonment or retention of the Potlatch depended not on the existence of the law, but rather on Native cultural change.²² And, significantly, the Potlatch was not abandoned in the face of disease.

These more recent works suggest that without careful research into particular groups at specific periods facile conclusions about the Native peoples' inability to cope with 'civilization' are easily reached. That native societies in the new world suffered terribly from infectious disease is

²⁰ see John Tobias, "Canada's Subjugation of the Plains Cree", in R. Fisher, K. Coates eds., Out of the Background, (Toronto: Copp Clark Pitman, 1988).

²¹ Sarah Carter, Lost Harvests (Montreal:McGill-Queen's University Press, 1990) p. 14.

²² Cole and Chaikin, p.3; Ken S. Coates makes a similar argument in Best Left as Indians: Native-White Relations in the Yukon Territory, 1840-1973, (Montreal: McGill-Queen's University Press, 1991).

widely accepted. But it is necessary to examine specific peoples at specific periods in time to understand their experience. The outcome and consequences of disease are not the same in all places. In a study of the impact of European contact on the health of indigenous peoples from different parts of the world, Stephen Kunitz argues that in order to understand diseases it is necessary to first understand the social, cultural, and political context in which the people lived, and died. "Not all natives dropped dead whenever they got down wind of a European."²³ Indeed, the most devastating contact situations that Kunitz studies are those where the Native people were dispossessed of their lands.²⁴

High death and disease rates among some prairie Native people in the first four decades of the settlement period were the result of poor housing, insufficient nutrition, and inadequate clothing. In short, poverty. Economic dislocation brought about by the extirpation of the bison herds, inadequate support for agricultural development, and increasing immigration and the subsequent loss of habitat for other game species created a tragic situation. Not surprisingly, tuberculosis and other opportunistic infections including measles, whooping cough, pneumonia and

²³Stephen J. Kunitz, Disease and Social Diversity: The European Impact on the Health of Non-Europeans, (New York: Oxford University Press, 1994), p. 178.

²⁴Ibid.

influenza broke out. There is no evidence to suggest that those groups most severely affected turned to Christianity to ameliorate their condition. Indeed, they were often harangued by government officials for frequenting the dance house and calling on the shaman. This is not to suggest that the people did not avail themselves of Euro-Canadian medicine as well. But very often relief was only to be found in a cup of beef tea and a warm coat.

This study will follow selected bands rather than treating the plains people as an amorphous group. The intention is that the select bands will be representative of a much larger population, and thereby allow conclusions about the impact of disease on prairie Native people generally. This study will focus on two Treaty Four agencies, two Treaty Six agencies, and two Treaty Seven agencies. In Treaty Four in present-day southeastern Saskatchewan, the bands that will be studied are the Muscowpetung and File Hills Agencies, (in 1901 amalgamated to form the Qu'Appelle Agency), Piapot, Muscowpetung, Pasquah, Standing Buffalo, Little Black Bear, Star Blanket, Peepeekeesis, Okanees bands, (total population 830 in 1900); and the Crooked Lakes Agency and the Ochapowace, Kahkewistahaw, Cowesses, and Sakimay bands (total population in 1900, 588). The focus in Treaty Six will be the Battleford Agency (population in 1900, 807) of the Grizzly Bear, Mosquito, Lean Man, Red Pheasant, Young Chippeweyan,

Sweet Grass, Poundmaker, Little Pine, Lucky Man, Moosomin, Thunder Child, and Nipahase bands; and the Edmonton Agency (1900 population, 679) of the Enoch, Alexander, Alexis, and Michel bands. In Treaty Seven the Stoney Agency (1900 population, 626) of the Jacob, Bear's Paw, and Chiniquay bands, and the bands of the Blackfoot Agency (1900 population, 1,038) will be studied. The total population of the bands under study was 4,658, or 38% of the population of the three Treaty areas (1900 population figures).²⁵

Brief mention should also be made of the statistical sources for this study. Although a fairly good accounting of the people is available from the Annuity Paylists of each band (in categories of "men", "women", "boys", and "girls")²⁶, births and deaths are only indirectly noted, as the reason for either a decrease or increase in the total band population. In the post-1899 period band populations are further broken down into irregular age categories in the published Annual Reports of the department of Indian Affairs.

The problem that arose in the early 1900s (and continues today) was that the government was never informed

²⁵The names used in this study reflect historical usage, not necessarily the names that Native people today prefer to use.

²⁶There were problems here as well for not all Indian agents used the same definition for children, some considered 18 as the age when children became adults, and others used 21 years of age as the definition of adults.

of the basic vital statistics of the bands, such as age of marriage, number of children per family, cause of death, infant mortality, and so on: statistics that were available for most jurisdictions in the country. For, if vital statistics were indeed the handmaid of preventive medicine, then sound information for planning and development of a public health program was necessary. As it was, a great deal of money was spent for medical care but the health situation continued to worsen for Native people. Appropriations were wasted for this lack of vital statistics. The (statistical) problem was not rectified until well into the 1950s in Canada when the true picture of the health of Native people became known. But the problem continues to frustrate researchers today. This is not a cold demographic account of tragedy. The people lived and coped within a cruel set of circumstances, but they survived. The impact of disease is, after all, upon the living. It is that impact that I hope to describe. But the people had a role in their own health and sickness. They are not defined by their sickness. As Ralph Ellison urged, "... a people is more than the sum of its brutalization."²⁷

²⁷quoted in Lawrence Levine, Black Culture, Black Consciousness (New York, 1977) p. 445.

Chapter One

The Lean Years: The Erosion of Health

There were good indications in the mid 1870s that the great bison economy of the prairies was failing. The Treaty Commissioners at Qu'Appelle in 1874 were met by Cree, Saulteaux, and Assiniboine leaders who asked for agricultural implements and farm instructors. At Carlton in 1876 the Cree demanded farming tools, seeds, cattle and instructors, and won promises of government support in times of great hardship and famine. At Blackfoot Crossing in 1877 the assembled Blackfoot, Blood, Stoney, and Sarcee forced assurances that the government would protect their prime resources - the land and the bison - from incursions. It was apparent to the people who lived and died by the bison, if not to the commissioners, that the plains economy was in transition. But that transition was far from smooth. The government's efforts to fulfil its treaty promises and to provide relief during the economic crisis were hampered by opposition critics far removed from the scene. The critics worried that enormous government expenditure on annuities, rations, and relief were creating the economic problem, not solving it.

Infectious disease such as smallpox among prairie Native people in the two centuries prior to the 1870s, while personally tragic, did not undermine the collective

societies and cultures. Native people were involved in a mutually beneficial trade relationship that relied on cooperation between Native people and Europeans. For the most part Native people directed the terms of trade, and the scope and extent of cultural change.¹ Sudden epidemics in these years did not destabilize societies on the prairies because their economy, and the culture built around it, was sound. However, the loss of the bison economy in the 1870s resulted in an immediate and severe food shortage and the consequent loss of an adequate supply of clothing and housing. The economic crisis had far-reaching effects. A vicious cycle was set in motion that quickly compromised the people's health. The malnourished were set upon by infections that they might have otherwise resisted, sick adults were unable to work and the well had to care for the sick. Little food was produced which added to the malnutrition and the cycle continued.

The plains economy that was centred around the bison created affluent plains cultures. As fur trader Daniel Harmon remarked in 1804, "These Indians who reside in the large Plains are the most independent and appear to be the happiest and most contented of any People upon the face of the Earth. They subsist on the Flesh of the Buffalo and of

¹see Robin Fisher, Contact and Conflict, (Vancouver: University of British Columbia Press, 1977), p. 23; A.J. Ray, Indians in the Fur Trade, (Toronto: University of Toronto Press, 1974), p. xi.

the skin they make the greatest part of their cloathing which is both warm and convenient."² The successful hunter was rewarded with plenty. The flesh was eaten fresh or dried and stored, hides were used for clothing, skins were made into great sheets for lodges, cured skins were sown to make shirts, leggings, skirts, and moccasins, the tongue was used in religious ceremonies. In short, the bison provided much that was necessary to life on the plains.

The prairie provided pasturage for the bison and other game, as well as the plants, bushes, berries, and roots necessary for the people's spiritual and medical needs. The shaman and healers used the plains pharmacopoeia and the plants of the isolated outlier ecosystems such as the Touchwood Hills, Wood Mountain, and Turtle Mountain in south-eastern Saskatchewan, and Cypress Hills and Wood Mountain in south-western Saskatchewan which supported a number of animals and plants not commonly found in the surrounding short-grass prairie. The outliers were also used by the plains people as sites for winter camps, for warfare and scouting, for Sun Dance camps, and as sites for vision quests. Among the plants at the Cypress Hills, for instance, there were at least eighteen species for horse medicine, and fifty-one species of plants used for human

²quoted in Liz Bryan, The Buffalo People: Prehistoric Archaeology on the Canadian Plains, (Edmonton: University of Alberta Press, 1991), p. xiii.

medicine.³ The plains provided for both the practical and spiritual.

The shaman held many of the keys to the natural and supernatural world. The shaman, who was as often a woman as a man, interpreted the signs, diagnosed the disease, and provided solutions for good health.⁴ The structure of Native spirituality rested on the maintenance of harmony between the natural and supernatural worlds. In harmony was found good health. The shaman brought the dangerous under control, driving out the evil and attracting the good and beautiful.⁵ The introduction of infectious disease did not significantly alter these core beliefs. The shaman may have been hard-pressed to effect a cure for smallpox, for example, but relief from the symptoms was at hand. A febrifuge was found in a mixture of equal quantities of catnip (nepeta cataria) and tansy that caused profuse

³Robson Bonnichsen and Stuart Baldwin, Cypress Hills Ethnohistory and Ecology, Archaeological Survey of Alberta Occasional Paper No. 10, (Alberta Culture Historical Resources Division, 1978), p. 28.

⁴John Hellson, Ethnobotany of the Blackfoot Indians, (Canadian Ethnology Service, Paper No 19, Ottawa: National Museum of Man, 1979), p. 62; David Mandelbaum, The Plains Cree: An Ethnographic, Historical, and Comparative Study, (Regina: Canadian Plains Research Center, 1979), p. 162.

⁵John Adair and Kurt Deuschle, The People's Health: Medicine and Anthropology in a Navajo Community, (New York: Appleton-Century-Crofts, 1970), p. 4.

perspiration and broke the fever.⁶ Willow bark which contains salicin, the active ingredient in aspirin, was also used for the treatment of fever. Mountain mint and goldenrod were used by the Chippewa (Ojibwa) to treat fevers. Sagebrush leaves (artemisia ludoviciana), roots of the angelica or prickly ash, and potentilla were used on the blisters and sores.⁷ Any epidemic such as smallpox would burn itself out eventually and the shaman might then claim success.

Shamanistic power was learned and began with the vision quest. The vision quest was common among many North American Native peoples and was often a part of the puberty ritual. The initiate was removed from society for a period of time to fast and pray and receive a vision, thereby acquiring a guardian spirit. Although many people might have embarked on a vision quest, they all did not become a shaman. Only those with particularly strong powers, because of the good results effected, were called upon to invoke

⁶Francis Densmore, Indian Use of Wild Plants for Crafts, Food, Medicine, and Charms, (Washington: Smithsonian Institution, 1923), p. 354-355.

⁷John Hellson, Ethnobotany of the Blackfoot Indians, (Ottawa: Mercury Series, 1977), pp. 75-78; On information provided by elderly informants schooled in traditional plant use Hellson lists 37 specific treatments of digestive disorders, 33 treatments for skin disorders and swelling, 38 treatments for respiratory disorders, twenty treatments for eye and ear disorders, twelve treatments to induce or speed delivery in childbirth, eleven for treatment of wounds and hemorrhage, six treatments for rheumatism, four treatments for fractures and dislocations, four for headache and fainting, and two for the treatment of frostbite.

their spirit helpers in aid of others.⁸

Among the Blackfoot, for example, a shaman was instructed by the spirit helper, usually in animal form, in the songs, ritual and construction of the curing bundles.⁹ The bundles usually contained a sucking tube, sharp blades for bleeding, bags of plant material, and objects representing the source of power.¹⁰ An afflicted person sought the shaman's help, which was offered for a fee of horses perhaps or clothing. Singing (and drumming among the Blackfoot) was performed throughout the healing process. The shaman often performed magical acts, then would blow on the patient, or suck out the cause of illness that was put there by another shaman using evil medicine.¹¹

There were also healers who used plant and animal products to cure the rather more mundane wounds and diseases. The use of these cures was not restricted, and might be seen as widely-available "over-the-counter" cures. The plains provided treatments for most common disorders. For example, an infusion of the wild onion and horsemint, or Oswego tea (monarda), was taken as an emetic. Saskatoon berry juice, an infusion of the phlox plant, or acer glabrum

⁸Mandelbaum, Plains Cree, p. 162.

⁹Hellson, Ethnobotany of the Blackfoot Indians, p. 62.

¹⁰Ibid., p. 63.

¹¹Mandelbaum, p. 163.

were used as cathartics.¹² Children were given a brew made from rushes found in the marsh as a general spring tonic. A powerful diuretic was made using the stems of the Equisetum arvense. Long experience was necessary, however, in knowing which plants effected which cure.

The popularity of diuretics, cathartics, and emetics stems from Native notions of disease causation. Disease was the manifestation of the body's attempt to regain harmony or equilibrium. Anything that might aid that process would be beneficial. The healer or shaman, surrounded by the patient's family and friends, would be expected to produce results. Given the predictable nature of purges and emetics the effects of the healer's work would be immediately obvious to the onlookers. Similar notions, and treatments, were used by non-Native North American physicians at least until the beginning of the nineteenth century.¹³

Also vital to good health and spiritual purification was the sweat lodge. The lodge was constructed of saplings bent to form a dome and covered with robes or blankets. Inside the lodge sweetgrass was burned, tobacco offered, and water sprinkled on hot stones to create a steam. Herbs and roots, such as sage and vetch, were sprinkled on the stones to cure specific ills, especially respiratory disorders. The

¹²Hellson, Ethnobotany of the Blackfoot Indians, p. 65.

¹³Charles Rosenberg, "The Therapeutic Revolution", in Explaining Epidemics, (Cambridge: Cambridge University Press, 1992), p. 15.

sweat lodge may have been constructed to cure a particular disease, or perhaps in preparation for divination or battle.¹⁴

Often seen as a quack and charlatan by Euro-Canadian observers, the shaman was said to dupe the people out of their possessions and succeeded only by the power of suggestion.¹⁵ Missionaries among the Native peoples often found themselves in direct competition with the shaman for the confidence of the people. Methodist missionary John MacLean on the Blood reserve observed a healing rite where a sick child was pierced with a sharp flint, a small amount of blood extracted, and the patient was then washed with warm water. "I told the father that it was wrong and would do no good." The therapeutic value was lost on MacLean. Therapeutics, as a part of a system of belief between patient and healer, were based on a shared sense of how the body worked, and what caused illness.¹⁶ As MacLean continued, "The mother and other members of the family were quite sincere in all they did, thinking it was for the good

¹⁴Mandelbaum, p. 223, 236. In present-day Native communities sweat lodges are used to gain relief from physical and spiritual disorders.

¹⁵John Duffy, "Medicine and Medical Practices among the Aboriginal American Indians", in International Record of Medicine, vol. 171, 1958, p. 347.

¹⁶Rosenberg, "The Therapeutic Revolution", in Explaining Epidemics, p. 12.

of the sick child."¹⁷ Regardless of what MacLean might perceive as an effective treatment, the shaman was allowed to do his work.

The first well-documented smallpox epidemic broke out in the upper Missouri river area in 1781. The Cree and Assiniboine likely contracted the disease at the Mandan trade mart. From there it quickly spread across the grasslands to the Blackfoot and north and east to Manitoba.¹⁸ The epidemic affected some more severely than others. Although the Assiniboine lost perhaps one-third of its population, they rebounded quickly. In the 33 year period from 1776 to 1809 the estimated Assiniboine population quadrupled.¹⁹ Their grassland Cree neighbours were more severely affected and by 1822 they still had not recovered their pre-1780 population. According to 'McNeill's Law'²⁰ the smallpox epidemic should have affected both groups equally and should have struck a major blow to cultural, political, and religious tradition.

¹⁷National Archives (hereafter NA), MG29, D65, vol. 8, MacLean Papers, "Daily Journal Fort Macleod 1880-1888", entry for Sunday 2 September 1883, p. 54.

¹⁸Ray, Indians in the Fur Trade, p. 105.

¹⁹Ibid. p. 106.

²⁰ see pp.1-2 Introduction. McNeill argued that Aboriginal peoples in the New World were overcome by hitherto unknown disease imported by European visitors. The impact of such diseases on Native societies was disastrous as social, cultural, and spiritual structures collapsed. McNeill, Plagues and Peoples, p. 184.

Clearly this was not the case. The Assiniboine population structure, with children comprising nearly half the population, was able to recover quickly. The Assiniboine were more acculturated to the plains than the Cree and had more reliable and abundant food supplies.²¹

The epidemic did not fundamentally alter Cree political and military pursuits.²² Nevertheless, the epidemic was terrifying. Fur traders reported that the dead lay on the ground like so many rotten sheep, and the survivors were left in a "stupor".²³ But, according to one witness, those Native peoples who survived the epidemic believed that, "the Great Master of Life had delivered them over to the Evil Spirit for their wicked courses; and for many years afterward those who escaped the deadly contagion, strictly conformed themselves to their own code of moral laws."²⁴

The trapping bands of Woodland Cree in the Pas-Cumberland House region did not embark on a war of

²¹Ray, Indians in the Fur Trade, p. 113; Jody Decker, "We Shall Never Be Again the Same People: Diffusion and Cumulative Impact of Acute Infectious Disease Affecting the Natives on the Northern Plains of the Western Interior of Canada, 1774-1839." Unpublished Ph.D. dissertation, (York University, 1989), p. 184.

²²John Milloy, The Plains Cree: Trade, Diplomacy and War, 1790 to 1870, (Winnipeg: University of Manitoba Press, 1988) p. 45.

²³Ibid. p. 71.

²⁴R. Cox, Adventures on the Columbia River, (New York: J. and J. Harper, 1832) p. 151. quoted in Milloy, The Plains Cree: Trade, Diplomacy and War, 1790-1870, p. 71.

extermination against the beaver in response to the epidemic, contrary to Calvin Martin's thesis²⁵. The smallpox epidemic did not change the Native people's core beliefs and their spiritual connections with the animals. Indeed, the Woodland Cree refused to trap during the mourning period.²⁶

In 1837-38 smallpox again broke out amongst the prairie groups. The 50-60 year cycle between epidemics reflects the nature of smallpox infection. Exposure confers life-long immunity so smallpox could not again establish a foothold until those with a natural immunity had died. Unlike the earlier epidemic, the 1837-38 visitation was met with resistance. The Hudson's Bay Company trader at Fort Pelly, William Todd, began vaccinating the Cree who visited his post in September 1838.²⁷ The cowpox vaccine material was supplied by the Company for both economic and humanitarian reasons. Todd sent several Native leaders among their followers with instructions and supplies to carry out the vaccination program. Consequently the Cree suffered few losses during the epidemic.

²⁵see pp. 4-5 Introduction. Martin's thesis argues that Native peoples embarked on the destruction of their own ecosystem, the fur trade, in reaction to disease. They abandoned their own spiritual and medical beliefs, and accepted European culture and religion.

²⁶Paul Thistle, Indian-European Trade Relations in the Lower Saskatchewan River Region to 1840, (Winnipeg: University of Manitoba Press, 1986), p. 65.

²⁷Ray, Indians in the Fur Trade, p. 188.

There is nothing to support the view that the Plains Native peoples did not readily accept vaccination.²⁸ Neither was there a consequent loss of faith in native medicine or spirituality. Furthermore, there is nothing to support Martin's contention that, "By accepting the European material culture the natives were thus impelled to accept the European abstract culture, especially the European religion."²⁹ Instead, the post-epidemic period was one of growth and vitality. In the forty years, from 1823-1863, the Cree population in southern Saskatchewan, Manitoba, and Alberta increased by over 10,000 due to natural increase and immigration.³⁰

The Blackfoot, like the Assiniboine, sustained considerable losses from smallpox. According to the Bad Head Winter Count two-thirds, or 6,000 people, of the Blackfoot nation died from smallpox in 1837-38.³¹ So many Blood people had died from smallpox near the confluence of

²⁸G. Graham-Cumming, "Health of the Original Canadians, 1867-1967", Medical Services Journal, (v. 23, February, 1967) p. 143.

²⁹Calvin Martin, Keepers of the Game (Berkeley: University of California Press, 1978), p. 34.

³⁰Decker, "We Should Never Be Again the Same People", p. 204.

³¹Hugh Dempsey, A Blackfoot Winter Count, (Calgary: Glenbow-Alberta Institute, 1965), p. 9; a winter count was the Blackfoot method for reckoning the passage of time. A year was marked by the recording of a significant event. Decker, in "We Should Never Be Again the Same People", p. 226, suggests that the loss was more in the range of 50%.

the Oldman and St. Mary rivers that the Blood named the place Akaisakoyi or "Many Dead".³²

The sorrow and anguish of the survivors cannot be discounted. Families were torn apart as parents mourned for their lost children; orphans were taken in by relatives. The personal tragedy surely was devastating, but the collective survived. If the epidemic caused uniform mortality across all age groups in the population the age structure would remain the same and within a few years births and deaths would return to their pre-epidemic levels.³³ The Blackfoot nation had been increasing prior to the epidemic and therefore would begin to increase again within a few years.³⁴ According to historian Hugh Dempsey, the population increased rapidly in the next decade, the horse herds and the bison robes traded increased each year.³⁵ By the spring of 1839 the warriors, at least, were

³²Hugh Dempsey, Red Crow, Warrior Chief, (Saskatoon: Western Producer Prairie Books, 1980), p. 14.

³³Norma McArthur, Island Populations of the Pacific, (Canberra: Australian National University Press, 1967), p. 347.

³⁴John C. Ewers, The Blackfeet, Raiders on the Northwestern Plains, (Norman: University of Oklahoma Press, 1958), p. 60. Ewers states that by 1830 the Bloods numbered about 4,500, the Peigans 5,000, the Blackfoot proper about 4,500, and the Small Robes (Peigan) about 2,500, for a total of 16,500. The Bad Head winter count estimated the loss in the 1837-38 smallpox epidemic to be about 6,000, or one-third of the Blackfoot nation which would put the population at about 18,000, for an increase of 1,500; Dempsey, A Blackfoot Winter Count, p. 9.

³⁵Dempsey, Red Crow, p. 14.

sufficiently recovered to strike a blow at the Cree and Assiniboine.³⁶

In the summer of 1869 smallpox once again appeared on the upper Missouri river. Though there was no vaccine at the posts in Saskatchewan or Alberta, trader Isaac Cowie at Qu'Appelle attempted to use inoculation to prevent an epidemic,

I at once asked Mr. Breland [a Metis] to allow me to take the lymph from his grandchild's arm, and he gladly gave the permission.

I rode out to their camp with them ...and from a fine healthy child I secured, on bits of window glass, enough vaccine to protect everyone requiring it in the Fort, from whom the supply was increased sufficiently to vaccinate all the people about the lakes and the Indians visiting them that fall. With the fear of the former visitation before them, those who had been vaccinated at the fort took it out to the plains and spread it so thoroughly there among the Qu'Appelle and Touchwood Hills Indians that not one single case of smallpox was ever heard among them.³⁷

One estimate put the Blackfoot mortality from smallpox in 1870 at between six and eight hundred out of a total population of less than 5,000, for a mortality rate of between 12% and 16%.³⁸ But Father Lacombe at St. Albert

³⁶Milloy, The Plains Cree, p. 98. This ability to regroup quickly may suggest that either the Winter Count was exaggerated, or perhaps the mortality struck predominantly the 'non-warrior' element of the population.

³⁷Isaac Cowie, The Company of Adventurers (Winnipeg: Wm. Briggs, 1913), p. 381.

³⁸Report by Constantine Scollen in Alexander Morris, Treaties of Canada with The Indians of Manitoba and the North-West Territories, (Saskatoon: Facsimile Reprint of 1880 Edition, 1991), p. 248. The Indian department estimated the population of the Blackfoot nation at 9,200 in 1871, CHC Sessional Papers, Annual Report of the Secretary of State for

estimated that, "...neither the Blood nor the Blackfeet Indians had, in proportion to their numbers, as many casualties as the Crees, whose losses may be safely stated at from 600 to 800 persons."³⁹ William Butler stated that along the North Saskatchewan about 1200 people died from smallpox in the summer of 1870.⁴⁰ It is not clear if this larger estimate includes the Lacombe estimate or not. In any case there are no total population estimates that would put the epidemic losses into perspective. If Palliser's 1860 estimate of the pre-epidemic Cree population of about 11,500 is used, the Cree losses were in the order of 10%.⁴¹ On the other hand if we accept Butler's population estimate which puts the 1870-71 Cree population at 7000, then the Cree losses were about 17%.⁴² But Butler's estimate is presumably a post-epidemic total.

the Provinces, 1871, v.7, no.22, p. 60.

³⁹William Butler, The Great Lone Land: A Narrative of Travel and Adventure in the North-West of America, (London: Sampson Low, Marston, Low and Searle, 1872) p. 371.

⁴⁰Butler, The Great Lone Land, p. 372. In October, 1870 Butler was given instructions by Manitoba Governor Archibald to report on the necessity of sending troops into the North-West to protect the Hudson's Bay Company posts, to estimate the extent of smallpox in the North-West, to take a census of the Indians, and to evaluate the nature and extent of the fur trade with the United States.

⁴¹John Palliser, The Journals, Detailed Reports, and Observations Relative to the Exploration, by Captain John Palliser, (London: G.E. Eyre and W. Spottiswoode, 1863), p. 200.

⁴²Butler, p. 387.

The difference between Butler's population estimate for the Cree of 7,000, and Palliser's 1860 estimate of 11,500, (a 40% decrease) may be the actual extent of the Cree losses from the smallpox epidemic. Although a 40% mortality rate is in keeping with other estimates of smallpox mortality in initial epidemic cycles, smallpox was not unknown to the Cree and Blackfoot, and inoculation was used in the 1870 epidemic. Serious questions arise therefore in attempting to assess accurately the extent of population losses.

The Cree, believing that the Blackfoot had suffered massive losses in the epidemic, invaded Blackfoot territory. Little Pine, Big Bear, Piapot, and Little Mountain led from six hundred to eight hundred warriors into battle at the junction of the Oldman and St. Mary rivers. The Cree were met by a well-armed, well-deployed force who easily repelled them and then pursued them back across the river.⁴³ The Cree lost perhaps two hundred or three hundred warriors while the Blackfoot lost forty and fifty were wounded. Peace was reached in 1871, and remained unbroken.

Despite Blackfoot losses in 1870, they had made a remarkable recovery by 1876. "They are now well clothed and well furnished with horses and guns. During the last two years I have calculated that they have bought two thousand horses to replace those they had given for whiskey."⁴⁴ The

⁴³Milloy, The Plains Cree, p. 117.

⁴⁴Scollen, in Morris, Treaties of Canada, p. 248.

Catholic missionary, Constantine Scollen, attributed their recovery to the arrival in Blackfoot territory of the North West Mounted Police in 1874. The presence of the police rid the area of the ruinous American traders and effectively re-established Blackfoot hegemony enabling them to meet their economic and political needs.

The smallpox epidemics of the eighteenth and nineteenth centuries, and other minor epidemics of measles, whooping cough, influenza, and streptococcal infections, were not followed by mass confusion and loss of spirituality in Native societies. Certainly bands were re-configured as smaller groups joined larger, less affected groups. Territorial expansion was made possible by population losses in enemy camps. Culture traits and symbols from one ethnic group were incorporated by others through interethnic marriage following population losses. As a result the plains peoples, over the course of a century to 1870, became less ethnically distinct.⁴⁵ But the economic basis of those societies, and their social and cultural traditions, were secure and not fundamentally altered despite the population losses.

By the mid-nineteenth century, however, the bison herds were dwindling. Cree and Assiniboine hunters pushed further and further west into Blackfoot territory in pursuit of the

⁴⁵John F. Taylor, "Sociocultural Effects of Epidemics on the Northern Plains, 1734-1850", The Western Canadian Journal of Anthropology, (vol. 7, no. 4, 1977), p. 55.

herds. Metis hunters organized huge annual hunts on the plains to provision the fur trade's need for pemmican. In the United States railway construction crews and settlers sliced into traditional hunting grounds. Everywhere hunters and traders ravaged the herds for the lucrative robe and leather trade.⁶

There was considerable anxiety in the early 1870s among plains Native peoples regarding their future. Without the bison hunt and with increased immigration, starvation had become a very real fear. The smallpox epidemic had taken its toll, with the survivors wearing their scars. There were troops at Red River, the growing scarcity of bison and game was obvious, and rumours had reached the North-West that all the Cree and Blackfoot lands had been sold. Cree chiefs at Edmonton House in 1871 impressed upon Hudson's Bay factor William Christie the necessity and urgency for a resolution of their concerns. In a petition to Lieutenant-Governor Archibald, Chief Sweet Grass outlined their position,

We heard our lands were sold and we did not like it; we don't want to sell our lands; it is our property, and no one has a right to sell them.

Our country is getting ruined of fur-bearing animals, hitherto our sole support, and now we are poor and want help - we want you to pity us. We want cattle, tools,

⁶Between 1830 and 1843 The American Fur Company traded 70,000 buffalo robes, and the Hudson's Bay Company traded 10,000 robes each year. Oscar Lewis, The Effects of White Contact upon Blackfoot Culture, with Special Reference to the Role of the Fur Trade, (New York: J.J. Augustin, 1942), p.29.

agricultural implements, and assistance in everything when we come to settle - our country is no longer able to support us.⁴⁷

Agriculture was beginning to be seen as the only viable option for the prairie peoples. In 1873 Native people at Qu'Appelle interfered with survey and construction crews to press their demands for a treaty before their lands were alienated. At Treaty negotiations the following September they insisted on agricultural support in the form of tools and seed. They received promises of articles to be supplied "once for all". Each family was to receive two hoes, one spade, one scythe, and one axe, and enough seed, wheat, barley, oats and potatoes to plant the cultivated lands. One plough and two harrows were promised for every ten families, and to each chief for the benefit of all, one yoke of oxen, one bull, four cows, a chest of carpenter's tools, saws, and a grindstone.⁴⁸ The distribution of implements and seed was contingent on the people actually cultivating the soil, which was difficult until the people received the implements.

Very little progress was made toward farming in the first years after Treaty Four was signed. The government was slow to send out surveyors to establish reserves so cultivation might begin. There was never enough food on

⁴⁷Morris, The Treaties of Canada, p. 170-71.

⁴⁸Ibid., p. 332-3. The Cree, Assiniboine, and Saulteaux people ceded 195,000 square kilometers in western Manitoba and most of southern Saskatchewan.

hand to feed those ready to cultivate in the spring and families were therefore forced to leave the reserve to hunt and fish. Seed and implements were distributed too late in the year to be of any use. Cattle were consumed when scythes were unavailable for the Native people to put up enough hay to feed the animals over winter.⁴⁹

The distinct lack of agricultural progress in Treaty Four may account for the marginally better terms demanded, and won, by the Woodland and Plains Cree people in Treaty Six in August, 1876.⁵⁰ Aside from promises of more tools, Treaty Six allowed for \$1000.00 to be distributed annually for three years to purchase provisions for those people cultivating the soil. The Treaty also promised that in the event of famine or pestilence, the government would, "...grant to the Indians assistance of such character and to such extent ... to relieve the Indians from the calamity that shall have befallen them."⁵¹ The negotiations on this item lasted one whole day. Alexander Morris insisted that, although the government might promise famine relief,

I cannot undertake the responsibility of promising provision for the poor, blind, and lame. In all parts of the Queen's dominions we have them; the poor whites have as much reason to be helped as the poor Indian;

⁴⁹Sarah Carter, Lost Harvests: Prairie Indian Farmers and Government Policy, (Montreal: McGill-Queen's University Press, 1990), pp. 62-68.

⁵⁰Ibid., p. 57. Woodland and Plains Cree people ceded 312,000 square kilometers of central Saskatchewan and Alberta.

⁵¹Morris, The Treaties of Canada, p. 355.

they must be left to the charity and kind hearts of the people. If you are prosperous yourselves you can help your unfortunate brothers.⁵²

Treaty negotiations on this point were especially vital to the Native people because the bison hunt had already begun to fail. Morris pointed out that there were limits as to what the government could do.

The inclusion in Treaty Six of a promise to maintain a medicine chest at each agency was a departure from the standard clauses in the preceding five western treaties. It is unlikely that the government intended to promise free health care to the Native peoples of Treaty Six.⁵³

Possibly the Treaty negotiators on both sides were referring to the Hudson's Bay Company's custom of providing medical assistance to its hunters and trappers, as in the vaccination program during the 1837-38 smallpox epidemic. As historian Frank Tough argues, the Treaties shifted the social costs of fur production (such as the provision of relief and medical assistance) from the Hudson's Bay Company

⁵²Ibid., p. 217.

⁵³ Indeed, succeeding administrators maintained that where possible Indians were expected to pay for their own medical care, NA, RG10, vol. 3086, file 279,222-1A, Departmental Circular to Agents, 25 October, 1913. Health care, in the form of medicines and physician consultations, was consistently provided for Native people with a view to the safety of the surrounding white communities, because, as Manitoba's Medical Superintendent observed, "...these Indian reservations and settlements never were water-tight or disease-tight compartments." NA, RG29, vol. 1225, file 311-T7-16.

to the government.⁵⁴ The presence at the negotiations of significant numbers of Woodland Cree hunters and trappers, as well as former Hudson's Bay Company Chief Factor William Christie, lends credence to this view. Nevertheless, the demand was made and accepted without comment while requests for rather more minor items, such as cooking stoves for chiefs, were rejected by the government negotiators as too lavish.⁵⁵

The Treaty Commissioners could ill afford to be lavish. Their superiors in Ottawa were ever mindful of the costs of the Treaties and, unfamiliar with local conditions, they saw the distribution of necessary implements and seed as too generous. Treaty Six signatories were promised twice as many implements as were promised in Treaty Four for each family "now cultivating the soil". They were also promised, among other things, one plough and one set of harrows for every three families, not for every ten families as in Treaty Four.⁵⁶ Commissioner Morris was forced to answer criticisms of his negotiations. He considered the increases justified, "right and proper", because the Native people were anxious to begin farming. Morris was convinced that the provisions promised in Treaties Three, Four and Five

⁵⁴Frank Tough, "Native People and the Regional Economy of Northern Manitoba: 1870-1930s" Ph.D. Dissertation, York University, 1987, p. 106.

⁵⁵Morris, The Treaties of Canada, pp. 218, 219.

⁵⁶Ibid., p. 354.

were inadequate to enable the people to farm successfully.⁵⁷

At Blackfoot Crossing on the Bow River in September 1877 the Blackfoot confederacy or nation comprising the Blackfoot proper (Siksika), Blood (Kainai), Peigan, Sarcee (Tsuu T'ina), and Stoney signed Treaty Seven wherein they ceded 130,000 square kilometers of southern Alberta and a corner of southwestern Saskatchewan. The terms did not differ significantly from the terms outlined in Treaty Four, except the Blackfoot nation was promised (in deference to the soil conditions) the option of either taking implements and seed or cattle for stock-raising. They were guaranteed two cows for every family of five, three cows for a family of ten, and for a family larger than ten, four cows. A bull was promised for every chief.⁵⁸ These were the so-called 'once for all' articles for the encouragement of agriculture and pastoral pursuits.

But in 1877 the Blackfoot nation was not particularly concerned with stock raising or agriculture. Their greatest concern was to protect both their traditional lands and their bison herds from incursions by the Cree, Metis, and white hunters and settlers. Immediately after the Treaty was signed the people moved off in pursuit of the bison.

⁵⁷NA, RG 10, vol. 3636, file, 6694-2, Morris to Minister of the Interior, 27 March 1877.

⁵⁸Morris, Treaties of Canada, p. 371.

But by April 1878 the government was receiving reports that the scarcity of bison was becoming critical. Traders at Fort Benton, Montana estimated that there was but one 100,000 head herd left. The herd might supply the Blackfoot, Sioux, Crow and other American Native peoples, but for the Cree and Assiniboine further north and east the situation was deteriorating quickly.⁵⁹

In Treaties Four and Six instructors were needed to help the Native people grow crops. Provisions, seed, and implements were necessary if a crop was to be planted. But officials in Ottawa were reluctant to consider the increased expenditure. David Mills, the minister of the Interior, was convinced that stock and implements had been lavishly issued, and that idle tools were rusting in the fields.⁶⁰ David Laird, lieutenant-governor, Indian Superintendent for the North-West Superintendency, and resident at Battleford was familiar with conditions and found it difficult to understand the false economy practiced by Mills and the government. He warned that the government might choose one of three options: "...to help the Indians to farm and raise stock, to feed them, or to fight them."⁶¹

M. G. Dickieson, Agent at Treaty Six and Laird's

⁵⁹NA, RG 10, vol.3672, file 10,853, part 1, Dickieson to Meredith, 2 April 1878.

⁶⁰Carter, Lost Harvests, p. 69.

⁶¹NA, RG 10, vol. 3654, file 8904, Laird to Mills, 22 May 1878.

assistant warned that the winter of 1877 was very hard on the people: "...the Indians were very poorly off, starving in fact..."; and although not all the treaties included provisions for feeding the people: "...we are on the eve of an Indian outbreak which will be caused principally by starvation, it does not do to scan the exact lines of the treaty too closely."⁶² To put the situation in perspective for minister Mills, Dickieson noted that the cost to the American government to subdue the Sioux under Sitting Bull was \$2,300,000 and a large number of lives.⁶³

The minister did not follow the recommendations of his representatives. Provisions for Native peoples in Treaty Four at seed time were struck off the estimates, and the promised provisions for Treaty Six Native people were cut in half. Only six hundred dollars was allowed to hire farming instructors, although Laird had asked for one thousand dollars. The 1878 crop in Treaty Four was poor and in Treaty Six it was little better. Only three bands in Treaty Four could be said to be independent of the bison hunt for subsistence. In Treaty Six four bands were able to rely on their garden produce and grain for at least a part of the winter. In Treaty Seven only the Stonies at Morley received

⁶²Ibid., vol. 3672, file 10,853, part 1, Dickieson to Meredith, 2 April 1878.

⁶³Ibid.

seed.⁶⁴

At Fort Ellice, Fort Qu'Appelle, and Touchwood Hills people were starving in the summer of 1879. The change in the state of the people's health in just two years had been shocking. In 1877 Dr. Hagarty, the newly-appointed medical superintendent for Manitoba and the North-West, noted the "healthy appearance of the Indians, the freedom from disease, the general lightheartedness and the happiness and contentment...". But just two years later in 1879 he found the people of White Bear's Band very emaciated, "Hunger has shown its terrible effects upon them and scrofula and other kindred diseases are becoming deeply rooted."⁶⁵ Hagarty was sent to vaccinate the Treaty Four people against smallpox, but first he had to feed them. Day Star's and George Gordon's Bands ate the day's ration at one meal. A Native deputation informed Hagarty that the people were still starving:

You eat enough every day, and consequently do not eat much, but we have not eaten enough for the last two months and what you gave us yesterday only made us one meal.⁶⁶

Hagarty increased the rations for the next four days and then reduced them again.

⁶⁴NA, RG 10, vol. 3672, file 10853, part 1, Dickieson to Vankoughnet, 26 February 1879.

⁶⁵Ibid., vol. 3678, file 11,683, "Dr. Hagarty's Record of Vaccination", 1879, White Bear's Band, Fort Ellice, August 4-5, 1879.

⁶⁶Ibid., Touchwood Hills, August 15, 1879.

At Qu'Appelle in June 1879 a group broke into the government storehouses and took flour and provisions left over from the treaty payments.⁶⁷ Poor Man's Band, in the Touchwood Hills did not wait for Hagarty to dole out the rations that were stored there for their use. They had taken two oxen and some flour on the 11th of August, "although they were not to feed until the morning of the 14th."⁶⁸

It seemed that if starvation and smallpox did not kill the people, Hagarty's vaccine just might. The Sioux near Portage la Prairie suffered terribly from its effects. Some voiced the concern that Hagarty was sent by the American government to kill them. At Roseau river, sixty miles south of Winnipeg, the Chief asked that Hagarty only vaccinate half the band in March, and return later to vaccinate the other half, as he said, "I want the well half to take care of the sick half."⁶⁹ When Hagarty returned in July he had considerable difficulty persuading the people to submit because of the severe reactions in March. Hagarty explained that the more severe the reaction, the greater the security against the disease, and at that most of the people

⁶⁷G.F.G. Stanley, The Birth of Western Canada, (Toronto: University of Toronto Press, 1960), p. 225.

⁶⁸NA, RG 10, vol. 3678, file 11,683, Poor Man's, Touchwood Hills, August 15-19 1879.

⁶⁹Ibid., Short Bear's Band, January 11-27, 1879; and Ibid., Reserve at Roseau River, March 15, 1879.

consented. By the end of his vaccination trip Hagarty admitted there were serious problems with the vaccine matter. He suggested that vaccination should never again be attempted at the Treaty payments in summer. The vaccine "suffers or deteriorates on being exposed to atmospheric influences especially a heated atmosphere as we have on the prairies in summer."⁷⁰ Hagarty expected to vaccinate more Native people but by early September most had gone south and west onto the prairie to hunt.

In June 1879 at least 1,000 Native people were encamped at Battleford. There were no bison north of the Red Deer and Saskatchewan rivers. The women were digging wild turnips and picking berries but there was little meat and no flour in the territories. In the event of crop failure, David Laird recommended that the Hudson's Bay posts on the north Saskatchewan be fortified and the number of police in the area be increased substantially.⁷¹ Dickieson requisitioned 19,500 pounds of bacon for the Native peoples at Fort Carlton, Prince Albert, Battleford, Fort Pitt, Victoria, and Edmonton. By the end of the month the requisition had increased to 20,000 pounds of bacon and 300,000 pounds of flour and an additional 100,000 pounds of beef. Agent MacDonald at Treaty Four requested 7,500 pounds

⁷⁰Ibid., Hagarty to Minister of the Interior, n.d. (likely September, 1879).

⁷¹Ibid., vol. 3698, file 16142, Laird to the Minister of the Interior, 30 June 1879.

of bacon and 215 sacks of flour. By late August the fear of famine seemed well-grounded. Even if local agents could convince the government to send supplies, they would have to be sent immediately to be assured they would arrive before freeze-up. A self-styled 'Starvation Committee', comprised of David Laird, Lt.Col. Hugh Richardson, NWMP Commissioner James Macleod, Indian Commissioner Edgar Dewdney, and M.G. Dickieson, convened at Battleford in August to address the problem. The Committee recommended that in addition to the above supplies 200,000 pounds of flour and one hundred to two hundred 95-pound bags of pemmican and such fish as could be procured were now needed.⁷² The department also purchased 500 head of beef cattle, 91,000 pounds of bacon, 100,000 pounds of beef, 20,000 pounds of pemmican and 806 sacks of flour to provision Forts Walsh and Macleod.⁷³ Indian commissioner Dewdney worried that all the supplies in the North-West would not have fed three-quarters of the Native peoples for more than a month.⁷⁴

In Treaty Seven the situation was equally desperate. People ate the flesh of poisoned wolves, dogs, and some had

⁷²Ibid., "Council at Battleford", Tues. 20 August 1879.

⁷³CHC, Sessional Papers, Annual Report of the Department of the Interior 1880, vol.3, no.4, p. xii.

⁷⁴NA, RG 10, vol. 3704, file 10123, Dewdney Report, 1879. Edgar Dewdney, Member of Parliament for Yale and a loyal Conservative, was appointed Commissioner in May 1879. David Laird resigned as Indian Superintendent in 1879. M.G. Dickieson filled the post temporarily and resigned when Dewdney's appointment made his position unnecessary.

nothing but old bones which were gathered and broken up, to make a kind of soup.⁷⁵ Blackfoot Chiefs Old Sun and Bull's Head required immediate assistance for 70 lodges, or about 500 people, facing starvation.⁷⁶ At Blackfoot Crossing in July, 1879 the Blackfoot chief Crowfoot with 1,300 people were "on the verge of starvation" and "quite emaciated". They had been forced to sell their horses and rifles and to subsist on dogs, gophers and mice.⁷⁷ Crowfoot admitted to Dewdney that the young men were difficult to control because they were hungry. They threatened to kill settler's cattle; they said Crowfoot should never have signed the Treaty. In September Dewdney sent relief supplies to Crowfoot so he could take his people east to the bison herd near Cypress Hills. In October they followed the bison into Montana and remained there until spring 1881.

In response to the deteriorating situation in the North-West a mass migration of more than 4,000 people under Big Bear, Little Pine, and other Cree leaders moved to the Cypress Hills near Fort Walsh in search of bison. Nearly 7,000 people from Treaties Six and Seven moved to Fort

⁷⁵NA, RG 10, vol. 3671, file 10,836-2, Rev. Scollen to Major Irvine, 19 April 1879 (forwarded to the Minister of the Interior, 4 May 1879).

⁷⁶Ibid., Jean L'Heureux (translator) to Lt. Col. Irvine, NWMP, 8 June 1879.

⁷⁷NA, RG 10, vol. 3696, file 15,266, Dewdney to Col. S. Dennis, Deputy Minister of the Interior, 22 July 1879, marked "Private".

Macleod where they were given small quantities of beef and flour every other day.⁷⁸ They moved into the United States after Treaty payments were made in October 1879. Rather than face the near certainty of starvation on the reserves they preferred to take their chances hunting on the coteaus and valleys of the Milk and Missouri rivers.

In reaction to the food crisis the deputy superintendent-general of Indian affairs, Lawrence Vankougnet, announced a new government program that envisioned the Native peoples settled on their reserves with instructors to help them to learn farming and stock-raising.⁷⁹ Edgar Dewdney's appointment as Indian commissioner in 1879 was central to the administration of the program. His immediate task, however, was to provide relief to the destitute and move the Native peoples at Fort Walsh onto reserves. The farm program was to begin with seventeen farming agencies established on the prairies, six in Treaty Four, nine in Treaty Six, and two in Treaty Seven. Two 'government' or supply farms were also to be established

⁷⁸CHC, Sessional Papers, Annual Report of the Department of the Interior, 1880, vol.3, no. 4, p. 9.

⁷⁹Carter, Lost Harvests, p. 81. Lawrence Vankoughnet had family and political connections with John A. Macdonald, and was appointed to the position of deputy superintendent general of Indian Affairs in 1874. At that time Indian affairs were administered by the Indian branch of the department of the Interior, created in 1873. The Minister of the Interior was also the superintendent of Indian affairs, but the minister left most Indian matters in the hands of the deputy.

in Treaty Seven near Fort Macleod and Fort Calgary.⁸⁰ Dewdney expected that the cost to the government of the instructors and their families would easily be recouped in one year. He suggested that, instead of hiring local people, the government hire only farmers unacquainted with Native peoples (and presumably local conditions) so that all Native peoples would be treated alike and fairly. He also suggested that farmers be located off reserves so that any improvements they made could not be claimed by Native peoples.⁸¹ Instruction to Native peoples in farming was secondary to the short-term goal of feeding them on their reserves. It also fell to the farming instructors to administer the government's new 'work for rations' relief program.

Only when instructors or agents were satisfied that work had been done would relief be issued. But as Dewdney admitted, "...my only fear is that so many will be anxious to work that we will not be in a position to keep them all going."⁸² In early 1880 Dewdney's fears were realized. Okanese's band in present-day south-eastern Saskatchewan was starving. The system of farm instructors was not working. The oxen they had been promised in the treaty had not been

⁸⁰NA, RG 10, vol. 3704, 17,858, Dewdney to Macdonald, 2 Jan 1880, pp. 104-105.

⁸¹Ibid.

⁸²Ibid., p. 99.

supplied and as a result there were no crops produced. By Christmas, 1879 twenty people were slowly starving to death, too weak to keep up fires in their tents in weather 45 degrees below zero.⁸³

Further, the food crisis was exploited by the Indian commissioner to force bands onto reserves and to destroy the influence of some Cree leaders who were attempting to maintain Cree autonomy by the establishment of a huge concentration of the people on one large reserve.⁸⁴ Rations would only be provided to Native peoples who had taken treaty, so Chief Little Pine took treaty in 1879 and some of Big Bear's followers left him to join either Lucky Man or Thunderchild in order that the people might eat. In all, more than one thousand Plains Cree took treaty for the first time in 1879.⁸⁵

More than 7,000 Blackfoot and 3,000 Cree spent nearly eighteen months in Montana. Had there been food in Canada they would have stayed in Canada. They had to deal with hostile Crow, Peigan, and other Native peoples all in pursuit of the dwindling bison herds and other game. In the

⁸³NA, RG 10, vol. 3706, file 18,809, Rev. Flett to L. Vankoughnet, Deputy Superintendent-General Indian Affairs (hereafter DSGIA), 3 January 1880.

⁸⁴John Tobias, "Canada's Subjugation of the Plains Cree", in R. Fisher and K. Coates, Out of the Background: Readings on Canadian Native History, (Toronto: Copp Clark Pitman, 1988) p. 194.

⁸⁵Morris, Treaties of Canada, pp. 366-367; NA, RG 10, vol. 9413, Treaty Annuity Paylists, 1879.

fall of 1880 measles and scarlet fever broke out among 350 lodges (at least 2,800 people) of Blackfoot, Peigan, and Cree at Meagher and Choteau in Montana. In one camp 100 people died.⁸⁶ In the spring of 1881 mumps swept through the camps. The stress of overcrowding, constant movement in search of game, and an inadequate diet produced increased incidence of infection and supramortality. A synergism occurred where infection, generally not fatal, became fatal because of the presence of hunger and other infections.⁸⁷ In July 1881 Crowfoot and 1,064 of his people returned to Fort Macleod on foot. By Commissioner Dewdney's reckoning the mortality across the west was higher than usual. The Native people attributed it to the white man's food, "and I have no doubt the sudden change from unlimited meat to the scanty fare they received from the government has to some extent brought it about."⁸⁸

Quantity was not the only problem. At times the

⁸⁶CHC, Sessional Papers, Annual Report Department of Indian Affairs 1881, vol.8, no.14, p.92. Population figures are calculated by the traditional means of approximately eight persons to a lodge, (Ray, Indians in the Fur Trade, p. 105). But as conditions worsened and the hunt failed, and therefore housing materials became scarce, overcrowding occurred as more people were forced into the few remaining lodges.

⁸⁷Ann Carmichael, "Infection, Hidden Hunger, and History", in R.I. Rotberg and T.K. Rabb, eds., Hunger and History, (Cambridge: Cambridge University Press, 1985), p. 61.

⁸⁸CHC, Sessional Papers, Annual Report of Department of Indian Affairs 1881, vol.8, no.14, p. 92.

quality of the rations was questionable.⁸⁹ Farm instructor Scott in Treaty Four considered the department pork as "both musty and rusty and totally unfit for use - although we are giving it out to the Indians, in the absence of anything better, but we cannot use it ourselves."⁹⁰

By 1881 in Treaty Seven 6,749 of an estimated total 7,789 Blackfoot, Blood, Sarcee, Stoney, and Peigan were on their reserves. Only one-fifth of Treaty Four Native peoples were settled on reserves, and just over half of Treaty Six people had settled on their reserves. The remaining 11,577 people were out fishing, hunting in the Fort Walsh district or in American territory.⁹¹

The food crisis was renewed with vigour at the arrival of more than 5,500 Treaty Seven people at their reserves.

Dewdney noted that unless the Treaty Seven people were fed,

they will die of hunger, there being no game on the Plains...and if they are to be encouraged to work their fields, they will have to be furnished with sufficient food to enable them to do so...and if care is not taken to have a sufficiency of food on hand during the coming winter...then white people's cattle will be killed and

⁸⁹In 1883 the flour delivered by I.G. Baker and Company to the Blackfoot and Sarcee reserves was found to be substandard and was thought to have caused the deaths of 35 to 40 people, Noel Dyck, "The Administration of Federal Indian Aid in the North-West Territories, 1879-1885", (MA Thesis, University of Saskatchewan, 1970), p. 55.

⁹⁰quoted in Carter, Lost Harvests, p. 89.

⁹¹CHC, Sessional Papers, Annual Report of the Department of Indian Affairs 1882, vol. 5, no.6, p. 59; Treaty Four: 1,704 were on reserves, 5,310 absent; Treaty Six: 3,006 on reserves, 5,227 absent; Treaty Seven: 6,749 on reserves, 1,040 absent.

disorder spread throughout the country.⁹²

Dewdney proposed a daily ration of three-quarters pounds of flour and one-third pound of bacon for at least ten months while farms in the area would provide vegetables for two months. Bacon was expensive because it had to be imported. In Treaties Four and Six the Native peoples were expected to provide for themselves for at least four months of the year; their rations would be limited to 4,000 sacks of flour and 120,000 pounds of bacon for Treaty Four and 4,000 sacks of flour and 150,000 pounds bacon for Treaty Six.⁹³

Refugees from the United States returned over the course of the summer of 1881. Confusion reigned at the Blood camp on the Belly river as the population leaped from 800 to over 3,000. The children were sick with measles and scarlet fever, and corpses were suspended on scaffolds and hung in the trees.⁹⁴ The situation at Fort Walsh in 1881 worsened as summer turned to fall. More and more people moved north to the district from the United States fleeing hostile Crow, South Peigan, and other Native peoples all in

⁹²NA, RG 10 vol. 3751, file 30249, Dewdney to MacPherson, acting SGIA, 18 June 1881.

⁹³NA, RG 10, vol. 3751, file 30249, Dewdney to MacPherson, 18 June 1881.

⁹⁴CHC, Sessional Papers, Annual Report for Department of Indian Affairs 1882, vol.5, no.6, p. xxiv. Scarlet fever is an acute contagious disease of childhood caused by group A haemolytic Streptococcus, characterized by sore throat, fever, enlarged lymph nodes in the neck, prostration, and a bright red rash (also called scarlatina).

pursuit of the shrinking bison herds. American officials, spurred on by ranchers who claimed to have lost cattle to Canadian Native peoples, eventually forced the people back to Canada. At Fort Walsh, agent Cecil Denny gave out ammunition, tobacco, tea, and hooks for fishing to the able-bodied. But more than 400 people were starving. In an effort to justify the expense to his superiors Denny reported, "They are getting the very smallest quantity of food that can be given them....I of course give no sugar to Indians. And other things I give as sparingly as possible." Piapot with 23 lodges (at least 184 people) arrived "...very badly off."⁵⁵ Thirty people, mostly children, had died in August from scarlet fever. ⁵⁶

Further north at Carlton measles swept through four reserves in the spring. In undernourished populations the severity, duration, and sequelae and mortality associated with measles is enhanced.⁵⁷ At the Moose Woods Sioux reserve, near present-day Saskatoon, the people were without clothing and food and four people who died were "actually skeletons".⁵⁸ Smallpox threatened to worsen an already bad

⁵⁵NA, RG 10, vol. 3772, file 34915, C.E. Denny to Indian Commissioner, 30 November, 1881.

⁵⁶CHC, Sessional Papers, Annual Report of Department of Indian Affairs 1882, vol.5, no.6, p. 106.

⁵⁷Carmichael, "Infection, Hidden Hunger, and History", in R. Rotberg and T.K. Rabb, Hunger and History, p. 59.

⁵⁸CHC, Sessional Papers 1882, vol.5, no. 6, p. ix.

situation at Qu'Appelle. After one death in March, Treaty Four Agent Allan McDonald established a health district for seventy miles around the post. A health board was hastily formed in an attempt to confine smallpox to the two houses where it first appeared; a house-to-house search was conducted by "a few intelligent persons".⁹⁹ It was believed that the Native peoples were reluctant to report smallpox. Not surprisingly since a quarantine would seriously impair their ability to earn a living. Besides there were neither medicines nor vaccine at the place. Agent McDonald especially feared an epidemic because the people were quite weak and unwell. According to the agent, what was needed most to avert an epidemic was food: beef and tea, "...of course there will be the greatest economy used in these, and may be given by the advice of the medical officer."¹⁰⁰

The government was faced with an unprecedented situation. In its rush to make treaties with Native people and prepare the west for agricultural and economic development it had not foreseen the enormous costs that would have to be incurred.¹⁰¹ Annuity payments increased yearly after 1875 as more and more Native people joined the

⁹⁹NA, RG 10, vol. 3737, file 27742, McDonald to Indian Commissioner, 22 March 1881.

¹⁰⁰Ibid.

¹⁰¹Arthur J. Ray, The Canadian Fur Trade in the Industrial Age, (Toronto: University of Toronto Press, 1990), p. 30.

treaties and settled on reserves. Moreover relief payments for rations and clothing continued to climb as the severity of the economic crisis became clear. In each year from 1882 to 1887 the department's appropriation had to be supplemented, and at that it continued to exceed the appropriation. For example, in 1883 the department exceeded its original appropriation by 63%. In 1884 it exceeded its appropriation by 40%, in 1885 by 66%, in 1886 by 151%, and in 1887 by 49%. By 1888 the department had its appropriations and its spending in closer alignment. But throughout the period the costs for relief alone were close to or exceeded a half million dollars annually.¹⁰²

The department was under-funded because members of the House of Commons balked at the rising costs of the administration in the west. The government was bound legally by Treaty Six, and also bound by common humanity, to feed the people. Yet the Liberal opposition in the House continued to worry that the ever-larger appropriations would create a class of permanent paupers. David Mills, former superintendent of Indian Affairs in the Mackenzie government, charged that the government had turned the Native people into "pensioners upon the Public Treasury".

¹⁰²In this period the total expenditure for relief supplies ranged from a low in 1885 of \$478,038 to a high in 1886 of \$541,825.26, CHC, Sessional Papers, "Supplies for the Destitute", 1883 to 1887; Ray, The Canadian Fur Trade in the Industrial Age, p. 40.

They were being fed and clothed by the government and "...are doing little or nothing for themselves."¹⁰³ John A. Macdonald's Conservative government found itself committed to providing relief, yet bound by the House of Commons to provide as little as possible. In answer to Mills' charge, Macdonald replied that matters of famine relief were handled by Commissioner Dewdney, but when the people were starving they were helped because, "...we cannot allow them to die for want of food." He went on to assure the House that Dewdney and the agents "...are doing all they can, by refusing food until the Indians are on the verge of starvation, to reduce the expense."¹⁰⁴

The department was caught between rising costs, an increasingly critical House of Commons, and the needs of desperate people. For example, when NWMP Colonel Macleod found that some frugal souls on the Blood reserve were able to save some of their flour rations from one day to the next he immediately cut rations in half throughout the district.¹⁰⁵ Despite the considerable saving to the government that Macleod's decision would effect, it was reversed. Department inspector Thomas Page Wadsworth, charged with the responsibility of setting up farms on

¹⁰³CHC Debates, 27 April 1882, p. 1186.

¹⁰⁴Ibid.

¹⁰⁵NA, RG 10, vol. 3751, file 30249, Wadsworth to Dewdney, 12 May 1881.

reserves, suggested that half rations would only force the Native peoples off the reserves in order to feed themselves and their families.¹⁰⁶ Wadsworth too was of the opinion that it was better to feed the people than fight them. The ration was reinstated at three-quarters of a pound of flour and one pound of beef per capita per day, with half rations for children under ten years old. The cost to the government for the Blood reserve was \$200,000 annually for food alone.

In the meantime, however, other necessities once provided by the bison were running short. After food, clothing and housing were the two most urgent needs. Lodges were becoming torn and ragged. At Fort Walsh the people were living 15 - 20 to a lodge that was made to hold eight. Overcrowding became extreme as more and more families were forced to live in fewer and fewer lodges.¹⁰⁷ Log houses with mud roofs and dirt floors were a poor substitute, and at that there were very few houses built because of a lack of suitable lumber. For example, on the Blood reserve by 1881 there were more than 3,164 people but only 63 houses

¹⁰⁶Ibid.; T.P. Wadsworth was appointed inspector of agencies in July, 1879. Born in Ontario in 1842 he was to supervise all operations of the farms, to purchase food supplies, cattle, implements and select the sites for the farms.

¹⁰⁷CHC, Sessional Papers, Annual Report of Department of Indian Affairs 1881, vol.8, no. 14, p. 106.

had been built.¹⁰⁸ The Assiniboine at Fort Ellice covered their lodge-pole frames with mud because skins were unavailable.

The situation was desperate across the prairies. At Battleford a serious lack of clothing forced the Poundmaker and Thunderchild bands to abandon their farms and strike out onto the plains in search of game.¹⁰⁹ The children were unable to go to school because they lacked suitable clothing. At Edmonton the agent reported that fur-bearing animals that might have provided clothing were scarce, and besides, the people could not hunt for they "were naked and the cold was intense."¹¹⁰ They ate their horses and dogs.

At Qu'Appelle in Treaty Four the men went out onto the prairie in an attempt to hunt while the women and children remained at the reserve. But without clothing the women could not even fish.¹¹¹ At White Bear's Reserve near Fort Ellice the Cree and Assiniboine were dangerously short of clothing and food, with rations of three-quarters pounds of flour, and one-quarter pound of bacon per day. Three people

¹⁰⁸CHC, Sessional Papers, Annual Report of the Department of Indian Affairs 1882, vol.5, no.6, p.xxiv.

¹⁰⁹Ibid., p. xiv.

¹¹⁰CHC, Sessional Papers, Annual Report of the Department of the Interior 1880, vol. 3, no. 4, p. 102.

¹¹¹Ibid., p. 104.

starved to death in January 1881.¹¹²

By the summer of 1882 Dewdney, in violation of the 1874 and 1876 treaties, was determined to force the Cree and Assiniboine off the reserves they had chosen in the Fort Walsh district and onto reserves further north at Qu'Appelle, Battleford and Fort Pitt. Dewdney and the department hoped to divide the Cree and smash their efforts to achieve autonomy through a concentration of bands on contiguous reserves.¹¹³ The hunger crisis provided just the opportunity they needed: either leave Fort Walsh or starve. The previous winter Fort Walsh received an order from Vankoughnet to keep the Native peoples to starvation rations.¹¹⁴ Piapot left Fort Walsh for Qu'Appelle with 470 people, most on foot, with rations for 17 days. For the 360 mile trip they were allowed one-half pound of flour and a small amount of pemmican per person.

When they arrived they found people starving at Qu'Appelle. Piapot was incensed. He claimed that the food they received was killing them. The people were sick with dysentery. He wanted to choose his own reserve as the

¹¹²Ibid., Annual Report of Department of Indian Affairs 1881, vol. 8, no. 14, p. xxxi.

¹¹³Tobias, "Canada's Subjugation of the Plains Cree", p. 197.

¹¹⁴Stanley, Birth of Western Canada, p. 234.

Treaty had promised.¹¹⁵ By late summer he was back at Fort Walsh.

The Assiniboine under Chief Long Lodge encountered similar conditions at the Indian Head reserve. Spoiled bacon caused severe diarrhoea and a number of people died as a result. Long Lodge and his band left the reserve in early August. They refused to return until fresh meat was issued. The assistant commissioner suggested that beef be supplied up to three times per week if necessary to keep the people on the reserve.¹¹⁶ Piapot, Long Lodge, Lucky Man, Big Bear, and Little Pine with more than 2,000 followers moved back to Fort Walsh.

The winter of 1882-83 began, with snow and cold, in early October. The government was determined that the people leave the Fort and travel to their reserves if they expected their annuities, but it was doubtful they could have travelled even if they so chose. The people were without food, clothing, and their warm hide lodges had been replaced with torn cotton. Children were in rags without a robe or blanket to cover themselves.¹¹⁷ Police surgeon Augustus Jukes sent alarming reports to his superiors

¹¹⁵NA, RG 10, vol. 3744, file 29506-2, McDonald to Galt, 29 July 1882. Stanley stated that Piapot's demands were "impossible" and their refusal was an excuse to return to Cypress Hills, (Stanley, p. 234.)

¹¹⁶Ibid., telegram Galt to McDonald, n.d.

¹¹⁷NA, RG 10, vol. 3744, file 29506-2, NWMP Surgeon Jukes to White, NWMP Comptroller, 17 October 1882.

regarding the destitution at the Fort:

It would indeed be difficult to exaggerate their extreme wretchedness and need, or the urgent necessity which exists for some prompt and sufficient provision being made for them by the government.¹¹⁸

Jukes warned that it was urgent that the government recognize the situation and make the annuity payments at Fort Walsh: "...so that they may obtain requisite clothing and that immediate steps be taken that all alike [treaty and non-treaty] may be furnished during the impending winter with sufficient food to rescue at least their women and children from death by cold and hunger".¹¹⁹ Dewdney dismissed Jukes' alarmist tone because, he said, the doctor was unfamiliar with Native people.

The police issued rations at a rate of one-quarter pound of flour, and a few ounces of meat to the people rather than see them starve. But, as NWMP inspector Frank Norman readily admitted, the people had to make two days rations last for seven days. Frederick White, NWMP comptroller, urged Dewdney to take action on behalf of the more than 2,000 people "almost naked and [on the] verge of starvation".¹²⁰

Agent McDonald, from Treaty Four, finally arrived to make payments on 8 November. He admitted the people were

¹¹⁸ Ibid.

¹¹⁹ Ibid.

¹²⁰ Ibid., White to Dewdney, 19 October 1882.

destitute: "I know they are not getting enough flour but I like to punish them a little. I will have to increase their rations, but not much."¹²¹ Big Bear and his people could not hold out any longer. He signed his mark on an adhesion to Treaty Six on 8 December 1882.

When Fort Walsh was finally closed in 1883 Big Bear moved north, Little Pine and Lucky Man moved near Poundmaker at Battleford, and Piapot moved to Qu'Appelle near Pasqua's reserve thus effecting a modified form of their original plan to remain united on adjacent reserves. Cree efforts to have treaty promises fulfilled did not end with their move onto reserves, despite the ignominy of having to accept government rations.

Reserve life proved to be very difficult. The people were expected to work for rations when there were not enough tools, implements or seed. In the fall of 1882 Poundmaker's band had teased a wheat crop out of the dry prairie soil between drought in the spring and frosts in the fall only to find that there was no way to grind it into flour: "we do not know what to do with our wheat, and have to starve, beside our big sacks of grain."¹²² Oxen, seed, and implements, promised in the treaty, were not forthcoming so the people were forced to leave the reserve to hunt, thus

¹²¹Ibid., vol. 3744, file 29506-3, McDonald to Dewdney, 11 November 1882.

¹²²CHC, Sessional Papers, Annual Report of the Department of Indian Affairs 1883, vol. 4, no. 5, p. 195.

further slowing their progress on the farms. As Poundmaker ably stated: "It seems to me that we are as anxious to be independent as the Government are to get rid of the burden of supporting us."¹²³ Poundmaker wondered at the false economy of the government, while the government felt it had to keep the people at starvation rations in order to answer to its critics in the House.

Although crops were planted and harvested in some parts of the prairie that fall, many were suffering the ill-effects of the now five-year hunger. Rations at Battleford allowed for only one meal a day and many were too weak to work. As NWMP inspector Oulison noted: "A good many of them are now ill and will likely die..."¹²⁴ The Stoney people of the Mosquito, Bears Head, and Lean Man bands were the worst off with 77 deaths, 50 of whom were children, in a population of only 300.¹²⁵ At the Blood reserve Methodist missionary John Maclean was besieged with requests for food for the sick and dying. The nights resounded with beating drums and singing and with women wailing at the loss of their children and friends.¹²⁶ The women were in rags,

¹²³Ibid.

¹²⁴NA, RG 18, Records of the RCMP, B1, vol. 1025, file 3533, Oulison to NWMP Commissioner, Battleford 23 October 1883.

¹²⁵NA, RG10, vol. 9417, Annuity Paylists, Treaty Six, 1883.

¹²⁶NA, MG29, D65 vol. 8, Maclean Papers, "Daily Journal Fort Macleod, 1880-1888" entry for 25 June 1883, p. 52.

forced to fight over old cotton flour sacks to make clothing for themselves and the children. Agent Cecil Denny reported a dangerous level of dissatisfaction among the people because there were no tools with which to work, and therefore no rations.¹²⁷ Further north at the Blackfoot reserve many were dying of a "dangerous fever" that the government-employed doctor seemed unable to diagnose or treat, but was likely typhoid fever.

Ottawa cut expenditures for Native peoples in 1883 as a part of general government retrenchment in the face of recession. Deputy superintendent, Lawrence Vankoughnet, appointed in 1874 for his family and political connections, directed the cost-cutting measures. After a tour of the west Vankoughnet proposed a \$140,000 reduction in the department's estimates. The department was to become more centralized and less reliance placed on agent's requisitions. Clerks, assistants, and instructors were dismissed, rations were to be distributed only in return for work and under no other circumstances. The "home" or government farms were closed because, it was hoped, increased settlement could provide seed, tools and other services provided by the home farms.¹²⁸ The home farm experiment was a source of huge expense and provided very

¹²⁷CHC, Sessional Papers, Annual Report Department of Indian Affairs, 1883, vol. 4, no. 5, p. 176.

¹²⁸Carter, Lost Harvests, p. 107.

little for the Native people either in the way of education or food.¹²⁹ Vankoughnet's administration of the department was described as inflexible and short on "common humanity".¹³⁰ Native people were without many of the very basic necessities for life: a secure supply of food and adequate housing and clothing.

Vankoughnet's "Let them Suffer"¹³¹ policy toward the Native peoples was not endorsed by those on the spot. Dewdney warned that the people were already suffering and could ill-afford any more deprivation. Harsh treatment, he cautioned, was ill-advised: "...the feeling among the Indians is such that they will not suffer without an effort to obtain what they consider is their right."¹³²

Sickness and death were the most immediate results of the new policy. In Treaty Six One Arrow's band at Carlton suffered greatly over the winter from exposure and starvation. In a population of 92 there were two births and

¹²⁹Ibid., p. 102.

¹³⁰J.D. Leighton, "A Victorian Civil Servant at Work: Lawrence Vankoughnet and the Canadian Indian Department, 1874-1893." in I.A.L. Getty and A.S. Lussier eds. As Long as the Sun Shines and Water Flows, (Vancouver: UBC Press, 1983), p. 106

¹³¹NA, RG10, vol. 3637, file 6882, Dewdney to SGIA, 29 December 1883. The phrase was Dewdney's.

¹³²Ibid.

thirteen deaths, ten of whom were children.¹³³ The crude death rate, at 141.3 per 1000 population, was high compared to the nearby Okemasis and Beardy bands. At Edmonton the winter was severe and the people suffered considerably because of the scarcity of bison for tent leather, and a scarcity of moose for moccasins. The deaths that occurred, according to the agent, were caused by exposure.¹³⁴

In Treaty Seven at the Blackfoot reserve an infectious skin disease, erysipelas¹³⁵, caught hold and was considered epidemic by agent Pocklington. Death claimed many middle-aged and elderly people. Of a total 2,178 people on the reserve, 25 adults and 36 children died while 74 children were born.¹³⁶ Crowfoot complained that the flour ration,

¹³³NA, RG10, vol. 9418, Annuity Paylists for Treaties 4, 6, and 7, Treaty 6, One Arrow's Band, 1884; CHC, Sessional Papers, Annual Report Department of Indian Affairs, vol. 3, no. 3, 1885, p. 81, Report of Agent J. Ansdell Macrae, Carlton, 11 August 1884.

¹³⁴Ibid., p. 136, Report of Agent W. Anderson, Edmonton 26 August 1884.

¹³⁵Erysipelas, literally "red skin" in Latin, is an infectious disease of the skin caused by the streptococci bacteria and characterized by redness, swelling, vesicles, bullae (blisters), fever, and pain. It is an age-specific streptococcal organism with adults usually contracting erysipelas and children contracting scarlet fever, Ann Carmichael, "Erysipelas", in Kenneth Kiple, ed. The Cambridge World History of Human Disease, (Cambridge: Cambridge University Press, 1993), p. 720.

¹³⁶NA, RG10, vol. 9417, Annuity Paylists for Treaties 4, 6, and 7, Blackfoot Reserve, 1884. The 61 deaths were from all causes; CHC, Sessional Papers, Annual Report Indian Affairs, vol. 3, no. 3, p. 87, Report of Acting Agent W. Pocklington, 25 July 1884.

at five ounces per person, was too small. But he was dismissed by inspector Wadsworth as trying to "show off" to demonstrate his continued strong leadership.¹³⁷ The death rate among the 2,270 at the Blood reserve was even higher that winter: 50 children and 77 adults died while only 36 children were born, for a death rate of 55.9 deaths per 1000 population. Death rates at the Blackfoot and Stoney reserves were 28 per 1000 and 31 per 1000 respectively.¹³⁸

Crude death rates are a rather blunt instrument for measuring the level of poverty or illness and may only tell part of the story. They are, however, one of the few statistical measures available. Nevertheless, the annuity paylists list the number of people receiving annuities in a particular band, but in the early years there were always a number of non-treaty people living on reserves who contributed income and consumed produce. As well, the paylists only indirectly note births and deaths during the year, their primary purpose being to make agents accountable for money distributed. Over- and under-reporting are a real possibility in the early years before agents came to know the people personally.

Deaths mounted as illness swept in. The poorly-clad and poorly-fed settled on reserves with the expectation that

¹³⁷NA, RG10, vol. 3696, file 150,040, Wadsworth to Dewdney, 14 August 1884.

¹³⁸NA, RG10, vol. 9418, Annuity Paylists, 1884.

agriculture would provide for their wants. Despite the real difficulties of inadequate tools and insufficient seed, the first concern was to find enough able-bodied workers to farm in order to sustain the band in a harsh climate. Those who settled on the reserves after the department instituted its frugality measures seem to have been no worse off than those already established before the winter of 1883-84.

The first years of Canadian government relations with prairie Native peoples had been marked by a steady erosion of their wealth and health caused by the economic transition from hunting to agriculture. These early years did not bode well for the future health of the plains people. Starvation and the "hidden hunger" of poverty created a situation where the people's health was severely compromised. Unlike the experience of epidemics in the eighteenth and early nineteenth centuries the population could not rebound and rebuild. Government response to the crisis was criticized on all sides. Critics in the House of Commons complained that appropriations were excessive and the Native people were idly living upon government largesse. But as Big Bear explained his understanding of the treaty, a living in agriculture had been promised but it was impossible to achieve with flimsy harrows, wild cows, starvation rations, and worn clothes. Their grievances had been routinely ignored by the government, he continued, and unless the "sweet promises" in the treaties were fulfilled violence

would soon follow.¹³⁹

¹³⁹NA, RG10, vol. 3697, file 15,423, Macrae to SGIA, 25 August 1884.

Chapter Two

Desperate Times, Desperate Measures: Ration Policy, Chronic Malnutrition, and the Roots of Violence

The extent of the people's poverty became clear once they settled on reserves. Reserve populations peaked between 1882 and 1884. During the next decade, however, the incidence of disease increased markedly and all reserve groups experienced a significant population loss that continued in some cases well into the twentieth century. Malnutrition, overcrowding, exposure, poor sanitation, and oppressive government policies reduced populations on most reserves by 30% to 50%. Very often infant and child mortality outstripped the birth rate. The diseases that ravaged Native communities were the ones that flourish among the poor, such as whooping cough, measles, influenza, pneumonia, and especially tuberculosis. The people were not suffering from any lack of immunity to imported disease. They were not the immunological inferiors implied in the Columbian exchange. But until prairie agriculture began to succeed the people were dependent on government rations as their primary food source. The morbidity and mortality rates on reserves in the first ten years after settlement were in inverse relation to the Indian department's ration policy. As rations fell disease and death rates rose.

Prior to 1885 Indian department policy toward prairie Native people was grounded in the notion that once Native

people embraced a sedentary agricultural life the process of "civilization" would naturally follow. The department accepted that expenditures would be high initially, but that after two or three years of settled life on reserves bands would attain self-sufficiency.¹ The department's "work for rations" policy was therefore strictly enforced to avoid pauperizing the people. But rations were often the only source of food available to the people and many went hungry when, because of a shortage of equipment and tools, there was little work to do. Centralized departmental decision-making left farm instructors and agents unable to react to severe cases of want.² The "work for rations" policy also meant that there was little time or opportunity to acquire other necessities such as clothing and housing. After 1885 relations between Native people and government became strained. The issuing, more often the withholding, of rations became one more device used by the department to control behaviour and reward what it deemed acceptable behaviour and to punish the unacceptable.

In the face of recession and government retrenchment in 1883 relief to Native people was reduced. Assistant

¹Noel Dyck, "The Administration of Federal Indian Aid in the North-West Territories, 1879-1885", (MA Thesis, University of Saskatchewan, 1970), p. 43; Dyck argues that Commissioner Dewdney was the most consistent supporter of the notion of self-sufficiency in three years.

²Ray, The Canadian Fur Trade in the Industrial Age, p. 48.

commissioner Hayter Reed instructed that young and able-bodied people were to receive no government food rations. In Treaty Four on the Crooked Lakes reserves in 1884 there were 233 families, or a population of 1001. Yet less than half of the families had any crop, which left 670 people without any farm produce.³ On average from July 1882 to April 1883, only 534 people received rations. The people of Yellow Calf's band received no rations at all.⁴ The rations distributed in these ten months amounted to a daily ration of about 0.7 pounds of flour and 0.2 pounds of bacon per person, with children on half rations. Nevertheless, the department feared that rations were being distributed too liberally.⁵

Some years earlier Dr. Kittson of the NWMP warned the Indian department that the rations given to Native people were inadequate for subsistence. Working from figures he received from prisons and asylums in Europe, Kittson reckoned that a minimum daily ration for a man in moderate health with an active life should be one pound of meat, 0.2

³CHC, Sessional Papers, vol. 3, no. 3, 1885, p. 204.

⁴NA, RG 10, vol. 3666, file 10,181, Reed to SGIA, 21 February 1884.

⁵Ibid., vol. 3640, file 7452, part 1, Wadsworth Report on Farms in the Qu'Appelle District, May 1883. In Ochapowace's (Kahkeesheway) band the ten-month average number of people receiving rations was 134; in Kahkawistahaw's the average was 115; in Cowessess' the average was 202, and in Sakimay's the average was 83. The flour distributed amounted to 117,692 pounds, and the beef distributed was 34,205 pounds.

pounds of bread, 0.25 pounds of fat or butter. State prisoners in Siberia were given more than twice the ration. In severe weather or hard labour the NWMP minimum daily ration was 1.5 pounds of meat, 1.25 pounds of bread, plus tea, coffee, sugar, and abundant beans and dried apples. Dr. Kittson considered the recommended daily ration for Native people of a half pound of meat, and a half pound of flour "totally insufficient".⁶ The results of such a meagre diet were obvious:

Gaunt men and women with hungry eyes were seen everywhere seeking or begging for a mouthful of food - little children ... fight over the tid-bits. Morning and evening many of them would come to me and beg for the very bones left by the dogs in my yard. When I tell you that the mortality exceeds the birth rate it may help you to realize the amount of suffering and privation existing among them. The only surprise is that they remain so patient and well disposed...but human suffering must have its limits.⁷

For the 136 people or 32 families of Yellow Calf's band there were eleven houses and four stables. Yellow Calf had only received three of the four cows promised in the treaty, and one cow had died. The band had only three yokes of oxen but had managed to raise fifty bushels of wheat, and break a further 25 acres of land. Despite inspector Wadsworth's report of "good progress" in farming, there was very little

⁶Ibid., vol. 3726, file 24,811, Dr. Kittson to MacLeod, 1 July 1880.

⁷Ibid.

to eat.⁸ The 274 people of Kakawistahaw's band had sown twelve acres of wheat with one yoke of oxen. But there were only 16 "dwellings" (log houses), or about 17 people to a house.

In Cowessess' band there were a number of notable individual farmers who met with some success. O'Soup, Jacob Bear, Nacanimcanip, Petewaykeesick, Kanuwoans, Essquakanape, Assaican, and Pierre LeRat each had their own yoke of oxen and were thus able to break and sow considerably more land than those who were forced to share the use of animals. O'Soup and Nepahpahness each received gifts of cattle.⁹ These farmers had been closely associated with the Hudson's Bay Company as employees and that association continued into the reserve period. In 1883 the Hudson Bay store was operated out of Nepahpahness' house.¹⁰

For most of the people of the Crooked Lakes reserves, however, tools, livestock, draft animals, and implements were in short supply. The elderly chief Kakeesheway (Loud Voice) requested more oxen and harrows for his people. But many of the implements promised in the treaty that might have been used by the people were sitting in the government

⁸Ibid., vol. 3640, file 7452, part 1, Wadsworth to Dewdney, 30 May 1883.

⁹Ibid. Wadsworth Report, 1883.

¹⁰Sarah Carter, Lost Harvests, (Montreal: McGill-Queen's University Press, 1990), p. 114.

storehouse.¹¹ The department was reluctant to issue tools and implements until the people, in the department's opinion, were ready for them. The rations suffered considerably in transit and supplies that were issued were often of such poor quality that they were useless.¹²

The situation was little better at the File Hills reserves. In 1884 the total population was 476, but less than half (209 people) were engaged in farming.¹³ The reserves produced 1,398 bushels of potatoes, 675 bushels of wheat, and 513 bushels of barley. Assuming that only the farming families were attempting to live off the produce, and leaving a certain amount for next year's seed, there was a daily diet of less than a half a pound of potatoes per day. The wheat and barley harvest was even more meagre when it is considered that a portion of the harvest would be lost in grinding, and a portion saved for seed. Furthermore, it may be a mistake to assume that only the farming families benefitted from the harvest considering the peoples' tradition of sharing. There were 267 people with no crops at all, but only an average of 232 people received rations

¹¹NA, RG 10, vol. 3640, file 7452, part 1, Wadsworth Report, 30 May 1883.

¹²Ibid.

¹³CHC, Sessional Papers, vol. 3, no. 3, 1885, pp. 204-205. The File Hills reserves consisted of the Okaneese, Peepeekeesees, Star Blanket, and Little Black Bear bands.

over the ten months from July 1882 to April 1883.¹⁴ On that basis the daily ration per person was 0.05 pounds of flour, and 0.02 pounds of bacon, significantly less than Dr. Kittson's minimum of one pound of meat, 0.2 pounds of bread, and 0.25 pounds of fat or butter.¹⁵ In good years this diet would have been supplemented by fishing and hunting, but the winter of 1883 was particularly poor in that sense as well.

Chief Little Black Bear needed more oxen, harrows, and shoes for his 134 followers. They had seven "dwellings", three yokes of work oxen, four cows, and three stables. Star Blanket's band, with 97 people had five houses and three stables. Okanese and Peepeekeesis with 211 followers had "not made much progress" in farming according to inspector Wadsworth.¹⁶ By the end of 1883 Dewdney had been informed that the people in Treaty Four were poorly clad, most were without shoes, and "afraid they are going to starve."¹⁷ Agent Macdonald had warned Dewdney that January and February were likely to be very hard for the people because the fish would not take bait in the cold weather and rabbits were scarce. The potatoes stored for winter use and

¹⁴NA, RG 10, vol. 3640, file 7452, part 1, Inspector Wadsworth's Report on Farms in Qu'Appelle district, 1883.

¹⁵Ibid.

¹⁶Ibid. 30 May 1883.

¹⁷Ibid., vol. 3670, file 10,772, Hourie to Dewdney, 29 December 1883.

for seed were rotten, and the grain grown was not yet ground into flour.¹⁸

Throughout the 1880's the two chief causes of death on the Treaty Four reserves were whooping cough among the children and pulmonary tuberculosis among the adults.¹⁹ Morbidity and mortality from both diseases can be directly linked to the economic conditions on the reserves. Both diseases are spread through droplet infection by talking, sneezing, and spitting. Once released into an enclosed space the droplets can remain suspended in the air, much like smoke. Closed, cramped living quarters helped maintain high infection rates.

Whooping cough, also known as pertussis after the causative bacillus Bordetella pertussis, is an acute infection in children generally. It is a respiratory tract disease that is characterized by paroxysms of coughing, and a prolonged inspiration that gives whooping cough its name. One attack confers immunity. The symptoms are non-specific and resemble those of many minor respiratory ailments. During this stage the disease is highly communicable. The whoop is often followed by vomiting, and in infants cyanosis (bluish coloration of the skin) may follow. Convalescence required bed rest, a good diet, and adequate fluids. Death

¹⁸Ibid., A. Macdonald to Indian Commissioner, 6 January 1884.

¹⁹CHC, Sessional Papers, vol. 13, no.15, 1888, p. 78.

often followed complications such as bronchopneumonia, atelectasis (collapsed lung), convulsions, or haemorrhage.

Tuberculosis, like whooping cough, is a bacterial infection. Tuberculosis is often associated with the lungs but it can affect almost any organ or tissue. It is caused by the bacillus Mycobacterium tuberculosis. Until the disease reaches its most advanced stage where the victim coughs up large amounts of blood, many are free of symptoms or experience mild respiratory symptoms not unlike the common cold. The symptoms of tuberculosis are fatigue, lethargy, weight loss, irregular menses, sweating, and fever. Whether or not the disease develops once a person becomes infected with the bacillus depends on a number of factors, the most important of which are crowding, quality of nutrition, and working and living conditions.²⁰ Crowding and inadequate protein in the diet increase the chances of developing the disease. Studies have consistently shown that groups with the lowest income levels suffer the most from the disease, and that a rising income greatly reduces tuberculosis mortality.²¹

In May 1884 Dr. O.C. Edwards at the Treaty Four reserves noted numerous cases of "bronchial troubles, ending

²⁰William D. Johnston, "Tuberculosis", in Kenneth Kiple, ed. The Cambridge World History of Human Disease, (Cambridge: Cambridge University Press, 1993), p. 1061.

²¹Ibid.

in the spitting of blood and quick consumption and death."²² He also found what he termed "land scurvy", caused by the exclusive use of salt pork.²³ The symptoms he described were swollen and enlarged glands of the neck, and not the apparent scurvy symptoms of spongy, blackened gums, and pain and hardening of the leg muscles. Edwards may have mis-diagnosed scurvy instead of tubercular infection of the lymph glands, or "scrofula". Nonetheless it was apparent to Edwards that the cause of the illness was the food, or lack of it: "...many of those who have died this winter have died from absolute starvation."²⁴ It would do no good, he continued, to supply the people with ammunition because there was no game.

Hayter Reed, unwilling to admit the shortcomings of the ration policy, argued that the illness reported by Dr. Edwards was likely caused by the peoples' own "immoral habits." Apparently Reed believed that their plight was self-imposed, and a result of their over-crowded living conditions where two or three families were forced to live in the same small log house. Reed may have perceived this as somehow immoral. Besides, he argued, "When the doctor speaks of starvation [he] does not mean that the quantities

²²NA, RG 10, vol. 3744, file 29,506-4, part 1, Edwards to MacDonald, 13 May 1884.

²³Ibid.

²⁴Ibid.

issued were not sufficient but that the Indians were unable to eat the bacon."²⁵

In 1884 at the Crooked Lakes reserves scarlatina (scarlet fever) and consumption were reported.²⁶ Dr. Dodd attended and prescribed beef tea.²⁷ At Moose Mountain Dr. Redmond reported that consumption and scrofula were the main causes of death. The contributing causes were ill-ventilated, cramped houses, and a poor diet consisting of bacon and flour.²⁸ Agent McDonald at Indian Head noted that the extreme lack of clothing was the cause of "...a great deal of suffering" during the winter. The hunting and fishing was poor in the winters of 1883 and 1884 and with increased immigration it was unlikely to improve substantially. Farming did not produce enough to feed half the residents of the reserves, and rations were clearly inadequate. It is apparent that most deaths were the result of malnutrition and infection arising from poor living conditions and overcrowding.

Among Piapot's people Agent Macdonald reported that the exceedingly high mortality rate was largely due to "consumption". Farm instructor McKinnon noted that from November 1883 to April 1884, 42 of Piapot's 550 people and

²⁵Ibid., Reed to SGIA, 20 May 1884.

²⁶CHC, Sessional Papers, vol. 3, no. 3, 1885, p. 66.

²⁷Ibid., p. 137.

²⁸Ibid., vol. 4, no. 4, 1886, p. 60.

31 of 257 Assiniboines of The Man Who Took the Coat band had died making the death rates 76.3 and 120.6 per thousand respectively.²⁹ According to the Native people's own oral history, however, of the 330 people who arrived on the reserve in the fall of 1883, 130 died that winter from malnutrition and starvation.³⁰ The death rate for Piapot's band would therefore be closer to 393.9 per 1000 population. The discrepancy between the population figures might be accounted for by the department's tendency to lump together a number of distinct bands under one recognizable leader. But the discrepancy in the death rates, according to authors Goodwill and Sluman, can also be accounted for by the department's desire to "...give the most conservative picture possible of the plight..."³¹

The people needed fresh food. At the offer of medicine, Piapot's headman remarked, "I want no government medicine. What I want is medicine that works. Send three oxen to be killed and give fresh meat to my people and they

²⁹NA, RG 10, vol. 3687, file 13,642, McKinnon to Indian Commissioner, 30 April 1884. The population totals are taken from RG 10, vol. 9417, Annuity Paylists, 30 September 1884.

³⁰Abel Watetch, Payepot and His People, (Regina: Saskatchewan History and Folklore Society, 1959), pp.16-17; Jean Goodwill and Norma Sluman, John Tootosis (Winnipeg: Pemmican Press, 1984), p. 32; Dan Kennedy (Ochankugahe), Recollections of an Assiniboine Chief, edited by James Stevens, (Toronto: McClelland and Stewart, 1972), p. 57.

³¹Goodwill and Sluman, p. 32, n16.

will get better."³²

Mothers and their children were at greatest risk in such a situation. Recent studies of Third World peoples have shown that the relationship between malnourishment and infection is a powerful dynamic. A synergism develops whereby malnutrition enhances infection which in turn enhances malnutrition. Meanwhile the immune system becomes severely compromised. As one study concludes, this "synergism between common infections and malnutrition probably accounts for more mortality, morbidity, and reduced growth and development than any other combination of factors."³³ On the Crooked Lakes and File Hills reserves from 1884 to 1894 the average child mortality rate surpassed the birth rate; for every child born at least one, and often two, children died (see Tables 2.1 and 2.3).

Formal protests by the elders emphasized the need for food to keep their children alive, and for implements and oxen so they might grow their own food to sustain them. The

³²NA, RG 10, vol. 3687, file 13,642, McKinnon to Commissioner, 30 April 1884.

³³Carl Taylor, "Synergy among Mass Infections, Famines and Poverty" in R. Rotberg and T. Rabb, eds. Hunger and History, p. 288; see also Thomas McKeown, "Food, Infection, and Population", p. 44, ibid.; see also Robert Dirks, "Famine and Disease", in K. Kiple, ed. Cambridge World History of Human Disease, pp. 157-163. Dirks concludes, "This vicious circle can originate on the side of either pathogenic illness or undernutrition.... Virtually any endemic illness has epidemic potential during famine, but certain of them have become notorious... typhus, relapsing fever, smallpox, dysentery, tuberculosis, bubonic plague, influenza, and pneumonia." p. 160;

governor general Marquis of Lorne visited the west in 1881. Careful presentations were made by the Chiefs to the man whom, they thought, must have the ear of the Queen for he was married to her daughter. Paksung, speaking for Chief Kakeesheeway, stressed their desperation: "The horses that have had the scab have been given to the children to eat. That is why there is sickness and they are weak and die...Those chiefs here ask you to supply them with enough food. Those here wish that the Queen would open her storehouse to us...". Poundmaker urged the governor general to supply them with a reaper and mower and added "...there is always much sickness on my reserve." Red Pheasant admitted that he was unable to make his own living, "I am too weak. I am like a child." Crowfoot demanded: "I do not want beef measured by scales, nor the flour measured by cups - if you want to give me any grub I want to get it before the winter sets in.... I want clothing." Button Chief of the Bloods needed rations: "...our children have been starving and many are dead." The governor general listened to their requests and then lectured them on the virtues of hard work: "I am sure that red men to the East when they work do well and do not starve and I have noticed that the men who talk most and ask most do not work."³⁴

Frustration at their lot spilled out in ugly confrontations between impatient young men and frightened

³⁴Ibid.

employees. The confrontations were over food: the people demanding and the government withholding. The stage was invariably the steps of the ration house. But it was not simply an issue of available food supply, but rather an issue of entitlement. The people were hungry because they were unable to command food. They had no money to buy it, they had insufficient tools to grow it, and they did not have the social or political right to receive it for free.

On 18 February 1884 farm instructor Keith had rationed Cowessess' band when Yellow Calf and twenty-five men entered the ration house and requested an interview. They wanted enough food to last a few weeks. Upon being told that assistant commissioner Reed would not allow them to receive rations, they made a rush for the warehouse and took the flour and bacon.³⁵ The NWMP led by inspector Deane arrived with ten armed men, and immediately sent for ten more men. The Native people wanted a meeting with Dewdney to press their demands for food, clothes, and work. Tense moments followed as the two camps, Native people in the house and police outside, bristled for a fight. The police were outnumbered three to one and thought it unwise to make arrests. Chief Yellow Calf, Kanawas, Pennepakesis, and Moyes eventually gave themselves up to the police after

³⁵NA, RG 10, vol. 3666, file 10,181, Keith to Dewdney, 19 February 1884.

seven hours of negotiation.³⁶ Yellow Calf offered to repay the government for the flour and bacon either in cash or in kind.³⁷ Charges of larceny were levelled against the other three but the sentences were suspended.

Publicly, Hayter Reed and the police stated that the disturbance was caused by a number of people who had been dancing and had worked themselves into a frenzy. When their provisions were exhausted, "the Indians were in a state of excitement sufficient to subordinate all other considerations to the craving for more."³⁸ Agent Keith, in his report of the incident to commissioner Dewdney, testified that the cut in rations had caused the disturbance.³⁹

Initially Reed refused to admit that the ration policy had precipitated the outbreak. He reported that Yellow Calf's band had an opportunity to hunt and fish, and the band had a good supply of grain on hand. He had told the band that, "...the issues had to be greatly curtailed for the present in order that a sufficiency might be on hand for

³⁶CHC Sessional Papers, Annual Report of the NWMP, vol. 13, no. 153, 1885, p. 7.

³⁷NA, RG 10, vol. 3666, file 10,181. Reed to SGIA, 27 February 1884.

³⁸Ibid.; Carter, Lost Harvests, p. 122; Andrews, "The Crooked Lakes Reserves", p. 78.

³⁹NA, RG 10, v. 3666, file 10,181, Agent Keith to Commissioner, 19 February 1884.

spring work."⁴⁰ Reed later admitted that, "sickness was more or less rife" among the people, that the hunting was poor and fishing impossible, that they had no market for their grain, and that winter was very hard on the people. But to dispel alarm among the settlers caused by "sensational accounts" in the newspapers, Reed thought it necessary to have the prisoners taken to Regina.⁴¹

The situation was little better at the File Hills reserves north of Crooked Lakes. As the police were busy with the Yellow Calf affair a telegram was received reporting a similar incident at File Hills. The farm instructor was held at the farm house while the storehouse was raided. A small detachment of police subdued the people without sending out a general alarm.⁴²

Piapot and his people moved off their reserve in May 1884 because, he claimed, so many of his people had died there.⁴³ He wanted a site with fresh running water and plenty of fish. Piapot headed for Pasquah's reserve. Fearing his motives the government dispatched 54 policemen armed with a cannon to intercept Piapot. He agreed to meet with officials at Qu'Appelle to defuse the situation.

⁴⁰Ibid. Reed to SGIA, 21 February 1884.

⁴¹Ibid.

⁴²Ibid., vol. 3666, file 10,181, Telegram NWMP to Indian department, 22 February 1884.

⁴³Ibid., v. 3686, file 13,168, MacDonald to Dewdney, 15 May 1884.

Piapot settled on a reserve adjoining Muscowpetung's on the Qu'Appelle river in August 1884.

Conflict and collective action to take food by force indicated a high level of distress. It also indicated the peoples' belief that they were morally and legally entitled to food stored on reserves. Much like the food rioters in England in the eighteenth century, Native people had a coherent and a "legitimizing notion" for their action.⁴⁴ As spokesman O'Soup explained to Reed, "If provisions were not intended to be eaten by the Indians, why were they stored on their reserve?"⁴⁵ Violent clashes were not the result, as historian G.F.G. Stanley argues, of a people who would not give up the chase and the fond memories of freedom.⁴⁶ The presence of desperately needed food on reserves for the peoples' use, yet withheld, led some people to violence.

Violent confrontations were only the outward manifestations of the ration policy. Chronic malnutrition, coupled with inadequate clothing and housing, created a situation conducive to ill-health and disease. The Crooked Lakes reserves lost 41.3% of their population in the ten

⁴⁴E.P. Thompson, "The Moral Economy of the English Crowd in the Eighteenth Century", Past and Present, vol. 50, (1971), pp. 95-97.

⁴⁵NA, RG 10, vol. 3666, file 10,181, Reed to SGIA, 27 February 1884.

⁴⁶G.F.G. Stanley, The Birth of Western Canada, Reprint 1936, (Toronto: University of Toronto Press, 1960), p.236.

years from 1884-1894, while File Hills lost 46% over the same time period. (Tables 2.2 and 2.4)

Population losses can be accounted for by three factors: a decrease in the birth rate, an increased death rate, or migration. At the Crooked Lakes and File Hills reserves the death rate continued to rise during the first decade after settlement and the birth rate remained constant or increased slightly. There is no real incompatibility between the two rates however. As the population fell there may have been marginally more resources per person on the reserves. Likewise pregnant mothers and their young children may have fared better with the reduced population. But considering the increasing death rate that explanation seems unlikely.

On the other hand the rising birth rate may represent a particularly odious cycle. A study of Native people in the immediate post-settlement period in Montana (1886-1903), shows that increased birth rates and high infant mortality indicated deteriorating health status. Frequent child deaths promoted fertility for fear of not having any surviving children. Repeated cycles of pregnancy and lactation made major demands on maternal nutritional intake and promoted chronic malnutrition. Therefore women tended to give birth to underweight babies and increased the risk of infant and child mortality. The combination of high fertility and high infant mortality produced undernourished

but fertile women, and infants at high risk of contracting infectious disease and dying.⁴⁷ This cycle is evident in the Crooked Lakes and File Hills reserves. (Tables 2.2 and 2.4 and Figures 2.1 and 2.2).

The most significant population loss was suffered by children and the elderly which suggests that reserve life was particularly dangerous for those who were unable to command resources in their own right. It also indicates serious problems in the general state of health of the greater community because infant and child mortality rates are the most sensitive indicator of the overall health status of a community. Today the major determinants of the infant and child mortality rates are, "first, the nature of the physical environment, especially the state of sanitation..."⁴⁸ It has also been solidly established that infant and child mortality rates are strongly linked to family income.⁴⁹ The less dramatic, albeit significant, decline among men and women indicates that the other major determinants of health, adequate nutrition, clothing, and shelter, were lacking.

⁴⁷Gregory Campbell, "Changing Patterns of Health and Effective Fertility among the Northern Cheyenne of Montana, 1886-1903.", American Indian Quarterly (vol. 15, no. 3), p. 355.

⁴⁸Edward Stockwell, "Infant Mortality" Cambridge World History of Human Disease, (Cambridge: Cambridge University Press, 1993), p. 224.

⁴⁹Ibid.

Migration, as the third determinant of population loss was a significant factor in the immediate aftermath of the Riel Resistance, 1885-1888. The rate of loss across all population categories during these years was constant in relation to each other. (Figures 2.1 and 2.2). The Crooked Lakes reserves experienced its greatest net loss due to migration between 1885 and 1887. In those years 576 people left the reserves while only 195 entered. At File Hills there was a net loss of 155 due to migration during the same time period.⁵⁰ Most reserves across the west experienced a significant population loss due to migration in these years. (Figures 2.1 - 2.7)⁵¹ It is therefore not possible that these people joined other Canadian bands. More likely they left the reserve, and perhaps the country, and chose to rescind their status in the eyes of the government because of the social, political, and economic conditions on reserves.

Infant mortality, suffering, violence and death were the direct manifestations of the ration policy and the economic conditions on the reserves. In his annual report

⁵⁰NA, RG 10, vols. 9417-9427, Annuity Paylists, File Hills Reserves, 1884-1894. Migration losses are calculated as follows:

$n_1 + [(n_1 \text{ births}) - (n_1 \text{ deaths})] = n_2$, where n is the year.

⁵¹NA, RG 10, vols. 9419-9421, Annuity Paylists, Crooked Lakes, 1886-1888. For example, the Battleford reserves experienced a net loss of 696 people due to migration in a total average population of 1529, Ibid., Battleford, 1886-1888.

for 1886 Commissioner Dewdney considered the problem of high death rates on reserves. He suggested that a large percentage of the sickness and death on reserves was, "...directly due to hereditary disease, which had its origin at a time prior to that at which our responsibility began."⁵² Dewdney may have been referring to tuberculosis, which was considered a hereditary disease at the time, or perhaps syphilis. Again, agent Campbell of Treaty Four suggested that the high death rates were the "outcome of diseases, either inherited from their parents, or in the older ones brought with them from the Missouri as a result of former vicious practices. Their constitutions appear to be weakly and to have a consumptive tendency..."⁵³

Western officials such as Dewdney and agent Campbell were familiar with both reserve conditions and the residents. It seemed eminently reasonable to them that the sickly and elderly were suffering from diseases contracted prior to their settled life. But Dewdney went on to suggest that the death rate was not necessarily higher than in previous years, but rather that better records were kept: "It should not be forgotten that the record of deaths of weak and sickly children, who formerly perished in infancy without any record having been kept of them, cannot fail to raise

⁵²CHC, Sessional Papers, vol. 5, no. 6, 1887, p. 110.

⁵³Ibid., vol. 13, no. 15, 1888, p. 82.

the death rate amongst that class."⁵⁴ Infant deaths were not easy to explain, but the assumption was that they were also "weak and sickly" due to hereditary disease.

The conditions on reserves in Treaty Six were similar to those found in Treaty Four. In early 1883 the Edmonton Bulletin published a letter from Chiefs Samson, Ermineskin and others to the minister of the Interior. They complained about the conditions on their reserves, that they were living in "dire poverty" and utter destitution. They had not received the farming implements and cattle that were promised in the treaty because the employees at their reserves, "... have robbed us of more than half of these things on which we were to depend for a living."⁵⁵ They had only received half the seed they were promised and none of the ploughs, harrows, axes, and hoes. They could not, they claimed, make their case to the agent because the interpreter would not translate their complaints. They had become, "...mendicants at the door of every white man in the country...."⁵⁶ They were slowly starving and begged the Minister: "If we must die by violence, let us do it

⁵⁴Ibid., vol.5, no. 6, 1887, p. 110.

⁵⁵NA, RG 10, vol. 3673, file 10,986, Letter to Minister of the Interior from Chiefs Samson, Ermineskin, Woodpecker, Maninonatan, Acowastis, Siwitawiges, Iron Head, and William, 7 January 1883.

⁵⁶Ibid.

quickly."⁵⁷

Agent Anderson dismissed the people's complaints and accused Father Constantine Scollen, the long-time Catholic missionary among the Blackfoot and Cree, of publicly fomenting trouble. Anderson suggested that commissioner Dewdney might have the priest arrested.⁵⁸ Scollen, in his own defense, explained that the people were destitute and when they applied to the agent for relief, "...they were generally driven off with a rebutting growl...."⁵⁹ He said the people were willing and anxious to work but had neither seed nor tools. To illustrate their dire situation, Scollen noted that the people could not even afford to bury their dead. "I know of one corpse to have been eaten by dogs and wolves not a quarter of a mile from Edmonton." He had recently brought in eight dead to be buried at the mission. The Hudson Bay Company used to provide coffins, could the government not do the same?⁶⁰

At Battleford, Duck Lake and Fort Pitt the people had met with some success at grain farming. There was, however, neither mill nor market for their grain. The people could not purchase meat, clothing or building materials. Hayter Reed suggested that by paying the Native farmers less than

⁵⁷Ibid.

⁵⁸Ibid., Anderson to Dewdney, 22 February 1883.

⁵⁹Ibid., Scollen to Dewdney 17 March 1884.

⁶⁰Ibid.

the market price for their wheat the department could save money and supply the needy with flour. Mills could be established at Duck Lake and Battleford to grind the wheat into flour. The government would then buy the flour from the Native farmers at below market value to supply the needy. As well, Reed explained, by using the work for rations policy the grinding "...can be done at a very low figure."⁶¹ Reed's plan was not implemented and the wheat was not ground.

At Frog Lake in early 1884 Big Bear's father-in-law, Yahakootyawapos, returned empty-handed from a long hunt. When he requested food from instructor Delaney at the ration house he was pushed toward the door. He drew a knife on the instructor who escaped and called the NWMP. Yahakootyawapos was arrested and sentenced by Inspector Dickens to two years hard labour at the Battleford barracks.⁶² Battleford's agent Rae wired the commissioner that all was quiet at Fort Pitt but that the fishing and hunting had been a complete failure and the people were very hungry.⁶³

The winter of 1883-84 had been severe across the prairies. At Poundmaker's reserve near Battleford the Catholic missionary Father Louis Cochin witnessed the

⁶¹NA, RG 10, vol. 3668, file 10,644, Reed to Commissioner, 28 December 1883.

⁶²Ibid., vol. 3576, file 311, Thomas Quinn to Dewdney, 26 February 1884.

⁶³Ibid., Rae to Dewdney, 11 March 1884.

starvation:

I saw the gaunt children, dying of hunger, come to my place to be instructed. Although it was 30 - 40 degrees below zero their bodies were scarcely covered with torn rags.... The hope of having a little morsel of good dry cake was the incentive which drove them to this cruel exposure each day...The privation made many die."⁴

In June 1884 Big Bear arrived at Poundmaker's invitation to make a Thirst Dance and attend a general council of area chiefs at which they planned to press the government for fulfilment of treaty promises. Assistant commissioner Reed had prior knowledge of the planned meeting and suggested the Native leaders were gathering "...in order to test their powers with the authorities once more."⁵ Reed proposed that the police in the area be substantially increased. Reed advised that the ringleaders should be arrested on the slightest pretext, "...the law might have to be strained a little to meet a particular case, but in the interests of the country...as well as the Indians themselves, such a course I think would be advisable."⁶ Once the spring work was complete the agent immediately cut off all rations in an attempt to starve the visitors out.

The Thirst Dance had just begun at Little Pine's

⁴Louis Cochin, The Reminiscences of Louis Cochin, OMI, (Battleford: Canadian North-West Historical Society Publications, 1927), p. 26.

⁵NA, RG 10, vol. 3668, file 10,644, Reed to Dewdney, 28 December 1883.

⁶NA, RG 10, vol. 3668, file 10,644, Reed to SGIA, 12 April 1884.

reserve when two men approached instructor Craig at the ration house. They had been ill and were hungry. Craig attempted to push them out of the ration house when one of the men struck Craig on the arm with an axe handle that was nearby. Craig called out the NWMP who arrived the following day. Superintendent Crozier entered the dancing tent, pushed his way through the dancers, "the drum never stopped, the singing was as lusty as usual...[the people] were painted up and dressed out of all recognition."⁶⁷ The chiefs promised that they would surrender the offenders the next day. The police and employees moved all the stored flour and bacon off Little Pine's reserve to the now-deserted Poundmaker's reserve. According to an eye-witness, "...the trouble was all over a few pounds of flour."⁶⁸ In a fine bit of irony the police and employees spent the night building bastions lined with flour sacks for protection from anticipated attack.⁶⁹

Mass confusion followed as the Native people met Crozier's forces but no shots were fired as the offenders

⁶⁷Robert Jefferson, "Incidents of the Rebellion as Related by Robert Jefferson" in Campbell Innes ed., The Cree Rebellion of 1884, (Battleford: Canadian North-West Historical Society Publications, 1926), p. 26.

⁶⁸Ibid., p. 34-5. Robert Jefferson was the instructor at Poundmaker's reserve and accompanied the police on their unsuccessful raid. Jefferson was born in Tyneside, England in 1856 and settled on the Red Pheasant reserve in 1878 as a teacher. In 1884 he joined the department of Indian Affairs as a farm instructor at Poundmaker's reserve.

⁶⁹Ibid., p. 26.

were taken into custody. The following day there was a general distribution of rations to ease the situation and Crozier was publicly credited with the peaceful outcome. According to Fine Day, one of Poundmaker's deputies, however, there was no trouble because Poundmaker did not wish it.⁷⁰ The farm instructor on Poundmaker's reserve, Robert Jefferson, noted that the chiefs knew that serious trouble would neither suit their purposes nor advance their interests.⁷¹

The chief's council met in early July at Carlton. Their major demands were for the farm implements and livestock promised in the treaty. They pointed out that they could not work with the wild cattle they were given, the crops had been poor, game was scarce and they were "reduced to absolute and complete dependence upon what relief was extended..." They also pointed out that many of their people were forced off the reserves because, "there is not enough of anything supplied to them to enable all to farm - although a living by agriculture was promised to them."⁷² They lacked clothing and rations and so could not work, the promised medicine chests were not delivered, their

⁷⁰Ibid., Fine Day, "Incidents of the Rebellion as Related by Fine Day", p. 17.

⁷¹Ibid., Jefferson, "Incidents of the Rebellion as Related by Robert Jefferson.", p. 32.

⁷²NA, RG 10, vol. 3697, file 15, 423, Carlton Chiefs' Grievances, 1884, Macrae to Dewdney, 25 August 1884.

requests had been consistently ignored and they were only barely able to restrain the young men who advocated violence.⁷³

Reed admitted that many of the cattle were wild, but no record survived of what was issued to whom. The implements issued were of good quality, he explained, but the people were very hard on the tools. Medicine chests were promised for each agency, not each reserve, but he admitted there were no chests delivered. Reed suggested to his superiors that the unrest was the result of poor crops. The remainder of the chiefs' statement was dismissed as the work of the agitators Riel and Big Bear.⁷⁴

There was considerable ground for complaint according to farm instructor Jefferson who noted that assistant commissioner Reed had calculated the absolute minimum ration and kept the people hungry.⁷⁵ The houses were made of logs with mud walls and roof, but every rain washed the mud into the house covering everything inside with dirt. Jefferson pointed out that the instructor's quarters were no better.⁷⁶ Some had a small cook stove. Life on the

⁷³Ibid.

⁷⁴Ibid., Reed to SGIA, 23 January 1885.

⁷⁵Robert Jefferson, Fifty Years on the Saskatchewan, (Battleford: Canadian North-West Historical Society Publications, 1929), p. 126.

⁷⁶Jefferson, "Incidents of the Rebellion as Related by Robert Jefferson", p. 22.

reserves consisted of planting potatoes, cutting fence poles, putting up hay, and "bothering the instructor for food." According to Fine Day, "The Indians saw that they were the slaves of the government - doing tasks and receiving bad food, and little of that." According to Jefferson the sickness that befell the people, "was the result of the radical change in their circumstance, especially the food."⁷⁷

Population loss on the Battleford reserves was similar to the losses suffered by the Treaty Four people. The annual death rate was twice the birth rate in each of the first ten years after settlement. On average more than half of all deaths in each of the first ten years were infants and children. (see Table 2.5) This would suggest that the living conditions precipitated, or were the cause of the mortality. Recent research indicates that there is a persistent and strong inverse relationship between economic status and infant and child mortality.⁷⁹

The same living conditions that were killing the children had caused the unrest among the Native people during the Riel resistance. The people were disappointed in the progress of agriculture. They worked hard but were

⁷⁷Fine Day, "Incidences of the Rebellion.", p. 13.

⁷⁸ Jefferson, Fifty Years on the Saskatchewan, p. 126.

⁷⁹Stockwell, "Infant Mortality", in Kiple, ed. The Cambridge World History of Human Disease, p. 229.

frustrated by the prairie climate and inadequate tools. They seemed no nearer their goal of agricultural progress.⁸⁰ As a witness to the events of 1885 noted: "the chances were that the trouble would disappear under a shower of flour and bacon."⁸¹

A "shower" of food would not be forthcoming, however. There seems little doubt that the Canadian voter perceived the ration policy as already far too generous. Battleford's Saskatchewan Herald claimed that reports of starvation on reserves were unfounded. Native people, editor P.G Laurie claimed, were content to live off the government and had to be compelled to settle and work on their reserves. "Philanthropists" were wrong-headed in their calls for greater aid to Native people, Laurie claimed, because relief only made the people "more helpless".⁸² Laurie's estimation of the roots of the problem echoed a segment of public opinion more clearly expressed by the department itself: "The provisions supplied them are so distributed as to encourage industry. Men who absolutely refuse to work are certainly not encouraged in their idleness...for if they once acquire the notion that it is the duty of the government to maintain them they will never attempt to do

⁸⁰Jefferson, "Fifty Years on the Saskatchewan", p. 125.

⁸¹Ibid., p. 126.

⁸²Saskatchewan Herald, 20 September 1884.

anything for themselves."⁸³ The department pamphlet went on to describe its difficult position between "two hostile fires of criticism": the Opposition's charges that it was wasting money feeding "idle vagabonds", and criticisms that it was "starving the poor Indians."⁸⁴

An increase in rations, however unlikely, may well have forestalled the violence and bloodshed at Frog Lake and Battleford in the spring of 1885. According to historian John Tobias, Dewdney admitted that the Cree acts of violence were, "the acts of a desperate, starving people" and unrelated to the Metis resistance.⁸⁵ Nevertheless, Native people on the prairies were to pay dearly for their supposed involvement. Commissioner Dewdney explained in his annual report for 1886 that the past policies of the government were not to blame for the Native people's participation in the Riel resistance. They had rebelled, Dewdney explained, because "it is a peculiarity of their race to be extremely susceptible to influence, to care little for the morrow if the day satisfies their wants, and (perhaps from their nomadic tendencies) to welcome any change...."⁸⁶ The government instituted new regulations that limited the

⁸³The Facts respecting Indian Administration in the North-West, (Ottawa" Department of Indian Affairs, 1886), p. 6.

⁸⁴Ibid.

⁸⁵John Tobias, "Canada's Subjugation of the Plains Cree", p. 208.

⁸⁶CHC, Sessional Papers, vol. 4, no. 4, 1886, p. 141.

people's physical and financial freedom. The pass and permit systems placed significant restrictions on their agricultural activity just when they had begun to make some progress.⁵⁷

In 1886 the department was called to account in the House of Commons for its administrative record. In the always-lively debate over supply Liberal Member of Parliament from West Huron, Malcolm Cameron, in reaction to the events of 1885, strongly criticized the administration of the Indian department.⁵⁸ He attacked all aspects of the department's administration by, for example, characterizing the employees as a "swarming army of carpet-baggers and camp followers...".⁵⁹ Cameron's charges contained a seed of truth. In the years before the 1885 resistance the department was generally not able to attract well-qualified employees because of the isolation, mediocre pay, and potential danger of the work.⁶⁰ In the areas where violence erupted, "incompetence, instability, and insensitivity", but not corruption, characterized the

⁵⁷Carter, Lost Harvests, p. 158.

⁵⁸CHC, Commons Debates, 4th Session, 5th Parliament, 15 April 1886, pp. 718-30.

⁵⁹Ibid., p. 719.

⁶⁰F. Laurie Barron, "Indian Agents and the North-West Rebellion", in F. Laurie Barron and James B. Waldram, eds., 1885 and After: Native Society in Transition, (Regina: Canadian Plains Research Center, 1986), pp. 141-42; see also Ray, The Canadian Fur Trade in the Industrial Age, p. 48.

administration of the department at a time when insight and experience was required.⁹¹

Cameron charged that the government had adopted a cruel policy intended to starve the people into submission. Cameron's attack was certainly motivated by partisan concerns, as the department charged, but again there was an element of truth. Dewdney claimed that there was no starvation on reserves⁹², when, as previously noted, there had been.⁹³

Dr. C.F. Ferguson, Conservative member from Leeds, rose and testified that he had been present on the Blood reserve from June to October 1883 when indeed Native people had died.⁹⁴ But, he stated, it was not the government rations that killed the people. He explained that the people had a "specially filthy habit" of placing their lodges too close together and not moving them to clean sites often enough. It was "autumn fever or mountain fever" a type of typhoid, Ferguson explained, that killed the people.⁹⁵ Ferguson

⁹¹Barron, p. 149.

⁹²NA, RG 10, vol. 3743, file 29488, part 2, Dewdney to SGIA, 1 May 1886.

⁹³see chapter 1, pp. 45, 57, 64.

⁹⁴see chapter 1, p. 50 n89 for the incident referred to by Ferguson.

⁹⁵CHC Debates, 1886, p. 739.

reckoned that the adults suffered from chronic dyspepsia,⁹⁶ as a result of too much food and too little exercise. He also observed children snaring gophers and assumed they did so for subsistence because their parents had starved them.⁹⁷ Ferguson's statement was as partisan as Cameron's, but Ferguson also had a financial stake in the west. Ferguson was very involved in one of the colonization companies that were granted the right to buy land in the west and encourage settlement.⁹⁸ C.F. Ferguson and Associates were granted 30,720 acres and paid the initial instalment of \$12,288.00 on land north and west of Fort Qu'Appelle.⁹⁹ A company could pay as little as one dollar an acre and could demand prices ranging from three to fifteen dollars per acre for the same lands when the

⁹⁶Dyspepsia, from the Greek "difficult digestion", is a synonym for indigestion. In the nineteenth century dyspepsia became a common diagnosis for patients who were guilty of some excess, whether gluttony, improperly chewed food, abuse of alcohol, or masturbation, James Whorton, "Dyspepsia", in Kiple, ed., The Cambridge World History of Human Disease, pp. 696-698.

⁹⁷CHC Debates, 15 April 1886, p. 740.

⁹⁸A.N. Lalonde, "Colonization Companies in the 1880s", in D.H. Bocking, editor, Pages From the Past: Essays in Saskatchewan History, (Saskatoon: Western Producer Prairie Books, 1979), p. 17; among other regulations the company was promised a rebate of \$160 on the purchase price of \$2 per acre for every settler on its tract, p. 19.

⁹⁹Ibid., p. 18; Lalonde states that twenty-four senators and elected representatives and several prominent businessmen were among those who scrambled for the lucrative contracts.

colony's sections were fully occupied.¹⁰⁰ Ferguson was also listed as one of the directors of the Prince Albert Colonization Company whose townships were the ones occupied for decades by the French-speaking Metis south of Prince Albert.¹⁰¹ The Prince Albert Colonization Company did not locate settlers on its lands, as it was required to do, but instead drove off existing settlers because it wanted to use its tracts for urban development in what was to be a major rail center.¹⁰² In the 1886 House of Commons debates, R. Watson Liberal member for Marquette, impugned Ferguson's motives by saying that Ferguson was only in the west in 1883, "for the purpose of having bona fide settlers' patents cancelled by his government influence."¹⁰³ Ferguson's reactions, then, to Liberal attacks on the state of affairs in the west might very well be linked to his personal financial investment in that frontier. Nevertheless, his diagnosis of typhoid and its association with poor sanitation and living conditions, pointed to some of the serious health risks on reserves.

¹⁰⁰Ibid., p. 17

¹⁰¹Donald McLean, "1885: Metis Rebellion or Government Conspiracy?" in 1885 and After, edited by Laurie Barron and James Waldram, (Regina: Canadian Plains Research Center, 1986), p. 85.

¹⁰²Ibid., p. 86; McLean links the Prince Albert Colonization Company's actions with the outbreak of violence in the Riel Rebellion.

¹⁰³CHC Debates, 15 April 1886, p. 745.

W.E. O'Brien, Conservative member from Muskoka, perhaps came closest to the mark while defending the government: "...the real evil exists not with the Government but with this house, which alone can remedy it...Parliament has never consented to place in the hands of the Government sufficient means to treat the Indians as they should be treated." O'Brien went on to point out that department employees acted in good faith, but in their desire to economize, "failed to give the Indians sufficient rations to enable them to live in health and comfort."¹⁰⁴

The NWMP lobbied the Indian department in late 1885 for more liberal treatment of the Native people. Rations and annuities had been suspended as a result of the Riel resistance. NWMP assistant commissioner Crozier hoped to forestall more trouble from the desperate Native people.¹⁰⁵ Police officers responded to missionaries' reports of destitution and starvation at Carlton on Beardsy's and One Arrow's reserves by distributing food and used clothing. Inspector Cuthbert reported that one woman, without a coat, walked ten miles to Duck Lake in below zero weather to get a few pounds of flour from the farm instructor to feed her sick child.¹⁰⁶ They had been subsisting on rabbits killed

¹⁰⁴Ibid. p. 741.

¹⁰⁵NA, RG 18, B1, vol. 1025, file 3533, Crozier to Dewdney, 2 November 1885.

¹⁰⁶Ibid., vol. 1038, file 68, Supt. Perry to NWMP commissioner Irvine, 19 February 1886.

with a bow and arrow. Conditions improved when inspector Wadsworth arrived with a supply of food and clothing. But, as Cuthbert noted to his superiors, the people were highly distrustful of Indian department officials.¹⁰⁷

In the meantime the punitive measures imposed upon the so-called "rebel Indians" that were intended to force submission to departmental policies were having the opposite effect. An article appeared in the Edmonton Bulletin on 4 February 1888 that claimed the people of the Victoria and Edmonton agencies were starving and the situation was the sole responsibility of the department of Indian Affairs. Two weeks later a number of Edmonton chiefs sent a telegram directly to Sir John Macdonald asking for aid. They admitted they had killed cattle to feed themselves: "We don't want to break the laws but we and our children are dying of hunger."¹⁰⁸ Reed enquired of Dr. H.C. Wilson of Edmonton who had visited the people in January 1888 to ascertain if there was any starvation. Wilson explained that there was some evidence of starvation, but only in the very old people. "No particular or special complaints were made to me, nothing but the usual grumbling about wanting more grub."¹⁰⁹ The register of deaths from October 1887 to

¹⁰⁷ Ibid.

¹⁰⁸ NA, RG 10, vol. 3794, file 46,205, Telegram from Chiefs Alexander, Michael Callihoo to Macdonald, 23 February, 1888.

¹⁰⁹ Ibid., vol. 3794, file 46,205, Wilson to Reed, 9 March 1888.

March 1888 listed seven deaths. Five children died, two from whooping cough and three from "consumption" and both adults had died of "consumption".¹¹⁰ Agent deBalinhard supposed that the people were hungry because they had not exerted themselves sufficiently. The rations that were received were supposed to last ten days but were consumed in five. He admitted that the hunting was very poor, and the people were forced to kill department cattle to survive. The people were told, with no irony intended, that if they killed cattle to eat, the government would stop issuing food supplies to them.¹¹¹

In March Reed was sent out to investigate the charges. He found that real hardship existed because a shipment of supplies had been delayed, but he added that had the people exerted themselves it could have been prevented. The real problem, according to Reed, was the "pernicious influence of outsiders" who hindered the people from exerting themselves, and led them to exaggerate their complaints.¹¹² The story of starvation at Edmonton received widespread attention in the press.¹¹³ Reed decided to increase the rations

¹¹⁰Ibid., deBalinhard to Reed, 5 March 1888.

¹¹¹Ibid., Agent's Report, 31 January 1888.

¹¹²Ibid., vol. 3794, file 46, 205, Reed to Dewdney, 5 April 1888.

¹¹³Ibid. The British Columbian 28 March 1888; Qu'Appelle Vidette 29 March 1888; Toronto Globe, "Dewdney is Still at Regina", 28 March 1888.

temporarily. By December 1888 the agent attributed the people's good health to the fair crop and the increased rations. The people, he reported, were "very fortunate". Reed immediately instructed the agent to decrease the rations.¹¹⁴

The population losses in all the Treaty Six reserves were the most acute in the 1885-1888 period. There were two reasons for the population losses. First, there was a net loss due to migration out of the Treaty in the wake of the 1885 resistance. Second, there was an increased death rate brought on by the worsening living conditions and repressive government policies after the resistance.¹¹⁵

At the Battleford reserves more than half of the 1884 population had either left or died by the fall of 1889. At the same time the death rate was twice the birth rate. The number of infants and children who died in this period outstripped the number born two to one. The net loss due to migration was 727 people. The worst single year in all categories of population loss at Battleford was 1886. From October 1885 to October 1886, of a population of 1952, 289 people left for personal and political reasons; 194 people died (108 children) and only 49 children were born. The birth rate was 30.3 per thousand, while the death rate was

¹¹⁴NA, RG 10, vol. 3770, file 33711, Agent's Monthly Report, 31 December 1888.

¹¹⁵Carter, p. 145; Dyck, "Opportunity Lost", p. 132.

120.2 per thousand. (see Table 2.5) The highest death rates occurred on the reserves that were most closely linked with the Riel resistance. The three Assiniboine bands suffered death rates of 178 per 1000 on Mosquito's reserve, 306.4 per 1000 on Grizzly Bear's Head, and 117.6 per 1000 on Lean Man's reserve. The rate on Red Pheasant was 123.7 per 1000, while on Thunder Child and Sweet Grass the rates were 233.5, and 185 respectively.¹¹⁶ Although appropriations for relief were increased in 1886, those appropriations went specifically to those people who the department deemed had been "loyal" during the resistance.¹¹⁷ The people of Treaty Seven received all of the increased appropriations while the appropriations for the people of Treaties Four and Six decreased by 4.7% and 22.3% respectively.¹¹⁸

In September 1886 sixty-three men, women and children with Jacob Red Deer "deserted" Poundmaker's reserve headed for Hobbema.¹¹⁹ Agent Mackay and 15 police officers forced

¹¹⁶NA, RG 10, vol. 9419, Annuity Paylists Battleford, 1886.

¹¹⁷The total appropriations for supplies for the destitute for Treaties 4, 6, and 7 were increased from \$473,455.01 in 1885 to \$539,075.38 in 1886, CHC Sessional Papers vol. 4, no.4, 1886; Ibid, vol. 5, no.6, 1887.

¹¹⁸The appropriation for Treaty Four in 1885 was \$58,473.49, in 1886 it was \$55,686.45; in Treaty Six in 1885 the appropriation was \$127,392.26, in 1886 it was \$98,915.65; in Treaty Seven in 1885 the appropriation was \$287,589.32, in 1886 it was \$384,473.29, CHC, Sessional Papers 1886, 1887.

¹¹⁹The reserves were referred to as the Peace Hills reserves until 1893 when the name was changed to Hobbema.

them to return. In the meantime twenty more left with Cut Lip. Mackay blamed the exodus on the peoples' destitution, the knowledge that they would not receive annuities for another year, and the reports of the better conditions in the United States.¹²⁰ The official reason given for the exodus was that the people went south, enticed by relatives in the United States wishing to inflate their numbers pending negotiations with railroad companies that were running lines through the reserves. The inducements were food and blankets.¹²¹

Winters were particularly difficult for the people. In summer, tents or lodges were used extensively. Lodges were practical and inexpensive. They were well-ventilated, easily cleaned, and regularly moved to prevent the collection of debris. The people could camp next to their fields and fresh water. In March 1888 Williams reported, "more deaths in this month than in any preceding month for the last year but most of them were men and women with old standing diseases...." The death rate in 1888 was 54.4 per 1000, and the birth rate 25.8 per 1000. Thirty-nine children died while only 36 were born. (see Table 2.5) By May there was "little or no sickness" and by June the health

¹²⁰NA, RG 10, vol. 3766, file 32,949, Mackay to Commissioner, 21 September 1886.

¹²¹CHC, Sessional Papers, vol. 13, no. 15, 1888, p. 1.

of the people was "fairly good."¹²² In the winter of 1889 whooping cough reappeared and 42 children died while only 41 were born.¹²³ Wintertime caused increased stress levels because of the clothing shortage and poor diet. The winter houses, small, overcrowded, and poorly ventilated, aided the spread of infection and ensured a good supply of victims.

At Edmonton, January's mild weather was a "big help", according to the agent, because the people were so poorly supplied with clothes. But by February people on all the reserves suffered from colds, sore throat, rheumatism, and consumption.¹²⁴ By spring prairie fires had destroyed stables, houses, and fences and the turnip and potato crops were so poor that they did not even yield the seed. The rations, a small amount of beef issued twice a month, was the absolute minimum and, according to the agent, no further reductions were possible, "without sacrificing the health of the Indians."¹²⁵

Reed suggested in early 1888 that payment of annuities to "rebels" should recommence, but only on the understanding that they could be stopped at any time. This would give the

¹²²NA, RG 10, vol. 3765, file 32,784, Williams to Commissioner, 30 June 1888.

¹²³Ibid., 31 January 1889, 28 February 1889, 31 March 1889.

¹²⁴Ibid. vol. 3770, file 33,711, Agent's Reports, 31 January, 27 February, 1888.

¹²⁵Ibid. Agent's Monthly Report, 1 July 1889.

agent "much greater control over his Indians..."¹²⁶
Conditions at Battleford improved somewhat with the resumption of annuity payments. A steam thresher was purchased by the people of a number of the bands who each contributed one dollar from their annuity. Moosomin bought a self grinder, and Thunderchild and Little Pine each bought reapers.

In the winter of 1890 epidemic influenza, or la grippe as it was called, spread across the prairies and around the world. Influenza is a viral disease. It is highly contagious and characterized by sore throat, cough, chills, and fever. Influenza is spread by droplet infection and usually appears in winter when people congregate in poorly ventilated buildings. The mortality from the 1890 epidemic was generally confined to the elderly and the very young. Good nutrition and bed rest are necessary for a complete recovery. Bacterial pneumonia was the most common cause of death in the 1890 and the later, more lethal, 1918 epidemic.

Agents across the prairies reported increased mortality from the epidemic. In Treaty Four at Touchwood Hills influenza was reported to have "carried off many of the consumptive people."¹²⁷ At File Hills, although nearly everyone was affected by the epidemic, the agent did not

¹²⁶NA, RG 10, vol. 3796, file 47,249, Reed to SGIA, 5 April 1888.

¹²⁷CHC, Sessional Papers, vol 15, no. 18, 1891, p. 39.

call in a physician but treated the people himself with cod liver oil.¹²⁸ Piapot petitioned Dewdney for some relief, "I have lost 26 people by sickness, one of them my Headman whom I raised from a boy...." Piapot had traded their ponies for cattle "to get beef for my sick."¹²⁹ In Treaty Six at Duck Lake influenza took a heavy toll despite regular visits by the doctor. The death rate was 115 per 1000. In January at Edmonton a sympathetic instructor O'Donnell exceeded the maximum daily issue of beef and flour. He was admonished for his efforts and told that a material reduction was necessary since the circumstances did not warrant the issue of rations. In Treaty Seven all the reserves were affected.¹³⁰

At Battleford there "was scarcely a soul free from it." The elderly were the most severely affected. Chief Mosquito died in January.¹³¹ Agent Williams reported that although there were a number of deaths, he saw no need to call in the doctor because the deaths were caused, in his estimation, by "long standing disease".¹³² But when Williams feared that the cattle were also dying of influenza in February and

¹²⁸Ibid., p. 44.

¹²⁹NA, MG 29, E-106, Reed Papers, vol. 16, Dewdney to Reed, 26 May 1890.

¹³⁰CHC Sessional Papers, vol. 15, no. 18, 1891, p. 71.

¹³¹NA, RG 10, vol. 3765, file 32,784, Williams to Commissioner, 31 January 1890.

¹³²Ibid., February 1890.

March a veterinary surgeon was promptly called. In the midst of the epidemic and the "severe cold and stormy weather" in March, Williams stopped the rations to a number of families at the Sweet Grass and Thunderchild reserves who refused to send their children to school. He reported that the storehouses on those reserves were broken into and bacon, biscuits, and beef were taken.¹³³ The death rate on the Sweet Grass reserve that year was 88 deaths per 1000, and on Thunderchild's 46 per 1000.¹³⁴

The high death rate among the elderly was seen as aiding the department's efforts to reduce the influence of certain recalcitrant chiefs and elders. When ex-Chief Beardy at Duck Lake died inspector Wadsworth noted that his death was "hardly to be regretted, as he remained to the last a heathen, a strict observer of old-time heathen rites..."¹³⁵ Ebenezer McColl of the Manitoba superintendency hoped that the deaths of prominent chiefs would destroy the influence of traditional "pagan observances" and aid the department's efforts to inculcate the people with the "enlightened habits of

¹³³Ibid., 31 March 1890.

¹³⁴NA, RG 10, vol. 9423, Annuity Paylists Thunderchild and Sweet Grass, 1890. At Red Pheasant the death rate was 31 per 1000, at Poundmaker's it was 48 per 1000, and at Mosquito's it was 65.5 per 1000.

¹³⁵CHC, Sessional Papers, vol. 15, no. 18, 1891, p. 151.

civilization."¹³⁶ Regardless, at least eight Sun or Thirst dances were reported the following summer.¹³⁷

In the 1883-1894 period the condition of the Stoney (Assiniboine) and Blackfoot (Siksika) people of Treaty Seven was somewhat different from the other prairie treaty peoples. Certainly departmental cutbacks meant fewer farm instructors and a cut in rations. Clothing shortages left the people vulnerable to exposure, and the lack of housing was especially acute among the Blackfoot because of the great distance from any usable timber for building materials. As with the other treaty people complaints were made that items promised in the treaty were not delivered. But there were plans afoot by influential friends of the government to develop a prime cattle grazing and ranching industry in the area. The presence of the NWMP and five reserves in the region assured the nascent cattle industry of both security for their herds and a ready market.¹³⁸ Historian Noel Dyck argues that agricultural progress in Treaty Seven was very slow and as a result ration expenditures were much higher than in the other Treaty

¹³⁶ Ibid., p. 200.

¹³⁷ CHC, Sessional Papers, vols. 15, 25, nos. 18, 10, 1891, 1892; Sun Dances were held at File Hills, Piapot's reserve, Moose Mountain, Battleford, Onion Lake, Blackfoot, Blood, and Peigan reserves. Many more dances may have been held without the agents' knowledge.

¹³⁸ David Breen, The Canadian Prairie West and the Ranching Frontier, 1874-1924, (Toronto: University of Toronto Press, 1983), p. 8.

areas.¹³⁹ As well, some of the Treaty Seven people were perceived as being more "warlike" and therefore more apt to cause trouble for the department.¹⁴⁰ From 1884-1887 Treaty Seven people received more rations and supplies than both the Treaty Four and Treaty Six people combined.¹⁴¹ In 1884, for example, the yearly per capita expenditure in Treaty Four for rations and supplies for the destitute was \$11.26. In Treaty Six the per capita expenditure was \$7.49, while in Treaty Seven the expenditure was \$53.53. By 1886 the figures for Treaty Four remained at \$11.99 each, while the Treaty Six figures rose to \$15.62, and in Treaty Seven the cost per person was \$61.08. The discrepancies cannot be accounted for by price differentials because the beef and flour in Treaty Seven, purchased from the I.G. Baker company in Montana, actually cost less per pound than the flour and bacon purchased from the Hudson's Bay Company in Treaties

¹³⁹Noel Dyck, "An Opportunity Lost: The Initiative of the Reserve Agricultural Programme in the Prairie West", in F. Laurie Barron and James B. Waldram, eds., 1885 and After: Native Society in Transition, (Regina: Canadian Plains Research Center, 1986), p. 127.

¹⁴⁰NA, RG 10, vol. 3673, vol. 10,986, Anderson to Bishop Grandin, 20 February 1883; NA, RG 18, B1, vol. 1025, file 3533, NWMP Battleford to Colonel Irvine, 26 October 1885; Dyck, An Opportunity Lost, p. 127, n23.

¹⁴¹CHC, Sessional Papers, vol. 3, no. 3, 1885, pp. 159-161. The expenditures were for "Supplies for the Destitute" and did not include annuities or wages and expenses for department employees.

Four and Six.¹⁴² In the years 1884-1888, therefore, the Treaty Seven people received from 50%-70% of the total expenditures for supplies and rations, while their population never exceeded 35% of the total population.

This is not to suggest that the Treaty Seven people lived in any sort of government-sponsored affluence, for the department continued to practice the strictest economy regarding Native people. Rations had been cut in late 1883 which prompted the resignation of Treaty Seven agent Denny.¹⁴³ And the per diem ration in Treaty Seven was still considerably less than Dr. Kittson's estimate for minimum rations.¹⁴⁴ But it was not deemed wise by the department to cut further the expenditures in Treaty Seven through a cut in rations and supplies as was done in the other prairie treaties. According to agent Pocklington, "It has afforded me much pleasure to find that [a cut in

¹⁴²CHC, Sessional Papers, 1885, 1886, 1887, 1888, 1889, 1890, 1891, 1892. For example, in 1886 in Treaty Seven the total expenditure reported under the "Supplies for the Destitute" was \$384,473.29 for a population of 6294. Flour cost between \$2.84 and \$4.00 per sack, and beef cost \$0.11 per pound. In Treaty Six the expenditure was \$98,915.65 for a population of 6329, with flour at \$6.75 per sack, and bacon at \$0.15 per pound. In Treaty Four the population was 4643 and the expenditure was \$55,686.45, while flour cost \$2.71 per sack and bacon \$0.12 per pound.

¹⁴³Sir Cecil Denny, The Law Marches West, (Toronto: J.M. Dent and Sons, 1939), p. 204.

¹⁴⁴For example, the per capita expenditure for Treaty Seven in 1887 was \$42.95. The per diem was \$0.11 per person, which was spent not just on rations but freighting, medicines, blankets, tea, etc. For the same year the per diem for Treaty Six was \$0.08, and Treaty Four was \$0.03.

rations] is not the present intention of the Department; if it were, very serious trouble would be the result, as these Indians are a powerful tribe, rich in horses, with many warriors well armed, and a large supply of ammunition."¹⁴⁵

The continued high (relatively) level of rations and relief was reflected in the relatively better showing of the Blackfoot birth and death rates compared to the rates at Battleford. At the Battleford reserves from 1884 to 1890 there was not one year when the birth rate exceeded the death rate. (see Table 2.5) At the Blackfoot reserve the birth rate was higher than the death rate in 1884, 1889, and 1890. (see Table 2.11) Perhaps more significant, at the Blackfoot reserve the child death rate only exceeded the birth rate in one year, 1885. (see Table 2.11) While at Battleford the child death rate exceeded the birth rate every year but one, 1890. (see Table 2.5)¹⁴⁶

The department attempted to control costs at the Treaty Seven reserves by reducing the number of people receiving annuities and rations. People were simply struck off the Treaty payroll. In 1881 the total Blackfoot population was 2,761, by 1882 the population receiving annuities was

¹⁴⁵CHC, Sessional Papers, vol. 3, no. 3, 1885, p. 88.

¹⁴⁶The File Hills and Crooked Lakes reserves in Treaty Four experienced a similar ratio of child deaths to births as the Battleford reserves. (see Tables 2.1 and 2.3). The more favourable ratios of births to child deaths in the Hobbema and Edmonton reserves might be accounted for by greater opportunity for hunting and fishing, and their minor implication in the Riel resistance.

lowered to 2,255, and by 1883 it was lowered again to 2,158, a loss of 603 people or 21.8% of the population. Of course there may have been losses due to an excess of deaths over births. But if the average birth and death rates prevailing in the next five years are applied to the 1881-1883 period, the population loss would have been in the order of 36 people or 1.3%.¹⁴⁷ Interpreter to the Blackfoot, Jean L'Heureux, was given a salary increase of \$15.00 for his work in helping the government reduce the numbers receiving payments and rations, and thus saving the government "thousands of dollars."¹⁴⁸ People were also struck off the lists on the Blood reserve in 1882 and 1883, until in 1884 agent Pocklington advised that it would be unwise to reduce the numbers further or there would be trouble.¹⁴⁹ Reed admitted that much of the population losses were accounted for by the department's policy of striking names off the paylists. He claimed that some Native people fraudulently received payment for relatives who never existed. It was not until agencies were subdivided and the people came under closer scrutiny, he charged, that the department discovered

¹⁴⁷NA, RG 10, vols. 9414-9416, Annuity Paylists Blackfoot, 1881-1883. The average death rate, 1883-1888, was 22.4 per thousand population, and the average birth rate was 15.4 per thousand population, Ibid., vols. 9416-9421, Annuity Paylists Blackfoot, 1883-1888.

¹⁴⁸Ibid., vol. 3644, file 7785-1, Dewdney to SGIA, 17 July 1883.

¹⁴⁹Ibid., vol. 3698, file 16,106, Pocklington to Dewdney, 30 September 1884.

the practice. When questioned the people would say that the relative had died or was on the plains.¹⁵⁰ The department then struck many names off the paylists. Therefore, according to Reed the death rates were not actually as high as they appeared, and population loss was not due to disease and death. This charge of fraudulently receiving payments was also suggested by instructor Jefferson in Treaty Six. But Jefferson indicated that the suspected fraud ended in about 1881 when the people were settled on reserves and in frequent contact with instructors.¹⁵¹ Nevertheless, the department unilaterally decided who was and who was not a band member in their efforts to control costs.

The Stoney people, settled west of Calgary in the foothills of the Rockies, were the first to feel the pinch of the 1883 cut backs. They were Assiniboines, survivors of the 1837 smallpox epidemic, who fled through forbidden Blackfoot territory making for Windigo Head, a promontory projecting out of the Rockies at what was to become Morley.¹⁵² They did not receive the cattle promised in the treaty until 1880. Their land in the foothills was not

¹⁵⁰Ibid., vol. 3357, file 31,398-1, Reed to SGIA, 24 January 1887.

¹⁵¹Jefferson, Fifty Years on the Saskatchewan, p. 36. It is difficult to ascertain the truth of the matter because in the early years of the treaties the paylists only recorded the chief's name, all others were simply entered as "Indian".

¹⁵²Dan Kennedy (Ochankugahe), Recollections of an Assiniboine Chief, (Toronto: McClelland and Stewart, 1972), p. 72.

conducive to agriculture because of killing frosts in both spring and fall. As early as 1883 it was recommended that no more attempts at farming be made.¹⁵³ They had little choice but to continue to hunt and trap when, in April 1884 as a part of the general cost-cutting measures, they were informed that they would no longer receive any government rations.¹⁵⁴

Predictably, after a season without rations and a failed hunt, sickness increased. In the winter of 1885-86 measles broke out on the reserve and the mortality was especially high among the children and the elderly. The severity of measles, like whooping cough, influenza, and tuberculosis, is directly affected by the state of the patient's environment, especially nutrition. Measles is a highly communicable virus that is spread primarily through droplet infection. Closed and crowded living conditions greatly enhance the probability of contracting the infection. Complications leading to death are due to viral replication or secondary bacterial infections such as pneumonia and diarrhea, or encephalitis.¹⁵⁵ Among malnourished children in the developing world the case

¹⁵³NA, RG 10, vol. 3653, file 8675, Pocklington to Commissioner, 8 August 1883.

¹⁵⁴CHC, Sessional Papers, vol. 3, no. 3, 1885, p. 88.

¹⁵⁵Robert Kim-Farley, "Measles", in Kiple, Cambridge World History of Human Disease, p. 873.

fatality rate may be as high as 5 - 10 percent or more.¹⁵⁶ Agent deBalinhard claimed that the Stoney people suffered a 3% loss due to measles in 1886, but their death rate for that year was 104.2 per thousand, or 10.5% of the population. (see Table 2.13)¹⁵⁷ The death rate, especially among the children was very high for the next three years.¹⁵⁸

Agent deBalinhard admitted there was a large loss of life but he reported that everything possible was done for the people. He assumed the high death rate was somehow a result of the people leaving the house where a death had taken place, and moving into lodges.¹⁵⁹ He continued, "It has been observed that the Stonies have always seemed to have less power of resistance to attacks of sickness of every kind...although no satisfactory explanation of this unfortunate peculiarity has been discovered."¹⁶⁰ Fresh beef was issued to relieve some of the misery. A doctor from Calgary visited monthly and found that many of the people also suffered from "consumption", which had caused

¹⁵⁶Ibid., p. 872.

¹⁵⁷NA, RG 10, vol. 9419, Annuity Paylists Stoney, 1887; the deaths from all causes were 64, in a population of 614.

¹⁵⁸Ibid., vols. 9420, 9421, 9422; the death rate among the children was 153% of live births in 1887, 128% in 1888, and 138.4% in 1889.

¹⁵⁹CHC, Sessional Papers, vol. 13, no. 15, 1888, p. 103.

¹⁶⁰Ibid., p. 193.

the death of Chief Jacob.

By the winter of 1886-1887 measles had also spread to the Blackfoot people. The preceding autumn Reed had instructed that rations of beef and flour be cut back because the people had grown their own potatoes.¹⁶¹ And the beef and flour rations were always reduced in winter, although they were needed most, because there was little work to do and it was therefore difficult to work for rations.¹⁶² By February agent Begg reported that "a good many had died amongst the youngest ones."¹⁶³ There were considerable complaints among the people about the cut in rations. The people charged that the decrease in rations was killing the children. But, according to Begg, "of course that has nothing to do with children having measles, but Indians do not look at it in that light."¹⁶⁴ The people were better able to see the cause and effect of the cut in rations than the agent. He was relieved when the department authorized a slight increase in flour for spring work.

¹⁶¹Ibid. vol. 5, no. 6, 1887, p. 170 and vol. 13, no. 15, 1888, p. 174; appropriation for the Blackfoot in 1886 was \$142,034.77 and in 1887 it was \$87,729.29.

¹⁶²NA, RG 10, vol. 3712, file 25550-5, Inspector's Reports, Blackfoot Reserves, 1885-87; for example, beef rations were 38.8% lower in January 1886 than in May when spring farm work began.

¹⁶³NA, RG 10, vol. 3770, file 3395-2, Blackfoot Reports, 8 February 1887.

¹⁶⁴Ibid.

One unfortunate result of the high mortality, according to officials, was the increase in Sun Dances. As the agent at the Peigan reserve noted, "It not infrequently happens that in cases of severe illness an Indian's relations will promise, in case of his recovery, a dance to the sun. This occurred last winter, and the sun dance just about to take place is the result."¹⁶⁵ In the summer of 1888 there were at least five Dances that were reported across the prairies. The Dances were objectionable to the department because they interfered with the summer work and were a vivid reminder that, despite the department's efforts, the people maintained faith in their social, spiritual and political systems.

The Sun Dance season coincided with a general improvement in the people's health. At the Blackfoot reserve the health improved and remained good until January when the agent reported the "usual colds." By the beginning of March there was "considerable sickness" and Begg advised setting up a small hospital operated by someone with an understanding of medicine.¹⁶⁶ The practice of moving out of log huts and into lodges in the spring was usually welcomed by agents as helping to improve the general health. The nature of the diseases that Native people were suffering

¹⁶⁵CHC, Sessional Papers, vol. 13, no. 16, 1889, p. 95.

¹⁶⁶NA, RG 10, v. 3770, file 3395-2, Blackfoot Reports, 3 March 1888.

from, tuberculosis, whooping cough, measles, and influenza, suggested that an improvement in their living conditions would translate into improved health. They traded their cramped, stuffy houses for well-ventilated, portable, and clean lodges. Summer also afforded access to berries and wild plants. Again, the clothing shortage was not a detriment in summer. In May 1889 agent Begg reported that the people's health was not good, "but will improve by moving around." In June they had moved into lodges, "and I consider it a good thing, as it gives their houses a chance to get ventilated and they are the healthier for the moving around."¹⁶⁷

Severe weather and deep snow of February 1890 complicated things just as the influenza epidemic was reaching its peak. Extra rations of beef, rice, and tea were issued to those who needed it most. Influenza killed eight people on the Blackfoot reserve in March alone. Influenza was also seen as somehow giving rise to "consumption" among Native people. As the agent to the Blackfoot observed, "when it defines itself as consumption the patient does not last long."¹⁶⁸

The high morbidity rates on reserves, according to Commissioner Reed, were what kept department expenditures so high. Expenditures had always been somewhat of a barometer

¹⁶⁷ Ibid., 1 May 1889, 3 June 1889.

¹⁶⁸ Ibid., 3 March 1890.

by which the department measured the "progress" made by Native people. The sick received rations without performing any work and were thus seen as a double liability. In 1890, after two years as commissioner, Reed still had not reduced expenditures as greatly as he had hoped, because, as he said, of the existence of a considerable number of aged and infirm, "... until these die out they must remain a charge on the government."¹⁶⁹ By 1891 the department intended to reduce the estimates for supplies for destitute people by 30% because a good crop "should have been procured." In fact the estimates were only reduced by 19%.¹⁷⁰

Reductions in rations in Treaty Seven soon followed.¹⁷¹ One of the largest ranchers in the area of the Blood reserve, W.F. Cochrane, charged that the reduction in rations was directly responsible for losses in his herds. The Treaty Seven people were forced to kill his cattle to feed themselves. He also implied that the new agent, Colonel Irvine, was given to understand that his future employment in the department depended on the amount of

¹⁶⁹CHC, Sessional Papers, vol.10, no. 12, 1890, p. 161.

¹⁷⁰NA, RG 10, vol. 3853, file 78,004, Sinclair to Reed, 2 January 1891. The expenditures for supplies to the destitute in Treaties 4, 6, and 7 were reduced by 19%, from \$335,871.99 in 1890 to \$271,934.65 in 1891, CHC Sessional Papers vol. 15, no. 18, 1891 and vol. 25, no. 10, 1892.

¹⁷¹ The supplies for the destitute in Treaty 7 were reduced from \$181,357.05 in 1890 to \$169,960.93 in 1891 or a 6.2% reduction, CHC Sessional Papers 1891, 1892.

rations he could save.¹⁷²

After a tour through the Treaty Seven reserves in early 1891 Commissioner Reed found the Blackfoot people without work. The crops produced were well below average and the future of wheat-growing was "precarious". Oats might be raised for the market, and even though the price was very poor, the people would be kept busy. The people hoped to break more land but had neither the work oxen nor implements to do so. The oxen were all engaged in hauling coal for the department from the coal seam on the reserve, but that work only employed 12 men and their wages, at \$0.50 a day, were well below the current rate for labourers. Reed realized that a herd of beef cattle might answer the problem. The department might reduce expenditures on rations throughout the prairies and use the credit to purchase the nucleus of the herd. The cattle would be placed with individuals under a loan system whereby the agent still retained ultimate authority over any sale, purchase, or slaughter. By placing the cattle in the peoples' care, Reed reasoned, they would develop a sense of proprietorship, and the cattle would receive better care than the government cattle that the people were expected to care for and feed, but received nothing in return.¹⁷³

¹⁷²NA, RG 29, E-106, vol. 16, Reed Papers, Cochrane to Vankoughnet, 6 September 1893.

¹⁷³NA, RG 10, vol. 3853, file 78004, Reed to DSGIA, 25 April 1891.

As efforts were made to establish a livestock industry at the Blackfoot reserve rations were reduced. Again, the issue of rations was at its lowest during winter just when living conditions and clothing shortages were at their worst. The people of the Blackfoot and Stoney reserves, according to Dr. Lindsay of Calgary, were becoming weaker and weaker. In order of importance he outlined the most prevalent diseases affecting the people: scrofula, phthisis (tuberculosis), sore eyes (trachoma), syphilis, rheumatism, and pneumonia. He noted that "poverty induces scrofula and numerous diseases resulting in death".¹⁷⁴ The doctor prescribed cod liver oil, syrup of iodine iron, and maltine, "together with plenty of nutritious food, comfortable clothing, physical labour or exercise in the open air in good weather, and roomy dwellings for winter, well ventilated...."¹⁷⁵ That prescription was unfortunately beyond the reach of most of the people.

Appeals from the elders did little to improve the situation. Again, an ugly incident on the ration house steps indicated the extent of the people's frustration. In early April 1895 ration issuer and one-time NWMP corporal Frank Skynner was shot and killed on the South Blackfoot reserve by Scraping High, who was later killed by the NWMP.

¹⁷⁴Ibid.

¹⁷⁵Ibid., vol. 3949, file 126,345, Lindsay to Forget, 31 May 1895.

Earlier that day Scraping High had approached Skynner at the ration house requesting food for his sick child. He was refused. He threatened Skynner's life if his son died. When the boy died Scraping High made good on his promise.

The other employees were not at all surprised to learn of Skynner's fate for he had been threatened on a number of occasions. The elders had requested Skynner's removal two years earlier.¹⁷⁶ According to Skynner's fellow employees he was "thoroughly unqualified" for his position.¹⁷⁷ He had made a practice of cutting rations to those who were ill and he gave the old people their rations in bones instead of beef. Pregnant women feared they would be injured in the ration house after Skynner assaulted Little Calf's wife.¹⁷⁸ R.G. MacDonell, a local trader among the Blackfoot, stated that Scraping High had asked him for work because Scraping High felt the department's practice of paying wages in rations instead of cash was not right. At Reed's suggestion that Scraping High was insane, MacDonell stated that there was no stronger proof of Scraping High's sanity than his refusal to work under such conditions.¹⁷⁹ According to the farmer on the reserve Scraping High was not insane, and the

¹⁷⁶Ibid., vol. 3912, file 111,762, MacDonnell to Alex McGibbon, 29 May 1895.

¹⁷⁷Ibid.

¹⁷⁸Ibid., John McCrea to McGibbon, 31 May 1895; Baker to McGibbon, 1 June 1895.

¹⁷⁹Ibid., MacDonell to McGibbon, 29 May 1895.

direct cause of Skynner's murder was his practice of refusing rations to sick people.¹⁸⁰

Privately Reed confided to the assistant commissioner that if the man was not crazy, "it would suggest the existence of a state of feeling between the wards and employees of the Department which would be most deplorable, and point to something radically wrong about their mutual relations."¹⁸¹ For the most part department employees were honest and concerned for the welfare of the people they served. But the Skynner incident provides some insight into the actual workings of department policies in the hands of some local employees. It also indicates the high level of stress and dissatisfaction with reserve conditions.

The series of violent confrontations across the prairies during the decade, beginning with the Yellow Calf affair in 1883, the Craig assault in 1884, the Native people's involvement in the Riel resistance, and the Skynner murder, were not isolated incidents. They were desperate and often brutal manifestations of increasingly repressive policies. The more apparent manifestations were the rising death rates and chronic malnutrition. The official department reaction to the Skynner affair was similar to its reaction to all the others. The department concluded that Scraping High was "...unbalanced in his mind on account of

¹⁸⁰ Ibid., Baker to McGibbon, 1 June 1895.

¹⁸¹ Ibid., Reed to Forget, 6 April 1895.

the loss of a child", for which no one was responsible.¹⁸²

Prairie agriculture in the 1880s was not particularly successful. Drought, prairie fires, hail, and frost hampered efforts to fulfil the hope of prosperity through agriculture. By the beginning of the 1890s, however, most of the obstacles such as shortages of implements, oxen, seed, and grinding facilities had been overcome.¹⁸³ But the failures of the 1880s had severely compromised the people's health. The promise of the new generation had died in infancy or early childhood. The adults were malnourished and tuberculosis had made serious inroads into most Native communities. Not until the people could convert farm income into improvements in their living conditions would the serious health problems on the reserves be ameliorated.

¹⁸²CHC, Sessional Papers, vol 10, no. 4, 1896, p. xvii.

¹⁸³Carter, Lost Harvests, p. 192.

Table 2.1

Crooked Lakes Reserves, 1884-1894¹⁸⁴
Birth and Death Rates

Year	Pop.	Births	Rate /1000	Total Deaths	Rate /1000	Child. deaths	As % of births
1884	1001	29	28.9	60	59.9	52	179
1885	854	26	30.4	69	80.7	41	158
1886	803	22	27.3	47	58.5	39	177
1887	658	23	34.9	41	62.3	35	152
1888	632	27	42.7	28	44.3	19	70
1889	669	24	35.9	23	34.4	24	100
1890	612	20	32.7	53	86.6	32	160
1891	612	43	70.3	29	47.3	14	32
1892	574	20	34.8	36	62.7	27	135
1893	571	28	49.0	26	45.5	14	50
1894	587	27	45.9	23	39.1	14	52

¹⁸⁴NA, RG 10, vols. 9417-9427, Annuity Paylists, 1884-1894. The Crooked Lakes Reserves were comprised of the Cowesses, Kahkewistahaw, Ochapowace (Kakeesheway or Loud Voice before 1885), and Sakimay (including Ouchaness) bands.

Table 2.2

Crooked Lakes Reserves, 1884-1894.¹⁸⁵
Population Distribution

Year	Total Pop.	Men	Women	Boys	Girls	Other* Relatives
1884	1001	140	219	259	293	90
1885	854	127	185	223	226	93
1886	803	134	181	198	212	78
1887	658	113	153	162	173	57
1888	632	115	153	147	169	48
1889	669	150	199	125	152	43
1890	612	140	195	120	119	38
1891	612	136	186	117	138	35
1892	574	139	172	103	128	32
1893	571	139	170	110	130	22
1894	587	136	184	114	131	22
% Change 1884-94**	-41.3%	-2.8%	-15.9%	-55.9%	-55.2%	-75.5%

* - "Other Relatives" were generally parents and grandparents of the family head receiving annuities.

** - ie. percentage change between the 1884 figures and the 1894 figures.

¹⁸⁵ Ibid., vols. 9417-9427, Annuity Paylists Crooked Lakes Reserves, 1884-1894.

Figure 2.1
Crooked Lakes Population Distribution

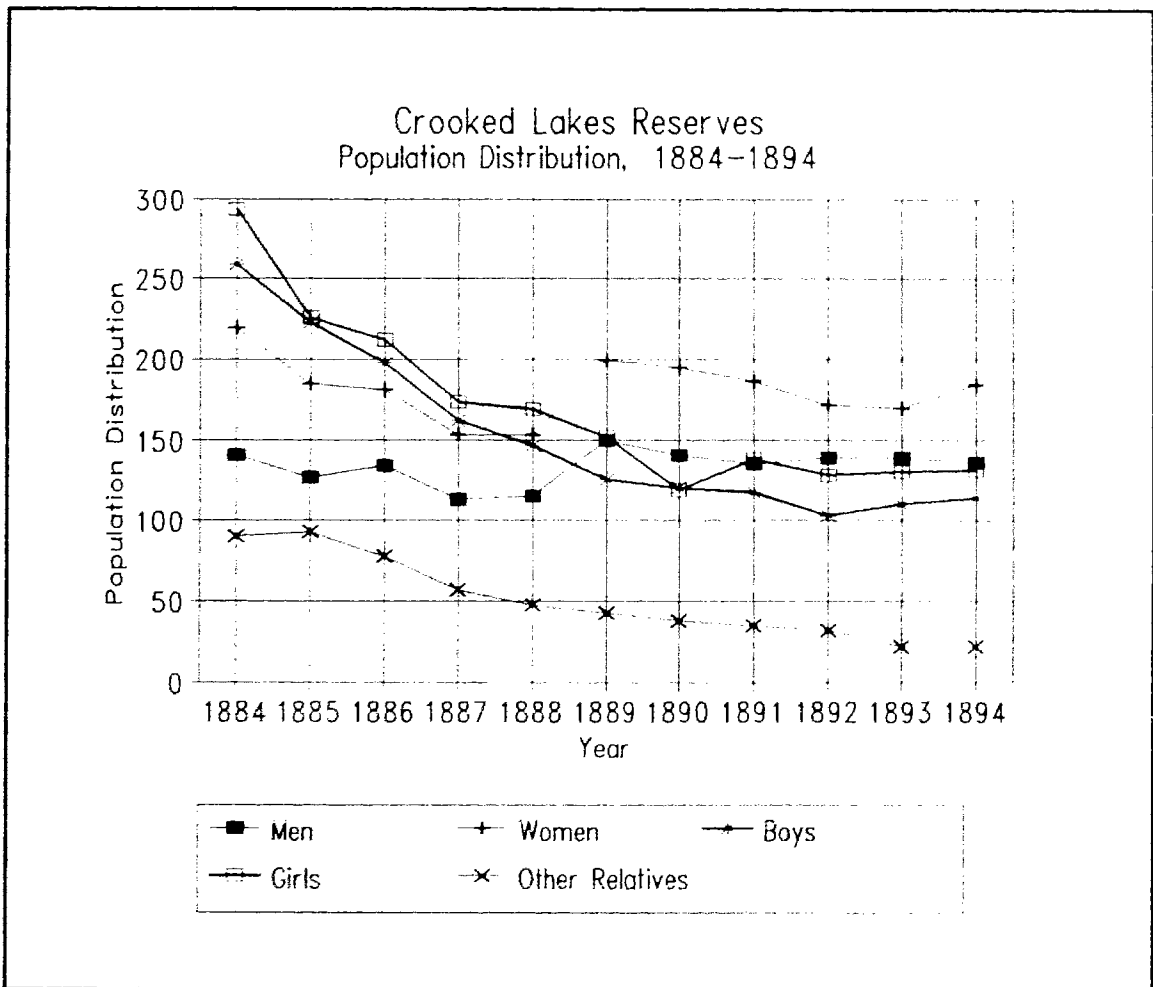


Table 2.3

File Hills Reserves, 1884-1894.¹⁸⁶
Birth and Death Rates

Year	Pop.	Births	Rate /1000	Total Deaths	Rate /1000	Child. Deaths	As % of births
1884	476	10	21.0	11	23.1	7	70
1885	424	14	33.0	21	49.5	14	100
1886	337	10	29.6	27	80.1	22	220
1887	296	14	47.2	21	70.9	16	114
1888	300	12	40.0	24	80.0	14	117
1889	305	19	62.2	11	36.0	8	42
1890	283	15	53.0	45	159.0	34	227
1891	273	14	51.2	18	65.9	12	86
1892	276	13	47.1	16	57.9	10	77
1893	276	5	18.1	7	25.3	7	140
1894	257	11	42.8	9	35.0	2	18

¹⁸⁶Ibid., vols. 9417-9427, Annuity Paylists, File Hills Reserves, 1884-1894.

Table 2.4

File Hills Reserves, 1884-1894¹⁸⁷
Population Distribution

Year	Total Pop.	Men	Women	Boys	Girls	Other Relatives
1884	476	69	106	135	122	44
1885	424	65	105	114	98	42
1886	337	58	92	91	71	25
1887	296	52	82	76	62	24
1888	300	54	85	72	61	28
1889	305	65	95	66	60	19
1890	283	65	90	55	54	19
1891	273	66	92	45	55	15
1892	276	68	92	46	59	11
1893	276	70	93	45	56	12
1894	257	63	84	46	56	8
%Change 1884-94	-46.0%	-8.6%	-20.7%	-65.9%	-54.0%	-81.8%

¹⁸⁷ Ibid., vols. 9417-9427, Annuity Paylists, File Hills Reserves, 1884-1894.

Figure 2.2
 File Hills Population Distribution

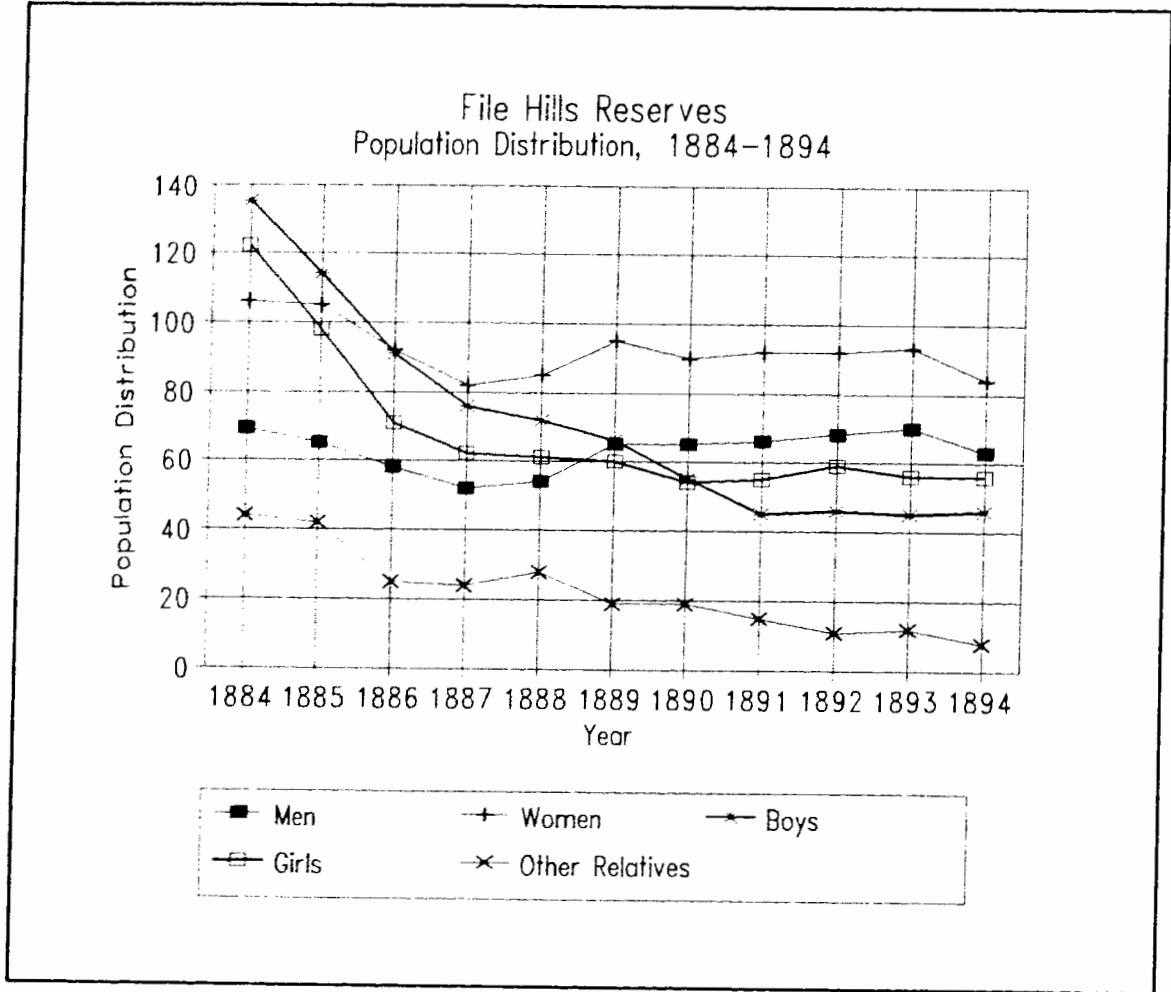


Table 2.5

Battleford Reserves, 1884-1894¹⁸⁸
Birth and Death Rates

Year	Pop.	Births	Rate /1000	Total Deaths	Rate /1000	Child Deaths	As % of births
1884	1956	46	23.5	85	43.4	61	132.6
1885	1952	38	19.4	87	44.5	81	215.5
1886	1614	49	30.3	194	120.2	108	220.4
1887	1559	33	21.1	89	57.0	56	169.6
1888	1395	36	25.8	76	54.4	39	108.3
1889	924	41	44.3	67	72.5	42	102.4
1890	874	36	41.4	59	67.5	19	52.7
1891	888	29	32.6	34	38.2	19	65.5
1892	875	33	37.7	40	45.7	17	51.5
1893	797	39	48.9	28	35.1	15	38.4
1894	856	30	35.0	52	60.7	27	90.0

¹⁸⁸Ibid., vols. 9417-9427, Annuity Paylists, Battleford Reserves, 1884-1894.

Table 2.6

Battleford Reserves, 1884-1894¹⁸⁹
Population Distribution

Year	Total Pop.	Men	Women	Boys	Girls	Other Relatives
1884	1956	293	419	561	599	84
1885	1952	281	488	539	566	78
1886	1614	261	415	411	438	89
1887	1559	252	422	385	403	97
1888	1395	206	372	365	362	90
1889	924	205	314	190	149	66
1890	874	186	292	189	144	63
1891	888	192	289	189	158	60
1892	875	199	274	182	167	53
1893	797	163	233	175	175	51
1894	856	188	268	179	171	50
% Change 1884-94	-56.2%	-35.8%	-36.0%	-68.1%	-71.4%	-40.5%

¹⁸⁹ Ibid.

Figure 2.3
 Battlefords Reserves, 1884-1894
 Population Distribution

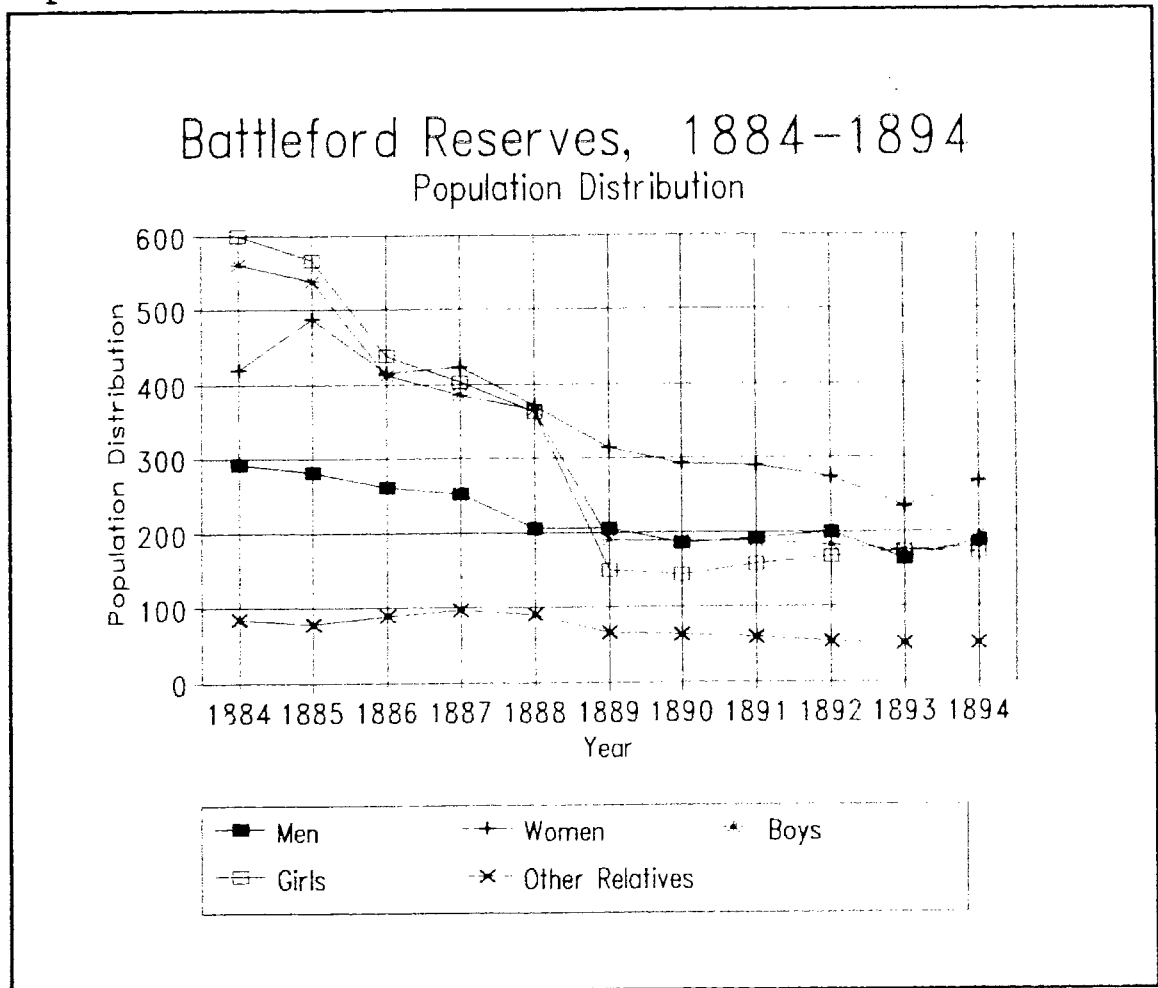


Table 2.7

Edmonton Reserves, 1884-1894¹⁹⁰
Birth and Death Rates

Year	Pop.	Births	Rate /1000	Total Deaths	Rate /1000	Child. Deaths	As % of Births
1884	976	35	35.8	15	15.3	7	20.0%
1885	871	36	41.3	25	28.7	16	44.4%
1886	697	26	37.3	58	83.2	40	153.8%
1887	673	26	38.6	54	80.2	39	150.0%
1888	670	35	52.2	41	61.2	30	85.7%
1889	676	29	42.8	19	28.1	12	41.3%
1890	695	28	40.2	13	18.7	5	17.8%
1891	692	25	36.1	20	28.9	15	60.0%
1892	688	20	29.0	55	79.9	32	160.0%
1893	704	19	26.9	33	46.8	25	131.5%
1894	726	38	52.3	22	30.3	11	28.9%

¹⁹⁰ Ibid., vols. 9417-9427, Annuity Paylists, Edmonton Reserves, 1884-1894.

Table 2.8

Edmonton Reserves, 1884-1894¹⁹¹
Population Distribution

Year	Total Pop.	Men	Women	Boys	Girls	Other Relatives
1884	976	177	200	281	284	34
1885	871	144	192	270	241	24
1886	697	125	161	206	187	18
1887	673	120	160	206	166	21
1888	670	115	154	202	179	20
1889	676	145	177	173	165	16
1890	695	155	187	177	160	16
1891	692	155	193	176	149	19
1892	688	154	193	173	148	20
1893	704	158	203	177	148	18
1894	726	160	201	185	165	15
% Change 1884-94	-25.6%	-9.6%	+0.5%	-34.2%	-41.9%	-55.8%

¹⁹¹ Ibid.

Figure 2.4
 Edmonton Reserves, 1884-1894
 Population Distribution

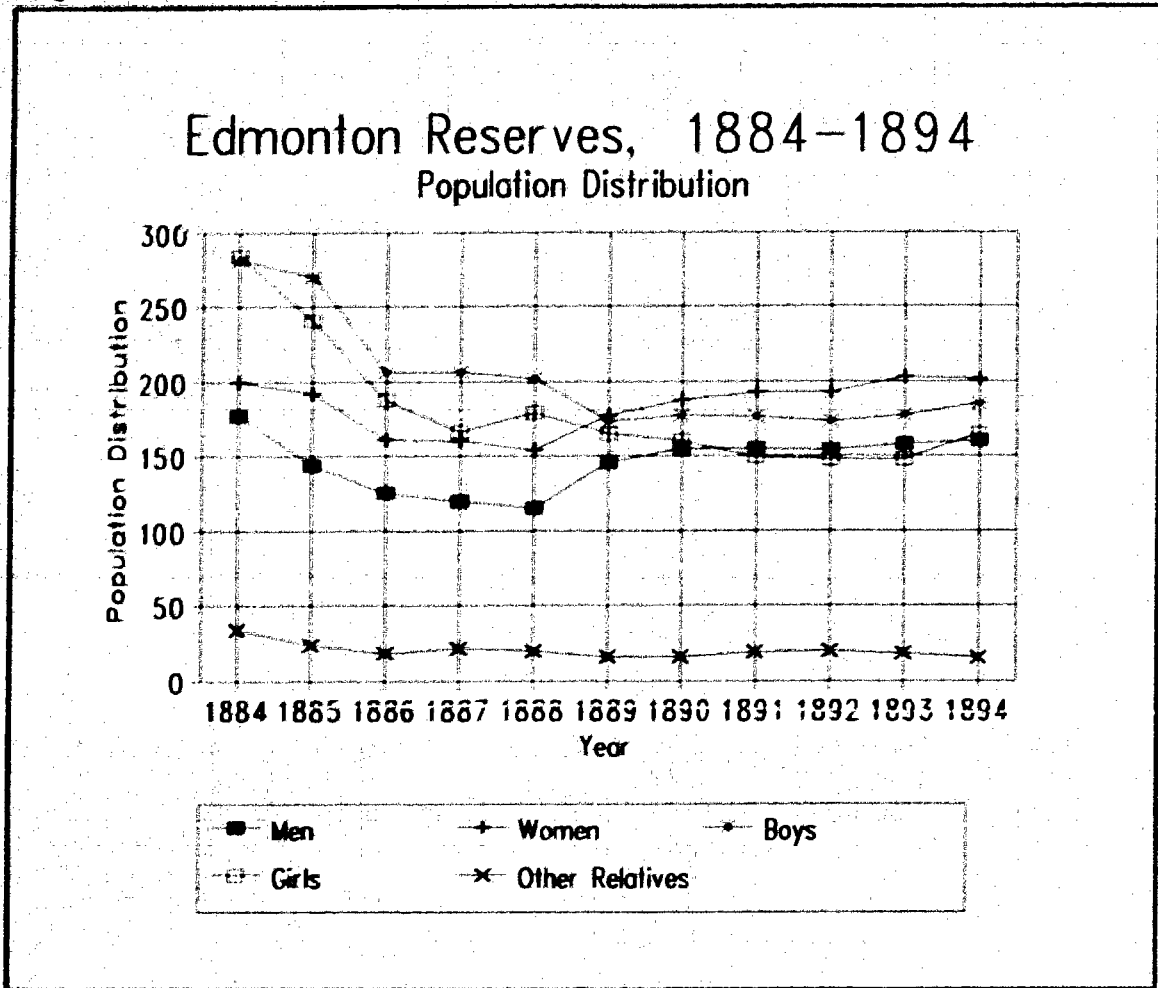


Table 2.9

Hobbema Reserves, 1884-1894¹⁹²
Birth and Death Rates

Year	Pop.	Births	Rate /1000	Deaths	Rate /1000	Child. Deaths	As % of Births
1884	924	32	34.6	5	5.4	4	12.5%
1885	693	6	8.6	20	28.8	15	250.0%
1886	594	24	40.3	22	36.9	13	54.1%
1887	546	23	42.1	76	139.1	56	243.5%
1888	577	18	31.1	41	71.0	30	166.0%
1889	581	29	49.9	26	44.7	21	72.4%
1890	552	23	41.6	31	56.1	19	82.6%
1891	531	16	30.1	13	24.4	8	50.0%
1892	510	17	33.3	23	45.1	15	88.2%
1893	488	22	45.1	20	41.0	9	40.9%
1894	492	29	58.9	20	40.6	10	34.4%

¹⁹²Ibid., vols. 9417-9427, Annuity Paylists, Hobbema Reserves, 1884-1894.

Table 2.10

Hobbema Reserves, 1884-1894¹⁹³
 Population Distribution

Year	Total Pop.	Men	Women	Boys	Girls	Other Relatives
1884	924	109	170	304	313	28
1885	693	107	149	191	215	31
1886	595	103	135	169	171	17
1887	546	93	130	145	161	17
1888	577	113	143	150	157	19
1889	581	118	145	148	157	13
1890	552	122	144	130	139	17
1891	531	118	152	119	123	9
1892	510	120	139	116	129	6
1893	488	114	129	114	127	3
1894	492	115	132	112	129	4
% Change 1884-94	-46.7%	+5.5%	-22.3%	-61.3%	-58.7%	-85.7%

¹⁹³ Ibid.

Figure 2.5
Hobbema Reserves, 1884-1894
Population Distribution

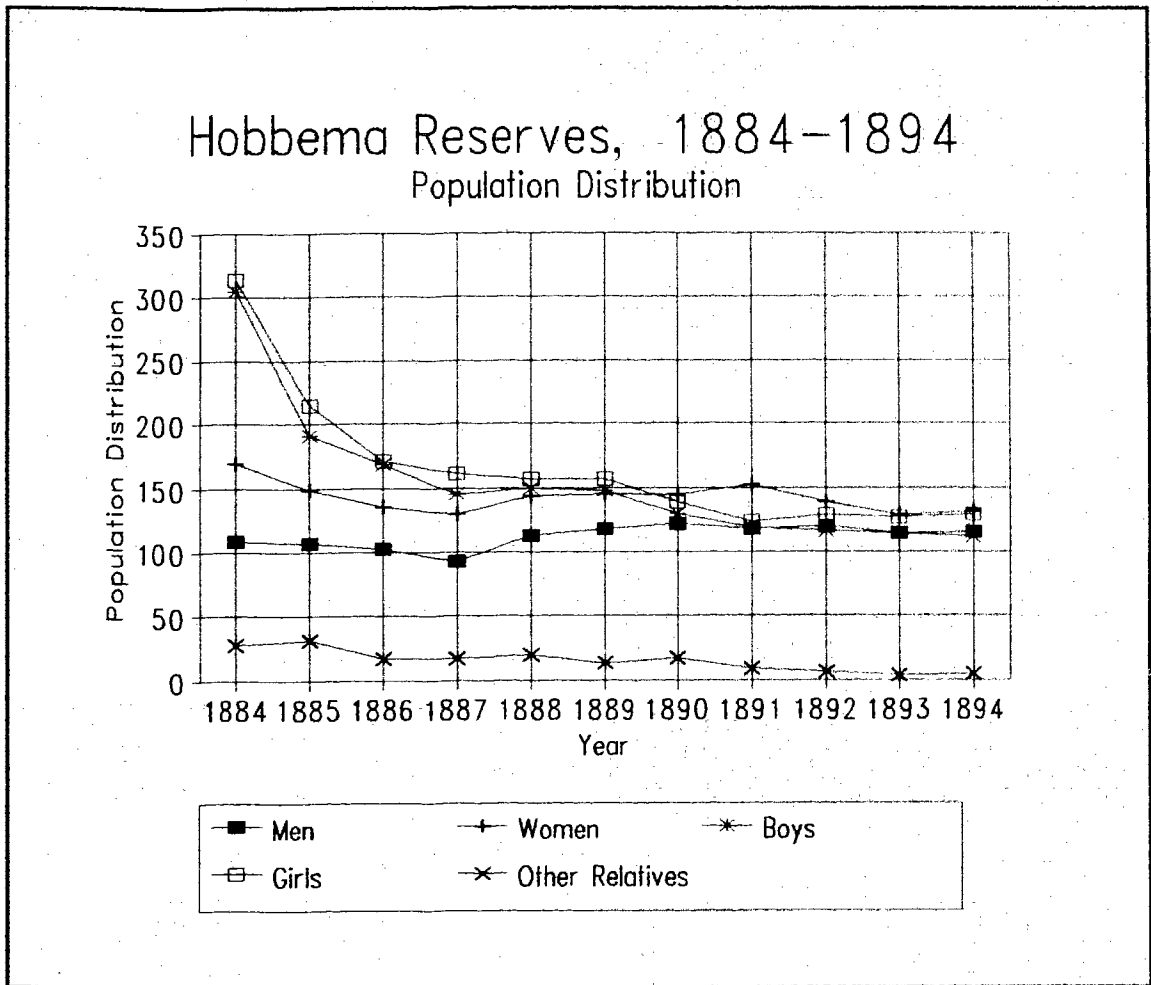


Table 2.11

Blackfoot Reserve, 1884-1894¹⁹⁴
Birth and Death Rates

Year	Pop.	Births	Rate /1000	Deaths	Rate /1000	Child. Deaths	As % of Births
1884	2166	71	32.7	61	28.1	36	50.7%
1885	2147	20	9.3	48	22.3	29	145.0%
1886	2046	19	9.2	27	13.1	15	78.9%
1887	1952	43	22.0	50	25.6	28	65.1%
1888	1816	39	21.4	51	28.0	22	56.4%
1889	1827	74	40.5	36	19.7	14	18.9%
1890	1646	73	44.3	56	34.0	28	38.3%
1891	1538	47	30.5	86	55.9	38	80.8%
1892	1319	52	39.4	68	51.5	26	50.0%
1893	1318	52	39.4	44	33.3	23	44.2%
1894	1251	43	34.3	83	66.3	52	120.9%

¹⁹⁴ *Ibid.*, vols. 9417-9427, Annuity Paylists, Blackfoot Reserve, 1884-1894.

Table 2.12

Blackfoot Reserves, 1884-1894¹⁹⁵
Population Distribution

Year	Pop.	Men	Women	Boys	Girls	Other Relatives
1884	2166	293	599	693	579	2
1885	2147	305	605	693	543	1
1886	2046	302	597	644	503	-
1887	1952	298	584	580	489	1
1888	1816	284	544	542	446	-
1889	1827	272	536	550	463	-
1890	1646	283	476	482	405	-
1891	1533	317	535	371	315	-
1892	1319	296	442	332	253	-
1893	1318	300	438	337	243	-
1894	1251	299	416	317	219	-
% Change 1884-94	-42.2%	+1.3%	-31.5%	-53.7%	-61.1%	-

¹⁹⁵ Ibid.

Figure 2.6
Blackfoot Reserves, 1884-1894
Population Distribution

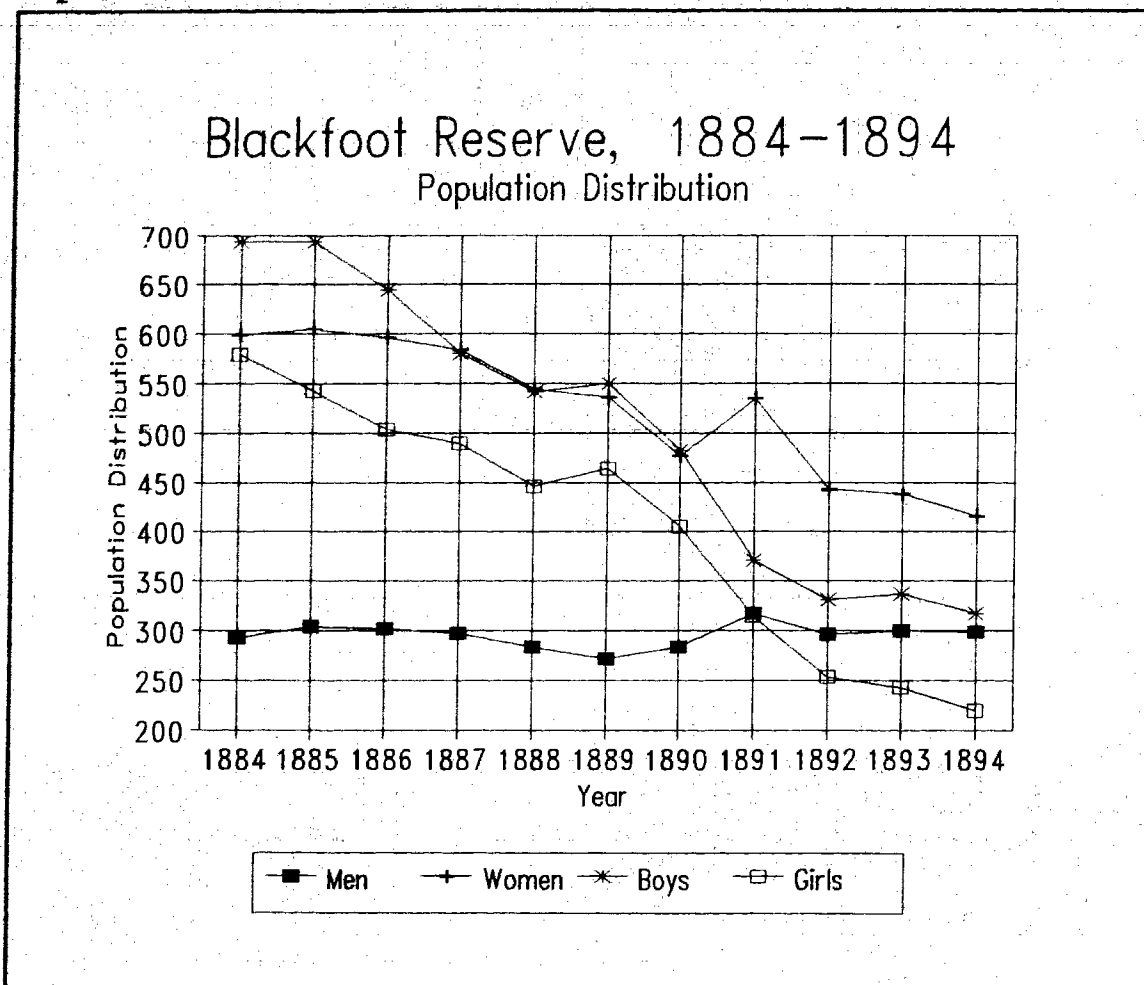


Table 2.13

Stoney Reserve, 1884-1894¹⁹⁶
Birth and Death Rates

Year	Pop.	Births	Rate /1000	Deaths	Rate /1000	Child. Deaths	As % of Births
1884	621	23	37.0	17	27.3	13	56.5%
1885	642	28	43.6	9	14.0	4	14.2%
1886	633	23	36.3	35	55.2	19	82.6%
1887	614	26	42.3	64	104.2	40	153.8%
1888	560	25	44.6	49	87.5	32	128.0%
1889	585	13	22.2	32	54.7	18	138.4%
1890	570	15	26.3	32	56.1	22	146.6%
1891	424	22	51.8	18	42.4	13	59.1%
1892	557	24	43.1	20	35.9	16	66.6%
1893	573	23	40.1	19	33.2	14	60.8%
1894	561	24	42.7	32	57.0	24	100.0%

¹⁹⁶ *Ibid.*, vols. 9417-9427, Annuity Paylists, Stoney Reserve, 1884-1894.

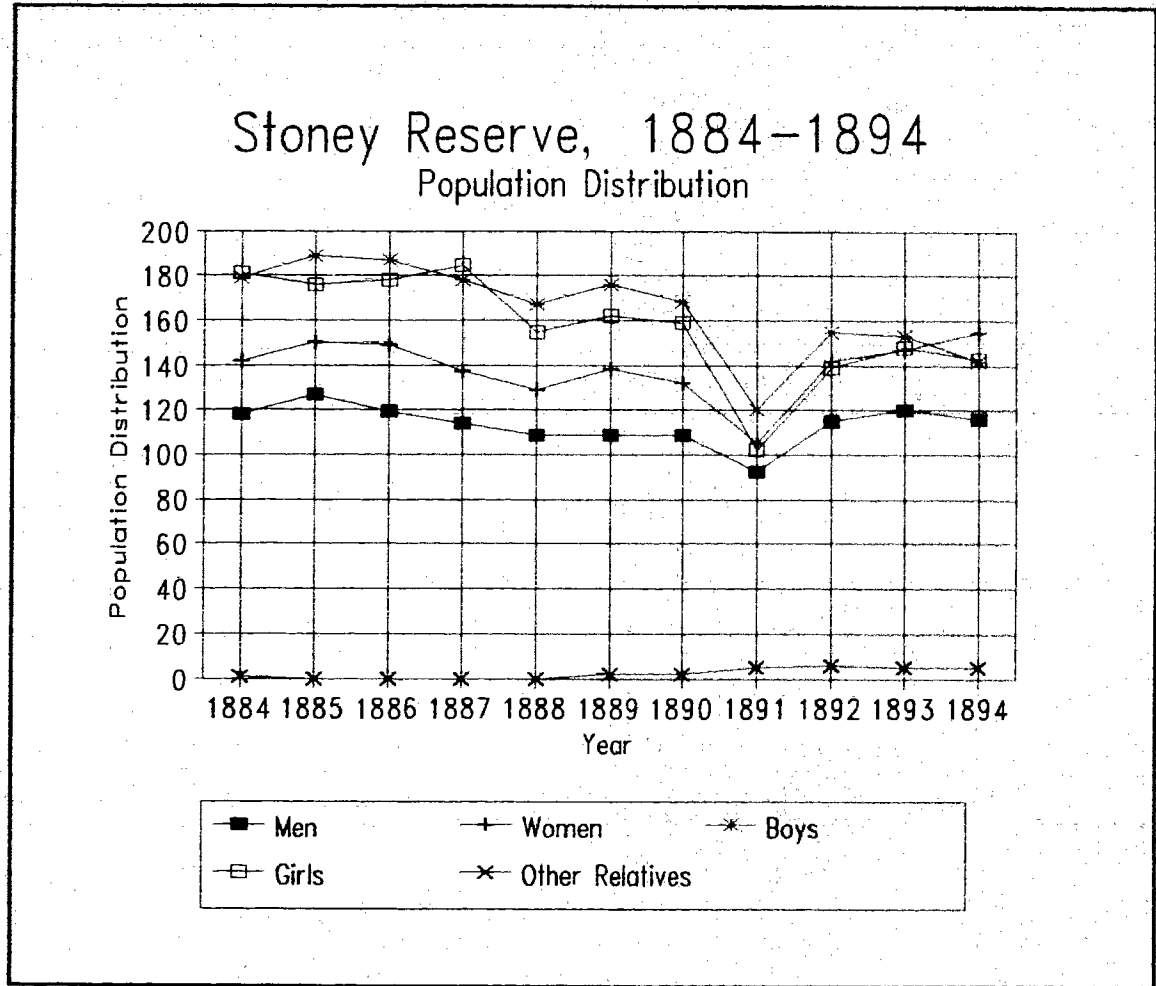
Table 2.14

Stoney Reserve, 1884-1894¹⁹⁷
Population Distribution

Year	Pop.	Men	Women	Boys	Girls	Other Relatives
1884	621	118	142	179	181	1
1885	642	127	150	189	176	-
1886	633	119	149	187	178	-
1887	614	114	137	178	185	-
1888	560	109	129	167	155	-
1889	585	109	138	176	162	2
1890	570	109	132	168	159	2
1891	424	92	105	120	102	5
1892	557	115	142	155	139	6
1893	573	120	147	153	148	5
1894	561	116	155	142	143	5
% Change 1885-94	-12.6%	+8.6%	+3.3%	-24%	-18.7%	-

¹⁹⁷Ibid.

Figure 2.7
 Stoney Reserve, 1884-1894
 Population Distribution



Chapter Three

Doctor or Shaman: The Struggle for Hegemony

The department of Indian affairs did not accept any responsibility for the medical care of Native people, except for a promise made in Treaty Six to keep medicine chests at each agency. The department, however, was forced to accept an ad hoc responsibility to keep disease from spilling out from reserves and posing a danger to business and non-Native immigrants. To that end a large, and largely ineffective, medical bureaucracy grew and was fed by the department's need to distribute government patronage and its attempt to contain disease. A fundamental conflict was established that had at its root differing concepts of disease and its treatment. Plains cultures regarded disease as a social sanction requiring a collective response, often in the form of ceremonial dancing. However, Victorians viewed the poor, and by extension indigenous peoples generally, as victims of their own unrestrained passions as evidenced in ceremonial dancing. As living conditions on reserves deteriorated, and sickness and death increased, the people continued to rely on their own rites and healers, while the department attempted to repress those rites and discredit the healers as dangerous quacks. Pushed by the needs of the non-Native population and the burgeoning medical bureaucracy the department faced the seeming paradox of ever-increasing

costs for medical care at the same time as increasing disease and death rates. Official justification for the anomaly held that high mortality and morbidity rates were a natural and necessary step in the people's transition from "nomadism to civilization". As paternalism turned to coercion in the years after the Riel resistance, department doctors were mistrusted almost as much as department officials. Rather than abandon culturally appropriate responses to illness, Plains peoples for the most part protected and celebrated them with a renewed determination.

The Cree, Assiniboine, and Saulteaux people of Treaties Four and Six, and the Blood, Blackfoot, Peigan, Sarcee and Stoney people of Treaty Seven continued to rely on their own healers despite, and because of, their changed economic and political condition. The healing powers, and especially the ideology of regeneration, of the various dances and ceremonies that together formed the basis for the Plains people's spirituality were brought to bear in the face of high disease and death rates.¹ Disease or illness was not considered a private matter. In hunting cultures disease was a misfortune that involved the whole community and therefore a community-wide response was necessary. The numerous vowed ceremonies and dances of the Plains cultures

¹Katherine Pettipas, Severing the Ties That Bind: Government Repression of Indigenous Religious Ceremonies on the Prairies, (Winnipeg: University of Manitoba Press, 1994), p. 185.

give ample evidence that disease was seen as a social sanction and a social responsibility where the society must respond as a collective.²

The vowed ceremonies of the Cree, the Thirst Dance, the Smoking Tipi (pihtwowikamik), the Masked or Wihtiko Dance (wihtikokancimuwin), the Give Away Dance, the Prairie Chicken Dance, the Horse, Elk, and Bear Dances, the Pipestem Bundle Dance, Round Dance, and the Mitewiwin, were significant undertakings. The most demanding ceremony to pledge was the Thirst Dance, and therefore the most likely to bring successful results.³

The pledge to give a Cree Thirst Dance was often given during a time of extreme duress, often associated with illness, either to seek a cure or to offer thanks for a cure received. The pledger vowed to make a dance to enhance his relationship with the cosmic forces and his own pawakan or spirit helper. The core feature of the Thirst Dance was regeneration, to ensure abundant food and good health. Because of the demands made upon the sponsor the pledge was never made lightly, and other options were tried first. As the noted military leader and shaman, Fine-day, recounted to Mandelbaum, "Years ago my first born was sick. I tried many medicines and gave away many horses but he was no better.

²H.E. Sigerist, A History of Medicine, vol. 1, (New York: Oxford University Press, 1951), p. 198.

³David Mandelbaum, The Plains Cree, (Regina: Canadian Plains Research Center, 1979), p. 183.

Then one night I dreamed that I was to make a Sun Dance. When I awoke I promised manito (the Creator) that I would make one the next summer. That morning it seemed as though the boy improved and by next morning he [was] definitely better."⁴ Fine-day vowed eight Thirst Dances in his lifetime.⁵

The Thirst Dance sponsor either had his own songs or induced a ritualist to conduct the ceremony. The Dance took place in an enlarged lodge with the center pole ceremoniously brought into the camp. The altar was set up on the north side of the lodge. Dancing, fasting and prayers lasted for several days or up to two weeks. Cloth and smoke offerings were made and acts of self-torture, piercing the breast or severing a finger, were inflicted. This self-sacrifice was the most misunderstood and the most repugnant aspect of the dance to government officials. It was seen as a torture test intended to "make braves". In reality self-mortification was intended to show sacrifice of oneself to the creator, the ultimate gift. On the final day of the ceremony a general gift exchange took place which lent prestige to the sponsor and allowed for the

⁴quoted in Katherine Pettipas, "Severing the Ties that Bind: The Canadian Indian Act and the Repression of Indigenous Religious Systems in the Prairie Region, 1896-1951", (Ph. D. diss., University of Manitoba, 1988), p. 137.

⁵Ibid., p. 362.

redistribution of wealth.⁶

A similar rite among the Blackfoot, Blood, and Peigan was the Sun Dance. The Sun Dance camp was a time for the many age-graded societies to dance and renew their bonds to each other. Positions in the societies were bought and sold, a convenient and personal re-distribution of property. Medicine bundles were transferred and the songs, rituals, and rites were learned. Women joined in their ma'toki society. Those who had made a vow or pledge during the year, for the return of health perhaps, provided a feast of Saskatoon berry soup for the ma'toki.⁷ Membership fees included horses, guns, and other property. The leader, or tipi pole owner's place, cost twelve horses. The Sun Dance itself was pledged by a virtuous woman, often when a member of the family was dangerously ill. She raised her eyes to the sun and called upon it that health may be restored:

I will officiate and put up a Sun Dance lodge
next summer as a request to the Divine Powers
for a quick recovery from illness of my
relative.⁸

She offered to make gifts to the sun, cloth or tools, which, when the illness passed, were hung in trees or deposited

⁶Katherine Pettipas, Severing the Ties that Bind: Government Repression of Indigenous Religious Ceremonies on the Prairies, pp. 58-9.

⁷Clark Wissler, A Blackfoot Source Book, (New York: Garland Publishing Inc., 1986), p. 432.

⁸Mike Mountain Horse, My People the Bloods, (Calgary: Glenbow Museum, 1989), p. 57.

upon a hill. She may have vowed to be the medicine woman at the next Sun Dance, which was literally a vow to purchase a natoas bundle and to perform its ritual. After a four-day fast and the ceremonial cutting and erection of the center pole for the Sun Dance lodge, the ceremonial bison tongues (or cattle in later years) were cut and chosen by women who had vowed to openly declare their virtue. The ceremony was suffused with the smoke of sweetgrass and song. Physical sacrifice, whether pulling leather thongs through the skin, or cutting off part of a finger were undertaken in fulfillment of a vow made during illness or danger.

Much of the Plains people's religious life was based upon the celebration of individual rites of passage and communal rites of solidarity.⁹ Illness and its treatment were likewise attended with ritual activity where the healer worked with an audience to cure the individual but also to remedy the ills of the corporate body.¹⁰ The vision quest was often the sign to a young person that they were destined in some way to lead. But the ultimate blessing which could be granted in a vision was the ability to cure.¹¹ The spirit helper might pronounce:

I will have compassion upon you, my son. Your

⁹Pettipas, Severing the Ties That Bind, p. 53.

¹⁰C.S. Wood, Human Sickness and Health: A Biocultural View, (California: Mayfield Publishing Company, 1979), p. 296.

¹¹Mandelbaum, The Plains Cree, p. 162.

request shall be granted. I will endow you with abundant wisdom. You shall be a great doctor among your people. Many ponies and much property will come your way.¹²

When a person fell ill the relatives sent gifts of clothing or horses to the doctor to be offered to the doctor's spirit helpers. If the gifts were accepted the doctor went to the patient. The doctor publicly made a pipe offering, called upon the spirit helper, asserted his right to undertake the cure and reminded the spirits that they must fulfill their promises of aid.¹³ The doctor sang the songs given by the spirit helpers and often performed magic acts, perhaps making a whistle appear and disappear, that further established the doctor's connection with the supernatural. Bending over the patient the doctor blew on the patient's body, and then sucked out the illness. The intrusive object was shown to the spectators and the doctor explained how a malevolent shaman sent the object out of resentment or jealousy. Doctors also administered herbal medicines that were kept wrapped in small packets and stored in an animal hide. Medical treatments, learned through practical experience, were also used together with the shamanistic procedures of singing, sucking, and blowing. For example, doctors administered surgical treatments such as blood letting, and bone setting and medical treatments

¹²Mike Mountain Horse, My People the Bloods, p. 67.

¹³Maundelbaum, The Plains Cree, p. 162.

for frost bite and wounds.¹⁴

For each patient there could only be only one illness that ended fatally, and the doctor's task was to assure the patient, family, and friends that the present illness was not the one. The doctor, as a member of a relatively small society, had personal knowledge of the patient's medical history, the family history, and the patient's vices and virtues. However, when presented with a dangerously ill patient, the doctor might announce that the patient's transgression was so serious that the spirit helpers were powerless, or that the malevolent influences had been allowed to work for too long.¹⁵ Family and friends could leave with the certain knowledge that all was done that could have been done. The patient or the disease, not the therapy, was at fault. The community's faith in both the doctor and the therapeutics was re-established despite the apparent failure. In times of considerable sickness and death, when the economic causes were well-understood, there was little reason to abandon traditional rites.

Warrior and Worthy Young Men societies prepared bodies for burial.¹⁶ It was common practice to prepare a five foot deep grave lined with robes. In winter the corpse was placed on a raised platform in a large tree. The body was

¹⁴Ibid., p. 168.

¹⁵Ibid.

¹⁶Pettipas, "Severing the Ties That Bind", p. 122.

wrapped in robes with a leather thong wrapped around the corpse and the platform. Sometimes a lodge was erected on a hill with the corpse reclining against a willow backrest. Relatives of the deceased unbound their hair and cut gashes in their forearms and legs in an effort to make their mourning public and unmistakable. A feast was offered after the mourning period when a braid was cut from the deceased and placed in a bundle, which became a sacred family possession.¹⁷ The deceased's possessions were given away. The lodge or house where a death had occurred was abandoned and often burned, which may have been a practical adaptation to the smallpox epidemics of the eighteenth and nineteenth centuries.

Adaptations to smallpox were being made in other quarters as well. An outbreak in Manitoba in November 1876 taught the department that epidemics were expensive to control and disruptive to business. Moreover, smallpox epidemics were preventable through vaccination. Smallpox broke out amongst the Icelandic community at Gimli on the western shore of Lake Winnipeg shortly after their arrival from the immigration sheds of Quebec and it quickly spread to the Native communities at Sandy Bar. Dr J.S. Lynch was sent there to enforce a quarantine and stop any further spread. By February 1877 a Board of Health was established. A representative of the Hudson's Bay Company pointed out

¹⁷Mandelbaum, pp. 150-153.

that measures were necessary to prevent a fresh outbreak in the spring, and "the entire destruction for the year of the Northern Fur Trade."¹⁸ By October 1878 Dr. J.J. Hagarty was appointed by Order-in-Council to the department's newly-created position of medical superintendent of the Manitoba and North-West Superintendencies. He was ordered to reside at Winnipeg and, for a salary of \$1800 per annum, to vaccinate all Native people in the Manitoba Superintendency. Specifically he was employed to prevent another smallpox outbreak, especially the costs of the latest outbreak which exceeded \$13,000 for provisions, medicine, medical attendance, and quarantine.¹⁹ Hagarty's attempt to vaccinate so many people scattered over such a large area was less than successful. In the summer of 1879 he was able to vaccinate less than a third of the Qu'Appelle area population, either because they were away hunting or they refused the operation.²⁰

Immigrants in the west began to demand that Euro-Canadian medical care should be extended to include Native people because of the threat to the immigrant's comfort and safety. Petitions, such as the one received from the inhabitants of Prince Albert, illustrated the concerns of

¹⁸CHC, Sessional Papers, vol. 8, no. 10, 1878, p. xxx.

¹⁹Ibid., p. 147.

²⁰NA, RG 10, vol. 3678, file 11,683, Hagarty to Vankoughnet, 27 September 1879.

the immigrants. The petitioners asked that Dr. A.E. Porter of Prince Albert be appointed as a medical officer because the Native people, "often times [are] afflicted with very malignant diseases and not being able to procure for themselves proper medical attendance suffer great mortality in consequence....Often, and at any time, they are afflicted with smallpox, scurvey [sic], typhus fever and other loathesome diseases owing to their domestic habits and manner of living."²¹ The petitioners especially feared the outbreak and spread of disease to their own settlements. The department was initially unwilling to entertain the notion of medical practitioners for reserves for a number of reasons. It had provided medicine chests as stipulated in the Treaty; the vaccination program was already in place to control smallpox; and disease that could not be controlled by vaccination was unlikely to spread in any case.

In the schools medical care was left to the missionaries who operated the institutions. When Dr. M.M. Seymour offered to supply medical attendance for the Qu'Appelle industrial school and surrounding reserves he was told that medical services were unnecessary. He was told that medicines had been sent to the school and the Roman Catholic nuns were expert in handling the sick. The reserves were supplied with medicine and the agents were

²¹NA, RG 10, vol. 3599, file 1500, "Petition to J.A. Macdonald from the inhabitants of Prince Albert and a large number on the Mistawasis reserve.", 1 May 1882.

instructed in their use.²² The diseases that caused the most suffering, diseases of infancy, whooping cough, measles, and tuberculosis, were considered "constitutional" diseases, (as opposed to "zymotic" or contagious disease) and not likely to cause an epidemic and therefore were not the department's responsibility.

Western officials under the direction of Indian commissioner Dewdney could not justify the expense of a medical superintendent or the precedent of physicians on reserves. Dewdney argued that the part-time services of NWMP surgeons Kittson, Miller, and Kennedy to vaccinate the people of Treaties 6 and 7 at Fort Walsh and Cypress Hills were sufficient and that the position of medical superintendent was unnecessary. He went on to say that if it were not for the instructions inserted in some of the medicine chests, he would not have known of the existence of such an officer.²³

Just as Dewdney argued that there was no need for a medical bureaucracy, he also argued that there was no need to repress the Sun and Thirst Dances. The impoverished condition and deteriorating health status of the plains people in the early settlement period gave impetus to the Sun and Thirst Dances and other communal and personal

²²NA, RG 10, vol. 3765, file 31161, Dewdney to SGIA, 17 October 1885.

²³NA, RG 10, vol.3704, file 17,858, Dewdney Report, 1879.

rituals of regeneration. At the same time there was little desire on the part of western officials to disrupt the dances. As Dewdney noted in 1884, "I have never known any trouble brought about by the holding of [the Sun Dance]; on the contrary, it appears to resolve itself now into more of a social gathering than a ceremony of torture as heretofore....I am in hopes that the ceremony will gradually die out; and it will be better to allow it to do so, without using strong measures to prevent its celebration as many of the old Indians, who generally inaugurate the dance, attach great importance to it."²⁴ The people continued to participate in healing and ceremonial dancing, albeit in a modified form for outsiders as seen by Dewdney's remarks, as a realistic accommodation to their changed circumstances. And, as long as the people continued with their own rites of regeneration, there was apparently no need for outside medical help.

Nevertheless, in early 1883 Ottawa recommended that a medical officer be appointed to Treaty Seven. Dr. F.X. Girard was appointed in May 1883 to administer to the Blood, Blackfoot, Peigan, Stoney, and Sarcee people from his headquarters at the small non-Native settlement at Fort Macleod.²⁵ Fort Macleod, by the late 1870s, was the

²⁴CHC, Sessional Papers, vol. 3, no. 3, 1885, p. 158.

²⁵NA, RG 10, vol. 3632, file 6326, DSGIA to Girard, 19 May 1883.

recognized "capital of the Canadian cattle kingdom".²⁶ The ranching industry and society that developed around Fort Macleod was led by a wealthy and politically powerful elite with close ties to Macdonald's Conservative party.²⁷ Girard, forty-two years old at the time, was a resident of Longueuil, Quebec and a friend of Hector Langevin, minister of Public Works in Macdonald's cabinet. It was clear to Vankoughnet that Girard was only employed by the department until he could establish a private practice.²⁸ Fort Macleod in the early 1880s seemed destined to be a great metropolis. But the exigencies of the cattle industry and its need for large leases and open, unfenced pasturelands precluded large-scale agricultural settlement. Without settlement there could be little success in private medical practice. Girard expressed support for the plight of the farmers and his frustration at the "monopoly exercised by lease-carriers" to his friend Langevin.²⁹ By the 1890s Calgary, and its transcontinental rail link, eclipsed Fort Macleod as the center of the ranching industry.³⁰

²⁶David H. Breen, The Canadian Prairie West and the Ranching Frontier, 1874-1924, (Toronto: University of Toronto Press, 1983), p. 9.

²⁷Ibid., p. 14.

²⁸NA, RG 10, vol.3632, file 6326, Vankoughnet to SGIA, 2 September 1887.

²⁹quoted in Breen, p. 48.

³⁰Ibid., p. 94.

There were immediate objections to Girard's appointment from western officials. Dewdney thought Girard's salary, at \$1200 per annum plus expenses, was too high since it approached Reed's assistant commissioner's salary of \$1600. According to Dewdney, Girard should be required to reside on the Blood reserve to better serve the people, or better yet, Girard should be dispensed with entirely. By 1885 Dewdney was of the opinion that since Treaty Seven had been divided into two distinct agencies and farming instructors were in place to prescribe for the people, there was no need for a medical officer.³¹ Two years later Dewdney again pushed for Girard's dismissal on the grounds that he was "very inefficient", and at the cost of \$2448 per annum for attendance at the Blood and Peigan reserves he was too costly.

Hector Langevin intervened and Girard was kept on at a reduced salary of \$800 per annum, plus expenses.³² Girard complained that on such a reduced salary he could not support his large family and since he had built a large house at Macleod he could hardly begin a private practice elsewhere. He could not live on less than \$1000. Langevin again intervened and informed Vankoughnet that Girard should receive \$1000 per annum plus living and travelling expenses

³¹NA, RG 10, vol.3632, file 6326, DSGIA to SGIA, 30 September 1885.

³²Ibid., Thomas White to Langevin, 11 April 1888.

when he was away from Macleod.³³ It had become clear to Dewdney and Reed that Girard and his salary would have to be borne by the department.

If the department hoped to show some improvement in the people's health by the large expenditure on medical attendance they were again disappointed. Girard's "inefficiency" was hardly surprising. He did not speak the language and had little knowledge of the people who were to be his patients. His methods and medicines were neither understood nor trusted by the people. Inspector Wadsworth reckoned that Girard was doing the work, "as well as any doctor who was not likely to be removed."³⁴ When asked about Girard's visits to the reserve, Bull Shield "sarcastically" pointed out that Girard travelled from McLeod to the Agency then to Fr. Legal's and back to McLeod without visiting any of the people's camps.³⁵ The average death rate on the Blood reserve for the first six years of Girard's attendance (1884-1889) was 51 per 1000 population, while the average birth rate was 30.8 per 1000 population.³⁶ In comparison, the death rate in Montreal in 1890 was half the Blood rate at 26 per 1000 population, in

³³Ibid., Langevin to Vankoughnet, 12 May 1888.

³⁴Ibid., Wadsworth to Secretary DIA, 20 July 1900.

³⁵Ibid. Agent James Wilson to Commissioner, 3 February 1897.

³⁶NA, MG 29, E 106, vol.17, Reed Papers, Kennedy to Dewdney, 2 November 1889 (marked "Private").

Winnipeg the death rate was 15.7, while Quebec City had the highest death rate of the 29 largest Canadian cities at 31.6 per 1000.³⁷ The death rates in 1894 in London and Paris were 20 deaths per thousand, and in Rome the death rate was 19.4 per thousand.³⁸ The leading causes of death among the Blood were "consumption" (tuberculosis), syphilis, diseases of infancy that included "atrophy and debility", pulmonary diseases, convulsions, and bowel diseases. As NWMP surgeon Kennedy reported in 1889, "The birth rate is very small and the death rate very large and the majority of deaths are due to preventable causes."³⁹

In the meantime the missionaries were active on many reserves. Reverend John Maclean was resident on the Blood reserve at Blackfoot Old Woman's camp and attempted to win the people's trust, and ultimately their souls, through humanitarian aid. He dispensed considerable amounts of medicine by making rounds from lodge to lodge in order to find the sick. The people rarely came to him. The most frequent complaint Maclean treated in the first month of

³⁷CHC, Sessional Papers, vol. 6, no. 6f, 1891, Table IV, Annual Report of the Department of Agriculture, Mortality Statistics.

³⁸Herbert Brown Ames, The City Below the Hill, (1897, Reprint Toronto: University of Toronto Press, 1972), p. 81.

³⁹NA, MG 29, E 106 vol. 17, Kennedy to Dewdney, 2 November 1889.

1885 was what he termed "biliousness".⁴⁰ The prevalence of stomach and bowel complaints was perhaps due to the poor quality of the rations. Maclean gave cathartic pills, a laxative. The people themselves had numerous treatments for digestive disorders and at least 13 distinct cathartics.⁴¹ Cathartics were popular treatments among both Native and non-Native healers because the action was predictable and obvious and, while they did little harm, they appeared to do much good. Maclean also gave out salves and carbolic wash for "sores", perhaps erysipelas, which was prevalent on the Blackfoot reserve.⁴² Maclean treated 124 patients in January, 75 in February, 35 in March and 62 in April.⁴³ On 27 January Maclean treated a seriously ill man who had three rifle balls still in his leg from a previous war with the Sioux. According to Maclean, although they could only communicate in sign language, "he finally expressed his

⁴⁰NA, MG 29, D 65, vol. 7, Rev. John Maclean Papers, Medical Record, Blood Reserve, 1885.

⁴¹Hellson, Ethnobotany of the Blackfoot Indians, p. 65. Hellson lists 37 plants used to treat digestive disorders.

⁴²Erysipelas, literally "red skin" in Latin, an infection of the derma with a streptococcal organism. It is the same streptococci that causes scarlet fever and is age-specific with adults usually contracting erysipelas and children contracting scarlet fever. The prognosis if untreated is serious if it is secondary to some other wound, infection, and especially puerperal sepsis (childbed fever). Ann Carmichael, "Erysipelas", in Kiple, ed. The Cambridge World History of Human Disease, p. 720.

⁴³NA, MG 29, D 65, vol. 7, Maclean Papers, Medical Record.

faith in God and hoped to meet me in the final abode of the just and pure."⁴⁴ The man died the next day but Maclean was at least able to claim a convert.

Events soon overtook Maclean's small successes. He found that during the Riel resistance the people were unwilling to have any missionary treat them. By 24 May Maclean noted in his diary, "some of the Indians spoke strongly against the missionaries and argued that they were bad, as the Indians who favoured the Christian religion soon sickened and died."⁴⁵ Besides having to contend with competition from the peoples' own medicine, Maclean had to contend with other missionaries. The Catholics, especially, had made inroads into the Blood camps. But the high death rates continued.

The deteriorating economic situation left the people without proper food and shelter and therefore without the strength to resist disease. On the Blackfoot reserve Anglican missionaries Harry Gibbon Stocken and John Tims squared off with the Catholics in the struggle for souls. The struggle was viewed with distrust by the Native people. When the Anglicans tried to set up a mission near the Catholic mission in Crowfoot's camp, Crowfoot refused: "...since one church had been built all the old men and women and children had died and if another Church was built,

⁴⁴Ibid.

⁴⁵Ibid. 24 May 1885.

all would die. They had too much church."⁴⁶ The Anglicans built their mission at Old Sun's camp. They distributed medicines freely even though they had only "a modicum of instruction."⁴⁷ Tims had brought a wooden medicine chest with him from England that contained medicine bottles, an eye dropper, hypodermic needle, knife, mortar and pestle, and needles and thread.⁴⁸ Gibbon Stocken was clearly out of his depth when he was asked to treat a woman suffering from "twitching" (perhaps convulsions). Recalling a conversation he had had with a homeopathic doctor in England regarding the principle of "like cures like", Gibbon Stocken reasoned that since strychnine caused twitching, it might also cure it. He administered the strychnine tablets three times daily and the woman recovered temporarily.⁴⁹ Deaths caused by treatment rather than disease went unrecorded. Missionary medical care was dispensed along with a heavy dose of Christian teaching and while the latter was often unacceptable to the people, the former was often dangerous. The missionaries and the people were caught between rising death rates and a deteriorating political and economic

⁴⁶quoted in Hugh A. Dempsey, Crowfoot: Chief of the Blackfeet, (Halifax: Goodread Biographies, 1988), p. 147.

⁴⁷H.W. Gibbon Stocken, Among the Blackfoot and Sarcee, introduction by G. Barrass, (Calgary: Glenbow Museum, 1976), p. 38.

⁴⁸The medicine chest is on display at the Glenbow Museum in the missionaries exhibit.

⁴⁹Gibbon Stocken, p. 36.

situation that neither could control.

Department ration policies had created much of the misery, disease, and the recent political unrest of the Riel resistance. Officials were faced with a dilemma. To increase food aid would be expensive and might, by their way of thinking, pauperize the people. To do nothing would certainly draw the ire of the department's critics, and might lead to even more expensive epidemics. Despite the department's insistence that it bore no responsibility for health care, medical aid in the form of more physicians, answered the problem at relatively little expense. The clear problems with Girard's appointment and Dewdney's opposition to an extension of the medical bureaucracy were ignored in favour of the demands of the non-Native population and the need to be seen to be taking control of a politically embarrassing situation. Inspector Wadsworth noted in his report on the Stoney people at Morley in late 1885, the people should not suffer such high death rates when there were so many doctors at Calgary who were willing to work for a very modest return.

Later that year Dr. Andrew Henderson of Calgary was engaged to attend the people in the northern part of Treaty Seven (the Sarcee, Blackfoot, and Stoney). But the department recognized the difficulties and expense of another salaried medical officer like Girard, and instead offered Henderson the work on a fee-for-service basis at one

dollar per patient for advice and prescriptions, plus fifty cents per day travelling expenses. The department controlled costs further by supplying all medicines that the doctor might prescribe. Henderson balked at the low rate. He argued that he would have to give up his private practice, besides "the great loss of time with exposure and possible danger to life in consideration of a fee of fifty cents allowance."⁵⁰ But with numerous other doctors in Calgary willing to take the work, Henderson agreed. Three years later with only 68 acres under crop, and with game scarce, the Stoney people were suffering a death rate three times their birth rate.⁵¹

In spite of itself the department's expenditures for medical attendance and medicines continued to increase throughout the 1880s. The expense was always entered in the departmental estimates as "Supplies for the Destitute", yet another indication that medical care was seen as an ad hoc expense, not a responsibility. Nevertheless, from 1884-1900 the greatest share, 75%, of the department's expenditure on medical aid was paid out to physicians, most of whom worked on a fee-for-service basis. The remaining 25% was spent on medicines and vaccines. For example, in 1884 the total cost for medicine and medical attendance was \$4,641.53, or a per

⁵⁰NA, RG 10, vol. 3632, file 6326, Henderson to Dewdney, 1 December 1885.

⁵¹Ibid. vol. 3811, file 54,550, Report of inspector McGibbon, 15 January 1889.

capita expenditure of 26 cents.⁵² Eighty-five percent of the total was paid out in salaries to Girard, three NWMP surgeons, and eight other physicians. More than half of that was paid to Girard and the NWMP surgeons; the eight civilian doctors earned an average annual income of less than \$200 each.⁵³ The remaining 15% was spent on medicines and the preparation of medicine chests. By 1890 the total expenditure on medicines and medical attendance had increased 77% to nearly \$14,000, or a per capita expenditure of 91 cents.⁵⁴ The number of physicians had risen to a high of 31 in 1889 with an average annual income of \$345. But despite the increased expenditure the death rate continued to rise.

High death rates were not the only reason, or even the primary reason, that the department was pushed to increase expenditure on medical care. The medical profession's need for work and the non-Native community's need for medical attendance also had a bearing on how and where expenditures

⁵²Per capita expenditure is based on a total population of Treaties 4, 6, and 7 in 1884 of 17,839.

⁵³CHC, Sessional Papers, vol. 3, no. 3, 1885, p. 159. Some doctors earned more than others depending on when and where the department wanted vaccinations carried out. Drs. Potevin and Edwards earned more than \$500, while Dodd and Mackie each earned only \$25.

⁵⁴CHC Sessional Papers, vol. 3, no. 3, 1885; vol. 4, no. 4, 1886; vol. 5, no. 6, 1887; vol. 13, no. 15, 1888; vol. 13, no. 16, 1889; vol. 10, no. 12, 1890; vol. 15, no. 18, 1891. Per capita expenditure is based on a total population of 15,259.

were made. Representatives of isolated immigrant communities reckoned that without Indian department work local doctors could ill afford to establish a practice in their small villages.⁵⁵ Medical work for the department acted as a failsafe for the immigrant communities. Physicians received a dependable income from the department which allowed them the freedom to establish a private practice among the immigrant community.⁵⁶ The rapidly increasing number of doctors employed by the department was a reflection of the needs of the non-Native community. As with most government appointments at the time positions were granted on the strength of the candidate's ties to the ruling Conservative party. As was pointed out to Reed, Dr. Bain rather than Dr. Stewart should be appointed medical attendant to the people at Prince Albert, "You will save yourself alot of trouble by having one of your own party at your back." Besides, Bain gave prescriptions and directions to the agent thereby saving the extra expense of follow-up visits. Stewart expected to be called a second time if the

⁵⁵NA, MG 29, E106, vol. 17, Reed Papers, Mitchell to Reed, 20 September 1891.

⁵⁶Hilda Neatby, "The Medical Profession in the North-West Territories", in S.E.D. Shortt ed., Medicine in Canadian Society: Historical Perspectives (Montreal: McGill-Queen's University Press, 1981), p. 166; see also NA, RG 10, vol. 3632, file 6326, DSGIA to Girard, 19 May 1883 on Girard's desire to establish a private practice; see also Glenbow-Alberta Institute (hereafter GAI), M7283, Box 1, file 4, Edwards to Mrs. Edwards, 30 November 1897 on Edwards' attempts to establish a private practice.

patient did not improve.⁵⁷ Loyal Conservatives were more likely to tow the bureaucratic line and practice the strictest economy at all times.

Increased immigration of loyal Conservative doctors fed the rising costs of the fee-for-service system. By the late 1880s, in response to rising costs the department again began to hire physicians on a salary basis. The department realized that by employing a small number of salaried medical officers costs were easily controlled and there was no danger of exceeding the year's estimates. Costs under the fee-for-service system were difficult to control or predict because it was left to the agent to decide when the doctor should be called and department officials suspected some were abusing the system. Unfortunately abuses of another kind crept in when over-zealous agents, attempting to economise, refused to call the doctor because, "on all reserves [there are] a few chronic cases where it would be useless to call in the services of a medical man...."⁵⁸ Again, the need to economize and distribute government patronage dictated policy changes in the medical bureaucracy.

At the same time the department acknowledged that the high death and disease rates in the industrial schools

⁵⁷NA, MG 29, E106, vol. 17, Reed Papers, Macdowell to Reed, 12 May 1890.

⁵⁸NA, RG 10, vol. 3765, file 32784, Battleford reports, A.M. McNeill, acting agent, 31 May 1890.

negated any progress the schools might make. Parents were increasingly reluctant to have their children sent to school only to have them returned home dead or nearly so. The department was aware that it could not pay doctors a salary commensurate with the income they might earn in the east. Therefore salaried medical officers tended to be employed to attend the reserves nearest to larger non-Native settlements, settlements that could also sustain a private medical practice. And since the industrial schools were deliberately located off reserves and nearer large settlements it suited the department's needs to appoint salaried medical officers for the students at Qu'Appelle, Battleford, and High River industrial schools. The salaried physicians were also appointed as medical officers on the nearby reserves. They were expected to visit the schools and the reserves once a month for salaries that ranged from \$750 to \$1000 per annum.⁵⁹ Salaried officers were therefore still free to establish a private practice. The fee-for-service arrangement remained intact on reserves far removed from large centers and industrial schools.

Few ever became rich from department medical work, but a salaried position offered the opportunity to develop a private practice. Dr. Bain of Prince Albert endeavoured for three years to secure a position with the department. He initially demanded \$1000 per annum, making reference to Dr.

⁵⁹CHC, Sessional Papers, vol. 15, no. 18, 1891.

Girard's arrangement with the department. He also pointed out that the people of Carlton and Duck Lake had not received any medical aid and that by Treaty they were promised medical attendance.⁶⁰ Department officials were always quick to disabuse anyone of the notion that medical aid was promised in the Treaties: the only guarantee mentioned in the Treaty was that medicine chests were to be made available at the agencies.⁶¹ Besides, the department's estimates for medical attendance for the district was only \$600. Bain eventually was offered a portion of the territory on a fee-for-service basis which he quickly accepted.

Private practice did not necessarily come to those who waited. Dr. Oliver Cromwell Edwards was hired as a department employee in 1882 stationed at Qu'Appelle to vaccinate the Cree and Assiniboine. He subsequently moved to Regina to establish a private practice while his wife and family remained in the east. By 1897, although he had the attendance of the Regina Industrial school, he had met with little success. "Private practice here is absolutely nil - Dr. Low who is a good man from McGill has the greater share - Cotton but a chronic drinker still gets some - Willoughby who did the school before I came was also a kind

⁶⁰NA, MG 29, E106, vol. 17, Reed Papers, Bain to Reed, 4 December 1888.

⁶¹NA, RG 10, vol. 3855, file 79,963, Assistant SGIA to Orton, 9 July 1891.

of half doctor half rancher...." And, he lamented, "This is a remarkably healthy town."⁶² He regularly walked or rode his bicycle to the school to save the travelling expenses. "I seem to be always trying to fill some bottomless hole. When will we get to the surface and get out of debt?"⁶³ Edwards never did achieve his dream of a private practice. In 1901 he was appointed medical officer on the Blood reserve after Girard was finally superannuated. He described his appointment as "west and south to a hole in a hill-side called Macleod."⁶⁴ It is apparent from Edward's attitude that medical officers were hired with a tacit acknowledgement that their work for the department was always secondary to the needs of, or desire for, private practice.

The department soon found itself faced with a seeming paradox: the higher the expenditure on medicines and medical attendance on reserves, the higher the death rates on those reserves. The lowest death rates in the west in 1890 were found among the people who were never dependent upon the bison economy, and who were still engaged in hunting and

⁶²GAI, M7283, Edwards and Gardiner Family Fonds, Box 1, file 4, Edwards to Mrs. Edwards, 30 November 1897. Edwards was born in Ontario and received his medical degree from McGill. In 1876 he married Henrietta Muir who, after her husband's death, became one of the "Famous Five" in the Persons case.

⁶³Ibid., Edwards to his wife, 5 November 1897.

⁶⁴Ibid., Box 1, file 14, Edwards to his daughter Alice, October 13 1901.

trapping, and had no medical attendance. At Montreal Lake, in present-day northern Saskatchewan, the death rate was 16.09 per 1000 population; at Saddle Lake in northern Alberta the rate was 17.21; at Onion Lake the rate was 34.02.⁶⁵ It is possible that because these people were not engaged in agriculture, there was little departmental presence among them and therefore the statistics were incomplete. More importantly, the inverse relationship between high death rates and low economic self-sufficiency remained. The death rate for the Assiniboine was 109.7 per 1,000, at File Hills it was 147.5, and the Blood rate was 52.9.⁶⁶ Superintendent general Dewdney remarked, where the department employed a medical attendant, "a great deal of sickness prevails", and where there is no medical attendant "the Indians are free from sickness, and seem very contented."⁶⁷ Not only did Dewdney suggest that the department was ill-served by its medical officers, he seemed to imply something considerably more sinister. Dewdney continued to maintain that medical aid was neither necessary nor a departmental responsibility.

It cannot be argued that the department was unaware of the connection between economic want and the high incidence

⁶⁵NA, RG 10, vol. 9423, Annuity Paylists, 1890.

⁶⁶GAI, M2816, Dewdney Papers, vol. 8, Birth and Death Rates, Treaties 4, 6, and 7, 1890, p. 2198.

⁶⁷NA, MG 29, E106, vol. 17, Reed Papers, McGirr to Reed, 16 April 1891.

of disease. Its own medical men consistently reported that high morbidity and mortality rates were a direct result of the people's "mode of living". Dr. Lindsay, working in Treaty Seven, contended that the high incidence of scrofula was the result of poor nutrition, and pulmonary tuberculosis was caused by "irregularity in dieting, insufficient clothing, want of cleanliness, syphilitic poisoning and scrofula...."⁶⁸ Lindsay may have had the etiology somewhat confused, but the causes of the high death rates were nevertheless apparent. Dr. M.M. Seymour commented, after visiting Piapot's reserve, "I note that the more the Indians have to work and the nearer they become self-supporting, the less sickness and disease there is amongst them."⁶⁹ Girard reported that consumption and scrofula were the two most frequent causes of death. The people could only afford to buy new clothing after their annuity payments, and they lived in homes that were, "too small, too low, overcrowded, imperfectly ventilated.." The death rate was high because of "unwholesome food, lack of air and light...."⁷⁰ The implications were obvious. The people's health would improve with better food and more of it, larger houses, and sufficient clothing. Despite the fact that the people were

⁶⁸NA, RG 10, vol. 3949, file 126,345, Lindsay to Reed, 31 May 1895.

⁶⁹NA, RG 10, vol. 3900, file 99,907, Sick Report Muscowpetung Agency, January, February 1893.

⁷⁰Ibid., Girard to Reed, 1 April 1895.

legal wards of the government and perhaps entitled to benefits unavailable to Canadian citizens in general, the financial commitment to provide those necessities would not be entertained by the department. The people were expected to pull themselves out of poverty with the implements and livestock already provided. In the meantime, a departmental circular was sent to all agents emphasizing the necessity for cleanliness, ventilation, the removal of all garbage, and vaccination against smallpox.⁷¹

The apparent anomaly of steadily increasing medical costs and consistently high death rates was explained, in the department's estimation, by the notion that the people were in transition from the wild to the civilized state. Because civilization was not easily won, disease and death were seen as a sort of penance that must be paid.⁷² The department did what it could to remind the people of the connection between cleanliness and godliness. Continued poverty and reliance upon government rations was also associated with the peoples' desire to persist in their ceremonial dancing.⁷³ According to this reasoning therefore, repression of the dances could only ease the

⁷¹NA, RG 10, vol. 3900, file 99,275, Department Circular, 1893.

⁷²CHC, Sessional Papers, vol. 11, no. 14, 1897, Reed Report, p. xxiv; Pettipas, Severing the Ties That Bind, p. 100.

⁷³Pettipas, Severing the Ties that Bind, p. 98.

transition.

For the Plains peoples the culturally appropriate response to disease, however, required public and collective action found only in the vowed ceremonies. The complex world-view of the prairie Native peoples with the Creator at the center and the Deities of the Sun, the Moon and natural phenomena was not abandoned in favour of Christianity in the face of disease and oppression as some have argued.⁷⁴ Historian Katherine Pettipas has argued that government efforts to destroy the political economy of Native peoples, their socio-economic collectivism, ensured the persistence of Native ideology and ceremonialism.⁷⁵ The persistence of ceremonialism was, at the same time, an example of resistance and accommodation: resistance to assimilation and accommodation to a changed economic and political reality. The notion of resistance and accommodation to an untenable situation has been used successfully by scholars describing the world of the African-American slaves.⁷⁶ Native peoples formulated an ideology that accepted those things which could not be changed. Meanwhile they resisted a slide downwards to their own dehumanization by a persistence in

⁷⁴see especially Martin, Keepers of the Game; John Grant, Moon of Wintertime.

⁷⁵Pettipas, Severing the Ties That Bind, pp. 220-21.

⁷⁶Eugene Genovese, Roll, Jordan, Roll: The World the Slaves Made, (New York: Vantage Books, 1976), see pp. 161-232.

their cultural rites. John Maclean was frustrated to learn why the people refused to attend his Sunday services at Bull Back Fat's camp, "the Catholic priest had held service early in the morning and the people said that they did not care to pray anymore today. I tried to urge them, but they had prayed to the sun and attended the popish service, so they would not come out."⁷⁷ There was nothing inherently incompatible in the people attending Mass on their way home from Sun Dance camp.

Similar notions of accommodation and resistance informed the people's reaction to Euro-Canadian medicine. It was neither rejected outright nor passively accepted. Vaccination was readily accepted by many who had witnessed the horror of a smallpox epidemic, but refused by those who had witnessed the misery when vaccine matter turned toxic through neglect or ignorance. Oftentimes patent medicines replaced indigenous forms when the people were prevented from travelling to collect their own preparations. Cathartics and emetics, poultices and salves, produced the same result whether found in the bush or the medicine chest.

The special knowledge for healing, gained through vision and experience, and passed on through the public transfer of bundles at the Sun and Thirst Dance camps came to be actively suppressed. The intent was to divorce the

⁷⁷NA, MG 29, D65, vol. 8, Maclean Papers, "Daily Journal Fort Macleod, 1880-1888", 9 August 1885.

people from their own cultural influences and replace them with the Christian culture and the associated political economy of capitalism. Reed gloated, "The 'medicine men', the guiders of thought and action and the inspirers of fear in all but the very boldest, had to be fought. To win Indians from such a thralldom, and to get them to disregard the influences of generations, required no small amount of courage and skill in management."⁷⁸ The Native doctor worked, for the most part, beyond the gaze of department officials. It was in the Sun and Thirst Dance camps where the doctor's influence was most easily recognized by officials. And it was this ceremony that was the subject of most efforts at repression.

Initially the department proceeded with caution in their attempts to repress the Sun and Thirst Dances. There was no force of law behind their efforts. The Sun and Thirst Dances were important and valued ceremonies and the department feared reprisals if force was used. But perhaps most importantly, administrators and missionaries were convinced that the superiority of Christianity would in time become evident and the people would allow the Dances to die from neglect. In defence of the policy one agent noted that Queen Victoria herself was purported to have said, in reference to natives of India, that the rites and ceremonies

⁷⁸CHC, Sessional Papers, vol. 11, no. 14, 1897, Report of the DSGIA, p.xxxii.

of indigenous people were not to be interfered with if their religion comforted them as hers comforted her, or until they got a better one.⁷⁹

The moral suasion approach was not successful. The policy was ambiguous. Agents were responsible for repressing the ceremonies and the methods used were left to the agent's discretion.⁸⁰ Agents and inspectors regularly reassured their superiors that the present year's Sun Dance was sure to be the last. The power of the Sun Dance camp to regenerate and renew the people's spiritual and temporal ties to their culture and each other was recognized by department officers in the field. They also realized that to use anything stronger than moral suasion was to invite conflict. Ottawa officials objected to the Sun and Thirst dances because they interfered with farm work, and "unsettled" the people. In 1885 agent Pocklington on the Blood reserve reported that the Sun Dance, if left alone, "will soon have ceased to be the great festival of the year."⁸¹ Two years later he reported that the festival was losing its importance and, "a few years more will probably see the end of it."⁸² In the winter of 1888-9 whooping cough and consumption killed 148 Blood children and adults.

⁷⁹GAI, M2476, McNeill to Commissioner, 5 February 1904.

⁸⁰Pettipas, Severing the Ties that Bind, p. 109.

⁸¹CHC, Sessional Papers, vol. 4, no. 4, 1885, p. 74.

⁸²CHC, Sessional Papers, vol. 13, no. 15, 1888, p. 97.

Pocklington reported that the people held a Sun Dance, but he thought the Dance was losing its importance. On the Assiniboine and File Hills reserves the agents commented that the Sun Dance was quickly dying out and the people assured him that it was their last dance.⁸³ Agent Begg on the Blackfoot reserve remarked that the Sun Dance lacked candidates for the torture ceremony and the people were losing interest in the ceremony, "and I should be glad if they were disgusted as it is an unmitigated nuisance, always occurring at the time they should be working at the crops. I am continually trying to get them to do away with it."⁸⁴ Despite their efforts the agents were frustrated by the continued celebration of the Dances.

Some agents took it upon themselves to use more extreme methods. On the Ermineskin reserve in Treaty Six agent Lucas reported that the Thirst Dance was shortened because, "the rations [were] greatly reduced, and in many cases cut off."⁸⁵ The irony must have stung especially hard. The people's culturally appropriate response to illness was greeted with department efforts that could only increase hunger and illness.

Missionaries had the most to lose by the persistence of Native religion and were the most adamant in calls for the

⁸³Ibid. vol.5, no. 6, 1887, p. 122.

⁸⁴Ibid., vol. 4, no. 4, 1886, p. 76.

⁸⁵CHC, Sessional Papers, vol. 10, no. 12, 1890, p. 78.

suppression of the Dance. Both the Anglican and Catholic missionaries in Treaty Seven advocated the use of police force to stop the Dances. Father Lacombe demanded that the department stamp out the great obstacle against their being Christianized and civilized. "It is to be regretted that the government doesn't stop that demonstration altogether...You are strong enough by your moral influence and your mounted police to make the Sun Dance die out."⁶⁶ Reverend Tims suggested that the department engage the police to "protect" those people who chose not to attend.⁶⁷ Father Hugonnard of the Qu'Appelle school was one of the most persistent advocates of repression. Arrest and punishment were the only means to completely root out dancing: "Clemency in their eyes [is] a sign of weakness."⁶⁸ Agents, bolstered by the opinions of both the police and the missionaries, began to resort to more and more repressive measures. In the summer of 1890 at Poundmaker reserve a Thirst Dance camp was broken up when the agent threatened to have the ringleaders arrested and the annuities stopped. The farm instructor was ordered to

⁶⁶GAI, M2816, vol. 8, Dewdney Papers, Lacombe to Dewdney, 7 April 1889, p. 2187.

⁶⁷GAI, M 1234, Tims Papers, file 7, Reed to Tims, 21 April 1891.

⁶⁸quoted in Jacqueline Gresko, "White 'Rites' and Indian 'Rites': Indian Education and Native Responses in the West, 1879-1910.", in Anthony Rasporich editor, Western Canada: Past and Present, (Calgary: McClelland and Stewart West, 1975), p. 176.

stop all rations.³⁷ At Touchwood Hills the agent had the Dance leader arrested for breach of peace, "and I do not think that they will ever attempt to hold another in this agency."³⁸ But, as Mandelbaum discovered, the Thirst and other dances persisted and were considered an "active force" in Plains Cree life well into the 1930s and beyond.³⁹

In 1895 the Indian Act was amended by section 114 making the giving away of money or goods at a festival or dance illegal. As well, anyone assisting in a celebration "of which the wounding or mutilation of the dead or living body of any human being or animal forms a part or is a feature" was guilty of an indictable offence. The penalty was two to six months imprisonment. In July 1896 Kahpeechapees of the Ochapowace reserve was sentenced to two months hard labour for sponsoring a Thirst dance.⁴⁰ In his own defense Kahpeechapees contended that it was a religious matter, and "...God himself had given him these rites with a view of saving his own soul."⁴¹ In Treaty Seven the police were unwilling to take such harsh measures for fear of

³⁷NA, RG 10, vol. 3765, file 32,784, Battleford Agency Monthly Reports, 31 July 1890.

³⁸CHC, Sessional Papers, vol.10, no. 14, 1896, p. 67.

³⁹Mandelbaum, p. 361.

⁴⁰CHC, Sessional Papers, NWMP Annual Report, vol. 11, no. 15, 1897, p. 65.

⁴¹quoted in Pettipas, Severing the Ties That Bind, p. 116.

reprisals. If the people agreed to discontinue the torture ceremony the police were willing to allow the dance to continue.⁹⁴

Assistant commissioner Forget suggested that the Dances were losing support from within the Native community. Those who continued to practice the Native religion were the aged medicine men, while the "industrious owners of good farms, herds of cattle and comfortable homes perceiving the unsettling influences of these ceremonies and their inconsistency with the teachings of the Christian faith which they have adopted, hold entirely aloof therefrom."⁹⁵ Acceptance of the existing economic order and the tenets of Christianity was also a reasonable accommodation to the changed realities. But resistance continued as well. Judicial test cases, petitions, challenges to the legitimacy of the law based on Treaty rights, modification of the ceremonies, and covert ceremonies were some of the avenues taken. Piapot was arrested and later deposed for sponsoring a Sun Dance.⁹⁶ Agent McDonald at Crooked Lakes did not share Forget's optimism: "Considering the amount of persuasion employed by the different denominations at work,

⁹⁴CHC, Sessional Papers, NWMP Annual Report, v. 11, no. 15, 1897, p. 138.

⁹⁵Ibid. vol.10, no. 14, 1896, p. 199.

⁹⁶Pettipas, Severing the Ties that Bind, p. 137.

as in this agency, paganism is dying hard."⁹⁷ Disruption and repression of the dances must have seemed especially cruel to the people considering the generally unhealthy state of most communities and their felt need to respond in a culturally meaningful way.

Dr. George Orton, medical health officer for the Manitoba superintendency, suggested that the department policy to suppress the work of the Native doctors might be to blame for the poor health of the people, not vice versa. He pointed out that the government and missionaries had done everything possible to discourage and discredit the Native doctors, "who by experience in the use of vegetables and other remedies in the treatment of wounds and disease handed down from generation to generation doubtless have been the means of saving many lives and relieving much suffering."⁹⁸ Dewdney shot back that it was never department policy to discourage Native doctors.⁹⁹ However, commissioner William Graham recalled that, "...every effort was made by those who were in charge of Indians to discourage most of the methods used by the Medicine Man, but it took time to do this."¹⁰⁰

⁹⁷CHC, Sessional Papers, vol. 11, no. 14, 1897, p. 166.

⁹⁸NA, RG 10, vol. 3855, file 79,963, Orton to SGIA, 16 June 1891. Orton was born in 1837 in Guelph, Ontario and was appointed to the Indian department in February 1888.

⁹⁹Ibid., SGIA to Orton, 9 July 1891.

¹⁰⁰William M. Graham, Treaty Days: Reflections of an Indian Commissioner, (Calgary: Glenbow Museum, 1991), p. 44.

The continued effort to undermine and ridicule the people's world-view resulted in an ever-deepening suspicion of the government's motives. The smothering paternalism of the past had taken on a sharp edge with the ration policy, and the pass and permit systems after 1885. Robert Jefferson, farm instructor at Poundmaker's reserve, contended that his efforts to enforce departmental policy regarding the Thirst Dance through ridicule, pity, and disgust only undermined any trust that might have grown up between himself and Poundmaker's people.¹⁰¹

Into this deteriorating relationship came the Euro-Canadian doctor demanding trust and confidence. The departmental practice of hiring salaried medical officers had created the correctly perceived impression that the doctor was another government employee. The doctor was a part of the same bureaucracy that sought to remake the people through repressive ration policies and religious persecution. That the people had little confidence in the government doctors had more to do with the doctors' position as government officials than as medical attendants.

Lack of confidence in the proffered medical help may have exacerbated the people's health problems. But more importantly, the underlying causes of the people's ill-health, their poverty, served to undermine even the most conscientious medical attendant. In 1896 the Sarcee people

¹⁰¹Jefferson, Fifty Years on the Saskatchewan, p. 82.

lost forty of their 224 people, or nearly 18% of the population, mainly through tuberculosis. Twelve children were born but twelve died. Agent Lucas thought neglect was the main cause: "during illness the Sarcees have more faith in their own medicine men and conjurers than in the physician, even when they do accept the aid of a doctor, they do not follow his instructions."¹⁰² Dr. Lindsay of Calgary noted that the cause of the high death rate was poor food, crowded houses, and insufficient clothing. He noted that it was not uncommon to find 10 to 15 people living in a one-room house.¹⁰³ Eighty-five percent of the people lived on government rations of beef and flour distributed every three days.¹⁰⁴ According to Lindsay the most common causes of death, in order of importance were scrofula, consumption, hemoptysis,¹⁰⁵ and sore eyes,¹⁰⁶ all synonyms for tuberculosis. The people only consented to Lindsay's care

¹⁰²CHC, Sessional Papers, vol. 11, no. 14, 1897, p. 201.

¹⁰³NA, RG 10, vol. 3949, file 126,345, Lindsay to Reed, 31 May 1895.

¹⁰⁴GAI, M1837, file 23, Sarcee Indian Agency Files, Ration Tickets, 1895; an average of 192 people were on the ration list.

¹⁰⁵Hemoptysis was a term used to describe a symptom, coughing blood from the respiratory tract, not a disease per se.

¹⁰⁶"Sore eyes" was clearly a self-diagnosed condition that applied to numerous conditions that might range from ophthalmia, a severe inflammation of the conjunctiva (trachoma), to snow blindness. In this case Lindsay described "sore eyes" as scrofula in the cornea, inflammation with ulceration.

as a last resort, once their own healers had given up all hope.¹⁰⁷ At that point Lindsay could not even offer the ancient treatment for tuberculosis, opium and lies, because opium was not included in the department's list of approved medicines.

Agent James Wilson at the Blackfoot reserve noted that Dr. Girard had lost or, more likely, had never gained the confidence of the people. He would never visit the people in their homes, and was therefore unaware of the early stages of serious illness. Girard visited the dispensary for one day every month and handed out prescriptions to all who presented themselves. Illness was either self-diagnosed or diagnosed by the Native doctor. Wilson understood why the people "did a great deal of doctoring among themselves....I cannot blame them much for this because in many cases it is their only way of getting treated early and continuously."¹⁰⁸

If the department could have forced the people to submit to treatment, and negated the impact of the Native doctors, would their health status have improved? Just such conditions prevailed at the industrial and boarding

¹⁰⁷NA, RG 10, vol. 3949, file 126,345, Lindsay to Reed, 31 May 1895.

¹⁰⁸NA, RG 10, vol. 3632, file 6326, Wilson to Commissioner, 3 February 1897.

schools.¹⁰⁹ But the same desperate conditions found on the reserves, dirty, overcrowded living quarters, poor diet, inadequate clothing, and constant exposure to tuberculosis, prevailed at the schools. At the Qu'Appelle school in 1886 five children died of "consumption" out of a total enrolment of 55. At the Battleford school, of 15 students, two died from "brain fever", or tubercular meningitis, and one, Thunderchild's nephew, died from exposure. He chose escape and an 18 mile walk back to the reserve in the frigid cold rather than life at the school. When measles broke out at the High River school all the children were immediately taken home by their parents.¹¹⁰ The next year at the Qu'Appelle school three children died from consumption because, according to Fr. Hugonnard, they were admitted with "weak constitutions". Dr. Seymour attended twice a week, but with 103 students his services were needed more

¹⁰⁹The government was obliged by the Treaties to provide education for Native children. The system that emerged was financed largely by the federal government but administered by ecclesiastics. Industrial schools were opened at Qu'Appelle, and High River, under the Roman Catholics, and at Battleford, under the Anglicans in 1883-84. They were deliberately established off the reserves to sever the children's link to their culture, and enrolled children over 14 years old. Boarding schools were usually located on reserves and catered to a younger students, from about 8 to 14 years old. Both were supported by per capita grants, and all operating costs, food, clothing, salaries, and heating costs were paid for out of the grants.

¹¹⁰CHC, Sessional Papers, vol. 5, no. 6, 1887, pp. 139-42.

often.¹¹¹ Rev. Clarke, principal of the Battleford school noted that the children's health was "excellent", but that the children did not remain ill very long, "either recovering immediately from indisposition or almost as rapidly passing away. Consumption is the bete noir and nothing arrests their rapid dissolution when this fell disease has once seized them."¹¹² By 1893 the situation had deteriorated. Since the Qu'Appelle school opened in 1883-84, 344 children were received and 174 were discharged, either because of age or illness. Of those 174 students more than half died either at the school or shortly after leaving, most of tuberculosis.¹¹³ It had become common practice to discharge seriously ill children to their homes rather than have them die at the school. Ironically, as Pettipas points out, this practice itself was, "a reason for parents and relatives to seek out healers at vowed ceremonies such as the Sun Dance."¹¹⁴ By 1902, of the 1700 students discharged, 40% were dead or in poor health.¹¹⁵

Departmental hand-wringing over high death rates in the schools was similar to the debate over the high death rates

¹¹¹Ibid., vol. 13, no. 16, 1889, p. 94.

¹¹²Ibid., vol. 10, no. 12, 1890, p. 296.

¹¹³CHC, Sessional Papers, vol. 10, no. 14, 1894, pp. 91-7.

¹¹⁴Pettipas, Severing the Ties that Bind, p. 138.

¹¹⁵NA, RG 10, vol. 3965, file 149,874, Benson to Maclean, 24 March 1902.

on reserves. Medical opinion was in agreement that the physical condition of the schools, poor diet, overcrowding, inadequate clothing, and exposure to disease were the chief causes of the high morbidity and mortality. Dr. Seymour at the Qu'Appelle school reported that "overcrowding and breathing vitiated air are the two best recognized causes [of tuberculosis]..."¹¹⁶ Dr. Lindsay of Calgary agreed that the schools needed better ventilation. He also pointed out that the schools were unclean, the food was poor and inadequate, and the clothes and bedding should be replaced.¹¹⁷ Poverty was recognized as the fundamental problem on reserves as well as in the schools.

The salaried medical officers, in the spirit of self-preservation, were quick to point out that the children's poor constitutions and the "hereditary taint" of tuberculosis was a problem beyond their reach, and beyond the department's responsibility. Dr. Macadam at the Battleford school, among others, reiterated the argument that the chief cause of death was found in the rough transition from "savagery to civilization." The transition from the free outdoor life to confinement in the school house hastened the childrens' innate tendency to

¹¹⁶NA, RG 10, vol. 3917, file 116,575-5, Seymour to Commissioner, 9 September 1895.

¹¹⁷Ibid., vol. 3957, file 140,754-1, Lindsay to Commissioner, 6 June 1896.

tuberculosis.¹¹⁸ Another popular explanation was voiced by Dr. Allingham at the Round Lake school near Qu'Appelle. He suggested that the children were more susceptible to tuberculosis at school because their resistance was lowered through home-sickness and worry.¹¹⁹ Allingham went on to suggest that the practice of gathering together the "pure and tainted" created new victims. Children should be examined by a medical doctor upon admission, and the schools disinfected periodically. He commended the people's practice of abandoning houses where a death had taken place as a "very practical disinfector." Are the schools disinfected as efficiently, he asked.¹²⁰

Reed concluded, despite the evidence to the contrary, that there was little unanimity on the question from the medical community. The schools, he noted, were clearly not responsible for the high death rates occurring there, but rather the conditions on reserves were to blame: "food, exposure to cold, dampness, scanty clothing, wet feet, etc. are more conducive to the generation of the disease...." The superior advantages of the schools were "more than

¹¹⁸NA, RG 10, vol. 3957, file 140,754-1, Dr. Macadam to Commissioner, 5 June 1896; see also Dr. Hicks, Red Deer school, to Commissioner, 6 June 1896; and surgeon Spencer, Brandon Industrial school, to Commissioner, 11 June 1896.

¹¹⁹Ibid., Allingham to Commissioner 4 June 1896; also Hicks to Commissioner 6 June 1896; Spencer to Commissioner, 11 June 1896.

¹²⁰Ibid., Allingham to Commissioner, 4 June 1896.

counter-balanced by the comparative loss of open air exercise which the children get so freely on the reserve."¹²¹ Efforts were made to improve ventilation and increase school production of vegetables and dairy products. But the department's frugal per capita grant system squeezed the churches to admit more and more pupils, feed them less, and keep windows sealed shut to reduce heating costs. Fundamental criticisms could not be countenanced because the schools were the expensive showpiece of department policy to "christianize and civilize".

In early 1895 Reed, aware of the impending election, was anxious for some good news regarding the people's health and progress. Medical attendance was available to most who wanted it, he reasoned, and the department supplied medicines and hospital treatment when recommended. Missionaries and agents assured him that the Sun and Thirst Dances were losing influence. Reed solicited opinions from the government-employed medical officers, "as to what extent, in the young...constitutional troubles [are] diminishing, owing to our efforts generally to counteract their growth, and if on the decrease what, in his opinion, are the most powerful Agencies [sic] tending to this end."¹²² Dr. A.B. Stewart, who only recently had won the

¹²¹Ibid., DSGIA to Forget, 10 July 1896.

¹²²NA, RG 10, vol. 3949, file 126,345, Reed to Forget, 14 February 1895. "Constitutional" disease generally referred to disease that was considered non-infectious, such

concession to treat the people at Duck Lake from his rival Dr. Bain, suggested that chronic ailments were decreasing and confined to certain families with "bad" histories; improvements were "mainly due to the efforts put forth by the department and their employees to better the Indian's mode of living."¹²³

A number of doctors pointed out that syphilis was definitely on the wane. But as Dr. Orton had explained some years earlier, syphilis was rarely a problem with the people he had treated.¹²⁴ Syphilis, according to Girard, acted on the constitution and eventually "developed into scrofula, tuberculosis causing consumption."¹²⁵ The supposed low moral habits of the Native peoples had made the diagnosis of syphilis both obvious and reassuring.

The Blood, Blackfoot, Stoney, and Sarcee people were getting progressively weaker, "losing ground", according to the medical officers. The Blood people, according to Girard, were becoming weaker through scrofula, caused by the use of unwholesome food, uncleanness, and lack of air and

as rheumatism, puerpera, anaemia, cancer, scrofula, phthisis, hydrocephalus, etc. Conversely, "zymotic" diseases were contagious, such as smallpox, measles, diphtheria, whooping cough, etc.

¹²³NA, RG 10, vol. 3949, file 126,345, Stewart to Commissioner, 12 March 1895.

¹²⁴NA, Rg 10, vol 3855, file 79,963, Orton to DSGIA, 16 June 1891.

¹²⁵NA, RG 10, vol. 3949, file 126,345, Girard to Commissioner, 1 April 1895.

light. He was quick to note that by stating unwholesome food, "be it understood that I do not condemn the articles used as food (they are first quality beef and flour) but its mode of cooking..."¹²⁶ Girard suggested that the department should use measures to "compel [his emphasis] the Indians" to seek his aid.¹²⁷ Dr. John Hutchison at Crooked Lakes reported that disease was decreasing, especially scrofula, through his use of cod liver oil and iron, treatments that likely helped improve their general resistance to disease. At the Muscowpetung agency Dr. Seymour judged that the people's health had improved through a general improvement in living conditions, and because they no longer relied on their old methods of treatment. Instead they went to him where "acute disease which might have laid the foundation of consumption, is thus cured." Seymour reported that he was able to keep the consumptives alive and "well enough to work."¹²⁸ Despite Seymour's claim that the people no longer used their own healing methods, he implored the department to stop the annual Sun Dances, "as they are the cause of a great deal of harm both morally and physically." High infant mortality was caused by poor

¹²⁶ Ibid.

¹²⁷ Ibid.

¹²⁸ Ibid., Seymour to Commissioner, 28 May 1895.

infant feeding and their refusal to use cow's milk.¹²⁹ He went on to report that hereditary weakness caused by intermarriage, marriage at a young age, and marriage between the tubercular resulted in the overall weakening of the group. "Rapid civilization", or the complete repression of Native ceremonialism, culture, and language, in Seymour's estimation, was the only remedy.¹³⁰

Lest Reed was buoyed by the seeming good news that the department was doing all it could, Dr. T.A. Patrick of Yorkton replied that the increase of disease had been rapid. An examination of children at Crowstand school in the Swan River agency revealed that 65% were afflicted with tuberculosis. Only 9 of the 26 students could come close to passing a life insurance exam. Tuberculosis was the only constitutional disease affecting the people. The medical care he was able to give was perfunctory. He was allowed to vaccinate, and visit the reserve only when a number of serious cases developed and only when the agent was notified. "Death", Patrick continued, "has been the most potent factor in lessening the number of constitutional diseases..."¹³¹ Dr. Patrick had just begun work with the department, which might account for his rather more candid

¹²⁹Ibid. Milk from tubercular cows one of the chief vectors of tuberculosis transmission at the time.

¹³⁰Ibid.

¹³¹Ibid., Patrick to Commissioner, 17 June 1895.

report.¹³²

The death rates on the reserves remained dangerously high. Increases in expenditure on medicine and medical attendance had failed to show results. Increases in food aid and support for agriculture might have been tried but government policy emphasized that expenditures on education were more efficient and would not pauperize the people. In areas such as rations and clothing for the destitute a tradition of government parsimony had grown up that would not be easily changed.

One desperate attempt to lower the death rates was tried shortly after the 1896 election. A Liberal government was elected at Ottawa and Clifford Sifton, the newly-appointed minister of the interior and superintendent general of Indian affairs began overhauling the department. He cut expenditures, moved the commissioner's office from Regina to Winnipeg, and embarked on further centralization of the department in Ottawa. Reed had little reason to suspect that he would be replaced.¹³³ It appears that the statistical record was manipulated in an attempt to reduce the high death rates for 1895. In July 1896 Reed received

¹³²Patrick, along with nine other doctors, including Lindsay and Bain of Prince Albert, were dropped by the department after the Liberals won the 1896 election, NA, RG 10, vol. 3984, file 168,921, List of Employees No Longer in Service Since June 1896.

¹³³D.J. Hall, "Clifford Sifton and the Canadian Indian Administration, 1896-1905", in Prairie Forum, vol. 2, no. 2, 1977, p. 129.

the vital statistics report for the year 1895. Birth and death rates by agency were submitted as usual. Of the 21 agencies in the North-West Territories, 12 showed a death rate higher than the birth rate.¹³⁴ In some agencies, like the Blackfoot and Sarcee, the death rate was twice the birth rate. (Table 3.1) These statistics were correct and compiled from the annuity paylists.¹³⁵ But another set of statistics found its way into the files. This revised list showed the unaltered birth rates, but the death rates for 1895 were changed to show only five agencies with a death rate higher than the birth rate.¹³⁶ As Table 3.1 clearly shows the number of deaths and the death rates were significantly altered. For some agencies, such as Swan River, Moose Mountain, Muscowpetung, Touchwood Hills, Edmonton, Stony, and Blood, the number of deaths was reduced just enough so as not to exceed the birth rate. In other agencies, Crooked Lake, Duck Lake, Battleford, Onion Lake, Blackfoot, Peigan, and Montreal Lake, the number of deaths was reduced to lower the overall death rates for all agencies. Apparently the matter rested there.

The commissioner's annual report for the year 1897

¹³⁴NA, RG 10, vol. 3757, file 31398-1, Vital Statistics, North-West Territories, 1895, marked "143799".

¹³⁵NA, RG 10, vol. 9428, Annuity Paylists, Treaty 4, 6, and 7, 1895.

¹³⁶NA, RG 10, vol. 3757, file 31398-1, Vital Statistics, North-West Territories, 1895, marked "140132".

reported the 1895 death rate for the North-West territories.¹³⁷ Although Forget did not use the manipulated statistics he did lower the overall death rate to show 45 deaths per thousand instead of the actual 48.4 deaths per thousand¹ so as to be able to claim an improvement over the preceding year's rate of 48.3 per thousand.¹³⁸ This example of manipulated statistics casts a pall of doubt on any census returns or vital statistics that cannot be independently verified by access to the annuity paylists.¹³⁹

Sifton subsequently placed the department of the interior and Indian affairs under one deputy minister. Deputies Reed and A.M. Burgess of the department of the interior were dismissed in 1897. Forget was succeeded as

¹³⁷Census returns and any vital statistics that were published in the department's annual reports were generally two years out of date. Statistics were formulated from the annuity paylists and the annuity payments were generally made in the fall of the year. Copies of the paylists were then submitted to Ottawa to be authorized and checked. The returns therefore arrived too late for inclusion in the year's annual published report and so would be included in the next year's report. Therefore, for example, census returns for 1895 were not included in the 1896 report but in the 1897 report.

¹³⁸CHC, Sessional Papers, vol. 11, no. 14, 1897, Commissioners Report, p. 297.

¹³⁹Doubt remains. The present-day department has restricted access by scholars to the post-1900 annuity paylists. The Access to Information and Privacy Legislation must be invoked to gain access to these records, and access is only available to Indian bands or their representatives for the express purpose of claims research, Access to Information and Privacy Act, 29-30-31 Eliz.

commissioner by Liberal David Laird in the same year, thus ending the Conservative's reign as designers of Canadian policy for Native peoples. The incoming Liberal government would prove to be even more parsimonious regarding Native people and their health care.

Bureaucratic concern for economy had created a situation where, for every child born on the reserves, one and sometimes two died; a situation where once-healthy children were returned from school to die; and where death rates on reserves easily surpassed those in the most squalid urban slums.¹⁴⁰ Elders and healers emphasized the continued need for economic relief as well as their need for collective action to heal and regenerate in the dance ceremonies. Department officials saw those actions as morally and physically harmful and sought to repress them. This fundamental conflict in the conception and treatment of disease resulted in departmental medical policies for Native people that fulfilled the government's desire to fill the west with healthy immigrants and keep them so. The people had been pushed and poked by the department and saw no

¹⁴⁰see note #37, the death rates in Canada's largest cities in 1890 were Montreal 26.6 per 1000 population, Toronto 16.39, Quebec 31.58, Halifax 25.9 and Winnipeg 15.74, CHC Sessional Papers, vol. 6, no. 6f, 1891, Table IV, "Report of the Department of Agriculture Mortality Statistics"; in Montreal's poorest neighbourhoods the death rate in 1896 was 34 deaths per thousand population, Herbert Brown Ames, The City Below the Hill, (1897, Reprint Toronto: University of Toronto Press, 1972), p. 86. For comparisons see Table 3.1.

reason to trust its medical officers. Their dances and ceremonies offered the one bright spot in an otherwise cruel existence.

Table 3.1¹⁴³

Birth and Death Rates, North-West Territories, 1895 and
Manipulated Deaths and Death Rates per 1000 population,
1895.

Agency	Pop	Actual Births		Actual Deaths		Revised Deaths	
		no.	rate	no.	rate	no.	rate
Swan R.	646	32	49.3	38	58.8	31	47.9*
Birtle	498	23	46.1	21	42.1	21	42.1
Moose M	190	7	36.8	7	36.8	2	10.5*
Crooked	616	25	40.5	23	37.3	14	22.7*
Assi'bn	190	7	36.8	10	52.6	10	52.6
File H	269	10	37.1	17	63.2	17	63.2
Muscow.	474	25	52.7	27	56.9	22	46.4*
Touch'w	817	36	44.1	41	50.1	21	25.7*
Duck L.	610	42	68.8	26	42.6	15	24.5*
Carlton	802	37	46.1	24	29.9	24	29.9
Btl'fd.	860	42	48.8	37	43.0	17	19.7*
Onion L	664	25	37.6	24	36.1	20	30.0*
Sdle L.	714	27	37.8	8	11.2	8	11.2
Edm'ntn	710	21	29.5	26	36.6	14	19.7*
Hobbema	522	27	51.7	12	22.9	12	22.9
Sarcee	235	3	12.7	15	63.8	15	63.8
Stony	535	27	50.5	30	56.1	27	50.5*
Blck'ft	1195	42	35.1	86	71.9	55	46.0*
Blood	1330	70	52.6	100	75.2	61	45.9*
Peigan	750	27	36.0	57	76.0	44	58.6*
Mont Lk	576	17	29.5	10	17.3	5	8.7*
Total	13203	572	43.3	639	48.4	455	34.4*

* - Manipulated death rates.

¹⁴³NA, RG 10, vol.3757, file 31398-1, Vital Statistics, North-West Territories, Calendar Year 1895.

Chapter Four

The Liberal Response: "No Unnecessary Expense"

As "Canada's Century" opened the death rate on many prairie reserves was equal to or higher than the birth rate. The people's health continued to be closely tied to their economic status. Government rations and support for agriculture were cut ostensibly to foster "self-reliance". There was no repetition of the pattern of famine and violence of the 1880s because the rising prosperity of the west in the new century allowed for off-reserve opportunities in the wage labour market. But illness, tuberculosis in particular, had made significant inroads into Native communities as the direct result of the poverty of the previous two decades. The elders continued to call for economic solutions to their health problems: better housing, support for agriculture, and the freedom to conduct their own economic affairs. In response, the government held fast to its increasingly ineffective policy of employing medical officers to attend to the school children and local doctors to attend the reserves on an ad hoc basis. With the government's blessing and little else, Church missions established crude hospitals to proselytise and alleviate suffering. Circulars warning against the health dangers of wet feet and dancing, a short-lived nurse training program, and tent hospitals for school children

were the extent of the department's response to the people's misery. As the Native population continued to decline their "idle" agricultural lands were coveted and sold at an unprecedented rate in return for some economic security through agriculture. Ironically the income from land sales allowed many bands to stop finally the haemorrhage of human lives and begin to increase their numbers.

Most Native people on the prairies would not have noticed any great change in the new Liberal government's administration of their affairs after 1896. The department became more centralized, some Liberal partisan appointments replaced Conservatives, and Liberal parsimony replaced Conservative parsimony. Westerners Clifford Sifton and his deputy James Smart ran both the department of the Interior and Indian Affairs and personified the Liberal policy of western development. By 1902 Indian Affairs again received its own deputy only because of the sheer volume of interior department work. The needs of the Native peoples of the prairies placed a distant second to the exigencies of immigration and western settlement.

The bureaucratic view of the people's health status remained unchanged. James Smart, the new DSGIA, in his first report stated that the high death rates among the people were primarily the result of "pulmonary phthisis and scrofula". The cause, according to Smart, was obvious: "the herding together in small and ill-ventilated houses....Even

after more commodious dwellings have been erected, the tendency is to huddle together during the winter season..." Their lung conditions were aggravated by dust raised by dancing. The high incidence of scrofula was, "no doubt largely the result of intermarriage...and the ever narrowing degree of consanguinity." Infant mortality remained high because Native mothers were "mere girls". But, Smart reported, the population was increasing which was further proof of the "wise and humane policies of the government."¹ The population was not, however, increasing at all. (see Table 4.1).

Poor living conditions had consistently been put forward by those in close contact with the people as the greatest cause of ill-health. Moral failing was variously seen as the cause or effect of their poverty. Farm instructor Hockeley, whose wife was paid to impart domestic science at the Muscowpetung agency in Treaty Four, typified this view: "It is well known how difficult they [Native women] are to deal with being so generally indolent, improvident and naturally of dirty habits....Her [Mrs. Hockeley] influence would be greater had the Indians means to build better houses, for it is hard for them to be neat and tidy housewives in a 7 by 9 foot log hut without a floor, and where the whole family live, cook, eat, sleep,

¹CHC, Sessional Papers, vol. 12, no. 14, 1899, DSGIA Report, pp. xix-xx.

and use it as a nursery."² The notion that poverty was the result of individual failing rather than economic inequality was widespread in Canada at the time. That sickness and disease followed from improvidence and dirty habits seemed reasonable.

On the eve of the election there was considerable dissatisfaction voiced by Native people with the economic conditions on the reserves across the prairies, some of which had been caused by Reed's "peasant farming" policy.³ The headmen of the Muscowpetung band sent a petition to the House of Commons closely outlining their concerns regarding economic development and the barriers that stood in their way. The petition stated that economic development was impossible if the agent continued to interfere with their business transactions. They were supporting themselves by selling dry wood, because they were not allowed to sell green wood, and their supply was nearly exhausted. For wood sold to settlers the agent paid them in beef heads, minus the tongues, for fear they would be used in the Thirst dance

²CHC, Sessional Papers, vol. 25, no. 10, 1892, p. 163.

³In 1889 then commissioner Reed implemented a policy designed to make Native families into self-sufficient economic units. They were encouraged to plant small plots that could be worked using only hoes, rakes, and sickles. Labour-saving machinery and large cultivated areas were discouraged. Reed rationalized his policy using evolutionary theory whereby Native people must progress through the stages of development from barbarism to peasantry and finally civilization, see Carter, Lost Harvests, pp.209-236.

celebrations. They needed binders to thresh their grain: Because hand cradles were too slow, the grain often froze in the fields. But binders had been forbidden by the commissioner because "it would make the young men lazy." When work was performed they received only food and clothes, articles "rightfully belonging to us by treaty." The beef they received was "poor starved beef which is not good food for ourselves or our families." They complained that hay and timber taken from the reserves for government cattle and agency buildings were never paid for. They were forced to go into debt for food and their annuity money was spent long before payments were made.⁴

The petition was met with denials that the agent had interfered between Native sellers and non-Native buyers. But Reed explained that the Indian Act and the permit system prevented the purchase of produce from the reserve without the department's consent. Food and clothing were never promised in the Treaties; the policy was that aid would be extended to the point where the people could help themselves, "and no further". The beef rations were likely "too good", and the people were being pampered.⁵ Meanwhile their crude living conditions persisted and the agent was advised not to allow any "real hardship."

⁴NA, RG 29, E 106, vol. 16, Petition from the Headmen of Pasqua and Muscowpetung to the House of Commons, 24 February 1893.

⁵Ibid., Reed to SGIA Daly, 13 March 1893.

In 1893 the Muscowpetung agency numbered 498. There were 23 births (birth rate 46.2/1000), and 32 deaths (death rate 64.3/1000); 23 of those deaths were children, or 100% of the infants born that year.⁶ The following year there were 18 births (birth rate 35.4/1000), and 42 deaths (death rate 82.6/1000). Twenty-seven of those deaths were children, or 100% of the infants born that year plus 9 older children.⁷ Petitions and protests were received as so many before: the people were held in a state of economic dependence until they became independent.

The Stoney people of Morley and Stoney Plain in Alberta submitted a similar petition demanding control over their own farm and reserve products. They wanted absolute control over one-third of their farm produce, control over when and where their cattle were sold, and control over one-third of the proceeds. They demanded the right to sell firewood, fence rails, and house logs. They wanted the right to grist settler's flour and to share the proceeds among the families on the reserve. They asked that the agents and instructors teach them how to make shingles and build homes, and to help the young men find work.⁸ In short, they demanded the

⁶NA, RG 10, vol. 9426, Annuity Paylist, Muscowpetung Agency, 1893.

⁷Ibid., vol. 9427, Annuity Paylist, Muscowpetung Agency, 1894.

⁸Ibid., vol. 3917, file 116,493, Petition from Morley and Stoney Plain reserves signed by John McDougall, July 1894.

right to support themselves.

The government response was familiar. It would not be possible for the Native people to retain one-third control of farm produce, "in the interests of the Indians themselves."⁹ The Native people were already allowed to sell firewood and fence rails, the department replied, but only for the use of other Native people or the department, not to anyone else. Again, the people were allowed to grist the settler's grain, but the toll must be invested not distributed, "and practically frittered away in the manner suggested."¹⁰ When the annuities were paid the next month the Stoney people registered 13 births in a population of 573, and 29 deaths, 24 of whom were children.¹¹ The Stoney people made clear the obvious link between economic conditions and high death rates.

Economic conditions at the Blackfoot reserve were equally troublesome. At a meeting held with inspector Alex McGibbon the Blackfoot chiefs and followers cited poor living conditions as the cause of the high death and disease rates on the reserve. The chiefs insisted that economic development would improve the situation. Rabbit Carrier demanded that workers be paid in cash instead of food.

⁹Ibid., Reed to McDougall, 30 July 1894.

¹⁰Ibid.

¹¹NA, RG 10, vol. 9427, Annuity Paylist, Stoney Reserve, 1894

Chief Running Rabbit suggested that the food received was of poor quality. White Pup, speaking for Chief Old Sun, agreed that they should be paid cash for work and at competitive rates. When they worked off the reserve they were paid \$1.00 a day plus board, on the reserve they received the equivalent of \$.50 in poor quality beef. Weasel Calf blamed both the quality and quantity of the food for the large number of deaths on the reserve. He demanded more tools and implements because they had no cash to buy them, and the prices paid by the department for hay and coal were insufficient: "we work for nothing and make no progress."¹² White Eagle added that the department was wrong to pay them in tea and tobacco for the coal they mined and hauled. "Don't do as others seem to do," he warned McGibbon, "and lose our speeches in your notebook, but publish them."¹³ Iron Shield accused department officials of taking the profit on hay and coal sold from the agency, while the people received only beef and flour rations. Little Axe wanted to receive the full amount for cattle he sold and a set of scales for weighing hay sold in Calgary. Wolf Cutter wanted permission to buy the mower and rake for which he and 12 others had each subscribed \$100. Others expressed concerns regarding the suppression of the Sun Dance, the

¹²NA, RG 10, vol. 3912, file 111,777-1, Memo, McGibbon meeting with Minor Chiefs, 3 June 1895.

¹³Ibid.

mission schools, and the band's desire to have Reverend Tims removed from the reserve. McGibbon recommended that the department provide some lumber for floors, duck for lodges, wagons, harnesses, a hay scale, and a cookstove for Chief Running Rabbit. Although he thought the rations ample he told the agent to increase them a little.¹⁴

By the same token, the Native people were expected to take charge of their failing health and reverse their own decline. When Dr. Orton, medical superintendent of Manitoba, suggested that the department rent office space and a room in Selkirk where urgent patients could be treated, he was told that such an establishment would set a dangerous precedent. Inspector McColl explained that the department would then have to establish a hospital and would be expected to provide food, clothing, light, and heat, "so that these temporary hospitals would gradually develop in[to] permanent ones, and entail an expense upon the department which would be enormous."¹⁵

Reed suggested that the Native people were actually better off than most settlers and, "the more we pander to the wishes of these people, where they can help themselves, the harder will it be to make them self-dependent."¹⁶

¹⁴Ibid.

¹⁵NA, RG 10, vol. 3790, file 44,666, McColl to DSGIA, 21 April 1890.

¹⁶Ibid. Reed to Dewdney, 5 April 1890.

Reed's suggestion that the Native people were better off than most settlers is difficult to prove or disprove. Native people were constrained in their economic pursuits by their status as wards of the state. Although Native farmers were aided with tools, implements, cattle and seed as treaty entitlements these were generally issued "once and for all" in the late 1870s and there were consistent problems in the delivery of those items. The pioneering experience in the 1880s for both Native and non-Native farmers was difficult. But as historian Sarah Carter points out, non-Native homesteaders had the option of leaving an unproductive homestead and trying somewhere else. Natives were barred from taking homesteads in areas with better soil conditions or areas located closer to the railroad by clause 70 of the Indian Act.¹⁷ Native farmers were also constrained in their development by the pass and permit systems. The pass system, although judged ineffective by historians, attempted to limit the movements of Native people. As well, the sale of produce from reserves required a permit from the agent. Non-Native settlers loudly complained about what they considered subsidized competition from Native farmers and, as historian Jim Miller notes, "it became all too easy for department officials to reject requests from Indians to sell

¹⁷Carter, Lost Harvests, pp. 161-2.

produce to buy machinery."¹⁸ Moreover, reserve lands were not owned by the Native people but by the Crown, therefore farmers who wanted to mortgage reserve land to buy machinery were likewise prevented from doing so by the Indian Act.¹⁹ The paternalism and coercion embodied in the Indian Act allowed that Native farmers should receive certain advantages such as aid from the government, but the disadvantages, such as the limits on their physical and economic freedom appear to outweigh any advantages.

The department was not necessarily opposed to hospitals for Native people, but they were opposed to the ongoing costs that hospitals would entail. Missionaries willing to undertake hospital work, however, found the department quite receptive to the idea so long as the department's costs were limited and foreseeable.

In 1893 Father Legal, the Oblate missionary for the Blood reserve, successfully lobbied the department for funds to build a cottage hospital in conjunction with the mission school. Legal undertook to supply the nursing staff if the department maintained the institution. In August 1893 the hospital opened, staffed by three Sisters of Charity who also taught at the school. The connection between the mission school and the hospital was intimate by design.

¹⁸J.R. Miller, Skyscrapers Hide the Heavens, (Toronto: University of Toronto Press, 1989), p. 201.

¹⁹Statutes of Canada, 39 Vic., chap 18, 1880.

Parents had consistently criticized industrial and boarding schools for their poor health record. A hospital might allay those fears and also provide a means to isolate serious patients from the school residence. Dr. Girard served as the medical attendant to the hospital as well as to the reserve generally. According to inspector McGibbon the fourteen-bed hospital was clean and comfortable.²⁰

By the middle of its second year the hospital had only admitted 54 patients, 14 of whom either died at the hospital or shortly after discharge. McGibbon noted the poor record and explained that there were just too many serious cases of consumption and they were admitted too late for proper treatment.²¹ Sister Superior Eusebe conceded that the average number of patients treated was only five. These were people who were poor (comparatively) and had no near relatives to care for them. Without compulsion to force treatment at the hospital, Sister Eusebe continued, the situation was unlikely to change.²²

Soon after the Catholics opened their hospital at the Blood reserve, J.W. Tims, the Anglican missionary at the Blackfoot reserve, began agitating for a hospital in conjunction with the Old Sun's boarding school. Tims agreed to employ a nurse and the department agreed to supply

²⁰CHC, Sessional Papers, vol. 9, no. 14, 1895, p. 131.

²¹Ibid., vol. 10, no. 14, 1896, p. 274.

²²Ibid., vol. 11, no. 14, 1897, p.213.

rations for the nurses and patients. Agent Begg reported that the hospital was the "best building on the reserve."²³ It was a one story hospital with two four-bed wards. But three years later the hospital was still not open. The church found it could neither furnish the hospital nor provide the staff. The foundation was sinking and the plaster was cracked and breaking. In early 1897 the department furnished a hot air furnace, cooking range, and a bath tub; the rest of the furnishings were provided by the Women's Auxilliary.

Missionary Gibbon Stocken and his wife decided to accept their first patient in February 1896 without the aid of any trained staff. He later explained that a missionary rarely leaves training college without, "at least a moderate and practical knowledge of medicine."²⁴ They nursed their tubercular patient for six weeks before he died, but "his Christian deathbed was a source of much pleasure."²⁵ By early 1897 the department had already paid out \$1,719.58 and the hospital was not yet open. The department refused to pay for the travelling expenses and rations for the missionary staff, Dr. Turner and his daughters Isabel and Alice. In late 1897 the department agreed to vote an

²³NA, RG 10, vol. 3909, file 107,557, Begg to Commissioner, 25 April 1894.

²⁴GAI, M1234, file 27, Tims Papers, 24 February 1898.

²⁵Ibid., "Hospital at Blackfoot Reserve, First Report."

additional \$1000 to buy a water pump and repair the building. Although the government was willing to support missionary efforts "they were not disposed to undertake such an institution themselves."²⁶

Shortly after mission hospitals were established their control became the focus for a running feud between government doctors and missionary personnel. The department did its best to distance itself from the issue. But the debate highlighted the increasingly untenable government position regarding responsibility for health care. On the one hand the missionaries were encouraged to undertake hospital treatment on reserves. According to Reverend Gibbon Stocken on the Blackfoot reserve, "every encouragement was given to us to proceed with our work and we were assured more than once that it had the hearty approval of the department."²⁷ The government provided buildings because the missionaries, with no clear title to the land, were unwilling to invest in the structures themselves. Building maintenance and rations, items that could be easily controlled, were also provided by the government. On the other hand, government doctors were charged with health care on reserves, a task made simpler and more effective if patients could be removed to hospital. But once admitted, whose patients were they?

²⁶Ibid.

²⁷Ibid.

The Anglican missionaries demanded control of patients under their own Dr. Turner whose salary was paid by the Women's Auxiliary. Dr. Lafferty, the new Liberal-appointed medical officer for the reserve demanded control. Lafferty argued that as medical officer he should control admissions and medical care on the reserve. The missionaries were running the hospital to conduct their church work which ran contrary to his medical work, "and must operate against my influence with the Indians." In Lafferty's estimation the hospital was "not required for soup kitchen work."²⁸ The department, for its part, agreed with Lafferty that he should have the authority to remove incurable and infectious patients from mission schools and he should have control over hospital admissions.²⁹ At the same time the department also agreed with the Anglican missionaries that they should have control over the hospital.³⁰ In the end Gibbon Stocken felt sure that the church would maintain control. He correctly assessed the government's position when he observed that if the department wanted control of the institution it must realize that it would also have to

²⁸NA, RG 10, vol. 3909, file 107,557, Lafferty to Minister of the Interior, December 1899.

²⁹Ibid., Sifton to Smart, 29 December 1899.

³⁰The department had demonstrated this by providing grants in aid of building, by its contributions of beef and flour, by requiring all drug accounts to be certified by the missionaries, and by paying for drugs through the missionaries rather than through the agency, GAI, M1234, file 27, Tims Papers.

provide hospital accommodation for all reserves, an undertaking the department would not consider.

The debate also highlighted the changing nature of medical knowledge and medical professionalism in the North-West Territories. Lafferty explained that he should be the sole representative of the medical profession to the Native people. Lafferty pointed out that he was a "competent" medical officer in his third term as president of the territorial council of Physicians and Surgeons.³¹ Lafferty represented the new westerner, eager for development. He had established a chain of private banks that unfortunately quickly succumbed. He also owned a drug store at the nearby town of Gleichen where he often saw patients.³² Lafferty was instrumental in protecting professional standards and the financial interests of duly registered and properly qualified doctors. As he explained to Lieutenant Governor Dewdney, legislation should, "exact proper medical education and such other qualifications as will ensure properly qualified medical men in meeting their expenses on an equal footing..."³³ Lafferty complained, as registrar of the

³¹NA, RG 10, vol. 3909, file 107,557, Lafferty to Sifton, n.d, (likely December 1899).

³²Hilda Neatby, "The Medical Profession in the North-West Territories", in S.E.D. Shortt, Medicine in Canadian Society, (Montreal: McGill-Queen's University Press, 1981), p. 166.

³³quoted in Ibid. p. 170. Legislation passed in 1885 by the Territorial Legislature established that the right to practise medicine for money was limited to those at that

College of Physicians and Surgeons, that standards required in examinations for applicants were too low, and that the supply of medical men was "greatly in excess of demand".¹⁴ As historian Hilda Neatby points out, Lafferty and the College often assumed that what was good for the profession was good for the public, even though the public insisted that their need for medical services was more important than the profession's need to limit admission.¹⁵

As a surgeon Lafferty was eager to perform surgery on scrofula patients, rather than rely on the older practice of lancing and poultices. Turner, on the other hand, was 70 years old and an "Honourary Physician".¹⁶ According to Lafferty, Turner was "a retired medical man well advanced in years" who would not undertake surgery on his Blackfoot patients.¹⁷

time residing in the Territories and possessing a medical degree from any authorized body in the Dominions; British subjects holding a degree from an American institution and in actual practice for one year; those who had practiced for one year and who would pass an examination on scientific and medical subjects; and those future residents of the Territories possessing a British medical degree, *Ibid.*, p. 169.

¹⁴*Ibid.*, p. 178.

¹⁵*Ibid.* p. 184.

¹⁶The term which may refer to Turner's qualifications as a medical practitioner was used by Gibbon Stocken in his Among the Blackfoot and Sarcee, (Calgary: Glenbow Museum, 1987), p. 55.

¹⁷NA, RG 10, vol. 3909, file 107,557, Lafferty to Sifton, n.d. (likely December 1899).

As a missionary doctor, Turner's role was to bring his mission patients to the light of Christian faith through humanitarian aid and basic medicine. His daughter Alice Turner typified the missionary spirit at the hospital in her letters to the hospital's benefactors, the Women's Auxiliary, in Ontario. The hospital work, enthused Alice, "must go right with so many of one mind to push it along."³⁸ The credit for cures might be shared between Turner's science and the Lord, but failures must be borne by the Lord Himself, for failed heroic therapeutics could wreck the whole mission. Hence Turner's disdain for any surgical intervention. The mission hospital was content to provide meals to the hungry, used clothing to the naked, and a warm bed to the ill and alone. But most importantly the hospital's primary role was to keep the school children alive. Surgical intervention for scrofula, a condition that appeared to resolve itself albeit temporarily, was fraught with difficulties in the primitive hospital. It was later conceded that most scrofula patients treated surgically died in a short time. Lafferty supposed it was the people's peculiar reaction to the chloroform anesthetic that killed them. Sister Marguerite at the Blood reserve hospital observed Drs. Lafferty and Edwards perform many operations "but patients almost invariably died shortly after, many

³⁸GAI, M2463, Alice Turner Papers, "My Dear Girls", Alice Turner to Women's Auxiliary Branches, 21 August 1899.

with rapid consumption."³⁹ Turner could not risk the whole missionary effort on an experimental procedure.

Turner and Lafferty both desperately needed the trust and confidence of the people if they were to fulfill their function. Turner hoped to win their trust through Christian concern and a hot meal. Lafferty, however, was emboldened by the science of surgery and the development of antiseptic procedures. The point was, however, moot.

By Gibbon Stocken's reckoning one-third of the 1,060 Blackfoot population was on the sick list throughout the year. In 1899 there were 31 births and 84 deaths, 47 of whom were children.⁴⁰ But the hospital had treated 51 patients, 20 of whom "improved", and only three died. Clearly, neither the missionaries nor the medical officer were consulted in most cases of illness.

Lafferty saw the people's continued reliance on their own medical treatments as the greatest impediment to his work. According to Lafferty, Turner represented not so much competition as a minor interference that stood to tarnish Lafferty's own reputation in the eyes of the people. If Lafferty were placed in charge of the hospital it would, in his estimation, "fulfill its mission and be a very useful

³⁹NA, RG 10, vol. 1541, Dr. Steele, medical officer Blood reserve to agent Ostrander, 14 April 1920.

⁴⁰NA, RG 10, vol. 9432, Annuity Paylists Blackfoot, 1899; the Sessional Papers report 29 births and 51 deaths, vol. 11, no. 12, 1901, p. 136.

and civilizing institution and do a good work in educating the Indians as to the advantages and superiority of the white man's treatment of injuries and disease over their own pagan system."⁴¹ Lafferty supposed that his "scientific" treatment needed only a fair chance, without Turner's interference, to impress the people with its superiority.

Lafferty continued to rely on the surgical treatment of scrofula despite being denied access to the Blackfoot hospital. The health of his own practice necessitated hospital facilities. He began to admit his patients to Calgary's Holy Cross hospital. The department quickly advised Lafferty to use "the utmost discretion" in admitting Native patients. Only the most seriously ill patients who could not be treated elsewhere were to be admitted to non-reserve hospitals: "the department considers that too many Indian patients are being sent to the hospital and that the cost for their maintenance will exceed the funds at the disposal of the department."⁴² Lafferty was left with orders to treat his patients economically, or not at all.

The Anglican missionaries had a keen understanding of the department's position regarding control of the hospital. The Catholic missionaries in the south Blackfoot camp were, however, agitating for their own hospital which, if

⁴¹NA, RG 10, vol. 3909, file 107,557, Lafferty to Sifton, December 1899.

⁴²NA, RG 10, vol. 1627, McLean to McNeill, 24 January 1899.

successful, would cut into the departmental expenditures for medical care accorded to the Anglicans. It was more important than ever, Gibbon Stocken warned church supporters, to fight to maintain control of the hospital, "owing to the aggressive attitude of the church of Rome."⁴³ The Anglicans, however, had nothing to fear from departmental interference.

By 1904 the hospital, under the guidance of the new missionary Dr. Rose was, according to Gibbon Stocken, hugely successful: "The work done here has materially helped in setting the gospel before these people." The hindrances in the way of their work, besides the church of Rome, and the "evil lives of our own countrymen", were the Sun Dances. In a rather dubious statement to his eastern benefactors, Gibbon Stocken reported that even the "medicine men" were presenting themselves for treatment, "some of whom are talking of giving up their heathen practices as such, with a view to embracing Christianity."⁴⁴ But the hospital's "excellent work" was hardly evident in the death rates on the reserve. In 1900, with a population of 985, there were 39 births and 97 deaths, 69 of whom were children. The

⁴³GAI, M1234, file 27, Gibbon Stocken Report, 24 February 1898.

⁴⁴Ibid., Gibbon Stocken to the Women's Auxiliary, 5 February 1904.

death rate was 98.4 deaths per 1000.⁴⁵ In 1901 the population was reported to be 942; 23 children were born, 40 people died, and 10 people had left the agency. The death rate had dropped to 42.4 per 1000.⁴⁶ The apparent drastic reduction in the death rate may have been the result of Gibbon Stocken's work. More likely, however, the reduced death rate was the result of incomplete or improper reporting as evidenced by the discrepancies in reporting for 1899 and 1900.⁴⁷ Agent Markle reported the population for 1902 as 896. There were 34 births and 100 deaths, the death rate had shot back up to 111.6 per thousand.⁴⁸ The population in 1903 was 845, but Markle neglected to include the number of births and deaths, and the heavy mortality continued despite Gibbon Stocken's work.

By 1912 Old Sun's Boarding school had been moved to a new location away from the banks of the Bow river and the hospital stood alone on the acknowledged "unsanitary" river bank.⁴⁹ Gibbon Stocken lobbied the government for funds to

⁴⁵NA, RG 10, vol. 9433, Annuity Paylists, Blackfoot, 1900. The Sessional Papers report 26 births and 37 deaths, vol. 11, no. 27, 1902, p. 128.

⁴⁶CHC, Sessional Papers, vol. 11, no. 27, 1903, p. 125.

⁴⁷see notes 40 and 45.

⁴⁸CHC, Sessional Papers, vol. 11, no. 27, 1904, p. 146. Statistics reported in the Sessional Papers in the post-1900 period must be viewed with extreme caution since there is no other source of verification.

⁴⁹NA, RG 10, vol. 3909, file 107,557, Gibbon Stocken to R.B. Bennett, 27 February 1912.

have the hospital moved closer to the now isolated mission house site, which was four miles from the new school site and five miles from the agency headquarters at Gleichen. Predictably, the department balked at the expense involved. Dr. Rose suggested that if \$5,000 was spent on moving the Anglican hospital, the Catholics, who were still agitating for a hospital, would expect similar treatment. Two hospitals on the reserve were unwarranted, according to Rose. He explained that the Anglican hospital was not used by the reserve residents: instead 90% of the patients were school children, the other 10% were parents of the children.⁵⁰ The hospital could not survive without its close physical connection with the school. The only credible solution was to establish a non-denominational hospital entirely run by the government.

Agent Gooderham was solicited for his opinion as to whether the benefits of the hospital justified the department's annual expenditure of a little more than \$1,000. Gooderham pressed Gibbon Stocken for the monthly reports showing the number of patients treated. Gibbon Stocken admitted that there were no reports issued because of staff shortages. He also complained that the people refused to come to the hospital because the staff were all strangers, and no one could speak their language. The hospital building was isolated, "and the Indian is

⁵⁰Ibid., Rose to Secretary DIA, 27 April 1912.

superstitious of isolated buildings as being the abode of ghosts."⁵¹ If the hospital were moved to the mission site, Gibbon Stocken later added, nurses of the "right stamp" could be hired, and "the Indians assure me they would patronize it much more generally than they do...."⁵² Dr. Rose, agent Gooderham, and the medical inspector Dr. Grain, who termed the building " a so-called hospital", all recommended the establishment of a non- denominational government-run hospital at the agency headquarters.

Agent Gooderham, demonstrating a good understanding of the department's position added, "the whole care and expense would fall upon the department and it is a question if it would be more successful than a mission hospital...also I doubt if it would be patronized by the Catholic patients."⁵³ The hospital remained at its original site until 1923 when the band council, using its own funds, built a sixteen-bed brick hospital with living quarters for staff. The project succeeded only after the local Native doctors were assured that they could continue to practice their medicine.⁵⁴ At the band's insistence it remained a strictly non-denominational hospital. Dr. Evelyn Windsor

⁵¹Ibid., Gibbon Stocken to Gooderham, 20 November 1912.

⁵²Ibid., Gibbon Stocken to Gooderham, 8 December 1913.

⁵³Ibid., Gooderham to Pedley, 9 December 1913.

⁵⁴GAI, M4738, box 1, file 3, G.H. Gooderham, "The Hospital".

was hospital superintendent and also the band-appointed medical officer for the reserve.⁵⁵ Hospitals were not established to improve reserve conditions as such. They were provided as an adjunct to the missionary effort to serve the school children who were most often made ill by the schools.

While Dr. Lafferty was agitating for control of the Blackfoot hospital in 1899 he was also lobbying for funds to establish a hospital on the Stoney reserve in conjunction with the McDougall orphanage (boarding school). As a rising surgeon Lafferty needed the facilities only a hospital could provide, and he also needed the "surgical cases" the reserve could provide. Lafferty had been admonished at least once for admitting Native people to municipal hospitals, but, he complained, "to leave them unrelieved and suffering has a demoralizing effect on the Indians and lessens my influence so much among them."⁵⁶ The Methodist missionary Reverend John McDougall promised to supply a nurse and furnish the hospital, and the Stoney people agreed to get out the logs, if the government would provide \$200 for lumber, flooring, and windows. Lafferty assured Sifton that the expenditure

⁵⁵GAI, M3974, Gooderham Family papers, G.H. Gooderham, "Twenty-five Years as an Indian Agent to the Blackfoot Band.", (n.p., 31 January 1972), p. 7. The Blackfoot hospital was enlarged in 1930 to accommodate forty patients. In 1947 it was transferred to the Department of Health and Welfare.

⁵⁶NA, RG 10, vol. 3993, file 186, 790, Lafferty to Sifton, 23 June 1899.

would not be wasted because the people had forsaken "Indian" medicine and would accept a doctor's help, "which could be rendered with so much more virtue if they were away from their close houses and kept clean and were given their medicine regularly."⁵⁷ In July 1900 the scheme was given departmental approval and a budget of \$500. But, as with the Blackfoot hospital, the Stoney hospital remained unoccupied because the missionary could provide neither nurse nor furnishings. Five years later the hospital still was not open. Catholic missionaries had more success at medical and hospital care because they had access to trained women nurses in the Quebec order of the Sisters of Charity or the Grey Nuns as they were popularly called.

Inspector Markle, drawing on his own experience as agent at the Blackfoot reserve during the fight for control of that hospital, suggested that the requests for a Methodist hospital at the Stoney reserve be denied. The Methodists, he explained, will consider the hospital their own private institution and other religious denominations will not send their patients there. Instead they will request a like institution on other reserves, "particularly when they learn that the only expense to them will be, vide precedent, the salary of one nurse."⁵⁸ The trend toward providing assistance to missionary hospitals was setting an

⁵⁷Ibid., Lafferty to Sifton, 23 June 1899.

⁵⁸Ibid., Markle to secretary DIA, 17 October 1905.

expensive precedent.

Markle reasoned that tuberculosis patients needed milk and cream, so the hospital would require cows, a stable, pasture, room and board for the man hired to milk, not to mention the salaries of the nurses, cooks, maids, plus a horse team and buggy. And, he remarked, that such an institution could only be justified if it were used "strictly for the relief of the afflicted. Unfortunately the Indians too frequently rely on their own nurses and doctors when dangerously ill and on the hospital when they could treat themselves at home."⁵⁹ As proof of his contention that the hospital was being used as a "boarding house", Markle noted that the monthly hospital returns showed a greater number of patients treated when the weather was inclement than when it was fine. However, poor housing conditions, an inadequate diet and clothing would suggest that the greatest number of illnesses occurred, or at least became more acute, in winter when the weather was cold. If the department's desire was to treat tuberculosis, Markle reasoned, then it would be wise to erect tents around the orphanage to isolate the tubercular children.⁶⁰ He felt sure that the Women's Auxiliary would then undertake the

⁵⁹Ibid., Markle to secretary, 17 October 1905.

⁶⁰The use of tents to isolate tuberculous patients was suggested to the Chief Medical Officer, P.H. Bryce, by Dr. Holmes of the Six Nations reserve, CHC Sessional Papers, vol.12, no. 27, 1906, "Report of the Chief Medical Officer", p. 277.

cost of maintenance of about \$0.30 per day. He stated that the precedent thus set would be quite inexpensive if schools under other denominations made demands for similar institutions. The department would therefore be justified in providing "tent houses". The interests of economy motivated the department in all things, and especially in its acceptance of tent "hospitals" for tubercular children. In conclusion, Markle reiterated that with canvas tents at boarding and industrial schools, "this disease[tuberculosis] may be arrested and good accomplished at reasonable cost."⁶¹

Lafferty was dismayed to learn that the department intended to erect tents near the schools rather than fund hospitals for the ill. He also stated that the problem with the hospitals was not that there were too many of them, as the department seemed to think, but that they were run inefficiently by the religious denominations. The only solution was to have hospitals under departmental control. And, lest his own interests be lost sight of, Lafferty vehemently denied that "tent hospitals" would solve the thorny issue of high death rates at the schools. Hospitals, he said, were intended to treat all kinds of disease and a doctor must be in attendance!⁶²

⁶¹NA, RG 10, vol. 3993, file 186,790, Markle to secretary, 17 October 1905.

⁶²NA, RG 10, vol. 3993, file 186,790, Lafferty to Pedley, 19 April 1906.

The department's policy to stand aloof from the ongoing costs for hospitalization and medical care meant that missionary efforts were consistently underfunded and costs to the department continued to rise with no discernible improvement in the people's health. Both funds and efforts were ultimately wasted.

The notion that tents might answer the tuberculosis problem was not born of parsimony alone. The best medical advice at the turn of the century recommended the "open air treatment" for tuberculosis.⁶³ One of the important factors underlying the anti-tuberculosis movement in Canada and internationally was the discovery of the causal agent of tuberculosis, the tubercle bacillus, by Robert Koch in 1882.⁶⁴ Edward Farrell, the Canadian delegate to the

⁶³NA, RG 10, vol. 3957, file 140,745-1, "Tuberculosis Congress at Berlin, 24-6 May 1899" Report on the proceedings by Edward Farrell, MD. (hereafter "Tuberculosis Congress, Berlin 1899").

⁶⁴Rene and Jean Dubos, The White Plague: Tuberculosis, Man and Society, (Boston: Little, Brown and Co., 1952); Bryder suggests that in Britain at least a growing concern for "national efficiency" and the emerging infant and child health movements played an important role in the emergence and tone of anti-tuberculosis campaigns. Koch's discovery, more than anything else, led to increased confidence by medical community in their own effectiveness, Linda Bryder, Below the Magic Mountain (Oxford: Clarendon Press, 1988) pp. 2, 45; F.B. Smith in The Retreat of Tuberculosis, 1850-1950, (London: Croon, Helm, 1988) argues that the anti-tuberculosis campaigns were captured by a "coterie of doctors" who set the terms in which the disease was comprehended and likely slowed the already declining incidence of the disease, p. 244. The Canadian reaction to Koch's discovery was tardy and tended to follow closely the British example.

international congress on tuberculosis in Berlin in 1899, reported to the minister of agriculture, Sydney Fisher, that it now was a "well known fact which will no longer admit of discussion that the tubercle bacillus is the direct cause of all varieties of consumption in the human subject and also of bovine tuberculosis."⁶⁵ Tuberculosis was not hereditary as was thought but an infectious disease and thus preventable. The report was received by the department of Indian affairs and widely distributed to agents.

Although Koch's discovery identified the bacillus that caused tuberculosis, effective treatment was still a matter of opinion. Farrell's report also stressed the necessity for the provision of wards for open air treatment. The tubercle bacillus, he reported, was killed by sunlight and enjoyed a very short life outside the patient. The open air treatment had gained currency earlier in the nineteenth century through the apparent successes of continental spas where patients "took the cure". The treatment preceded the bacteriological revolution and was changed little by it. The report stated that sanatoria and the open air treatment were effective only in the early stages of the disease. Farrell recommended prevention or early treatment through the provision of sunlight, and dry soil; good digestion and contentment; medications such as cod liver oil, iron, and moderate amounts of beer or wine; and, because tuberculosis

⁶⁵Farrell, "Tuberculosis Congress, Berlin 1899".

was seen as a wasting disease, as much strong food as possible. Farrell concluded, "there is now a consensus of opinion among medical men that tuberculosis cannot be treated successfully in private houses."⁶⁴ The use of tents for tubercular Native school children, therefore, took on the force of medical necessity.

The notion that the children suffered poor health in the schools because they were unused to confinement and a regimented life also made tent hospitals appealing to departmental bureaucrats. The children's perceived need for the "outdoor life" and the well-accepted fact that the health of the children and their families invariably improved in summer when they moved into lodges would not have been lost on department officials either. Ultimately the economy of the scheme made the use of tents very attractive, and at the same time the department would be seen as being "humane and enlightened."⁶⁵ Tent hospitals were established at the Saddle Lake, Birtle, Touchwood Hills, Stoney, Blackfoot, and Qu'Appelle agencies.⁶⁶

Farrell's report was printed as a pamphlet and copies were sent to each agent. Agents were quick to inquire as to how they were to accomplish the monumental task of

⁶⁴Ibid.

⁶⁵NA, RG 10, vol. 3957, file 140,754-1, Pedley to Oliver, 19 April 1909.

⁶⁶Ibid., Bryce to Jacobs, 24 April 1908.

prevention and treatment of tuberculosis as outlined in the pamphlet. Smart's secretary, J.D. McLean, allayed their concerns: "The department has no intention of going to any expense or unnecessary labor in carrying out these suggestions and all that will be required of you is to see that the sanitary precautions of the circular and report are complied with."⁶⁹ The sanitary precautions referred to were contained in the departmental circular first issued in the early 1890s and re-distributed unchanged every spring to all agents. Agents were advised to ensure the vaccination of all infants and the re-vaccination within seven years of all adults, and the removal and burning of all garbage. Agents were to induce the people to build their houses on dry ground with gable roofs and of an adequate size for the number of occupants. Houses were to be kept at a moderate temperature and ventilated night and day by open windows. Personal ablutions and warm clothing were encouraged, as well as a warning against going about with wet feet. Bad meat and milk from sick cows were to be avoided and food properly cooked. In response to Farrell's report the department appended a section entitled, "Special Precautions against the Spread of Consumption". It began, "Consumption in its various forms is the scourge of the Indians...." Dancing, the other scourge of the people according to the department, made its way into the circular as an important

⁶⁹Ibid., McLean to Lawrence, 22 March 1901.

cause of the disease. "The unnecessary frequenting of, and more especially holding of gatherings for dancing or other purposes in houses in which there is consumption should be carefully avoided."⁷⁰ The circular was a familiar mixture of current medical opinion and existing stereotypes that bore little relation to the conditions under which most Native people lived.

The bacteriological revolution and the certain knowledge that tuberculosis was a contagious disease, and not hereditary did not seriously challenge the status quo. It did not take Koch's discovery of the tubercle bacillus for medical and lay people to notice that the poor and the poorly fed were the victims of tuberculosis. The department's medical officers and agents had repeatedly made the connection between the poor housing and diet on reserves and the incidence of "consumption". Improved diet and housing would be achieved, argued the department, when Native people embraced the agents of "civilization", the schools and Christianity. Until then little could be done.

In 1903 Clifford Sifton addressed the House of Commons on the "difficult question" of medical attendance for Native people: "You never can satisfy Indians that they are being properly attended to medically. The more medical attendance that is provided the more they want....As honourable

⁷⁰NA, RG 10, vol. 1540, Circular to all agents, March 1902.

gentlemen can see the tendency is towards growth in the expenditure for medical attendance."⁷¹ Earlier that year the department had received a report that showed that Native people were not experiencing low birth rates, but rather high death rates. As well the report concluded that the areas with the lowest per capita costs for medical attendance also recorded the most favourable births over deaths ratios.⁷² A logical conclusion would have been that Native populations would increase given some aid to reduce the death rate. As well, medical attendance, as it was then conceived, did not appear to meet that end. Sifton concluded, however, that medical attendance in the form of physicians as salaried employees or on a fee-for-service basis, was the correct policy. It was only necessary to provide effective management of those physicians in order to control costs and improve efficiency.

The next year, 1904, Sifton appointed Dr. Peter Bryce, late secretary of the Ontario board of health, as the department's chief medical inspector. In some ways Bryce represented a new direction for the department. Bryce once noted that 1882 was a remarkable year because Koch

⁷¹CHC, Debates, 9 July 1903, pp. 6329-6330.

⁷²NA, RG 10, vol. 3957, file 140,745-1, Macrae to McLean, 6 February 1903. Manitoba inspector J.A. Macrae made a statistical comparison of eastern-Canadian Native and non-Native birth and death rates. He reported that birth rates among Native people were higher than among non-Native Canadians, and the Native death rate was nearly twice as high as the non-Native rate.

discovered the tuberculosis germ, Pasteur proved the efficacy of vaccination for anthrax in sheep, and the Ontario government established the first permanent board of health. Bryce was a product of the "new science" of bacteriology. As secretary of the Ontario board of health he was in the forefront of the Canadian public health movement that had only recently emerged from its preoccupation with sanitation to target specific groups in society that could benefit from specific measures such as diphtheria anti-toxin. The public health movement generally, and Bryce in particular, eventually focused on the inspection and promotion of health among school children.⁷³ Bryce's appointment was in other ways a continuation of department policy. Although he was the chief medical officer for the department it was only a part-time appointment. He was also the medical inspector for the department of the interior and responsible for the medical inspection of immigrants. Two-thirds of his \$3,200 salary, and two-thirds of his time, was charged to the department of the interior.

As medical inspector of the Indian department Bryce was expected to "take a tour of inspection and endeavour to improve the medical attendance and sanitary arrangements of

⁷³Neil Sutherland, "To Create a Strong and Healthy Race: School Children in the Public Health Movement, 1880-1914", S.E.D. Shortt, Medicine in Canadian Society: Historical Perspectives, (Montreal: McGill-Queen's University Press, 1981), p. 361-2.

the various Indian reserves." The greatest need, according to Sifton, was to have a knowledgeable medical man to supervise the various medical officers in the department's employ.⁷⁴ Experience had shown that agents and inspectors were without the necessary medical knowledge to judge whether a medical officer was fulfilling his duties. However, it would be some time before Bryce could begin his inspection, explained Sifton, because of the press of work at the department of the interior.⁷⁵ Bryce was appointed to control medical department costs.

There were few, besides perhaps the medical officers themselves, who could argue that the system of medical attendance was effective. Agent Wilson at the Blood and Peigan reserves had reported three years previously that the system of medical attendance was "deplorable". In the previous two months ten deaths were recorded, all but one were children, and at least two children were dying without medical aid. The medical officer, Dr. Girard, examined two seriously ill school girls and pronounced them thin and weak but not dangerously ill. Both died within two weeks. But Girard suggested that the "shadowy medicine man" was to blame for the large number of deaths on the reserves. It had been mooted that the Native doctor's work be legislated

⁷⁴CHC, Debates, 18 July 1904, p. 6960.

⁷⁵Ibid.

against.⁷⁶ The experience of trying to stop the Sun and Thirst dances suggested to agents in the field that such legislation would be fraught with difficulties. Even if there were no Native doctors, explained agent Wilson, the existing medical service would still be a dismal failure. Unless the department was prepared to substitute an efficient system, he explained, "the proposed legislation would have been a blunder, attributed by the Indians to our desire to exterminate them."⁷⁷ Wilson conceded that the people were attached to their own doctors because the doctors were frequently successful in treating disease, while many Native people died while taking "white man's medicine."⁷⁸ Wilson recommended that the medical officer become a member of the community, "Such a man, living on the reserve and working continually among the Indians, even if possessed of only moderate professional ability, would soon acquire their confidence, the present disgraceful rate of mortality would be greatly reduced," and the "medicine man" could then be diplomatically suppressed.⁷⁹

The system worked poorly elsewhere as well. Agent Ashdown at Qu'Appelle reported that the officially appointed

⁷⁶NA, RG 10, vol. 1627, Secretary to the Commissioner to Lash, 10 July 1899.

⁷⁷Ibid., vol. 3632, file 6326, Wilson to SGIA, 3 February 1901.

⁷⁸Ibid.

⁷⁹Ibid.

doctor resided too far from the reserves to be of any use. It took Dr. Carthew of Qu'Appelle two to three days to reach the Touchwood Hills reserves under his charge, so in an emergency nearby doctors were called. In any case Carthew's regular visit every six weeks was less than effective. Ashdown claimed that the department was not getting value for its expenditure of \$800 per year on Carthew's salary: "I do not think that anyone can claim that the Indians enjoy any better health for the doctor driving through their encampments....If the Indian happens to be home, the doctor might see him. If the Indian is at work, the doctor will probably not see him, but he will invariably report the health of all is good."⁸⁰ With two towns on the rail line within twelve miles of the agency it would be more economical and more effective to hire a doctor who lived closer.

Dr. Carthew was not pleased with the situation either. He explained that he was responsible for the Touchwood Hills reserve and its two large boarding schools a distance of 80 miles from his home at Qu'Appelle. He was also responsible for the File Hills reserve and its boarding school, 40 miles away. He complained that at an annual salary of \$800 he was seriously underpaid. The department could either accept his offer to continue the work at \$1,500 per year, or accept his

⁸⁰NA, RG 10, vol. 3756, file 31,161, Ashdown to secretary, 30 August 1904.

resignation.⁸¹ Pedley accepted Carthew's resignation and replaced him with a local physician on an ad hoc basis for \$8.00 per day.⁸² The system of medical attendance remained unchanged. As settler communities that were able to attract and keep a physician grew up around reserves the services of medical officers were dispensed with and local practitioners were engaged to respond to emergencies.

Less expensive alternatives were tried. In March 1901 commissioner Laird suggested that the industrial schools might be put to better use by employing a few trained nurses to undertake the training of suitable older Native girls in the art and skill of nursing the sick. The training would benefit the girls when they began their own families, but more importantly the training they received would eventually lessen the costs of hospitalization and medical attendance on reserves. The industrial school principals generally agreed that the scheme was desirable, but only, they quickly added, if the department paid the salaries of the nurses. Their per capita grants were already insufficient.⁸³

Principal Ferrier of the Brandon school suggested that the school would pay the nurse's salary if the department allowed the school to enrol 125 pupils instead of the

⁸¹Ibid., Carthew to DSGIA, 13 November 1904.

⁸²Ibid., Graham to Pedley, 25 November 1904.

⁸³NA, RG 10, vol. 3965, file 150,000-4, A. Naessens, Dunbow school, to commissioner, 23 March 1901; Ibid., E. Matheson, Battleford school, to commissioner, 15 March 1901.

present 100.⁸⁴ The department declined Ferrier's offer. Several principals noted that nearby hospitals would send a nurse to the schools to provide training at a reasonable rate. James Dagg of the Episcopalian Middlechurch school suggested that the Deaconess Order of Nurses, an order in connection with the church, would send a nurse for less than the estimated \$25-\$35 monthly salary of a lay nurse.⁸⁵ Father Hugonnard at the Qu'Appelle school pointed out that his school already had a hospital staffed by Grey Nuns who worked for \$12.50 per month. A lay nurse would be expensive and isolated. Although, he added, a scheme to train girls would benefit the settlers who frequently asked him to send out girls who could nurse for a short time.⁸⁶

That summer Laird decided to implement a program whereby the department paid the salaries of three nurses, outside of the per capita grant, to visit the schools in turn. Every three months the nurses would move, thereby covering four schools each in a year.⁸⁷ The program was flawed from the start. The department put the program in the hands of Dr. Fraser of Brandon. To reflect the

⁸⁴Ibid., Ferrier to commissioner, 22 March 1901.

⁸⁵Ibid., Dagg to commissioner, 12 March 1901.

⁸⁶Ibid., Hugonnard to commissioner, 21 March 1901.

⁸⁷Ibid., Laird to secretary DIA, 25 September 1901. The parliamentary appropriation provided \$1200 to cover three salaries at \$300 per year plus \$100 travelling expenses.

propriatorship of the schools it was suggested that one Catholic nurse and two Anglican nurses be appointed. Fraser, a Baptist, appointed a nun and two Baptist nurses. The role of the nurses was never clearly stated. Were they teachers or nurses for the school? Did they answer to the principal or the commissioner? No curriculum was prepared and within a month of their appointments two of the nurses resigned. The nurses argued that it was impossible to teach nursing in three months. They demanded salary increases to reflect the current salaries of trained nurses. The tubercular children should be removed from the school but there was no place for them. Dr. Lafferty at Calgary thought the program was a failure because of the innate unsuitability of Native women for the task of nursing. "The absence of initiative and prompt decision in the Indian character will always stand in the way of any practical application of the limited training they can get...."⁸⁸

Laird stated in 1906 that the effort failed and that Dr. Fraser was to blame. Laird did admit, however, that the program was ill-conceived. If it took four years to train a non-Native nurse, he wondered, how could Native girls learn the skills in three months? Because the nurses were teaching in the schools but were not staff members there was friction and conflict with the principals. "I have come to the conclusion," Laird wrote, "that the practical results of

⁸⁸Ibid., Lafferty to Laird, 18 July 1905.

the system we have hitherto pursued are almost nil."⁸⁹ While Laird was referring to the nurse training scheme his comment might well have been applied to the department's policy toward medical care generally. Such poorly conceived efforts that were virtually destined to fail only reinforced the perception that Native people were possessed of a peculiar constitution that made them resistant to treatment.

The notion that the Native people were doomed to extinction gained a voice early in the century. This perception that the people were incapable of making the transition from nomadism to settled agriculturalists had been aired from time to time since the Treaties were signed. But by 1903 commissioner Laird reported that the mortality in some bands was so great that they "must at no distant day become nearly extinct."⁹⁰ But high death and disease rates among the prairie peoples were not something new. What had changed was the department's public admission of the fact.

Under the Conservatives pains had been taken to disguise the mortality rates on reserves. The government was attempting to sell the west to prospective immigrants, and rumours of high death and disease rates would do nothing to inspire confidence and enthusiasm. Critics reasoned that if the wards of the government were dying the government

⁸⁹Ibid., Laird to Pedley, 3 May 1906.

⁹⁰CHC, Sessional Papers, vol. 11, no. 27, 1904, p. 238.

must be to blame.⁹¹ But those criticisms of Conservative policy toward Native people tended to be deflected as partisan attacks on the government, or the work of agitators. As Carter notes, "Critics were dismissed as irresponsible, partisan faultfinders; their reports of Indian misery, disease, and starvation were, it was claimed, fabricated by people without the remotest acquaintance with Indians."⁹² Because the critics seldom had first-hand knowledge of living conditions on reserves the department was successful in repudiating the opposition criticism by claiming a more intimate knowledge and understanding of Native people. In the aftermath of the Riel resistance Commissioner Dewdney spent considerable time investigating and dispelling rumours of further trouble. The rumours, he remarked, were kept alive by "unprincipled persons ... actuated by questionable motives or by those undoubtedly of a degradingly selfish character...."⁹³ Moreover there were relatively few non-Native people who had access to first-hand knowledge of reserve conditions. Those who did were

⁹¹see for example Cameron's attack on the government after the 1885 Riel Resistance, CHC Commons Debates 1886, pp. 718-30, and especially the government reaction to Cameron, "Certainly one effect of Mr. Cameron's speech will be to inflame the Indians of the North-west against the Government and the white settlers; and it may be to start again the lurid blaze of savage warfare." in The Facts Respecting Indian Administration in the North-West, p. 4.

⁹²Carter, Lost Harvests, p.131.

⁹³CHC, Sessional Papers, vol. 5, no. 6, 1887, "Annual Report of the Indian Commissioner", p. 112.

departmental employees and NWMP officers, both unlikely sources of public opposition to government policy. But by 1903 the Liberal government's public pronouncements on the deteriorating health status of Native people would have come as little surprise to the ever-increasing immigrants to the west who were the people's neighbours and employers.

In his 1903 report Laird asked the question that must have occupied many eastern bureaucrats unfamiliar with reserve conditions. Why was mortality so high when, "they are better clad and housed than formerly, good doctors are in attendance, and sanitary precautions are being increased."⁹⁴ The answer he provided was by now familiar. The perceived moral failings of the people, their practices of wife desertion, bigamy, intemperance, and a much higher birth rate than non-Native communities held the answer. How it was that a high birth rate contributed to increased mortality was left to the imagination. But, as the elders consistently argued, the people's ill-health stemmed primarily from their economic conditions and until the department addressed those conditions there could be little improvement.

In his report for 1904 deputy superintendent Pedley, while ostensibly explaining that the people were not in fact "doomed to extinction", did little to dispel the perception. Was there something, he asked, an "inherent defect, whether

⁹⁴CHC, Sessional Papers, vol. 11, no. 27, 1904, p. 238.

mental, moral or physical, in the Indian's constitution to prevent successful direction of the forces by which he maintained himself in his original environment, into channels which will enable him to survive in the struggle for existence under civilized conditions."⁵⁵ Some "tribes", he admitted, appeared to have "something endemic in their constitution which suggests their ultimate disappearance unless it can be discovered and remedied." Education and protection from exposure to civilization and its vices had saved the people in eastern Canada from destruction. Pedley noted that scrofula was prevalent, "which predisposes them to mesenteric consumption."⁵⁶ But ultimately, Pedley continued, it was the transition from nomadism to civilization, from the "wigwam" to small, overcrowded, dark, and ill-ventilated houses that accounted for the people's ill-health. Those who had improved their diet, dress, dwellings, and personal habits had reduced their mortality. Large losses were incurred by those who continued to "cling to their potlatches", where they crowded together in a way that was most unsanitary.⁵⁷ The Liberals also blamed the paternalism of the Conservative administration for the people's continued state of economic dependence and poor living conditions.

⁵⁵CHC, Sessional Papers, vol. 11, no. 27, 1905, p. xix.

⁵⁶Ibid., p. xx.

⁵⁷Ibid.

Laird announced in 1904 that parliamentary appropriations for relief were pared down by \$20,000. Rations were issued only to the old and infirm. The practice of paying Native people in food instead of cash was discontinued. The same rigours of civilization that had impoverished the people were now expected to set them free.

As agent to the Blackfoot in 1903, J.A. Markle had instituted the "self-support plan" whereby Native people who owned cattle could sell them to the department and then receive it back as beef rations throughout the year. The plan was also instituted on the Blood and Stoney reserves. The plan itself was nothing but a continuation of the policy that had existed for many years on all reserves. But with increased immigration, improved rail service, and demand for their produce, Native farmers were able to find other markets for their reserve production and no longer had to rely on the department as both marketing agent and buyer, notwithstanding the limits imposed by the permit system. The department found itself forced to pay the cattle owners the going price for their beef.⁹⁸ There was also a good demand for Native people as farm labourers and domestics among the immigrant population. At the Assiniboine reserve the agent reported that many people used to farm in order to

⁹⁸CHC, Sessional Papers, vol. 11, no. 27, 1905, p. 202. Previously the department paid an arbitrary and undervalued price of \$.05 per pound for beef purchased from the Native stockraisers. The previous policy did little to encourage stock production.

receive rations but with the end to rations they preferred to work for settlers.⁹⁹ The people of the Battleford agency raised stock, freighted, worked for settlers, sold furs, and farmed. At the Blood agency the people raised 5,000 head of cattle, cut and sold hay, and topped and hauled sugar beets for the Knight Sugar Co.¹⁰⁰ The general prosperity experienced by the country in the first years of "Canada's Century" filtered down to the Native people after a fashion.

The end to both the ration policy and active support for agriculture forced many into wage labour and pressured the people to surrender their lands. Although Carter maintains that reserve farms atrophied during the early twentieth century, income from farm produce continued to contribute the majority of total reserve incomes (see Tables 4.2 - 4.7).¹⁰¹ The department claimed, in a fine example of putting the cart before the horse, that the people's increased prosperity was the direct result of the end of the ration policy. The saving to the department was said to be only "an incident of the policy". The true aim of the policy, it declared, was the "development of a spirit of

⁹⁹Ibid., p. 125.

¹⁰⁰Ibid., p. 141.

¹⁰¹Carter, Lost Harvests, p. 237; Carter maintains that Native farmers did not share in the general prosperity of the century's first decade because reserve agriculture had already been undercut by repressive government policies.

self-reliance in the Indian which will eventually make him a self-supporting citizen of the country."¹⁰² The effect was to put increased pressure on bands to surrender portions of their reserves in order to generate income and economic opportunity.

Attempts to abolish the reserves were nothing new. In keeping with the long-held policy of the government to "civilize" the Native people, commissioner Reed had announced in 1888 that reserves in the North-West would be sub-divided into farms for individuals. Individual plots of land worked by a self-sufficient family unit would, it was hoped, undercut the "tribal" system and impel the people toward civilization. Allotment in severalty and forced enfranchisement, as set out in the 1857 Gradual Civilization Act, had been consistently opposed by Native people east of Lake Superior.¹⁰³ The people of the west were exempt from the Act until the superintendent general considered them sufficiently "civilized". Many reserves in Treaty Four and Six were subdivided in the 1890s. Bands objected to the surveys of their lands, believing them to be a first step toward surrender.¹⁰⁴ Settlers and land agents became increasingly voluble proponents of land surrenders after the

¹⁰²CHC, Sessional Papers, vol. 12, no. 27, 1906, p. 189.

¹⁰³John Tobias, "Protection, Civilization, Assimilation: An Outline of Canada's Indian Policy", The Western Canadian Journal of Anthropology, (vol. 6, no. 2, 1976), p. 23.

¹⁰⁴Carter, p. 208.

1890s. Lands held in reserve were considered too large for the people's needs and might be put to more profitable use by "actual settlers".

The department's desire to decrease expenditures on the destitute was integral to the move toward land surrenders. Surrender and sale of reserve land liberated the department from some of the on-going costs for relief and medical attendance. By 1928 over a quarter of a million acres had been surrendered to the Crown for sale in southern Saskatchewan alone.¹⁰⁵ Arguments in favour of surrender revolved around the size of the reserves and the extent of "unused" land. This "idle" land, proponents argued, blocked development of the whole region. Reserve populations across the prairies had dropped perilously low since the reserves were established at the rate of one square mile for every family of five. The perception that the "race" was dying or doomed to extinction may have eased the collective conscience. Nevertheless, it was clear to those who coveted the land that there was excess land for the number of occupants.

William Morris Graham, as File Hills agent and later inspector, was one of the most active proponents of land

¹⁰⁵Stewart Raby, "Indian Land Surrenders in Southern Saskatchewan", The Canadian Geographer, (vol. 17, no. 1, 1973), p. 39.

surrenders.¹⁰⁶ He consistently maintained that only through surrenders could the people achieve success in agriculture. He handled the negotiations for the surrender of large tracts of land from the Kakewistahaw, Cowesses, Pasqua, and Muscowpetung bands between 1906 and 1909. In 1901 he had established the File Hills ex-pupil colony that became the carefully controlled public showpiece of the success of government policy. Graham was held up as the man who had done so much to promote farming among the Native people while at the same time he was the force behind the surrender of huge amounts of agricultural land.¹⁰⁷ As John Tootoosis recalled, the people were "really afraid of [Graham], he really controlled them...it was through him that the Indians were made to sell parts of their land."¹⁰⁸

Land surrenders were usually presented to the bands as a means to enable them to farm successfully. There was a need for machinery, implements, and livestock. The proceeds from land sales would provide the means to achieve these necessities. There was also a glaring need for better housing, diet, and clothing that struck a receptive chord in

¹⁰⁶William Morris Graham was born in Ontario in 1867. His father James Graham was a senior official in the department in Manitoba. Graham joined the department in 1885 and by 1897 he was appointed agent at the File Hills agency. He was appointed inspector in 1904 and eventually commissioner.

¹⁰⁷Sarah Carter, "Demonstrating Success: The File Hills Farm Colony", Prairie Forum, (vol. 16, no. 3, 1991), p. 160.

¹⁰⁸Goodwill and Shuman, John Tootoosis, p. 118.

many bands. An amendment to the Indian Act in 1906 allowed for up to one-half of the proceeds from land sales to be paid out directly to band members, a further inducement to those who had spent too many years surrounded by poverty, disease, and premature death. Pedley made the connection quite clear to agent Hyde of the Blood reserve: the department's policy was that no one who could support themselves should receive rations. Furthermore, it was not government policy to force the people to surrender their lands, "but at the same time you should keep before the Bloods the fact that a certain portion of their large landed estate could be turned into cash, very greatly for their benefit, without unduly restricting the area of their reserve."¹⁰⁹

During the First World War there was increased pressure on bands to surrender their lands in the name of national efficiency. The "Greater Production" campaign was a war measure intended to increase food production for the war effort. Under a Greater Production lease uncultivated reserve lands could be leased without formal surrender. Graham, as commissioner of the campaign, applied official pressure on the Blood people to surrender 90,000 "unused" acres of their reserve in 1918. The Blood people were actually grazing 17,000 head of cattle and horses on that

¹⁰⁹NA, RG 10, vol. 1547, Blood Agent Reports, Pedley to Hyde, 9 August 1911.

land.¹¹⁰ Former agent R.N. Wilson later claimed that the Greater Production lease, and the fraud and deceit that accompanied it, destroyed the successful Blood ranching economy.¹¹¹

The Blackfoot surrendered nearly half of their reserve between 1912 and 1918 that provided a trust fund of over \$1 million by 1920.¹¹² The income from the trusts generally went to defray costs normally incurred by the department. It is interesting to note that one of the first expenditures made by the Blackfoot and other bands out of their trust money was the provision of regular rations for everyone on the reserve.

Not that there were no protests to land surrenders. Members of Ochapowace's band in the Crooked Lakes reserve, for example, noted that the sections proposed for surrender contained the reserve's best land. Others reminded the commissioner that the reserves were given by the fathers and held in trust for the children. They could not surrender

¹¹⁰R.N. Wilson, "Our Betrayed Wards", (Ottawa, [n.p.], 7 April 1921), p. 42; Wilson was the agent at the Blood reserve from 1898-1911 and wrote the memorandum, "as an effort to ventilate - with the object of securing redress - certain complaints of that people against the present administration of Indian Affairs."

¹¹¹Ibid.

¹¹²Lucien Hanks and Jane Richardson Hanks, Tribe Under Trust: A Study of the Blackfoot Reserve of Alberta, (Toronto: University of Toronto Press, 1950), p. 50.

any of it.¹¹³ Despite the protests much prime agricultural land was sold, again for the promise of a stable economic base through agriculture.

The growing prosperity of the west, the opportunity for waged work, increasing prices for farm produce, and income from land sales and leases stemmed the tide of mortality on the reserves. Increased income translated into improvements in diet, housing, and a reduction in infant mortality as the general health of mothers and infants improved. Farm incomes increased steadily from about 1905 to 1920 through better prices for farm produce and a larger market. Incomes also increased through payments on leased and surrendered lands. Income from waged work during the war years increased dramatically (see Tables 4.2-4.7). The catalyst of war created many opportunities that were quickly lost at war's end, however. Hugh Dempsey has argued that in Treaty Seven at least, those reserves which surrendered lands showed no noticeable advancement or long-term benefits over those that did not. The restrictions on economic and personal freedom continued to undermine any real development.¹¹⁴ Nevertheless, between 1904 and 1912 many bands turned the corner and were able to increase their

¹¹³Carter, Lost Harvests, p. 249.

¹¹⁴Hugh Dempsey, "One Hundred Years of Treaty Seven", Ian A.L. Getty and Donald B. Smith eds., One Century Later: Western Canadian Reserve Indians Since Treaty Seven, (Vancouver: University of British Columbia Press), p. 27.

numbers (see Figure 4.1, Table 4.1) Unfortunately, they had to surrender some of their birthright to do so.

The Liberal government's response to the people's medical needs followed the precedent established in the nineteenth century. The need for economy remained paramount. Hospital care was left to the missionaries who unfortunately counted deathbed conversions as a sign of success. Their gaze was too often trained on the patient's needs in the next world. The system of ad hoc medical attendance continued to disappoint. Physicians were underpaid, patients were untreated, and costs continued to rise. Establishing another level of bureaucracy in the chief medical inspector answered none of these concerns. However, perfunctory medical care entailed much less expense than the economic assistance and decent living conditions demanded by the people. Attempts to respond to the high disease and death rates on reserves such as the nurse training scheme and tent hospitals were half-hearted because the department continued to abdicate responsibility for medical care. That these schemes failed to improve the situation in any significant way only reinforced stereotypes of the "vanishing race".

Table 4.1
 Selected Treaty Four, Six, and Seven Agencies,
 Population, 1895-1920.¹¹⁵

	Battle- ford	Black- foot	Crooked Lake	Edmon ton	Hob- bema	Stoney
<u>Year</u>						
1895	861	1267	616	729	522	535
1896	860	1226	637	732	697	581
1897	928	1145	601	698	666	581
1898	857	1099	587	681	617	593
1899	828	1096	588	679	601	614
1900	807	985	577	673	617	627
1901	754	942	563	703	607	661
1902	766	896	558	690	645	647
1903	767	845	558	694	645	641
1904	869	842	520	712	655	652
1905	886	803	534	694	691	660
1906	886	824	547	694	750	648
1907	875	817	544	689	745	640
1908	911	795	552	677	770	661
1909	920	768	562	683	785	667
1910	925	767	573	643	789	665
1911	954	763	578	649	766	659
1912	971	752	576	673	783	647
1913	911	737	585	680	776	659
1914	882	734	591	678	781	654
1915	917	731	595	708	795	659
1916	954	726	613	718	817	670
1917	968	719	620	731	827	673
1918	998	718	629	742	839	678
1919	1026	690	637	754	819	657
1920	1054	695	646	769	832	663

*Note: population figures for 1917-1920 are estimates only. The Sessional Papers stopped publishing population statistics in 1917. The estimates were arrived at using a moving 5-year average. Where populations were on the rise, that rise continued at the same rate, likewise if they were falling. The 1919 figures also take into account an average 4% loss due to the influenza epidemic in the autumn of 1918.

¹¹⁵NA, RG 10, vols. 9428-9433, Annuity Paylists, 1895-1900; CHC, Sessional Papers, 1902-1922.

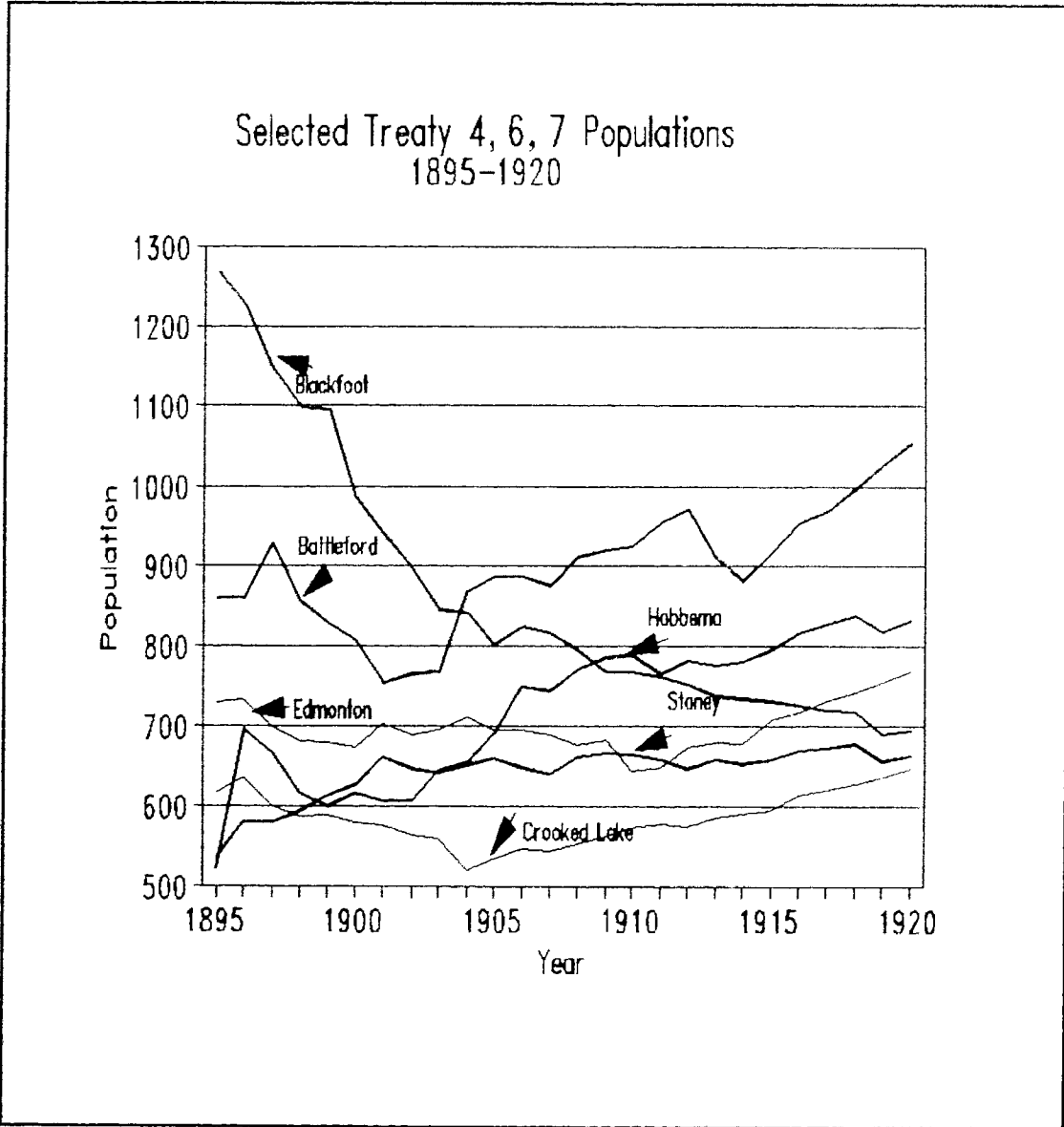


Figure 4.1 Selected Treaty 4, 6, and 7 Populations, 1895-1920

Table 4.2

Sources of Income and Per Capita Income
Battleford Agency, 1900-1920.¹¹⁶

Year	1900	1905	1910	1915	1917	1920
Income (\$)						
Farm	\$29,356	30,916	25,401	58,773	57,432	85,343
Wages	1,510	3,175	6,532	11,986	15,972	19,175
Rents	0	0	2,716	0	4,907	17,180
Hunt Trap	1,450	7,359	1,716	10,270	18,256	13,150
Other*	1,950	8,260	3,508	11,145	11,406	3,200
Interest	0	0	0	7,030	8,695	11,710
Total	34,266	49,710	59,873	99,204	116,668	149,758
Per capita	\$45.45	\$56.11	\$62.76	\$103.99	\$116.90	\$138.15

* "Other"- refers to income earned using reserve resources, such the sale of dry wood, seneca root, etc.

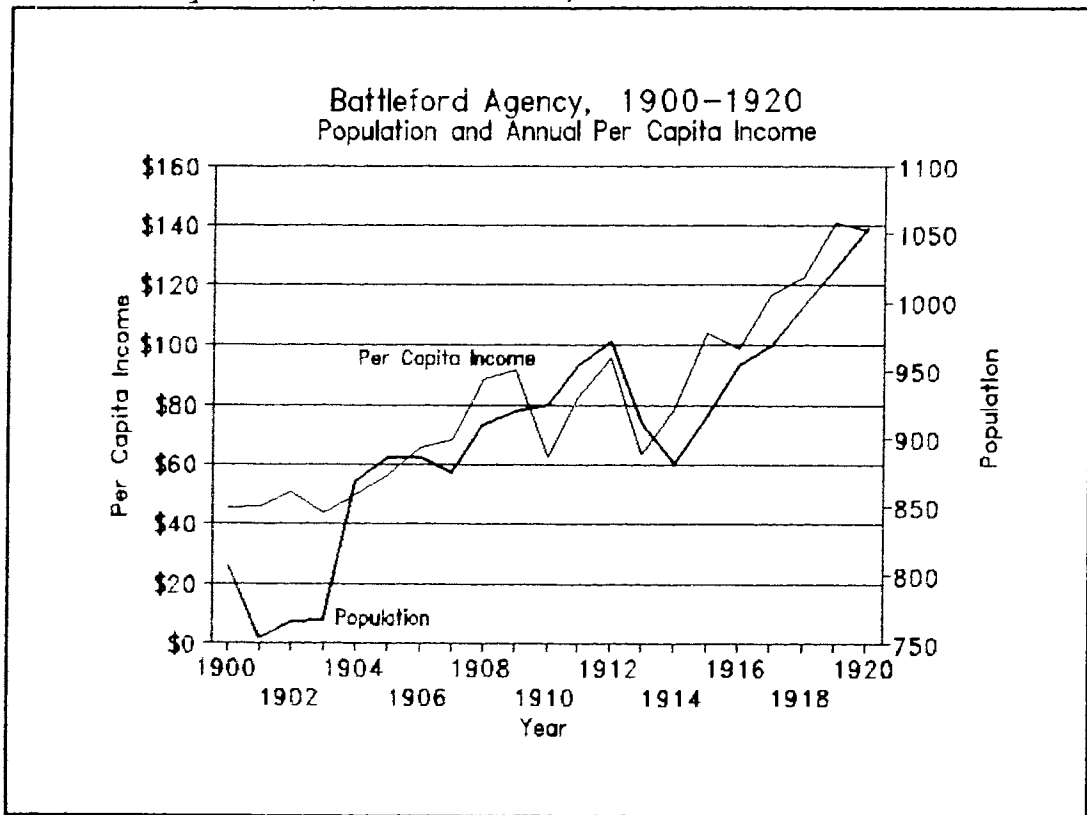


Figure 4.2

¹¹⁶CHC, Sessional Papers, 1900 - 1922.

Table 4.3

Sources of Income and Per Capita Income,
Blackfoot Agency, 1900-1920¹¹⁷

Year	1900	1905	1910	1915	1917	1920
Income \$						
Farm	4,368	12,822	37,000	78,061	143,930	214,491
Wages	7,400	7,000	13,000	15,000	15,000	10,000
Rents	0	0	0	0	0	89,567
Hunt Trap	530	0	1,050	600	1,590	325
Other	9,550	10,000	200,000	25,000	20,000	25,000
Interest	0	0	0	6,116	11,348	46,719
Total	21,848	29,822	251,050	124,777	191,868	386,462
Per Capita	\$23.19	\$36.19	\$329.03	\$171.87	\$267.23	\$544.31

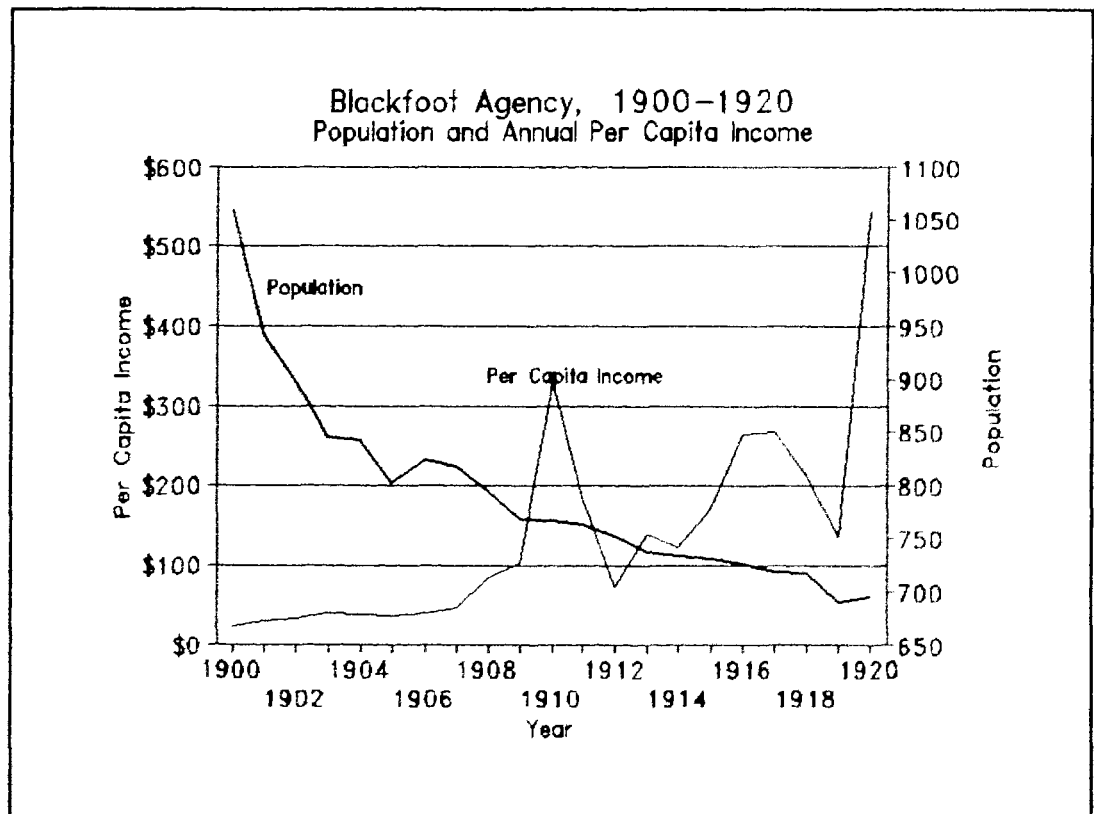


Figure 4.3

¹¹⁷ Ibid.

Table 4.4

Sources of Income and Per Capita Income
Crooked Lakes Agency, 1900-1920¹¹⁸

Year	1900	1905	1910	1915	1917	1920
Income (\$)						
Farm	4,556	16,337	23,793	36,732	67,716	138,229
Wages	150	342	3,000	4,000	4,800	17,640
Rents	0	0	5,730	0	11,588	0
Hunt Trap	600	3,366	2,550	2,850	2,600	6,000
Other	5,191	8,135	8,210	8,366	9,000	0
Interest	0	0	0	8,299	12,672	29,465
Total	10,497	28,180	42,283	60,247	108,376	191,404
Per Capita	\$18.19	\$51.52	\$73.15	\$98.28	\$172.30	\$292.22

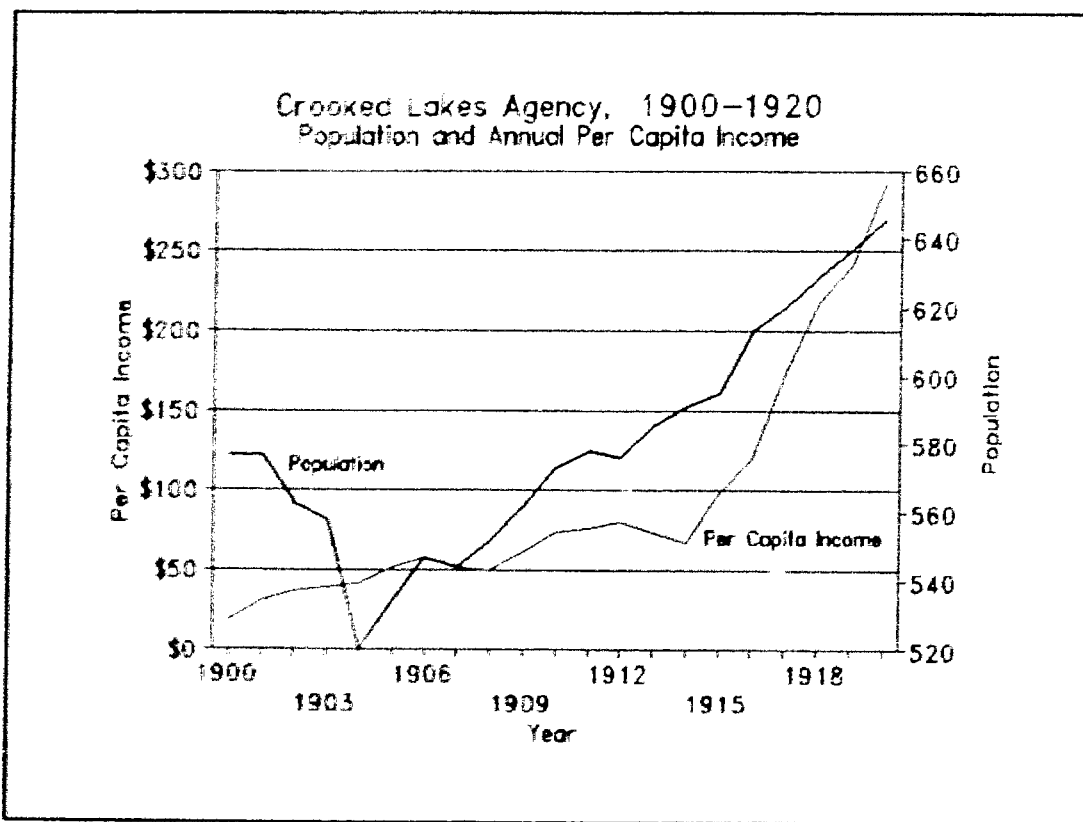


Figure 4.4

¹¹⁸ Ibid.

Table 4.5

Sources of Income and Per Capita Income
Edmonton Agency, 1900-1920¹¹⁹

Year	1900	1905	1910	1915	1917	1920
Income (\$)						
Farm	2,880	13,700	36,013	46,198	95,042	75,432
Wages	1,350	8,485	4,257	11,000	15,725	24,052
Rents	2,000	0	0	0	0	0
Hunt Trap	7,900	26,600	10,185	9,255	13,085	9,475
Other	12,800	1,600	4,670	5,690	10,050	8,032
Interest	0	0	0	15,338	21,708	25,284
Total	26,930	50,385	55,125	87,481	155,610	142,275
Per Capita	\$38.31	\$72.60	\$84.94	\$121.84	\$209.72	\$181.70

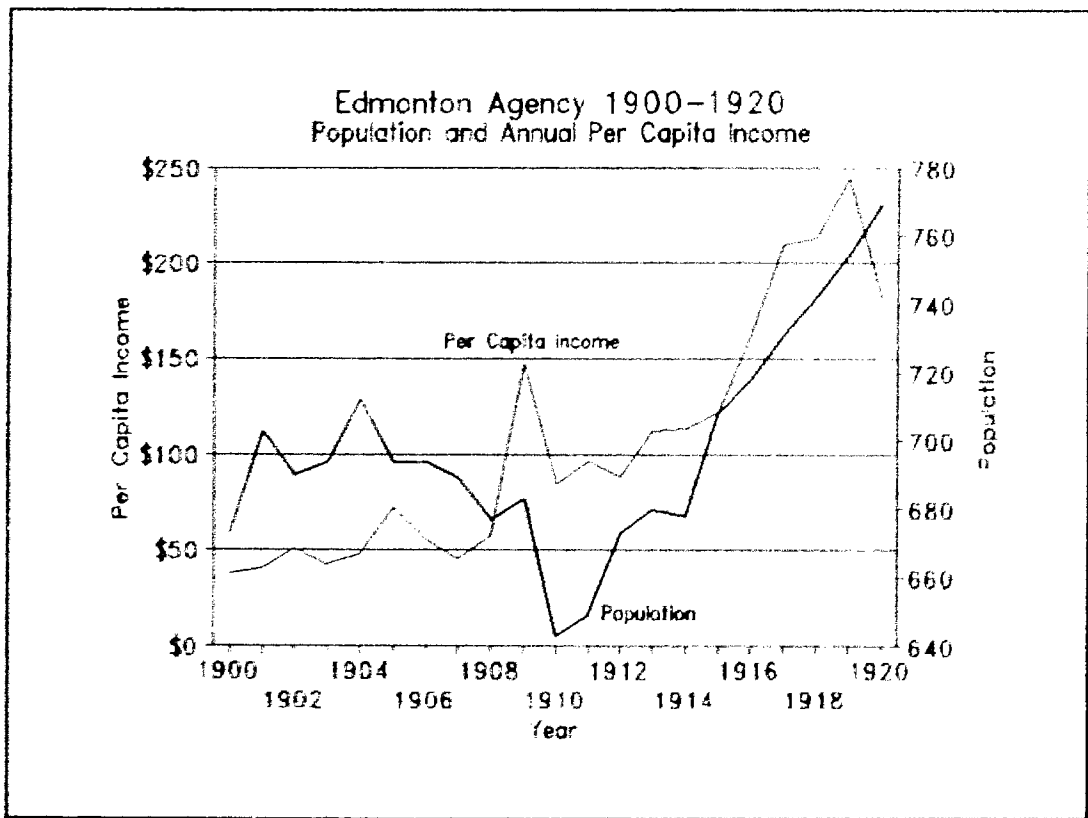


Figure 4.5

¹¹⁹ Ibid.

Table 4.6

Sources of Income and Per Capita Income,
Hobbema Agency, 1900-1920¹²⁰

Year	1900	1905	1910	1915	1917	1920
Income (\$)						
Farm	9,750	21,750	16,499	35,620	95,042	49,998
Wages	825	1,605	978	3,013	15,725	307
Rents	0	0	854	0	0	0
Hunt Trap	1,525	5,380	3,398	8,187	13,085	1,675
Other	475	770	4,159	5,614	10,500	24,825
Interest	0	0	0	4,846	21,708	12,511
Total	12,575	29,505	25,888	57,280	155,610	89,316
Per Capita	\$20.72	\$39.34	\$33.80	\$70.11	\$185.47	\$105.95

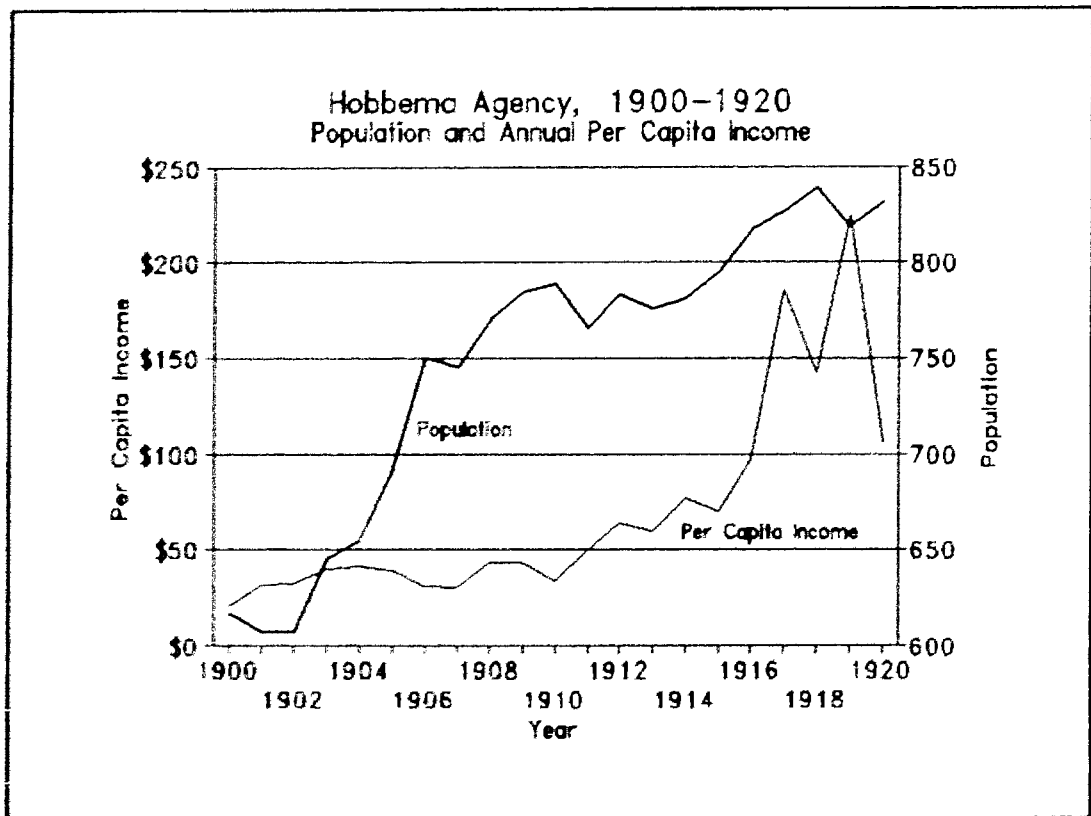


Figure 4.6

¹²⁰ Ibid.

Table 4.7

Sources of Income and Per Capita Income,
Stoney Agency, 1900-1920¹²¹

Year	1900	1905	1910	1915	1917	1920
Income (\$)						
Farm	1,300	5,127	2,931	5,050	7,950	8,870
Wages	3,000	2,138	1,882	5,661	19,636	26,020
Rents	0	0	0	33	1,982	3,185
Hunt Trap	4,300	4,250	8,183	10,497	7,624	11,930
Other	6,840	10,333	18,276	13,698	19,760	14,590
Interest	0	0	0	3,583	3,711	3,756
Total	15,440	21,848	31,273	38,522	60,663	68,351
Per Capita	\$23.36	\$33.72	\$47.46	\$57.50	\$89.47	\$102.32

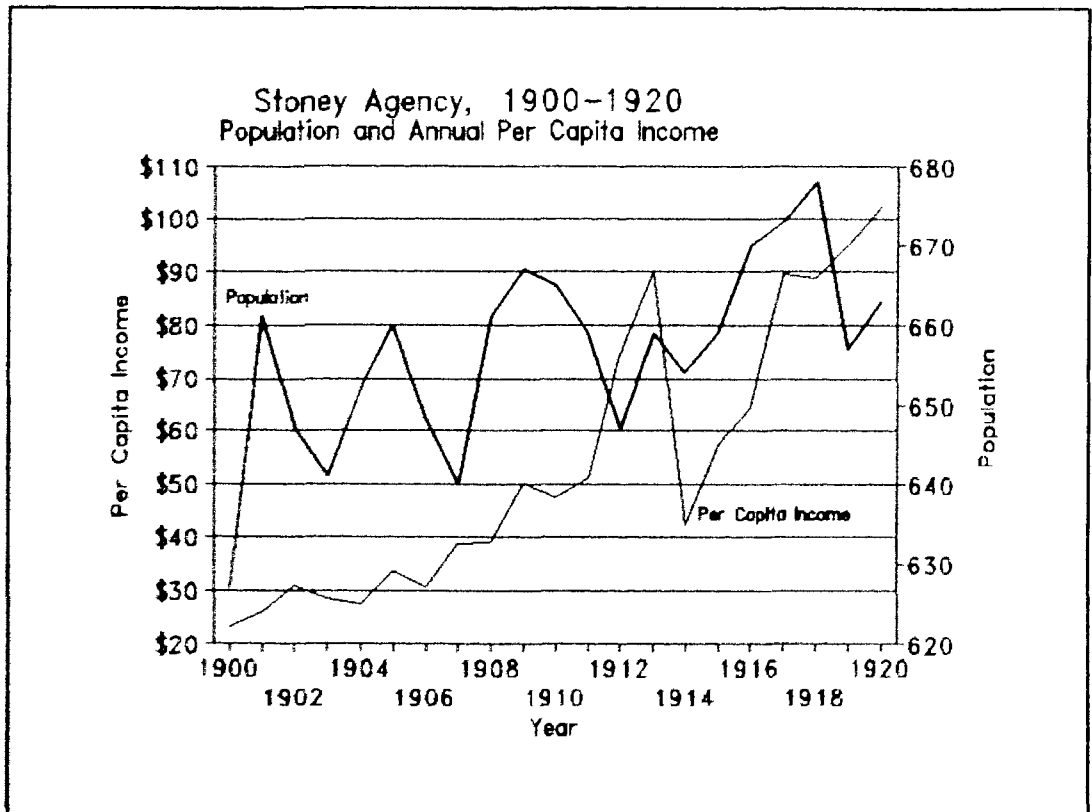


Figure 4.7

¹²¹ Ibid.

Chapter Five

Hotbeds of Disease: Reserves and the Schools.

In the first two decades of the twentieth century many Native communities experienced a slow but steady natural increase in their populations. Economic opportunities afforded by larger markets, higher prices for their farm produce, and income from land leases and surrenders helped to improve living conditions on reserves and lower the death rate. Native people had formerly been perceived by government bureaucrats and others as somehow biologically incapable of the transition from nomadism to "civilization". High morbidity and mortality from "consumption" and "scrofula" on reserves was submitted as proof. Secure in the knowledge that tuberculosis was a constitutional disease little could be done, and little was done. After Robert Koch's discovery of the tubercle bacillus (mycobacterium tuberculosis) in 1882 it became clear that tuberculosis was an infectious disease that could affect all parts of the body. But by the early twentieth century the public understanding that tuberculosis was a bacterial infection and that it could spread led to concern over the continued high rate of tuberculosis on reserves. The department was forced to recognize those concerns and attempt to account for its policies. It did so, for a time, by making the denominational schools the scapegoat for the people's

continued poor health. Indeed, in 1908 Dr. Lafferty of Calgary reported publicly that on average 80% of students in residential schools in southern Alberta were suffering from tuberculosis.¹ The reserves, with a high incidence of tuberculosis, came to be seen as a disease menace to surrounding non-Native communities.

Native people had long tried to dispel such notions through protest and petition pointing to the connection between economic inequality and subsequent ill-health.² They had made it very clear that the conditions in industrial schools were unacceptable.³ They had also made it clear that medical aid in itself was welcomed. But residents of the Blood reserve made clear choices in their own medical care by refusing the services of the government doctor in favour of private practitioners in Lethbridge.⁴ Hospitals and dispensaries were utilized when they worked successfully within the cultural and social framework

¹NA, RG 10, vol. 3957, vol. 140,754-1, Lafferty to Pedley, December 1908.

²see Chapter Four, NA RG 29, E106, vol. 16, Petition from the Headmen of the Pasqua and Muscowpetung Reserves to House of Commons, 24 February 1893; NA RG 10, vol. 3917, file 116,493, Petition from Morley and Stony Plain Reserves, July 1894; NA RG 10, vol. 3912, file 111,777-1, Memo - McGibbon meeting with Minor Chiefs, 3 June 1895.

³J.R. Miller, "Owen Glendower, Hotspur, and Canadian Indian Policy", Ethnohistory, (vol. 37, no. 4, 1990), pp. 402-3.

⁴GAI, M4096, Jane Megarry, nurse.

of the community. Beneath all this was the peoples' adamant refusal to forsake their own medical and spiritual systems.

As immigration into the west created economic opportunities for Native people it also brought them into closer contact with non-Native communities. But ironically, greater settlement led to more complete segregation of Native people on reserves. One of the great concerns of the department in the first decades of the treaty period had been the perceived negative effects that contact with non-Native people would have on Native communities. The concerns generally revolved around the availability and the demoralizing impact of alcohol. In the new century, however, considerations changed as reserves were increasingly perceived as hotbeds of disease. As was noted, medical care was offered to reserve residents in order to prevent disease from spilling out into non-Native communities. As such, quarantine was the most effective tool in the medical officer's arsenal and it was resorted to frequently.⁵ On the reserves, isolated and often removed

⁵Quarantine was imposed on Beardy's and Okemasis reserves in 1902 against measles, NA RG 10, vol. 1595, Laird to Agent Jones 5 March 1902; the RNWMP enforced quarantines against smallpox at the Poundmaker and Little Pine reserves in April 1912, and at the Red Pheasant and Stoney reserves against measles in August 1913, GAI, Box 2, file 6, M1781, Battleford Agency Monthly Reports; quarantine was imposed on the people of John Smith reserve due to small pox in 1913, NA RG 10, vol. 1595, Chisholm to Agent Sibbald, 15 January 1913; small pox on the Piapot reserve forced quarantine in 1914, Ibid. vol. 1393, Petition Piapot reserve to Nichol, 9 March 1914; quarantine was also imposed on reserves during the 1918 influenza epidemic, for example at Saddle Lake NA,

from towns, quarantine was made most effective with the help of a police constable or two. An amendment to the Indian Act in 1914 wherein the superintendent general was authorized to make regulations "deemed necessary for the prevention or mitigation of disease" on reserves, including the authority to impose quarantine, merely institutionalized an already common response.⁶ Quarantine was impossible to enforce in the cities and villages in the west because of scheduled rail connections, the informal communication between neighbours, and the exigencies of business. On reserves there were fewer impediments to quarantine. But the physical and economic hardships suffered by the people indicated that the reason for quarantine was for the protection of non-Natives. The threat of disease became the new rationale for segregation.

Witness the events at John Smith reserve in 1913. In early January Dr. Strong of Prince Albert diagnosed six people suffering from smallpox and quickly quarantined the entire reserve. Reverend Macdougall was on the reserve and was left to ride out the quarantine, while agent Schmidt and Dr. Strong stayed in Prince Albert. By 17 February Schmidt berated the missionary for purchasing provisions for the

RG 18, B1, vol.1, file 80, part 2, Birks to Commanding Officer, 25 November 1918. There was also frequent quarantines of the schools where children were unable to leave and parents unable to visit because of disease in the schools.

⁶CHC, Sessional Papers, vol. 23, no. 27, 1915, p. xxiv.

people under his care because, according to Schmidt, they were able to work and should receive nothing for free. Macdougall explained that provisions were low and there were 350 people under quarantine who had been unable to leave the reserve for more than a month. A NWMP constable was stationed on the reserve to prevent the people from selling wood or furs, hunting, freighting, or working in the timber camps. Macdougall complained that smallpox was present in only two houses, but because of the hardships resulting from the quarantine there was also an epidemic of influenza, cases of typhoid, pneumonia, and erysipelas. After 59 days of quarantine the doctor still had not visited the reserve, all the food was gone, and even rabbits were scarce. By 24 March Dr. Strong informed Schmidt that since there were still 13 smallpox patients the quarantine would have to remain in place for another month.⁷ There the correspondence left off and the fate of the people went unrecorded. But the physical and economic consequences of the ordeal had yet to play themselves out.

There was sure to be lingering weakness, perhaps death for those infants born to malnourished or sick mothers. The loss of the past season's work and a late start on the next presented economic setbacks to people least able to afford them. There is no record, however, that smallpox spread

⁷NA, RG 10, vol. 1595, Smallpox at John Smith reserve, 1913.

past the reserve.

A petition from the people of Piapot's reserve in 1914 underlined the severe economic hardships imposed by quarantine. In December 1913 smallpox was discovered at the Piapot reserve. Quarantine was established at the entire Qu'Appelle agency, the Piapot, Pasqua, Muscowpetung, and Standing Buffalo reserves with RNWMP constables in attendance, even though there were no cases at the latter two reserves. When there were no new cases at the Pasqua and Piapot reserves by 12 February 1914, it was decided to lift the quarantine in March once the reserves had been "thoroughly cleansed".⁹ All thatched-roofed houses and stables were to be burned, lumber buildings were to be disinfected, and as soon as the snow melted, the land and brush close to the buildings was to be burned. By 9 March 1914 the quarantine was still not lifted.

The people petitioned agent Nichol to lift the smallpox quarantine because they had suffered from lost cattle sales and they needed to sell hay and wood before they could begin the year's seeding.⁹ Most importantly, to superintendent Scott, the doctors and department employees, "were

⁹NA, RG 18, vol. 1749, file 1914, 73, Inspector Proby to Commanding officer, 12 February 1914.

⁹NA, RG 10, vol. 1393, Petition Piapot reserve to Nichol, 9 March 1914.

successful in confining the disease to the reserves...."¹⁰
There was a complete crop failure that year and there was no market for their fish, hay or wood. Because of the crop failure there was no seed for the next year, so the department provided seed wheat and oats, as a loan.¹¹ A succession of misfortunes, smallpox, the quarantine, business losses, crop failure, and debt to the department, required a response.

The people requested permission to hold a dance. They assured the agent that it would not be held during seeding.¹² Nichol refused, citing departmental regulations against dancing. Rock Thunder replied that he was not aware of any rules against dancing and that it was only through promises of a dance that he was able to get the young men to work.¹³ The request was denied; the dance, if it was held, was covert.

The irony was, of course, that for all the department's efforts to prevent the spread of smallpox to non-Native communities, it was generally non-Natives who spread the disease to the Native people in the first place. It cannot be argued that reserves were the focus of smallpox

¹⁰CHC, Sessional Papers, vol. 23, no. 27, 1915, p. xviii.

¹¹NA, RG 10, vol. 1393, McLean to Nichol, 11 January 1915.

¹²Ibid., Oswald to Nichol, 31 March 1915.

¹³Ibid., Rock Thunder to Nichol, 20 February 1916.

infection. As was noted earlier, there was a vigorous vaccination campaign of all Native people, usually when they received their annuities. The vaccination program could never reach all the people, however. As Mike Mountain Horse recalled, the arrival of the department doctor would cause a stampede for the bush, "because we Indian children held a mortal fear of vaccination".¹⁴ Bryce had insisted upon thorough vaccination especially since, in his estimation, there were so many railway construction workers in the west who posed a smallpox threat to the Native people.¹⁵ But in non-Native communities compulsory vaccination was impossible, quarantine intolerable. The notion that the reserves harboured disease, and that Native people were the carriers received considerable impetus from the department's readiness to impose quarantine. The more quarantine was used, the more it was seen as necessary. Quarantine was also a relatively cost-efficient method of controlling the spread of disease.

The coercion, compulsion, and paternalism evident in the resort to quarantine was long-standing department policy. As wards of the state Native people were seen as either woefully ignorant of the dangers of disease, or dangerously careless. Pedley described, in 1907, the

¹⁴Mike Mountain Horse, My People the Bloods, (Calgary: Glenbow Museum and the Blood Tribal Council, 1989), p. 5.

¹⁵CHC, Sessional Papers, vol. 12, no. 27, 1907, p. 284.

excessive crowding into small, poorly ventilated houses, the ignorance of the value of nursing, inattention to the directions of medical advisors, poorly-prepared food, and premature marriages as the primary causes of ill-health.¹⁶

"If anything further can be imagined necessary for the exhaustion of the potentialities of conditions so produced," Pedley continued, "it is furnished by the practice of continual dancing, which stirs up the dust which the promiscuous expectoration of the affected has charged with germs, and at the same time stimulates respiration."¹⁷ By 1910 the deputy superintendent characterized Native people as "...indifferen[t] to human life and suffering..."¹⁸

Compulsion and a paternalistic attitude toward the people seemed necessary, given such a characterization. But there was nonetheless another longstanding department policy that seemed at odds with paternalism, and that was the necessity for economy in all things. A rather peculiar exchange took place in 1912 that highlighted these different, and often contradictory, impulses. It came to the department's attention that some medical officers employed by the department were attempting to collect fees in payment for services to Native people who seemed able to pay. On 27 May

¹⁶CHC Sessional Papers, vol. 11, no. 27, 1907, "Report of the Deputy Superintendent General", p. xxii.

¹⁷Ibid.

¹⁸CHC, Sessional Papers, vol. 19, no. 27, 1911, "Report of the Deputy Superintendent General", p. xxii.

1912 a strongly-worded circular was issued to all department medical officers that they were not to charge or attempt to claim from a Native person a fee for professional services.¹⁹ Paternalism seemed to triumph. Only months later economy came to the fore when a circular was issued to replace the first circular. The policy had been changed to "promote self-sufficiency" and medical officers were, "not to provide gratuitous assistance to those Indians who can provide for themselves..."²⁰ Departmental responses to high death and disease rates on reserves were often caught between the need to exert control over Native people and the need to practice economy and thereby promote "self-sufficiency."

Disease and its spread took on a new urgency for the department in the early twentieth century when it threatened the department's fundamental purpose to "christianize and civilize" the people through the Industrial schools. When the schools were established in the early 1880s, they were the centerpiece of the government's program to assimilate Native people. The government assumed all the costs of the schools while religious denominations assumed the management. In the 1890s, in the interests of economy, a per capita system of funding was established to control

¹⁹NA RG 10, vol. 1547, J.D. McLean, "Circular to Medical Officers", 27 May 1912.

²⁰Ibid., J.D. McLean, "Circular to Medical Officers", 2 December 1912.

costs and to make the religious orders more accountable for expenses. The schools were intentionally placed distant from reserves in order to remove children from the influences of home and the "tribal" system. The per capita grant system pressured the churches to cut costs where they could such as on teacher's salaries, and food and clothing for the children, while forcing the churches to enrol more students and to retain students for as long as possible. By 1907, given the people's reluctance to patronize the industrial schools, and in the interests of economy, the department was ready to move away from the industrial schools toward an emphasis on the much cheaper boarding and day schools.

Concerns for both economy and efficiency were paramount in the new Liberal government's agenda for the department. Education was the department's single greatest expense, and the industrial schools especially were its greatest financial drain. In 1897, almost as soon as the Liberals took power, the department's new deputy, James Smart, began to reconsider the expense and supposed benefits of the industrial school system: "To educate children above the possibilities of their station, and create a distaste for what is certain to be their environment in life would be not only a waste of money but doing them an injury instead of

conferring a benefit upon them."²¹ The huge expenditure, low enrolments, high death and disease rates in the schools, and the lack of concrete results caused many to question the efficacy of the industrial school.

For justification for his plans, Smart could look to the 1906 resolution of the Saskatchewan Medical Association calling on the department to take immediate steps to control the spread of tuberculosis on reserves. The resolution was published in medical journals and newspapers.²² The Battleford board of trade quickly followed suit and submitted a memorandum to the department stating that, since there were eight reserves within forty miles of the town, the department should immediately establish a sanatorium in the district.²³ The Associated Boards of Trade of western Canada passed a similar resolution at their annual meeting.²⁴ The board of trade resolutions may have been motivated by a desire for the economic opportunities coincident with the construction, maintenance, and supply of such an institution. But the health concerns of non-Native communities near reserves was also a factor. As chief

²¹CHC, Sessional Papers, vol. 11, no. 14, 1898, p. xxvii.

²²NA, RG 10, vol. 3957, vol. 140,754-1, Secretary Treasurer Saskatchewan Medical Association, 28 March 1906.

²³Ibid., Battleford Board of Trade to Department of Indian Affairs, 5 June 1906.

²⁴Ibid., Fisher to Frank Oliver, 29 June 1906.

medical officer Dr. Peter Bryce stated in his annual report for 1906, the Native people had a death rate more than double that of the whole population, and in some provinces more than three times. The cause of the high death rate was tuberculosis.²⁵ With such a high incidence of disease public pressure on the department to take steps to alleviate the problem seemed prudent. Smart began by investigating tuberculosis in the schools.

In February 1907 Dr. Peter Bryce, the department's chief medical officer, had been ordered to investigate and report on the health conditions in industrial and boarding schools on the prairies. His Report on the Indian Schools of Manitoba and the North-West Territories appeared in June 1907. It detailed the poor condition of the church-run schools and the worse condition of the students in boarding and industrial schools on the prairies. Bryce began his inspection of 35 schools in March and submitted his report in June. Bryce was trained in the emerging field of public health. He made clear the link between health and sanitation and the impact of tuberculosis infection on overcrowded, undernourished children: "...general ill health from the continued inspiration of an air of increasing foulness is inevitable; but when sometimes consumptive pupils and, very frequently, others with discharging

²⁵CHC, Sessional Papers, vol.12, no. 27, 1907, "Report of the Chief Medical Officer" p. 275.

scrofulous glands, are present to add an infective quality to the atmosphere we have created a situation...dangerous to health..."²⁶

Bryce reported on the ventilation, sanitation, and physical state of the buildings. He did not examine the children, but asked the school officials for the health records of the students. Bryce reported that of the 1,537 students reported on, 35% were either sick or dead. At the File Hills school 69% of all ex-pupils were dead.²⁷ Working from these returns Bryce found an "...intimate relationship between the health of the pupils while in the schools and that of their early death subsequent to discharge."²⁸ In all cases the reported cause of death was tuberculosis.

Bryce found that the medical condition of the children upon admission to school was rarely inquired into, and that principals and physicians ignored or minimized the danger of accepting tubercular students.²⁹ There was no attempt at ventilation in the dormitories or the classrooms. For seven months of the year the windows were sealed shut to save

²⁶NA, RG 10, vol. 4037, file 317,021, P.H. Bryce, Report on the Indian Schools of Manitoba and the North-West Territories, (Ottawa: Government Printing Bureau), 1907, p. 18.

²⁷Ibid.

²⁸Ibid., p. 18.

²⁹Ibid., p. 17.

fuel; for ten hours a day the children were confined in the dormitories. Bryce was surprised that the morbidity and mortality statistics were not worse. According to Bryce, the "modern gospel of fresh air" was a lesson the schools should be made to understand. The Bryce report was, according to Martin Benson the head of the department's education branch, "damnatoryIf boarding and industrial schools are breeding places for consumption, the sooner they are closed the better."³⁰ Bryce's criticisms of the denominational schools probably confirmed the worst fears of those who had called for greater departmental action regarding tuberculosis. It also appeared to blame the churches for the condition of the schools.

Bryce, however, also submitted eleven recommendations that were never made public.³¹ In those recommendations Bryce made clear that the government itself was to blame. The per capita grants given to the schools were too low to provide both education and good health for the children at school. The per capita system of funding had squeezed the churches into making decisions that were detrimental to the

³⁰NA, RG 10, vol. 4037, file 317,021, Benson to SGIA, 6 November 1907.

³¹Years later Bryce made his recommendations public in his pamphlet, The Story of a National Crime: Being An Appeal for Justice to the Indians of Canada, (Ottawa: James Hope and Sons, Ltd., 1922), p. 4. The pamphlet is a scathing attack on the department and especially D.C. Scott and the failure to act on Bryce's recommendations. Bryce especially took offence at not being appointed to head the newly-created Department of Health in 1918.

children's well-being. He urged the government to take over the financial management and control of education as the Protestant churches had recently proposed. Since only fifty percent of Native children could be accommodated in schools there should be an expansion of day schools and boarding schools, and the industrial schools should be eliminated. According to Bryce, of the eight industrial schools, "several are expensive successes, but most are expensive failures and ought not longer to be continued."³² Bryce recommended that radical improvements be made in the school buildings. A medical officer, trained in public health, should inspect the schools biannually and small tents be erected alongside schools to isolate patients. The tent hospitals could be used for scrofulous and tubercular patients, "...where, instead of being sent home to die, they may in most cases, when dealt with early, be nursed back to health without jeopardizing the health of other pupils."³³ But none of these recommendations were new.

As early as 1905, in his first report as chief medical health officer, Bryce had advocated frequent inspection of the students, and prompt treatment with the isolation and removal of those infected to sanatoria. As he reported then, "The Indian bands...suffer practically from only one

³²NA, RG 10, vol. 4037, file 317,021, Bryce Recommendations, 4 June 1907.

³³Ibid.

disease [tuberculosis]...."³⁴

If the department's purpose in commissioning the study was to get out from under the financial burden of the industrial schools and deflect criticism of its treatment of students, Bryce's recommendations were of little value. In his recommendations Bryce had moved far beyond what the department was willing to undertake to rectify the problem: non-denominational schools wholly financed and managed by the department.

It was an unusual departure for the department to make Bryce's report, albeit without his recommendations, public. The press was outraged. The editor of Saturday Night magazine asked "What is Canada Trying to do with her Indian Wards? Indian boys and girls are dying like flies in these institutions or shortly after leaving them." The headline in the Montreal Star shouted, "Death Rate among Indians Abnormal"; the Ottawa Citizen led with "Schools and White Plague".³⁵ Public indignation at the conditions in the schools may have appeared rather disingenuous given the longstanding state of affairs in Native communities generally, but may have testified to the department's skill in keeping that state of affairs from public comment.

The Bryce report was distributed to agents, inspectors,

³⁴CHC, Sessional Papers, vol. 12, no. 27, 1906, p. 277.

³⁵NA, RG 10, vol. 4037, file 317,021, Toronto Saturday Night, 23 November 1907.

and school principals for comment. Aware of the department's desire to restructure the education system, department employees suggested that the schools themselves (and by extension, the churches) were to blame. The agent at Duck Lake blamed the situation at the Catholic-run Duck Lake boarding school on the "divided authority" for the schools between church and state.³⁶ The building was completely unsuitable, and the children should have a monthly medical examination, "...not a perfunctory line-up but a thorough, painstaking examination."³⁷ Had this been done there would have been no unseemly "scramble for pupils" by the churches.³⁸ And the "worse than brutal practice" of discharging very ill students, "the moment that the hand of death falls upon him", would not have occurred.³⁹ The agent reckoned that the death rate at the school was 4% per year. Inspector Chisholm noted that when children were sent home "they usually show a steady improvement."⁴⁰ Chisholm preferred to see a greater emphasis on reserve-based day schools or boarding schools. The only solution to the problem of tuberculosis in the schools was the "fresh air

³⁶NA RG 10, vol. 4037, file 317,021, Agent at Duck Lake to SGIA, 21 November 1907.

³⁷Ibid.

³⁸Ibid.

³⁹Ibid.

⁴⁰Ibid., Inspector Chisholm, north Saskatchewan inspectorate to SGIA, 27 November 1907.

treatment" employed in the sanatoria, but, since that was not possible, the next best thing was "the open air life and freedom that is enjoyed by all Indian children at home."⁴¹ Indian commissioner David Laird argued that the sanitation in the schools was probably as good as in most public buildings in the west. He thought that the report should have remained confidential because the headlines "brought our schools into undeserved disrepute."⁴²

The disrepute was not all that undeserved according to T.E. Jackson, acting agent at Carleton. He noted that at Prince Albert's Emmanuel College the mortality had been "deplorably large" and contributed to the reluctance of parents to send their children to boarding and industrial schools. Although their homes were humble many ill children recovered at home.⁴³ Conditions at the schools were nothing new to employees. As part of their employment agents had been expected to help recruit students for the schools. They understood only too well the negative reactions they received from parents.

While department employees blamed the high mortality on school conditions, the school principals blamed the high death rates on reserve conditions. The department, not the schools then, would be seen to be the source of the problem.

⁴¹Ibid.

⁴²Ibid., Laird to SGIA, 7 December 1907.

⁴³Ibid., Jackson to SGIA, 15 December 1907.

Principal Hoggby at the Anglican Calgary industrial school suggested that the food children received at home, which was "often very badly and indigestibly cooked", the poor housing on the reserve, and the transition from a hunting to a sedentary life all combined to cause the high death rates at the schools. Why blame the schools? he asked.⁴⁴ Principal Haynes at the Anglican-run Pincher Creek boarding school agreed. His dormitories were always fresh and airy, so much so that, "you need an overcoat and hat on to come into these dormitories." Haynes did note, however, that the people were "full of tuberculosis...If every pupil were rejected on the grounds of tuberculosis in their families, I am afraid you might as well close the schools altogether."⁴⁵

Principal Matheson at the Battleford industrial school, referring to the prevalence of tuberculosis on the reserves, asked, "Why not begin at the beginning and strike at the root of the thing?"⁴⁶ The reserves, not the schools, were the reservoirs of tuberculosis.

A few took offense to Bryce's report. Principal Dodds of the Cecilia Jeffrey boarding school suggested that, since the "seed or germ" of tuberculosis was contracted at home, the schools could hardly be blamed.⁴⁷ It would have been

⁴⁴Ibid., Hoggby to SGIA, 22 November 1907.

⁴⁵Ibid., Haynes to SGIA, 23 November 1907.

⁴⁶Ibid., Matheson to SGIA, 10 December 1907.

⁴⁷Ibid., Dodds to SGIA, 13 December 1907.

more productive, noted Dodds, for Bryce to have made some concrete recommendations. Bryce's recommendations were never circulated, however. Dodds continued, "The open window was well known as a means of ventilation long before the wise men [Bryce] came from the east...Is this all that modern science has done or can do...?"⁴⁸ Inspector Swinford of the Manitoba inspectorate sarcastically pointed out that, "...it is a difficult matter for a person with only a practical knowledge of Indians and Indian schools to criticize statements on scientific questions made by medical faddists of the day."⁴⁹ He concluded by saying that the children in schools in his inspectorate were "jolly healthy" and "fairly bubbling over with vitality".⁵⁰

The principal of one of the schools in Swinford's inspectorate, the Birtle boarding school, disagreed. He noted that of 91 graduates of the school 44 were living and 47 were dead. But the fault lay not with the schools but with the conditions on reserves where most children had the "hereditary taint" of tuberculosis, with "scrofulous tendencies".⁵¹ Moreover, the per capita grant system of funding made it difficult to maintain healthy conditions in

⁴⁸Ibid.

⁴⁹Ibid., Swinford to SGIA, 4 December 1907.

⁵⁰Ibid.

⁵¹Ibid., Principal, Birtle school to SGIA, 8 December 1907.

the schools. Children with scrofula and tuberculosis were admitted for two reasons, he pointed out, one mercenary and one humanitarian. The per capita grant was a temptation to retain pupils, regardless of their health, and for humanitarian reasons it was cruel to send sick children home to a certain death. He also regretted the publicity given the Bryce report because, since many Native people were literate and knew of the report, it would be even more difficult to get new pupils.⁵² Principals of the Anglican-run schools argued that it was not so much the schools that were killing the children, but the parents, the government, and the government's newest medical inspector that were to blame.

Principals of the Catholic-run schools simply dismissed the Bryce report. The schools were providing a valuable humanitarian service and should be continued despite their problems. Father Balter of the Sacred Heart boarding school at Saddle Lake in Alberta refused to acknowledge that the schools were in any way responsible for the death of students; the principal cause of tuberculosis infection was heredity. Balter stressed the inhumanity of denying access to school to sick children: "it is also a duty of charity and humanity to procure the intellectual development and the salvation of his soul to a weak child whose sojourn here

⁵²Ibid.

below will not be very long..."⁵³ According to Father George Hallam of Mucsowequan boarding school, Bryce's ideas were "new fangled" and his insistence on good ventilation for the schools was a "white elephant". The chief medical officer, "shouldn't expect palaces for children and for us to feed and clothe them."⁵⁴

Father Hugonnard of the Qu'Appelle industrial school also took the high road. Since, according to Bryce and the press, everything seemed a failure, would it be better not to educate children at all? The death rates in the schools were the result of poor health inherited from their parents: "there are some here who have no better place to be sent, and who have regular medical attendance and sanitary conditions..."⁵⁵ Bryce clearly had struck a raw nerve. The missionaries saw themselves as providing a humane service under desperate conditions. Education and instruction in the christian faith was a public service undertaken with the purest motives. For those missionaries directly involved in the school system, Bryce's report was seen as a direct and unwarranted attack on their efforts. If the children who came to them were sick, better to provide them with Christian instruction in this world than to have their souls wander aimlessly in the next.

⁵³Ibid., Balter to SGIA, 4 December 1907.

⁵⁴Ibid., Hallam to SGIA, 27 December 1907.

⁵⁵Ibid., Hugonnard to SGIA, 17 December 1907.

Behind all the justifications and rationalizations put forward by the missionaries, the discussion ultimately revolved around whether tuberculosis originated in the schools or on the reserves. While it was a burning question for the department, for Native school children the point was moot. Regardless of where the student contracted the disease, at home or in school, the future was not bright. Their parents strongly suspected the schools were at fault, hence their reluctance to enroll their children. But for the department, although it had consistently denied responsibility for the health care of reserve residents as such, it did admit a responsibility for the health of school children. So, for the department, the question of where tuberculosis originated was significant.

Eleven years previously, in 1896, the same question absorbed then-commissioner Reed.⁵⁶ In Reed's survey of school principals, agents, and medical officers the prevailing opinion was that poor living conditions on reserves, and the equally poor conditions in the schools caused a high incidence of tuberculosis. It was recommended at that time that children be screened before admission, proper ventilation of the schools be attempted, and an adequate diet be implemented, essentially Bryce's recommendations. Despite the evidence at the time Reed had decided that the people on reserves had a hereditary

⁵⁶see chapter three.

disposition to tuberculosis; the schools were not to blame. But it is worth noting that in the 1890s the industrial schools were the showpiece of the department. Reed was highly supportive of the "civilizing" aspects of the industrial schools and was committed to their success. But by 1907 the costs of the schools and their nearly negligible results made many doubt their efficacy. To close the industrial schools outright would have caused friction with the churches and a public outcry. Perhaps, by making Bryce's report public, the department hoped to close the inefficient and expensive industrial school system with the public's blessing.

Instead of making recommendations that would make the medical department more efficient and economical, as Bryce was employed to do, he recommended increasing the payroll and the financial obligations for medical care. Had Bryce's recommendations been implemented, however, the health of students would surely have improved.

As the public furor over the Bryce report was beginning to die down Dr. Lafferty of Calgary reported that 80% of the students in the five Alberta schools he inspected were afflicted with pulmonary tuberculosis, while some had scrofula and tuberculosis of the bones as well.⁵⁷ At Old Sun's school on the Blackfoot reserve 34 of the 35 students

⁵⁷NA, RG 10, vol. 3957, file 140,754-1, Lafferty to McLean, December 1908.

were suffering from pulmonary tuberculosis. The Catholic-run Crowfoot school on the same reserve did not fare much better with 22 of 39 children so afflicted. At both the McDougall orphanage at the Stoney reserve, and the Sarcee boarding school on the Sarcee reserve, 100% of the children were reportedly ill with pulmonary tuberculosis, and at St. Joseph's industrial school at High River 46 of 70 students were sick.⁵⁸ Although this was the same ground that Bryce had gone over the previous year with his school inspection, Lafferty's report was considerably more alarming.

Lafferty observed that if the diseased children were discharged the schools would lose nearly all their pupils and it would be financially impossible for the churches to run the schools under the per capita grant system. The Native children, according to Lafferty, were more disposed to tuberculosis infection because they possessed little resistance to disease due to the change from the outdoor life to school. The only way to maintain the school system would be to accept only healthy children and to immediately discharge any infected student. That this had not been done in the past, Lafferty argued, was because the physicians examining the children were pressured by the principals to admit students. The physicians reasoned that there was so much tuberculosis in the schools already there was no point in excluding students. Lafferty urged the department to

⁵⁸Ibid.

hire "non-sectarian and impartial" physicians to examine the children. As was noted previously, Lafferty was at this time involved in a struggle with the Anglican missionaries at the Blackfoot reserve hospital over access to, and control over, admissions to the hospital which may have influenced his recommendations. Nevertheless, the implication in Lafferty's report was that it was indeed the schools, and not the reserves, that were the focus for the spread of tuberculosis and that the government should administer them.⁵⁹

In reaction to Lafferty's report Frank Pedley, the deputy superintendent, repeated his concerns about the viability of the schools. He suggested that the high disease rates in the schools, "rendered useless [the] large expenditures on Indian education".⁶⁰ He informed the superintendent that the department should either find healthy students or shut the schools down. As a first step Pedley amended the admission forms, "so as to exclude students with tuberculosis."⁶¹ The amended forms were only as good as the medical officers completing them, however, and there were consistent problems with the diligence and dedication of those officers. In the supplementary estimates for 1907-8, Pedley also asked for an increase in

⁵⁹Ibid.

⁶⁰Ibid., Pedley to Oliver, 19 April 1909.

⁶¹Ibid.

expenditure of \$20,000 specifically for tuberculosis control. By way of justification Pedley mentioned the "peculiar constitution" of the people, and the bad press that the Bryce report and the Edmonton and Western Canadian Board of Trade petitions had caused. There was an increase for "supplies for the destitute" and an increase in funds for day, boarding and industrial schools. Unfortunately \$14,466 was cut from the appropriations for implements and livestock for Native people.⁶² The next year, 1908-9, a new general appropriation appeared under the category "to prevent the spread of tuberculosis" for \$5,000, but only \$2,568.39 was spent. To put that in perspective, in the same year the department appropriated \$8,000 for printing and stationery.⁶³ Ever mindful of the furor that Bryce's 1907 report caused in the press, Pedley recognized the need for a policy that "may be seen as humane and enlightened."⁶⁴

The request for an increase in appropriations was consistent with the department's past policy regarding health care on reserves. According to Pedley the increase was necessary, "to grapple with tuberculosis amongst Indians, to lessen its dangerous features and to prevent as

⁶²CHC, Sessional Papers, vol. 15, no.27, 1909, p. 164.

⁶³Ibid. vol.17, no. 27, 1910, p. 131.

⁶⁴NA RG 10, vol. 3957, vol. 140,754-1, Pedley to Oliver, 19 April 1909.

far as possible its spread (emphasis added)."⁶⁵

Tuberculosis on the reserves was, in his words, a "menace to white populations."⁶⁶

The menace to the Native population, however, remained undisturbed while Lafferty and Bryce were ordered to undertake yet another school medical inspection in May 1909. The department's concentration on tuberculosis investigation and medical reports made action unnecessary in the meantime. Six months later Bryce and Lafferty had finished their inspection of 243 students in 7 residential and boarding schools in the Calgary district. The methods employed to ascertain tubercular infection tended to be highly subjective. In their investigation Lafferty and Bryce dismissed the accepted methods of tuberculosis diagnosis. The tuberculin test, where Koch's tuberculin was either instilled in the eye or rubbed on the skin, was rejected as too expensive.⁶⁷ The use of Roentgen rays and a fluorescent screen were seen as too time-consuming. And an examination of the sputum for presence of the bacilli was judged as both too expensive and too time-consuming. Instead they proceeded with clinical methods available to every medical officer to Indians, "which for years have

⁶⁵Ibid., Supplementary Estimates, 1907-08.

⁶⁶Ibid.

⁶⁷The Mantoux and Pirquet's (or von Pirquet's) test are the current methods for diagnosing tuberculosis sensitivity.

proved adequate for diagnosing most cases of tuberculosis."⁶⁸

Their diagnosis, then, relied on a number of factors: temperature, pulse, respiration, height and weight, the condition of the throat and nose, lungs and chest, general appearance, and the number of years in school.⁶⁹ The subjective nature of the tests made it necessary for Bryce and Lafferty to make their decisions and diagnoses on the basis of some perceived deviation from what was assumed to be "normal". Children who appeared weak, emaciated, with high pulse and respiration rates might have been explained by the admitted poor conditions at the school, accompanied by a heavy dose of fear. The prospect of a physical examination by at least one complete stranger, sometimes two, could account for elevated pulse and respiratory rates in the children. It is, however, impossible to make a better diagnosis at this distance, or to presume errors in the diagnoses by the trained physicians who examined the children.

Despite the joint nature of the examinations, Bryce alone wrote the report. Dr. Lafferty was

⁶⁸NA RG 10, vol. 3957, vol. 140,754-1, Bryce to Pedley, 5 November 1909; although physicians today would not diagnose tuberculosis without extensive testing, because of the long course of drug therapy necessary to treat it, physicians in the early twentieth century would have prided themselves on their ability to diagnose tuberculosis after a cursory examination.

⁶⁹Ibid.

uncharacteristically silent regarding any recommendations for improvement. As a long-time Indian Affairs employee Lafferty was perhaps more in tune with what the department expected from its medical officers. Lafferty would not commit himself to making suggestions until he was aware of the department's wishes. In a letter to Bryce, Lafferty wondered, did the department want to take over the schools to prevent and cure tuberculosis and dispense with religious training? or did the department want to equip and manage schools but allow religious training? or did the department want to maintain the status quo but allow inspections by the department medical officer?⁷⁰ According to D.C. Scott, accountant and newly-appointed superintendent of education, "Dr. Lafferty does not join with Dr. Bryce in these recommendations and finds himself at a loss to offer any suggestions unless he is aware of the views of the department."⁷¹ Bryce's recommendations were far in excess of what the department was willing to provide. Lafferty wasted no time in distancing himself from the recommendations.

In his report Bryce concluded that Native school children were primarily exposed to tuberculosis in their homes. Specifically, he concluded that all children who

⁷⁰Ibid., Lafferty to Bryce, Calgary, 22 January 1910.

⁷¹Ibid. D.C. Scott, accountant memo, "Notes on Dr. Bryce's Report with Suggestions for Further Action.", 7 March 1910.

were awaiting admission to school showed signs of tuberculosis. He found that the death rate for the Native school children was 80 per 1000 population, while the average Canadian child death rate was only 4.3 per 1000.⁷² In this discrepancy he saw hope for what might be accomplished with early and adequate medical supervision under conditions of fresh-air treatment, rest, adequate food, and graduated exercise.

What he had in mind was a sanatorium. But lest his superiors balk at the idea of Native children basking in the sunshine, gorging themselves on cream and eggs, Bryce suggested that new methods of sanatorium treatment be introduced. Marcus Paterson of the Brompton sanatorium at Frimley, England had shown that absolute bed rest was not necessary. Instead, the "Frimley method" stressed graduated labour and the idea of "auto-inoculation". Patients were put to work once their temperature was normal because work caused an inoculation of the patients by their own bacteriological products. According to Paterson,

The aim of the physician is to keep the blood well garrisoned and well armed, swarming with its protective sentinels the anti-bodies so that all invading forces may be overcome at once....if we allow our patient to exert himself, we make him liberate a certain amount of tuberculin (the poison) or toxin, to overcome which the body immediately re-acts and produces anti-toxin, which at once neutralises or kills the tuberculous poison...Exercise or work, in graduated amounts is

⁷²Ibid., Bryce to Pedley, 5 November 1909, p.24.

therefore, in every sense of the term, scientific."⁷³

The "Frimley Method" was appealing to Bryce because Paterson had transformed sanatorium treatment from "rest homes" to new "scientific" heights. The "Frimley Method" rested upon complete obedience to the medical officer's orders. Paterson's complete control raised his medical status from resident medical officer to "scientist".⁷⁴

Bryce may have also seen the strict regulations and manual labour as highly instructive for the Native children who would be treated. Moreover, as Bryce pointed out in his report to his superiors, the Brompton Sanatorium was cost efficient. Through graduated exercise and labour, it had treated 50% more patients in 1908 than in 1907.⁷⁵

Historian Linda Bryder has likened this "pick-axe cure" in Britain with similar labour colonies for the unemployed.⁷⁶

In his recommendations for further action, Bryce suggested that certain schools be selected to incorporate the Frimley method. Each student would be considered an

⁷³quoted in Linda Bryder, Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain, (Oxford: Clarendon Press, 1988), p. 57.

⁷⁴Bryder, p. 60.

⁷⁵NA RG 10, vol 3957, vol. 140,754-1, Bryce to Pedley, 5 November, 1909, p. 25.

⁷⁶Bryder, p. 65.

"individual case of probable tuberculosis."⁷⁷ Bryce would have complete control and supervision without interference from church authorities. Inefficient or incapable staff would be replaced by Bryce as the chief medical officer. He would have control over the appointment and training of nurses and sanitary directors. Bryce also recommended that the school buildings be improved to allow open-air work rooms and dormitories. Expenditures would have to be increased to provide extra clothing, a special diet, and an improved water supply. Bryce's recommendations again called for increased government expenditure and a commitment to the health of Native people.

Bryce's report and recommendations were not well received. Even when Bryce and Lafferty were in the initial stages of their examinations, the Catholic church, with the largest number of students under its control, brought considerable pressure to bear upon the department to leave the school system fundamentally unchanged.⁷⁸ As for Bryce's recommendations, Scott stated, "while they may be scientific are quite inapplicable to the system under which these schools are conducted."⁷⁹ The department argued that even if it was prepared to take over the management of the

⁷⁷NA RG 10, vol. 3957, file 140,754-1, D.C.Scott, accountant memo "Notes on Dr. Bryce's Report with Suggestions for Further Action.", 7 March 1910.

⁷⁸Ibid.

⁷⁹Ibid.

schools, the churches would never relinquish their share of joint control.⁸⁰ It was quickly evident that the department was unwilling to implement the changes that Bryce had proposed.

Lafferty submitted his own recommendations once he understood the views of the department. As Lafferty explained to Pedley, his recommendations were premised first, on the understanding that the department would not alter the status quo, and second, that every child of school age was afflicted with tuberculosis. If those contentions were correct, Lafferty continued, then it was incumbent upon the department to make "reasonable effort, consistent with practicability and expense to improve the physical condition...[of the children]."⁸¹ Lafferty then noted that his recommendations were practical, and that they involved very little increased expenditure. When he got around to his recommendations he suggested that sleeping galleries be added to the schools, that ventilation be improved, that open-air classrooms be built, that lavatories be provided for the sick and where possible for the whole school, and that isolation cottages be built. In that way the schools could continue to accept all children but full-time medical inspectors should be appointed for each province, and all schools should be provided with milk, eggs, and adequate

⁸⁰Ibid.

⁸¹Ibid. Lafferty to Pedley, 22 June 1910.

clothing. Lafferty also recommended that the department appoint graduate nurses to every reserve to educate and improve health and therefore do away with "the necessity for much of the visiting which is now done by medical men and in nine cases out of ten are of very little service to the Indians."⁸² He closed by stating that, although he was in agreement with Bryce's recommendations, he was advised by the department that it was not in a position to carry out Bryce's suggestions in their entirety.

Lafferty's suggestion that the department appoint additional medical officers and nurses was rejected. Scott added that the appointments would be expensive and that nurses had the same effect on the Native people's health as hospitals - none.⁸³ Schools, he added, were educational institutions not hospitals and while the department was prepared to deal with tuberculosis in its early stages, "cases that develop rapidly and seriously are not to be allowed in residence."⁸⁴ The department did recognize the necessity to respond to the Bryce and Lafferty reports, but, as Scott stated, "it is only necessary to carry out some common sense reforms to remove the imputation that the Department is careless of the interests of the children."⁸⁵

⁸²Ibid.

⁸³Ibid., Scott to DSGIA, 28 March 1911.

⁸⁴Ibid.

⁸⁵Ibid.

In his annual report for 1910, Pedley noted that some progress had been made in lessening the effects of tuberculosis through improved living conditions and that the removal of children from their homes to industrial and boarding schools, "where the utmost care is taken of them, can not fail of some effect."⁶⁶

The department decided to implement five reforms: to continue the system of refusing children admission if they were reported to be tubercular; to build open-air dormitories; to establish a minimum diet that the schools would be obliged to provide; to increase the per capita grant to meet the increased expense; and finally the department decided to establish a contract to be entered into with each school outlining the regulations regarding sanitation, diet, calisthenics and breathing exercises. In Scott's estimation these simple measures alone would meet the needs of the children and without the "enormous friction" that would ensue from a reform of the medical and educational systems.⁶⁷

Years later Bryce accused Scott of deliberately suppressing his report and recommendations. Bryce stated that it was only because of the pressure exerted by Scott that his report and the medical condition of the Native

⁶⁶CHC Sessional Papers, vol. 19, no. 27, 1911, "Report of the Deputy Superintendent", p. xxii.

⁶⁷NA RG 10, vol. 3957, file 140,754-1, Scott to DSGIA, 28 March 1911.

school children was not raised at the annual meeting of the National Tuberculosis Association in 1910. According to Bryce, Dr. George Adami, pathologist at McGill University and president of the Tuberculosis Association, prevented the discussion of Bryce's report only because Scott had promised that the department would implement Bryce's recommendations."

But by this time it was apparent that the department would no longer support the inefficient and uneconomical industrial schools, preferring to direct their resources to the much cheaper boarding and day schools. The Rupert's Land school burned down in 1906 and there was no attempt to re-build it. The St. Boniface and Calgary schools were closed in 1907, the Regina school was closed in 1910, Battleford closed in 1914, and Red Deer, High River and Elkhorn were all closed by 1922.

The role of Native parents, however, in the ultimate demise of many industrial schools and the reform of others is often ignored by historians who have focused instead on the machinations of D.C Scott and his obsession with economy as superintendent of education." The ultimate problem

"P.H. Bryce, The Story of a National Crime: Being an Appeal for Justice to the Indians of Canada, (Ottawa: James Hope and Sons, Ltd., 1922), pp. 5-6.

"see especially Brian Titley, A Narrow Vision: Duncan Campbell Scott and the Administration of Indian Affairs in Canada, (Vancouver: University of British Columbia Press, 1986).

with the industrial schools was low enrollment. And enrollments remained low because parents refused to send their children to schools remote from the reserves, schools that exposed their children to disease. As Dr. Lafferty observed: "There is no doubt that many of the Indians know that tuberculosis prevails greatly in the schools and that it influences a great many of them to refuse sending their children to school and can we blame them."⁹⁰ Although the negative press and public opinion surrounding the Bryce report was received in the Native community, it would not have come as much of a surprise to parents who had children in the industrial schools.⁹¹ The impact on parents of receiving a deathly ill child from the schools would have been profound. The schools' heavy-handed methods in dealing with parents did not enamour them to the school system either. For instance, most schools discouraged or completely forbade visits by parents and, as agent Wilson of the Blood reserve remarked, "as a matter of practice parents are kept ignorant of the illness of their children until they are dead or sent home to die."⁹² As historian J.R. Miller has shown, parents used resistance to

⁹⁰NA, RG 10, vol. 3957, file 140,754-1, Lafferty to McLean, December 1908.

⁹¹Ibid. vol. 4037, file 317,021, Principal Birtle School to SGIA, 8 December 1907.

⁹²Ibid. vol. 1543, Agent Wilson to McLean, 23 December 1910.

shape the nature and form of their children's education.⁹³ Opposition from parents to the methods and structure of the schools was a significant factor in departmental policy-making. The impact of parent's concern for the welfare of their children cannot be discounted when analysing changes in the school system.

Just as the people influenced the fate of the schools, so too did they influence the form and effectiveness of medical and hospital care. As was noted earlier medical care was made available to reserve residents in order to contain disease. Hospital care, where it existed, was provided by missionaries and was intended for the mission school students as an extension of evangelical work. There was a hospital managed by Catholics at the Blood reserve, a hospital owned and managed by Anglicans at the Blackfoot reserve, a hospital managed by the Methodists at the Stoney reserve for a time, and after 1914 a hospital at the File Hills ex-pupil colony on the Peepeekeesis reserve. There were "tent hospitals" at various boarding schools, and at many reserves there were "dispensers", those authorised to dispense government-purchased medicine to the Native people. Reserve residents were treated either by a salaried department medical officer or a local doctor working on a fee-for-service basis but only after the agent had

⁹³J.R. Miller, "Owen Glendower, Hotspur, and Canadian Indian Policy", Ethnohistory, (vol. 37, no. 4, Fall 1990), p. 404.

authorised the visit.⁹⁴ The greatest problems in the medical service, according to department officials, were that the people did not patronize the hospitals or consult the doctor enough, at least not until they were moribund, and conversely, that they visited the dispensary far too much, and then for trivialities.⁹⁵ That behaviour was seemingly incomprehensible to department officials who were socialized to accept both the doctor and his treatments.

On the Blood reserve there was a cottage hospital and dispensary managed by the Roman Catholic church and staffed by Sisters of Charity, and another dispensary at the agency headquarters. The hospital was never well-patronized before 1914. As Bryce pointed out in his 1908 annual report, "...relatively little use is made even of the hospitals now in commission as compared with the amount of sickness..."⁹⁶

The hospital dispensary, however, was very well-patronized. It was visited by an average of more than 3,000

⁹⁴Under commissioner Reed agents were required to get authorization from the commissioner's office before a doctor could be called to attend to patients. Three seriously ill people at Onion Lake were required to wait until inspector McGibbon advised the agent to wire the commissioner to order the doctor, CHC, Sessional Papers, vol. 9, no. 14, 1895.

⁹⁵NA RG 10, vol. 1540, Blood Reserve Medical Reports, Hyde to McLean, 18 July 1911; CHC Sessional Papers, vol. 21, no. 27, 1913, "Agency Reports - Dr. Wheeler, Birtle Hospital and Boarding School", "The Indians have a feeling against the hospital and it takes considerable persuasion to prevail on them to come, and if they do consent, it is generally only when there is very little hope for their recovery.", p. 81.

⁹⁶CHC, Sessional Papers, vol. 14, no. 27, 1908, p. 267.

people annually from 1911-1914.⁹⁷ The dispensary was perceived by the people as a valuable and beneficial medical service. Likewise, the dispensary at the agency headquarters was well-attended. Although Dr. Edwards only reported on about 30 or 40 visits per month, there were possibly ten times that many visits. As Edwards noted in his report for February 1908, "The dispensary cases during the month have been numerous."⁹⁸ The popularity of the dispensary does not necessarily indicate an abandonment of traditional treatments and rites by Native doctors. It seems possible that the ointments, oils, liniments, and syrups that were dispensed were then taken away to be used as the people, or their doctors, saw fit. That may suggest that Native people accepted the efficacy of non-Native medicines, but preferred their own doctors and therapeutics.

That they preferred their own healers and rites made them backward and "savage" in the official's view. That they accepted the doctor's drugs, but not the doctor, made them shrewd and scheming. As Bryce explained, the people only demanded attention for minor ailments, "real or imaginary", because the medicine was free. There was a need to teach the people, "that medicine is much more effective

⁹⁷NA, RG 10 vol. 1540, Blood Reserve, Monthly Hospital Returns, 1911-1914.

⁹⁸Ibid., Blood Reserve, Monthly Medical Reports, 4 February 1908.

when paid for."⁹⁹ Jane Megarry who nursed at the Blackfoot hospital described it as a "realy[sic] lonely place." However, a large number of people presented themselves at the dispensary for medications to treat tuberculosis sores, rheumatic pains, and "eye trouble". But they did not care for the hospital, "as they had very little faith in the white doctor or his medicine."¹⁰⁰ The "old time Indians", Megarry recalled, relied on medicine men who made their own medicines from herbs and roots. When a family member was brought to the hospital the whole family including the children went along and would not leave their loved one alone at the hospital. Megarry fed the family members and in return she "got odd jobs out of them" which helped with the upkeep of the hospital.¹⁰¹ There were consistent problems in attempting to treat the ill in hospital. Bryce lamented that there was the "greatest difficulty" in keeping patients in the Stoney reserve hospital. He suggested that agents should have the authority to force hospitalization.¹⁰² The tendency towards compulsion and coercion was familiar department policy, but it continued to collide with the peoples' cultural or social imperatives.

⁹⁹CHC, Sessional Papers, vol. 12, no. 27, 1907, p. 281.

¹⁰⁰GAI, M4096, Jane Megarry, nurse, "Blackfoot Hospital, Queen Victoria Jubilee Hospital", n.d.

¹⁰¹Ibid.

¹⁰²CHC Sessional Papers, vol. 17, no. 27, 1910, "Report of the Chief Medical Officer", pp. 272-3.

As nurse Megarry recalled, when a patient died at the hospital the other patients were taken away by their families for fear of ghosts.¹⁰³

An analysis of the monthly medical reports of the Blood hospital and dispensary can be used to provide a cogent record not so much of the types of illnesses the Blood people suffered from, but rather the types of illnesses that they perceived could be treated by non-Native medicine.¹⁰⁴ In every year from 1905 to 1910 the greatest percentage of people treated (22.5%) at the agency dispensary were suffering from digestive tract problems. Many of those were infants and children suffering from diarrheal diseases due to improper feeding, contaminated water, and poorly-ventilated and overcrowded housing. Diarrheal diseases no doubt contributed to the consistently high infant death rates in Native communities. At the Battleford agency from 1910 to 1917 the average yearly infant mortality rate was 279 per 1000 live births.¹⁰⁵ By way of comparison, the infant mortality rate in Montreal in 1921 in the well-to-do suburbs was 60, and in the working class districts it was

¹⁰³GAI, M4096, Jane Megarry, nurse, "Blackfoot Hospital, Queen Victoria Jubilee Hospital", n.d.

¹⁰⁴NA RG 10, vols. 1540, 1541, 1542, Blood Reserve, Medical Officer's Monthly Reports; the monthly reports are extant from 1905 to 1910. The records become sporadic in 1911 and 1912, more complete in 1914, and then nothing until 1923.

¹⁰⁵GAI, M1781, Box 1, file 4, Box 2, file 6, Battleford Agency, Monthly Reports, 1908-1919.

close to 200.¹⁰⁶ Contemporary research concluded that the death rate among children was high in inverse relation to the social status of the people.¹⁰⁷ As well as diarrheal diseases, every year there were significant numbers of people suffering from taenia, or tapeworms in the government-issued beef, constipation, and from what was simply diagnosed as "indigestion". In comparison to Native people in the rest of the country, the people on the Blood reserve suffered marginally more from diseases of the digestive tract, in part due to their continued dependence on government rations.¹⁰⁸

The second most common reason for a dispensary visit was for ear, eye, and throat complaints, which comprised 19.3% of all visits. Most were diagnosed as suffering from "ophthalmia" which is a broad term referring to any inflammation of the eye. The two most important causes were

¹⁰⁶Alvin Finkel, Margaret Conrad, Veronica Strong-Boag, History of the Canadian Peoples, vol. 2, (Toronto: Copp Clark Pitman, Ltd., 1993), p. 226; in 1943 in Saskatchewan the infant mortality rate was 52 per 1000 births; in Canada in 1990 it was 7.9 per 1000 births, p. 513.

¹⁰⁷Edward Stockwell, "Infant Mortality" in Kiple, ed., The Cambridge World History of Human Disease, p. 225.

¹⁰⁸NA RG 10, vol. 1540, Blood Medical Reports, Edwards, 5 June 1906; Edwards remarked that indigestion was caused by the "inferior quality of the flour at present issued to the Indians." Dr. Bryce's annual reports as chief medical officer for the five years, 1905 to 1909, recorded an average of 17.2% of all diseases were digestive tract diseases, CHC, Sessional Papers, 1906-1910, Annual Reports, Chief Medical Officer.

conjunctivitis and trachoma.¹⁰⁹ Trachoma afflicts the impoverished who live in crowded conditions, particularly in dry, dusty climates where wind and smoke further irritate the eyes. Trachoma has disappeared in the twentieth century in those places with the highest standards of living, non-Native Canada, Scandinavia, Northern Europe, and Switzerland. But on the Blood reserve in the early twentieth century conditions were ripe for its spread: overcrowded and poorly ventilated houses, the presence of raw sewage or garbage, and the ubiquitous flies, "As the insects swarm on the faces of infants and children, they feed on the infected eye discharges of those with trachoma and carry it to the eyes of other victims."¹¹⁰ Bryce recorded only an average of 4.9% of visits due to diseases of the eyes, which may indicate that conditions on the Blood reserve were worse than for the Canadian Native population at large.¹¹¹

¹⁰⁹Trachoma is a contagious bacterial infection caused by Chlamydia trachomatis, and is characterized by the formation of inflammatory granulations on the inner eyelid, severe scarring of the eye, and often blindness. Conjunctivitis may appear with, and complicate trachoma so that blindness rather than healing occurs. Conjunctivitis is a common eye infection caused by a variety of microorganisms. In mild cases there is a feeling of roughness or sand in the eyes, but in serious cases there is pain and photophobia, Mary Karasch, "Ophthalmia", in The Cambridge World History of Human Disease, pp. 898-899.

¹¹⁰Ibid. p. 898.

¹¹¹CHC, Sessional Papers, Annual Reports, Chief Medical Officer, 1906-1909.

There were always a number of ear and throat infections included in the Blood reserve reports. People frequently visited the dispensary for what was diagnosed as otitis (infection of the ear) and otorrhea (discharge from the ear). The severity of the infections were related to climate extremes, poverty and overcrowding, and poor sanitation.¹¹²

The third most common reason for visiting the Blood reserve dispensary was for conditions of the respiratory system (excluding tuberculosis) which accounted for, on average over the six years, 14.5% of all visits. Most respiratory complaints were diagnosed as either "cough", "cold", grippe, catarrh, or bronchitis, but rarely pneumonia or pleurisy. The Blood people visited the dispensary for treatment of respiratory diseases marginally more than Native people in the rest of the country, where the average yearly rate was only 11.7%.¹¹³ Dr. Edwards treated most respiratory complaints with a mixture of expectorant and demulcent herbs and aromatics.

A considerable number of people visited the dispensary for treatment of streptococcal diseases. These visits were diagnosed under a variety of illnesses such as pharyngitis, scarlet fever, impetigo, erysipelas and cellulitis,

¹¹²John Kemink, et al, "Mastoiditis", in Cambridge World History of Human Disease, p. 866.

¹¹³CHC, Sessional Papers, Annual Reports, Chief Medical Officer, 1906-1909.

puerperal sepsis, and meningitis. Streptococcal illness can be very common and many are life-threatening. They are usually spread through droplet infection, bacterial contamination of food, or by soiled hands touching open wounds. Overcrowding again exacerbates conditions favourable to the bacteria's growth. Another rather ill-defined illness that was likely a symptom rather than a disease, "debility", was diagnosed in 3.1% of the people who visited the Blood agency dispensary. However, debility did not show up in Bryce's annual reports except as congenital debility in newborns. At the Moosomin reserve in the Battleford agency in 1913-14 the dispenser, A.E. Rotsey, reported that, on average over 15 months, 12.5% of the people he treated suffered from debility. Indeed debility was one of the most common diagnoses at the Moosomin reserve, second only to respiratory diseases in winter, and digestive diseases in summer.¹¹⁴ As many adults as children at the Blood reserve dispensary were diagnosed with debility, (or asthenia) or a general weakness or loss of strength, which may have been a symptom of tuberculosis. Edwards treated debility with morrhuol oil, or an aromatic derived from cod liver oil. Cod liver oil, the dispensary's most often prescribed medicine, is rich in vitamins A and D and would have been welcomed by a people who were apparently

¹¹⁴GAI, M1781, Box 1, file 4, Battleford Agency, Medical Reports, 1909-1914, Moosomin Reserve, Reports of dispenser A.E Rotsey, January 1913 - March 1914.

chronically under-nourished. The illnesses that prompted a dispensary visit stemmed directly or indirectly from their impoverished living conditions.

The monthly reports, however, are nearly silent on the so-called "greatest foe" of the Native people, tuberculosis. From 1905-10 only an average of 3.2% of all visits to the dispensary were by people suffering from tuberculosis and scrofula, only slightly more than visits for debility. But Dr. Bryce reported that 15.6% of all doctor's visits in the national Native population were for tuberculosis.¹¹⁵ There are a number of explanations for the apparent anomaly. Perhaps the Blood people did not suffer as greatly as others from tuberculosis as Bryce's annual reports would indicate. But considering the widespread poverty on the Blood reserve, and the number of illnesses of poverty that the Blood people suffered from, that explanation seems unlikely. In his report for 1906-7, Bryce noted that the Blood reserve, with a population of 1,168, had 53 births and 65 deaths for a death rate of 74.1 deaths per 1000 population.¹¹⁶ Bryce went on to note that one-half of the reported deaths can be

¹¹⁵CHC, Sessional Papers, Annual Reports, Chief Medical Officer, 1906-1910.

¹¹⁶Ibid., vol. 14, no. 27, p. 268; given the 65 deaths Bryce reported, in a population of 1,168, the death rate should have been 55.6 per 1000. But Bryce reported the births and deaths for a nine-month period and then extrapolated the death rate for a 12-month period, thereby arriving at the death rate of 74.1 per 1000.

assumed to have been caused by tuberculosis.¹¹⁷ At the Battleford agency, for the eight years from 1910 to 1917, the average yearly percentage of deaths from tuberculosis was 27.2% of all deaths recorded.¹¹⁸ But Edwards reported that on the Blood reserve in 1906, of the 457 people he saw in the dispensary, only 21 or 4.6% were suffering from tuberculosis. Again, in 1907 only 1.7% of the 410 people Edwards treated were tubercular.¹¹⁹ But Edwards reckoned that 90% of all deaths on the reserve were caused by some form of tuberculosis.¹²⁰ If the incidence of tuberculosis was as high as commentators assumed, it is clear that the Blood people were being treated by someone other than Edwards.¹²¹

The people may also have preferred their own treatments for tuberculosis. For example, an infusion of pine needles, (Abies - asiocarpa), was given to people who were coughing blood. The patient also would fumigate himself with a smudge

¹¹⁷Ibid., p. 276.

¹¹⁸GAI, M1781, Box 2, file 6, Battleford Agency, Agent's Monthly Reports, 1908-1919.

¹¹⁹NA, RG 10, vol. 1540, Blood Reserve, Monthly Medical Reports, 1906, 1907.

¹²⁰Ibid., 3 July 1907.

¹²¹The people may have also preferred to see another Euro-Canadian doctor. Dr. Mewburn at Lethbridge treated a number of people from the Blood reserve who could afford his services. Edwards also referred people to the Lethbridge hospital for surgery because they refused to go to the reserve hospital, Ibid. vol. 1542, Agent Hyde to McLean, 15 November 1912.

made of the burning needles.¹²² The root of the astragalus canadensis, or aster, was chewed by anyone who was spitting blood; the steam was inhaled when the root was boiled.¹²³ The experience of the woman, Last Calf, who suffered from tuberculosis, is a good example of the use of "personal medicine" which was often expanded to include therapeutic practice. Last Calf and her husband were camped near a beaver lodge when she noticed tracks and left food for the beaver. It returned the favour by appearing in a vision: he gave her a cure for tuberculosis. She was to boil the pitch of the lodgepole pine in water and drink the infusion while singing a special song. After drinking the infusion, over the protests of her husband, she felt she was going to die and vomited profusely, but by the next morning her chest was clear. The infusion was then widely used to treat tubercular cough.¹²⁴ Botanist John Hellson documented the knowledge of elderly informants who identified at least 38 different plants and mixtures used in the treatment of respiratory illnesses.

Edwards had often complained that the people would not come to see him when they were ill, and when they did come it was often because they had exhausted the resources of

¹²²John Hellson, Ethnobotany of the Blackfoot Indians, p. 70.

¹²³Ibid., p. 71.

¹²⁴Ibid., p. 73.

their own doctors and they had nothing left to lose. For their part, the Blood people complained that Edwards did not take sufficient interest in them. But as Edwards explained in 1907, he refused to give cough medicine and tonics if he suspected that they were used as stimulants.²²⁵ In April 1911 agent Wilson reported to his superiors that in January and February there had been 15 deaths on the reserve, nine adults and six children. Edwards had not treated any of them.²²⁶ The people complained to the agent that when they called on Edwards he was so rough and in such a bad temper that they regretted having sent for him and "resolved not to do it again." Meanwhile, according to agent Wilson, "the Bloods, for the most part get sick, grow worse and die entirely without medical aid."²²⁷ Native doctors continued to practice, however, despite Wilson's claims.

It is clear that the monthly reports do not indicate the scope and extent of illness on the Blood reserve. The dispensary was widely patronized because it may have offered substitute treatments for commonplace ailments that, in former times, would have been found in nature. The dispensary records seem to show that it provided an alternative source for medicines that were then used in

²²⁵NA, RG 10, vol. 1540, Blood Reserve, Monthly Medical Reports, 3 July 1907.

²²⁶Ibid., Wilson to McLean, 3 April 1911.

²²⁷Ibid.

culturally specific ways.

Likewise, monthly reports from the Catholic-run Blood hospital must be viewed in the light of the people's needs and the raison d'etre of the hospital itself. It was funded by the government but managed by the Catholic church primarily to treat children attending the Catholic school and their families. From 1905 to 1910 there were on average only three patients admitted each month, with the most patients being treated in February, March and April when the schools were the most unhealthy. In summer it often sat empty.¹²⁸ After 1911 hospital admissions increased steadily. An increase in the number of patients treated at the hospital cannot necessarily be read as an increase in sickness on the reserve. Instead, chronic tuberculosis sufferers tended to "silt up" in the records as they spent year after year in the hospital. Joseph Spike, for example, was admitted in August 1911 at age 20 suffering from what was initially diagnosed as hemoptysis (coughing up blood from the respiratory tract). In July 1913 the diagnosis was changed to phthisis, and in December 1914 he died. From 1911 to 1914, on average 33% of patients treated in the hospital were children and young adults suffering from tuberculosis.¹²⁹ There were also always a number of elderly people who, like Joseph Spike, had no home and spent

¹²⁸ Ibid.

¹²⁹ Ibid.

months in the hospital before they died. The hospital was often the last resort for the poor (relatively) and the unwanted.

The hospital had always refused to allow mothers to stay with their sick children, or children to stay with their sick mothers. And the people preferred not to leave their loved ones alone with strangers. By 1912 it occurred to officials and the Catholic bishop of Alberta that the best way to create a relationship between the hospital (or doctor) and the people was to accept maternity cases in the hospital, something every physician in search of a practice knew. There were a number of problems, however. There was no room for a maternity ward, the Sisters of Charity were prevented by their vows from accepting maternity cases, and most importantly, the Native doctors had all but cornered the practice. Agent Hyde explained to secretary McLean,

Maternity cases have been almost entirely attended to by the native Indian doctors who I must say have been remarkably successful in that class of patient, and in that way have proved quite a thorn in Dr. Edwards' side although everything is done to discourage the so-called Indian doctor in his work, which is pretty hard to do seeing we have no proper place to offer them to come to, but when such cases begin to come to the hospital they will have to be exceptionally successful to overcome this handicap and become popular with the Indians.¹³⁰

Bishop Legal helped to clear the way by agreeing to accept all cases of illness including "lying in" patients. A

¹³⁰NA, RG 10, vol. 1542, Hyde to McLean, 25 February 1913.

qualified nurse from Calgary was to be hired to attend them.¹³¹ The maternity ward opened in 1916 but few women patronized it. Despite the more obvious problems at the hospital, its fundamental flaw was its refusal to accede to the wishes of the constituency it hoped to serve. The hospital had little to offer the Blood people despite its attempts to create a more acceptable atmosphere for its prospective clients. The hospital remained irrelevant until after the war when two changes in particular contributed to its usefulness. First, the quality of the medical attendants sent to the reserve deteriorated during the war, and second, the hospital began to offer medical care that recognized the cultural or social needs of its clients.

The diligence and quality of medical attendants declined during the war years because of a shortage of doctors in Canada and at the same time the hospital experienced a continued rise in admissions. Dr. Oliver Cromwell Edwards served the Blood reserve from 1901 until his death in 1915. Two different medical officers served for a short while but both resigned to enlist in the Canadian Expeditionary Force. Dr. Tupper then served for less than a year when he was forced to resign because, while intoxicated, he drove department horses "furiously" through McLeod and loudly offered prescriptions for whiskey to

¹³¹Ibid., vol. 1540, Legal to McLean, 9 January 1913.

passersby.¹³² Tupper was replaced by N.D. Steele of Cochrane. Steele was also forced to resign under a cloud of suspicion that he was not a qualified physician, that he had sold department rations and implements, and that he had signed whole books of prescriptions for alcohol and left them with the druggist, who unfortunately sold one to an undercover police officer. The people complained that he did not attend them when he was needed.¹³³ That the people were reluctant to place their lives in the hands of some of these medical officers seems eminently wise.

Moreover, throughout these years the medical officers increasingly refused to attend the people in their homes, but insisted instead that they present themselves at the hospital for treatment. Agent Dilworth advised Tupper to refuse to attend to the people in their own homes with Native doctors present. The Native doctors, according to Dilworth, were still a powerful influence. Tupper was told that in the past the people had been given medicine such as

¹³²NA, RG 10, vol. 1541, Dilworth to Tupper, 1 March 1917. During prohibition in Canada alcohol could only be purchased for medicinal reasons with a prescription from a doctor. Another resident salaried physician, Dr. Macadam, serving the Battleford agency, delivered unsatisfactory medical service according to agent Day, because of his "constant tippling", GAI, Box 1, file 4, Battleford Agency, Medical Reports, Agent Day to J.D. McLean, 18 October 1910. Three years later the dispenser at the Moosomin reserve complained that Macadam arrived at the reserve drunk and unfit to diagnose disease. Ibid., Rotsey to Agent, 31 March 1913.

¹³³NA, RG 10, vol. 1541, agent Faunt to commissioner Graham, 20 October 1920.

castor oil simply because they wanted it, and that they had used medicinal vaseline to paint their faces "...with fantastic designs. These evils should be eradicated."¹³⁴ Tupper then sent an open message to the Blood people criticizing the Native doctors, and belittling the people for their faith in the doctors: "The tom-toms have no power to cure. The evil spirits do not cause your sickness; danger is within not without."¹³⁵ He went on to threaten them that the death of a child under a Native doctor's care was manslaughter and the parents would be held responsible. Agent Dilworth worked up a pamphlet, "Things Every Blood Indian Should Know", wherein he stated that gonorrhoea leads to consumption and scrofula and that the white men can be trusted because they have studied the problem for 2,000 years.¹³⁶ Dilworth also suggested that the Indian Act should include a provision to compel medical treatment and that refusal to submit to a doctor's examination would be met with fine or imprisonment.¹³⁷ He recommended that the department should demand that all children be born with a Euro-Canadian doctor present. He did not make clear just how this was to be accomplished, but in his opinion the

¹³⁴Ibid., Dilworth to Tupper, September 1916.

¹³⁵Ibid., Tupper, "Message to the Blood People", 1916.

¹³⁶NA, RG 10, vol. 1541, "Things Every Blood Indian Should Know", n.d. [1916].

¹³⁷An Act to Amend the Indian Act, 4-5 George V, chapter 35, assented 12 June 1914.

"Indian mid-wife" was the root of the problem. Dilworth also claimed that the clothes that were given away at the people's dances caused the spread of disease and the practice should be stopped. If his recommendations were not followed, he warned, "the time will come when these Indians will not only be a menace to their own health but to the public at large."¹³⁸ Dilworth's strong-arm tactics and Doctor Tupper's public displays of drunkenness that forced his resignation in early 1917 were hardly successful in instilling in the people a spirit of trust and confidence in Euro-Canadian medicine.

In the meantime hospital admissions increased, most notably among women. In April 1919 Steele reported that there was a steady increase in the number of confinement cases treated and many more were refused admission because there was no room. In June he reported that thirteen babies had been born in the hospital in the last six months.¹³⁹ The increased use of the hospital may indicate a greater acceptance of the Euro-Canadian doctors and their therapeutics. But it is also necessary to analyse who presented themselves at the hospital for treatment.

Children made up the majority of the hospital's admissions in the early years because it was an extension of

¹³⁸NA, RG 10, vol. 1541, Dilworth to D.C. Scott, 3 May 1916.

¹³⁹Ibid., Blood Reserve Monthly Medical Reports, April, June 1919.

the school. But, as we have seen, before 1916 the hospital was not widely used: 160 people were treated in 1913, and 141 were treated in 10 months of 1914. By 1923, however, admissions had increased nearly six-fold to 602.¹⁴⁰ The majority of those admitted (89.2%) were women and children. Perhaps it was because women and children were the most vulnerable in society, or because the hospital was staffed by women and they made it a safe and welcoming place for the Blood women. Moreover, government doctors did not visit the hospital unless the staff, the Sisters of Charity, called them.¹⁴¹

There was also a cultural component to the increased use of the hospital. As we have seen on both the Blackfoot and Blood reserves, there was a reluctance to leave a loved one alone in hospital. Significantly, many of the people who began to frequent the hospital were not sick. In 1923 nearly 30% of the admissions were women and children who were not sick, but were admitted in the company of a sick family member.¹⁴² Women who were ill brought their young children along to be cared for while the women received medical care. Likewise, women accompanied their young children when the children required care, and often brought

¹⁴⁰Ibid., vol. 1542, Blood Reserve, Monthly Hospital Reports.

¹⁴¹Ibid., Kennedy to Graham, 7 April 1923.

¹⁴²Ibid. vol. 1544, Blood Reserve, Monthly Hospital Reports, 1923.

healthy siblings along as well. For example, in October 1923 there were 14 women, 36 children, and 2 men admitted to hospital. Nine women, or 64%, were not ill but accompanied their sick children; and 13 children, or 36%, were not ill but accompanied either their sick mothers or siblings. Therefore, 42% of the admissions that month were of healthy people. If the 3 women who were admitted in parturition, who were not suffering from any disease, are included the percentage of admissions of healthy people rises to 48%.¹⁴³

The care that both women and children received would have been enhanced by the emotional and physical support of family members. Puerperal women had the opportunity to rest and recover before undertaking the care of her infant and the other children, and children had their mothers present to interpret and mediate between the staff and the child, and to help with their child's care. The arrangement whereby mothers and children accompanied each other to hospital was certainly demanded by mothers and obviously accepted by the staff. The doctors were less supportive, however. Dr. Steele reckoned that the practice actually contributed to infant mortality, "...[through] the custom of mothers coming into the over-crowded ward with their children....These mothers in spite of the watchfulness of the nurses persist in breastfeeding and stuffing their babies with all kinds of objectionable dainties, where both

¹⁴³Ibid.

practices are strictly forbidden."¹⁴⁴ Dr. Kennedy hoped to make the institution into a "true hospital...not a comfortable place to stay, as some of the Indians seem to consider it now."¹⁴⁵ The Blood women were intent on making the hospital into a place for women and children, despite the doctor's objections.

The increase in admissions also reflects the long-term socializing influence of the school and hospital among the ex-pupils and their gradual acceptance of Euro-Canadian notions of health care. But that acceptance was not complete. In 1920 Dr. Steele had complained that there were still more than 100 Indian doctors plying their trade, going from house to house, "with drums, horns, and weird incantations" attempting to instill fear of the hospital by claiming that it was infested with ghosts.¹⁴⁶ Competition from Native doctors was not restricted to the Blood reserve. In 1915 Mrs. English, the field matron at the Little Pine reserve near Battleford, complained that the "medicine men" interfered with her work and "tend to destroy, or at least stultify, the arrangements made for the physical and moral

¹⁴⁴Ibid., vol. 1541, Blood Reserve, Monthly Medical Reports, 5 April, 1920.

¹⁴⁵Ibid., vol. 1542, Kennedy to Graham, 7 April 1923.

¹⁴⁶Ibid., vol.1540, Blood Reserve, Monthly Medical Reports, 5 April 1920.

welfare of the Indians."¹⁴⁷ Agent Dilworth lamented, that despite the fact that ceremonial dancing was "harmful to health and industry...I do not think it is either desirable or good policy to totally prohibit Indians from dancing".¹⁴⁸ He noted that dancing gave the people pleasure, and besides, it was impossible to stop. Historian Pettipas states that in the two decades after the First World War traditional healing methods, the Sun Dance in particular, "continued to provide relief on a physical, emotional, and spiritual level for 'traditionalists' and Christian Indians alike."¹⁴⁹

By 1923 Kennedy complained, as so many had before him, that the people lacked confidence in him because he could not speak their language.¹⁵⁰ He suggested that an interpreter, a young boy, be hired with a truck so that he might go out among the people, treat their minor complaints, and bring the serious ones to hospital.¹⁵¹ Kennedy had a low estimation of his own effectiveness if he reasoned that a young boy with a truck could succeed

¹⁴⁷Ibid. vol. 10,243, file 1/1-16-3, agent Rowland to Scott, 15 December 1915.

¹⁴⁸NA RG 10, vol. 1547, Blood Reserve Reports, Dilworth to McLean, 2 July 1914.

¹⁴⁹Pettipas, Severing the Ties That Bind, p. 173.

¹⁵⁰NA RG 10, vol. 1542, Blood Reserve, Annual Medical Report, Kennedy, 7 April 1923.

¹⁵¹Ibid.

where he had not. Nevertheless, the dispensary, and later the hospital, did apparently meet some of the people's medical needs and were well-patronized. The government resident physician met few of the people's needs, but continued to be employed throughout the period.

In 1923 in response to the continued high rate of tuberculosis a twelve-bed tuberculosis ward was opened with four patients. The ward was actually a farm cottage that had been moved to the hospital site, put on a new foundation and remodelled. The cottage was to be used as a sanatorium, primarily to treat early symptoms of tuberculosis among the school children.¹⁵² There were problems, however. Sister Mary Superior at the hospital complained that they did not have enough hens to provide three eggs each day to each tuberculosis patient, and they did not receive enough butter to provide the patients with the high protein, high fat diet that the doctor ordered. They had no bathtubs, they were in dire need of running water, and the open cesspool behind the hospital was very unhealthy.¹⁵³ But when Commissioner Graham visited the hospital the following month he enthusiastically declared that it would be a credit to any small town in the west, "I cannot speak too highly of

¹⁵²Ibid., Blood Reserve, Annual Medical Report, Dr. Kennedy to Commissioner, 7 April 1923.

¹⁵³Ibid., Sister Mary Superior to agent Faunt, 15 May 1923.

it."¹⁵⁴

The building inspector's report less than a year later was not quite so enthusiastic. He found that the plumbing was ineffective and twenty years out of date. The odour from the open cesspool, within a few steps of the maternity ward, was "...almost overpowering and the pungent fumes pollute the atmosphere within a very considerable distance, and when the wind is in a certain quarter, the nauseating smells are wafted through open windows or doors right into the room." He warned that it would soon cause an epidemic through contamination of the well just 70 feet away. Neither the men's nor women's wards had flush toilets, and the maternity ward did not have running water. He concluded, "If this building were brought under the jurisdiction of a sanitary inspector he would order it to be closed down at once, and prosecutions would probably follow." To bring the building up to standards that would satisfy city by-laws would cost about \$2,400.¹⁵⁵ Agent Faunt learned from his superiors that it was not possible to spend the \$2,400 to improve the hospital because it would likely be abandoned in a few years because the whole area where it presently stood was putrid from so many cesspools having been dug and filled over the years. Nevertheless Faunt was authorized to spend \$400 to have another cesspool

¹⁵⁴Ibid., Graham to Scott, 6 June 1923.

¹⁵⁵Ibid., E. Smith to Faunt, May 1924.

dug.¹⁵⁶ Dr. Kennedy agreed that something needed to be done before an epidemic of typhoid broke out. He suggested that in the meantime barrels of chloride of lime be used to "at least keep down the flies and the smell...."¹⁵⁷ With such atrocious facilities it was becoming more and more difficult for the department to argue that the people should abandon their medical systems in favour of the superiority of Euro-Canadian medical care.

In 1914 the department established and maintained a cottage hospital at the File Hills ex-pupil colony on the Peepeekisis reserve, despite its consistent contention that it was not responsible for medical care for Native people. The colony was, according to Carter, a "carefully contrived showpiece" of the department's treatment of Native people.¹⁵⁸ The hospital was situated in the center of the reserve, and was intended to demonstrate that the residential school graduates had forsaken their own doctors in favour of "modern medicine". However, the people at the colony tended to use the hospital much as the Blood people used their hospital: as a dispensary. In 1915, 85% of the patients were treated as outpatients, and on average from

¹⁵⁶Ibid., Faunt to Secretary, 23 May 1924.

¹⁵⁷Ibid., Kennedy to Faunt, 21 June 1924.

¹⁵⁸Sarah Carter, "Demonstrating Success: The File Hills Farm Colony", Prairie Forum (v.16, no. 3, 1991), p. 157.

1914-18 outpatients accounted for 70% of the people treated.¹⁵⁹ Nurse Emily MacMullen noted that the people used the hospital as a dispensary.¹⁶⁰ Therefore, as on the Blood reserve, the people may have used the medicines from the dispensary in their own treatments. Despite the appearance of conformity at the colony the people did not give up their culture or traditions, but continued to sponsor feasts and funerals and engage in dancing.¹⁶¹

The department wanted to establish the appearance of a hospital, without having to fund a hospital. The department had consistently refused to establish non-denominational hospitals because of the on-going and unpredictable costs involved. Not surprisingly, therefore, economy characterized the administration at the File Hills hospital. Nurses at the hospital had unpaid assistants, either their husbands or mothers.¹⁶² Dr. Knoke complained that he was discouraged from visiting critically ill patients at the hospital.¹⁶³ Graham all but admitted that the hospital was

¹⁵⁹NA, RG 10, vol. 1394, File Hills, Qu'Appelle Agency, Monthly Reports, Medical Employees, 1911-1922.

¹⁶⁰Ibid., Emily MacMullen to J.D. McLean, 26 April 1915.

¹⁶¹Eleanor Brass, I Walk in Two Worlds, (Calgary: Glenbow Museum, 1987), p. 13; NA RG 10, vol. 1394, Graham to Secretary, 21 June 1914.

¹⁶²Ibid., Dryer to Graham, 26 September 1919; Deacon to Graham, 31 December 1920; McLean to Deacon, 28 June 1921; Paget to Deacon, 29 November 1921.

¹⁶³Ibid., Knoke to Graham, 15 April 1915.

intended for the sake of appearances. Knoke, he said, had a "wrong idea of his duties and that the fees are what he is after and if it were left to him to decide how often he should come we would be called upon to pay far more for our medical attention for Indians that it would cost to send them to town hospitals, where we could naturally get better results."¹⁶⁴ The File Hills cottage hospital, then, did not represent a departmental policy change regarding hospitals or responsibility for medical care. As late as 1934 the department secretary explained: "The department...is under no legal obligation to furnish medical attendance to Indians under any circumstance, [and] that the provisions it makes is entirely philanthropic[sic]..."¹⁶⁵

After D.C. Scott became deputy superintendent in 1913 Bryce did no more inspection work and his last published medical report was in 1914. Bryce had consistently advocated greater government control and management of medical care for Native people which, unfortunately for Bryce, usually ran counter to department policy. In his last published report as medical inspector Bryce could barely disguise his growing frustration and cynicism: "If one were to be content with the generally satisfactory terms of the reports of the Indian agents, he would have the

¹⁶⁴Ibid., Graham to McLean, 26 April 1915.

¹⁶⁵NA, RG 10, vol. 1015, Battleford Agency, Monthly Medical Reports, secretary to Dr. Cameron, 20 August 1934.

comfortable sensation of seeing a large population...their wants ever receiving most paternal attention one by one passing away in a ripe old age...."¹⁶⁶

In late 1913 Dr. Orton Irwin Grain was appointed as the new medical inspector for the western provinces. He was in effect hired to control the costs of the medical branch, and at the same time to control the tuberculosis problem on reserves. Secretary J.D. McLean informed him that, "The department will be glad to receive from you any practical suggestions which you may consider will tend to ameliorate present conditions [regarding tuberculosis]." (emphasis added)¹⁶⁷ It was not long before Grain, like Bryce before him, realized that any attempt to treat disease would have to begin with a restructuring of the medical care system.

He called for the department to control and manage the Blackfoot hospital as a non-denominational institution. He suggested that the people would be better served by an increased expenditure on the treatment and prevention of tuberculosis rather than department's almost exclusive emphasis on education. Tuberculosis, he urged, "dwarfs the question of education", and that the tuberculosis problem among Native people was "a menace to the white

¹⁶⁶CHC, Sessional Papers, vol. 23, no. 17, 1914, p. 296.

¹⁶⁷NA, RG 10, vol. 4077, file 454,016, McLean to Grain, 5 January 1914.

population."¹⁶⁸ Grain was also moved to advocate sanatorium care for Native people at the Qu'Appelle sanatorium in Saskatchewan. But the provincial health inspector, Dr. M.M. Seymour a former department medical officer, rejected the suggestion because there was "not enough room for white patients."¹⁶⁹ Grain then suggested that the department might build a sanatorium on the grounds especially for Native people. He soon found himself faced with the same conundrum as Bryce: the medical branch could not become effective until the department assumed responsibility for health care and provided medical services with the people's welfare in mind rather the welfare of the surrounding non-Native communities. Grain was relieved of his duties when the department abolished his position in 1918, "owing to the fact that the results anticipated, that is better control over the medical service among the Indians of the western provinces, was not realized and for reasons of economy."¹⁷⁰ In 1922 Grain's services as an on-call medical officer were also dispensed with, "owing to his intemperate habits."¹⁷¹ It seems that either intemperance

¹⁶⁸Ibid., Grain to Scott, 18 January 1914; Grain to Scott, memo, 24 March 1914.

¹⁶⁹NA, RG 10, vol. 4084, file 495,800, Grain to Scott, 5 August 1916.

¹⁷⁰NA, RG 10, vol. 4076, file 451,868, Grain personnel file, 12 February 1919.

¹⁷¹Ibid., McLean to SGIA, 16 May 1922.

was an occupational hazard for medical officers, or else it was a most effective charge levelled at certain medical employees who had outlasted their usefulness.

Both Bryce and Grain had run up against the department's refusal to be seen to be taking responsibility for medical care. They were employed to manage medical officers, not to manage health care. Their usefulness to the department ended when they advocated a greater departmental presence in actual medical care for the people.

The same notions of health care that informed the department in the early treaty period survived into the first decades of the twentieth century. The department's efforts to rid the schools of tuberculosis focused on investigating the problem without making any concerted effort to ameliorate it. Economy was the priority. J.D. McLean bluntly put it in 1917 in reference to tuberculosis, "the Department does not propose to incur large expenditure in affording hospital treatment in cases where there is but little hope of effecting a cure."¹⁷² Despite the clearer understanding of tuberculosis as an infectious disease, and the greater emphasis on treatment and prevention in the non-Native community in the twentieth century, little was done to control and treat tuberculosis in Native communities. Department policy wavered between compulsion and protection. Medical care was provided to Native people when disease

¹⁷²NA, RG 10, vol. 1394, McLean to Graham, 7 May 1917.

threatened either non-Native communities or when it threatened the department's larger purpose of "christianizing and civilizing" the people through the school system. The people approached the medical care that was offered with caution and they used government medical services in conjunction with cultural healing rites. But persistent poor health, poor living conditions, and premature death in the communities contributed to the persistence of indigenous ceremonies that held healing powers.¹⁷³ That the Native people of the western interior had moved from being perceived as a vanishing people, to being seen as a disease menace to themselves and others can be attributed to the medical policies that the department pursued. Once they were perceived as a disease menace, the move to greater isolation and irrelevance for Native people was complete.

¹⁷³Pettipas, Severing the Ties That Bind, p. 229.

Chapter Six

Dangerous Neighbours

The world outside the reserve had changed by the end of the "long century" in 1918. The 'Spanish' influenza epidemic and the destructive consequences of venereal disease forced the creation of the first national department of health, a department that did not include responsibility for the health of Native peoples.¹ Non-tuberculosis mortality and morbidity on reserves continued to decline because of the gradual dissemination and acceptance of basic sanitation advice and a slow improvement in living conditions. But reserve death rates continued to exceed non-Native death rates and the gap between the two widened as non-Native Canadians became increasingly healthy and prosperous. It was there, in that gap, where the perception grew that Native people were indeed biologically inferior. The department, at the urging of provincial tuberculosis leagues, sanctioned an experimental tuberculosis vaccination program for Native infants. Only after drug therapy for non-Native tuberculosis patients had emptied sanatoriums did hospital beds become widely available to Native people. The

¹On 1 September 1919 the Department of Health Act (S.C. 1919, chap.24) came into effect. The department of Indian Affairs was restructured under the department of Mines and Resources on 1 December 1936. Health services for Native people remained with Indian Health Services Division of Mines and Resources until 1945 when it was transferred to the department of National Health and Welfare.

fears of non-Native Canadians also pushed the department to provide hospital beds for Native tuberculosis patients. But so little had changed. The Alberta Indian Association in 1945 blamed their high tuberculosis rates on the poverty, overcrowded housing, and malnutrition on reserves.² Successive Canadian governments, like the biological determinists, continued to see disease as the cause, rather than the symptom of a much larger economic and political problem.

The 1918-1919 influenza epidemic offers a good example of the dangers involved in the biological determinists' concentration on the uniform devastation of disease. The social responses must be examined to determine the biological impact of disease. Disease impacted on different societies differently. At the end of the Great War an influenza pandemic swept the world and confounded the medical profession, scientists and governments. Influenza was a familiar and rarely fatal disease. But the 1918-19 "Spanish Flu" epidemic killed between 50 and 100 million people worldwide.³ Influenza alone rarely kills; instead

²NA, RG 10, file 407-3-6, part 2, Submission of the Alberta Indian Association to the Special Joint Committee of the Senate and House of Commons appointed to examine and consider the Indian Act, 1945, appendix "B", p. xx, (hereafter Joint Committee).

³K. David Patterson, Pandemic Influenza, 1700-1900: A Study in Historical Epidemiology (New Jersey: Row and Littlefield, 1986), p. 1. The widely cited estimate of mortality from the 1918 epidemic, 21 million, is too low because neither Africa nor China were taken into account.

opportunistic diseases such as pneumonia and bronchitis attack and kill the weakened influenza victim. A "typical" case of influenza-pneumonia during the epidemic began suddenly with extreme weakness, pain and chills. Coughing produced, "quantities of blood stained expectoration or nearly pure dark blood...the face and fingers cyanosed, active delirium came on...the tongue dry and brown, the whole surface of the body blue, the temperature rapidly fell and the patient died from failure of the respiratory system."⁴ There was, and is, no cure for influenza. The only treatment was complete bed rest, fluids, and nursing care. The most fortunate in society were able to take to their beds for two weeks to make a complete recovery. Working people and the poor were the hardest hit by the disease.⁵

Native people were particularly susceptible because of the poor and overcrowded living conditions on most reserves. Those closest to a subsistence level were the first victims of influenza because they could not take to their beds. When they could no longer work, they no longer ate. Whole families were stricken at the same time and they either

⁴E.A. Robertson, M.D., Cpt. CAMC, "Clinical Notes on the Influenza Epidemic Occurring in the Quebec Garrison" Canadian Medical Association Journal, vol. 9, February 1919, p. 156.

⁵M.K. Lux, "The Impact of the 1918 Influenza Epidemic in Saskatchewan." (University of Saskatchewan, MA Thesis, 1989), p. 86.

starved or froze before influenza could kill them. A crude estimate of the mortality among Canadian Native people from the 1918 epidemic was 4,000 deaths or 37.7 deaths per 1,000 population. The death rate in Saskatchewan for non-Native people was 6.5 per 1,000.⁶ Anthropologist D. Ann Herring estimated that the death rate from influenza at Norway House in Manitoba was 188 per 1,000 population. Herring concluded that, due to a post-epidemic marriage boom and the maintenance of birth rates, the population recouped its pre-epidemic level within five years.⁷ As with the smallpox epidemics in the eighteenth and nineteenth centuries, the peoples' response to epidemic disease is significant in any account of an epidemic's impact.

Frank G. Fish, a student of medicine at the University of Alberta, spent one week in 1918 on the Hobbema Reserve in Alberta. He treated cases of smallpox and influenza, and smallpox complicated by influenza. The conditions on the reserve were conducive to disease: he commonly found eight or nine adults in a one-room house with no ventilation. Families were without food and influenza patients were moved from home to home where food was available, "... and hence

⁶CHC, Commons Debates, 138, p. 4062 (25 June 1919); Saskatchewan Bureau of Public Health (hereafter SBPH), Annual Reports 1918-1919, p. 126.

⁷D. Ann Herring, "There Were Young People and Old People and Babies Dying Every Week": The 1918-1919 Influenza Pandemic at Norway House.", Ethnohistory, vol. 41, no. 1, 1994, pp. 87, 96.

practically every case develops pneumonia and death ensues."⁸ Fish recommended that the government take control of the situation and provide medical services to organize an emergency hospital for influenza patients.

Influenza arrived at the Blood reserve in early October, ironically carried by two nuns who were sent from Montreal to help at the Peigan and Blood reserve schools.⁹ By 16 November agent Dilworth reported that there were 500 people sick with influenza and 11 deaths occurred, and by 3 December there were 29 deaths, more than 800 sick, but no non-Native employees or family members contracted the disease.¹⁰ At the Battleford agency influenza struck every reserve and was responsible for the largest number of deaths reported for many years.¹¹ No farm work was done during the month because few able-bodied men escaped the sickness. For the period April, 1919 to March, 1920 the death rate in the Battleford Agency was 31.4 per 1,000 population, based on a population of 954.¹² That death rate was nearly four

⁸NA, RG 18, vol. 568, file 12-1919, F. Fish, University of Alberta, 1 December 1918.

⁹NA, RG 10 vol. 1541, Steele to Dilworth, 8 October 1918.

¹⁰Ibid., Dilworth to McLean, 3 December, 26 December 1918.

¹¹GAI, Battleford Agency, Agent's Monthly Report, 14 January 1919.

¹²NA, RG 10, vol. 4069, file 427,063, Indians in the Prairie Provinces, 1918.

times the 1919 provincial rate of 7.9 per 1000 population.¹³

The experience at some industrial and boarding schools was horrendous. Principal J.F. Woodsworth at the Industrial School at Red Deer, Alberta, exasperated after 5 students had died from influenza in a 2-day period, explained:

For sickness, conditions at this school are nothing less than criminal. We have no isolation ward and no hospital equipment of any kind. The dead, the dying, the sick and the convalescent were all together. I think that as soon as possible the Department should put this school in shape to fulfill its function as an educational institution. At present it is a disgrace.¹⁴ The schools, poorly funded, overcrowded, and often inadequately heated, achieved what influenza alone could not by bringing vulnerable children together and exposing them to the virus.

Royal North West Mounted Police (RNWMP) were dispatched to reserves to enforce strict quarantines, preventing the people from leaving reserves during the epidemic. The police found themselves engaged in relief work. In a confidential letter to Newton Rowell, President of the Privy Council, the Comptroller for the RNWMP pointed out that agents had little sympathy for their charges, "... and the work of looking after these unfortunate people who contracted influenza has been left almost entirely with our

¹³SBPH, Annual Reports, 1919-1920, p. 102.

¹⁴NA, RG 10, vol. 3921, file 116,818-1B, Woodsworth to Secretary, Department of Indian Affairs, 25 November 1918.

force and a few outside volunteers."¹⁵ Sister Nantel cared for patients at the Saddle Lake Reserve in Alberta. The agent would not aid in relief efforts, or provide his car, forcing the Sister to make rounds in a horse and buggy.

[The agent] and his family are very much afraid of the influenza and want nothing to do with those coming in contact with it. Recently the sister stopped at the Agency and asked for lunch. They would not invite her into the house but brought food and tea to her outside. She had to stay on the sidewalk outside the Agency Office and owing to the wind blowing manure and dirt into her food was unable to eat it.¹⁶

Native people accepted the Euro-Canadian medical care that was available. In the many cases that care consisted of a medicine cabinet in the Agency office. Other traditional medicines found on the plains were no doubt used.

Another response to the epidemic was to pledge a Sun or Thirst Dance. In early March 1919 the chief and councillors of the Onion Lake Band in Saskatchewan petitioned Scott for permission to hold a Sun Dance:

We are writing you to ask permission to let us have a Sundance on our Indian Reserve at Onion Lake this coming summer. We have been in very poor circumstances this last five years on account of the Great War and also on account of the Great Epidemic that has swept over our country. So I am

¹⁵NA, RG 18 RCMP, vol. 568, file 15-1919, Influenza - Indians Saskatchewan and Alberta, 1919 Comptroller RNWMP to N.W. Rowell, M.P. President of the Privy Council, 14 January 1919.

¹⁶NA, RG 18, vol. 568, file 15-1919, Influenza Indians, J.H. Birks to Officer Commanding RNWMP, Edmonton 20 November 1918.

asked to write to solict[sic] your authority and give us permission to have our Sundance for two days. Thanking you in anticipation. I am the man that wants to make the Sundance.¹⁷

The petitioners need not have thanked Scott since permission was refused. Scott replied that he could not give authority to hold any Dance that would contravene provisions of section 149 of the Indian Act or subsection 2 as amended. The Onion Lake petitioners again requested permission for the Dance on 18 June. After another refusal the Dance went ahead as planned. Agent Sibbald of the Onion Lake Reserve wired the RNWMP to prevent the Dance. Tense moments followed when Chief Robert defied the police. According to Sibbald the Chief "went as far as to say that the Sergeant might put a bullet through his brains if he liked that was the only thing that would stop him." Outgunned, the people dispersed.¹⁸

Similar incidents occurred in the summer of 1919 at Piapot Reserve near Regina, and at Big River Reserve near Prince Albert. At Big River Prince Albert RNWMP were sent to suppress the ceremony. They were told that "owing to the Indians having had a great deal of sickness last winter and the fact that the war was over, they thought they would have

¹⁷NA, RG 10, vol. 3826, file 60,511-4a, Onion Lake Petition, Kanipitataw, Robert Chief, Peter Thunder, Toussaint Calling Bull, to Duncan Scott, 6 March 1919.

¹⁸NA, RG 10, vol. 3826, file 60,511-4a, W. Sibbald, Onion Lake Agency, to Secretary Department of Indian Affairs, 27 June 1919.

a dance with music to celebrate their rejoicing that the sickness and war were over."¹⁹ For many Native people, as with other Canadians, the influenza epidemic and the war were inextricably linked. The armistice promised an end to deprivation and suffering from the war and the `flu. It signalled general excitement and celebration despite the epidemic. Not surprisingly, November was the worst month for influenza deaths as previously careful people gathered together to celebrate, thus reinvigorating the epidemic.²⁰

A Sun Dance at the Blackfoot Reserve at Gleichen, Alberta was allowed to proceed with police corporal E.E. Harper in attendance. The dance and its significance was described to him through an interpreter. During the year if one was seriously ill a woman relative made a vow that if the sick person recovered she would put on a Sun Dance the following summer. She led the ceremony and began her four-day fast as soon as the camp was settled. During every day of the fast there were four to five hours of prayer. Corporal Harper admitted there was nothing inherently illegal in the dance. Gift-giving was limited to used clothing being distributed to the old and destitute.²¹

¹⁹Ibid., W.S. Loggin, Staff Sargeant, F Division RNWMP, Prince Albert, 12 June 1919.

²⁰Lux, p. 77. In Saskatchewan there were 2,500 deaths from influenza in November alone.

²¹NA, RG 10, vol. 3826, file 60,511-4a, Corp. E.E. Harper, "Report - Sun Dance, Blackfoot Reserve, 1921."

Established indigenous ideologies and practices were capable of forming a response to the epidemic.²² Native peoples in Saskatchewan and Alberta were as vulnerable to influenza as other Canadians in 1918, or more so. While non-Native Canadians took to their beds with patent drugs and alcohol, Native medicine and spirituality provided a response that was steeped in tradition and significance. Cultural and institutional obstacles to proper care and compassion, and general debility created a horrendous situation. Unfortunately, the death rate from influenza and its side effects among the Native people was very high. The response to epidemic influenza was rooted in tradition that, despite the best efforts of the department, was alive and well in 1918. Ironically, expressions of spirituality that were supposedly banned provided Native peoples with the solace and comfort necessary to conceptualize epidemic disease.²³ Social responses are essential in determining the course and impact of disease.²⁴

²²Other groups of indigenous people reacted to the influenza epidemic in a similar way. Terrence Ranger, "The Influenza Pandemic in Southern Rhodesia" Society for the History of Medicine (Bulletin 39, December 1986), p. 15; Ranger's article goes on to argue that the epidemic in Rhodesia gave rise to new explanations for the epidemic in the emergence of African anti-medicine movements.

²³Pettipas makes a similar argument, Severing The Ties That Bind, p. 173.

²⁴J. McGrath, "Biological Impact of Social Disruption Resulting From Epidemic Disease", American Journal of Physical Anthropology, vol. 84, 1991, pp. 418-19.

The influenza epidemic and the on-going tuberculosis problem highlighted the glaring need for adequate hospital accommodation for Native people. In 1918 commissioner William Graham began to agitate for a hospital on the prairies, stating that the medical attention given to Native people, "is not what it should be."²⁵ Sanatorium treatment for non-Native people arrived in Saskatchewan in 1917 when the Fort Qu'Appelle Sanatorium opened with 70 beds, expanding to 310 beds by 1925. The idea and the impetus for the sanatorium came from the voluntary provincial Anti-Tuberculosis League. But it was not until the war and the need for hospital facilities for tubercular veterans that the sanatorium buildings were completed with federal government grants. The "cure", explained a sanatorium advertising booklet in 1920, "is not a bottle of medicine, nor a surgical operation, but an Idea: a way of life...helpfulness, earnestness, good humour, kindness and forbearance."²⁶ Treatment at the sanatorium consisted of bed rest, fresh air, and good food, and later, surgical intervention. The purpose of the sanatorium was to discover "suspects", reduce infection in the community by "carriers", and prevent the spread of tuberculosis by removing suspects

²⁵NA, RG 10, vol. 4084, file 495,800, Graham to Scott, 2 November 1918.

²⁶quoted in C. Stuart Houston, R.G. Ferguson: Crusader against Tuberculosis (Toronto: Hannah Institute and Dundurn Press, 1991), p. 51.

and carriers from the community. The federal government provided a steady income for the sanatorium with its generous per diem allowances for the treatment of veterans. In 1919 the Department of Soldiers' Civil Re-establishment paid for three-quarters of the operating expenses.²⁷

Native patients were admitted when room was available, and only with the authorization of the deputy superintendent Scott. By 1923 there was a waiting list at the Qu'Appelle sanatorium and "taxpayers" (non-Natives) had preference.²⁸

The cost to the department for treatment of Native people at the sanatorium was \$3.00 per day. Graham noted that if the department's main obstacle to a hospital for Native people was the cost involved, then it could actually save money by building its own "small institution" at Regina.²⁹ Perhaps, suggested Graham, the department could use the surplus from the Greater Production farm operations to build a hospital. Scott quickly replied that the capital cost of the building was not at issue, but rather it was the continued maintenance that was the greatest expense.

Graham quickly shot back that a hospital would not cost much more than the department already paid for hospital

²⁷Ibid., p. 54; Houston's biography must be treated with caution because it is not a scholarly work and does not note the sources used.

²⁸NA, RG 10, vol. 4084, file 495,800, Graham to Scott, 22 June 1923.

²⁹Ibid.

accommodation in the Qu'Appelle sanatorium and the Grey Nuns Hospital at Regina. According to Graham, in 1922 alone the department paid \$6,533.30 to the sanatorium and \$5,543.45 to the Grey Nuns hospital, and "the bulk of this was paid from band funds."³⁰ The department regularly used funds that were received from the surrender and sale of reserve lands to offset costs incurred in band maintenance, often without the band's consent. The cost, including food and medical attention, would not exceed \$1.25 to \$1.50 per day, or half what the department was presently paying.³¹ Scott informed Graham that they would not be able to use the Greater Production profits and there would be no voted funds (appropriations) for that year.³² In 1924, with many of the returned soldiers discharged from the Qu'Appelle sanatorium, forty beds were made available to Native patients. Graham had misread the department's objection to the idea of building a hospital for Native people. Although economy was the ostensible concern, the fundamental objection was, and had always been, that the department was not responsible for health care for Native people.

There was another problem that needed attention before it spilled out into the public arena. In November 1920 Dr. Corbett examined the children in Alberta boarding schools.

³⁰Ibid., Graham to Scott, 11 July 1923.

³¹Ibid., Graham to Scott, 28 September 1923.

³²Ibid., Scott to Graham, 12 October 1923.

The health of the students at the Sarcee boarding school under the direction of Reverend Tims was, "bad in the extreme." All but four of the 33 students showed the presence of active tuberculosis.³³ Sixteen of the 33 had open ulcers, "foul sores", and one child had hemorrhaged from the lungs.³⁴ Corbett found a girl curled up on a filthy bed in an untidy, dirty dilapidated room - the infirmary. The living conditions on the reserve itself were just as bad. In one house Corbett found an old man who was partially blind and suffering from chronic tuberculosis and a helpless woman lying on a dirty bed. In another house he found five children, all showing signs of tuberculosis. The mother had tuberculosis and the father had scrofula scars on his neck. Corbett urged that the school be closed and the building converted into a sanatorium with doctors and nurses in charge.³⁵ Old Sun's school on the Blackfoot reserve was not much better. The children were "below par in health and appearance", and 70% of the students had enlarged lymphatic glands of the neck. The building was overcrowded, with low ceilings and unvarnished floors. There was no infirmary and although there were two small balconies they were unavailable to students. Corbett recommended that the

³³NA, RG 10, vol. 4092, file 546,898, Dr. F.A. Corbett to Graham, 7 December 1920.

³⁴Ibid.

³⁵Ibid.

children sleep outdoors.³⁶ The Sarcee and Old Sun's schools had been inspected in 1907, 1908, and 1909, and those inspections found that the 100% of the students in the Sarcee school, and 34 of 35 students at Old Sun's school were suffering from tuberculosis.³⁷ The horrendous conditions remained undisturbed for more than a decade.

Graham explained that the Sarcee and Old Sun's schools were poorly managed, that the agent to the Sarcee had been neglecting his duties while he waited for his pension, and that the local missionary physician was incompetent.³⁸ By way of an explanation to his superior, Scott pointed out that Old Sun's and the Sarcee schools were managed by the Church of England, but that the Catholic-managed schools were in much better shape.³⁹

But fully six months before Corbett's inspection the Anglican missionary society had requested that the department assume the responsibility for the Sarcee school. They had alerted the SGIA to the conditions at the school and requested the department to close the school and

³⁶Ibid.

³⁷NA, RG 10, vol. 3957, file 140,754-1, Lafferty to McLean, December 1908, see chapter five.

³⁸Ibid., vol. 4092, file 546,898, Graham to Scott, 7 December 1920; GAI, M1356, Calgary Indian Missions, Box 1, file 6, Medical Reports, Gooderham Recollections, 9 November 1962.

³⁹NA, RG 10, vol. 4092, file 546,898, Scott to James Loughheed, 11 December 1920.

transfer the healthy children to another school.⁴⁰ The missionary society suggested at that time that new heating systems be installed at the schools, and that the department consider the erection of a new residential school for the area reserves. Instead the department renewed the grant to the missionary society. In light of Corbett's inspection action was finally taken.

Scott endorsed Corbett's recommendation that the Sarcee school be turned into a sanatorium and that the whole reserve be treated as a hospital area. This had been Bryce's recommendation in 1909. Ever the accountant, Scott also proposed that more of the reserve should be "turned to cash", that is, surrendered, to pay for the renovations.⁴¹ Corbett continued his annual inspection work and embarked on a wholesale removal of the tonsils and adenoids of school children. Graham reasoned that Corbett saved the department thousands of dollars every year, and "we cannot be accused of neglecting the Indian children who are in our schools."⁴² Dr. Thomas Murray was appointed as agent and doctor to the Sarcee reserve in 1921. The school was reconditioned and part of it was turned to sanatorium work. Murray remained on the reserve until the Charles Camsell

⁴⁰Ibid., S. Gould to Scott, 17 January 1921.

⁴¹Ibid., Scott to Lougheed, 11 December 1920.

⁴²Ibid., Graham to Scott, 24 June 1922; infected adenoids and tonsils were perceived as a precursor of "scrofula".

sanatorium at Edmonton was opened in the late 1940s.⁴³

In his continued agitation for a hospital in the west for Native people, Graham used Corbett's report as an example of how bad things really had become. Dr. Corbett, however, suggested that sanatorium treatment was probably not necessary for Native people after all. He said that many who were sent to the sanatorium would do equally well on the reserve; the reserves offered as much sunshine and fresh air as the sanatorium. But the reserves also offered overcrowding, an inadequate diet, and ample access to infection. The old alternative of tent hospitals was suggested and Scott agreed. But, he warned, tents should be tried on only one reserve, "in view of the necessity for strict economy."⁴⁴

Graham, in the meantime, received two to three requests per week from agents and medical officers to have people admitted to the sanatorium. Printed forms were filled out and submitted to Corbett, who advised admission in about 25% of cases. Graham reasoned that if they acted on even half the number of cases recommended by local doctors they would fill the sanatorium in twelve months. And, Graham asked, what was he supposed to do with the "hopeless cases" that

⁴³GAI, M1356, Calgary Indian Missions, Box 1, file 6, Gooderham Recollections, 9 November 1962.

⁴⁴NA, RG 10, vol. 4092, file 546,898, Scott to Graham, 27 August 1924.

the sanatorium refused?⁴⁵ The department held fast to its policy, however. The File Hills hospital was fitted out to accept a few tuberculosis patients, but there was no doctor in attendance. Graham pointed out to Scott that there were incurable people, "who are actually suffering and some of them dying for want of care."⁴⁶ Moreover, they had faced the same question for forty years and nothing had been done. Graham could not move the department. But he was not the only one who was agitating for the department to take action.

The widening gap between the tuberculosis death rates suffered by Native people and by non-Native people had captured the attention of provincial and national anti-tuberculosis leagues. In July 1921 an order-in-council established the Saskatchewan anti-tuberculosis commission to enquire into the question of tuberculosis in the province. The commission found that 54% of the 1,184 non-Native children examined had a positive reaction to tuberculin tests which indicated they were already infected or exposed. Of the 192 Native children examined, 92.5% had a positive reaction.⁴⁷ The commission's four most urgent recommendations, that hospital and sanatorium treatment be increased for "spreaders", that a preventorium be

⁴⁵Ibid.

⁴⁶Ibid., Graham to Scott, 9 December 1925.

⁴⁷Anti-Tuberculosis Commission, Report, 1922, p. 19.

established for young children of tubercular parents, that financing be provided for treatment for all those who needed it, and that diagnostic services be improved throughout the province, did not apply to Native sufferers. The department of Indian affairs should care for them, the commission explained. It also observed that the Native people suffered comparatively more from tuberculosis than other Saskatchewan residents because of their low standard of living and because of the "natural superstition of the race, and their fondness for their own method of dealing with disease..."⁴⁸ The large number of gland, bone, and skin infections suggested to the commission that bovine tuberculosis was a major source of infection. The seventeenth of more than eighty recommendations urged the federal government to make a complete survey of the Native population and arrange for special provisions to stop the spread of tuberculosis.⁴⁹ The commission recommended that in the meantime the peoples' "natural inclination to outdoor life" should be encouraged and the use of open-air sleeping dormitories be stressed.⁵⁰

In 1924 the national Canadian Tuberculosis association, formed a committee to inquire into the tuberculosis situation among the Native peoples. Secretary to the association, Dr. Wodehouse, reported,

⁴⁸Ibid., p. 31.

⁴⁹Ibid., p. 60.

⁵⁰Ibid., p. 31.

There is growing evidence of anxiety among the white population living adjacent to certain Indian bands in regard to the intimate gross infection brought to the villages and towns...Further, the leaders of certain bands of Indians were publicly agitating for increased facilities for diagnosis and treatment....⁵¹

Wodehouse's committee recommended that the Canadian Tuberculosis association exert its influence to attempt to interest the department of Indian Affairs in instituting an extensive study of the problem.⁵² The association had made its own study of the death rates from tuberculosis in British Columbia and found that although Native people comprised only one twenty-second (1/22) of the population, they comprised one-quarter of the total deaths from tuberculosis.⁵³ The association recommended that a study should be undertaken to find an "economical treatment" for tuberculosis among Native peoples. In early 1926 the department made a grant of \$5,000 for that purpose.⁵⁴

At the same time the National Research Council (NRC) began to take an interest in tuberculosis, initially at the insistence of livestock associations who needed help to

⁵¹NA, RG 10, vol. 3958, file 140,754-3, Wodehouse to Dr. D.A. Carmichael, department of Soldier's Civil Re-establishment, 4 September 1924.

⁵²Ibid.

⁵³Ibid., Minutes Canadian Tuberculosis association meeting, 8 December 1925.

⁵⁴NA, RG 29, vol. 1225, file 311-T7-16, Scott to Amyot, 18 February 1926.

control outbreaks of bovine tuberculosis.⁵⁵ In 1925 the Associate Committee on Tuberculosis Research was formed and the Qu'Appelle sanatorium was named as one of five research centers and granted \$4,500 for research into various aspects of bovine and human tuberculosis.⁵⁶

In 1927 Dr. R.G. Ferguson, superintendent of the Qu'Appelle sanatorium, began work by examining school children and adults on the File Hills reserve. The next year Ferguson and others undertook a survey of pre-school children on the nearby File Hills and Qu'Appelle reserves. Ferguson was primarily interested in beginning a vaccination program on the Cree and Assiniboine peoples who lived near the sanatorium.⁵⁷

A vaccine against tuberculosis, BCG (Bacille Calmette-Guerin), was discovered by Albert Calmette, a bacteriologist at the Pasteur Institute, and Camille Guerin, a

⁵⁵Houston, R.G Ferguson: Crusader Against Tuberculosis, p. 93. The National Research Council was formed in 1916 to mobilize industrial research for the war effort.

⁵⁶NA, RG 29, vol. 1228, file 311-T7-24, Associate Committee on Tuberculosis Research, 21 October 1925.

⁵⁷R.G. Ferguson, Tuberculosis Among the Indians of the Great Canadian Plains, (London: Adlard and Son, Ltd., 1928), p. 9. Ferguson outlined the research questions he pursued: 1. determine the death rate from tuberculosis; 2. to gain information of the process of resistance; 3. to determine the tuberculosis morbidity at present; 4. to determine the number of active cases that recover under present conditions; 5. to evaluate the predisposing causes; 6. to differentiate the types of bacilli, bovine or human, causing the disease; 7. to determine the necessity of prophylactic vaccination.

veterinarian. Calmette and Guerin grew a bovine strain of the tubercle bacillus on a glycerine-bile-potato medium to obtain a suspension of the culture. After they noted the bacillus became less virulent through the repeated passage in the medium, they were led to believe that a vaccination might be made from a safe strain.⁵⁸ By 1921 they had shown that the attenuated bacillus did not produce tuberculosis in cattle. The next year BCG was given orally to infants in France. No controlled human experiments were conducted and Calmette's assertions and his results were in dispute. British researchers doubted whether Calmette's infants had any better survival rates than unvaccinated infants.⁵⁹ But the trials in France and in French colonies were encouraging and BCG had proven to be of "practical value".⁶⁰ American researchers, among others, questioned whether BCG was safe. But the Americans were unwilling to accept BCG because, according to historian Georgina Feldberg, it challenged the American medical community's understanding of tuberculosis as a physiological and especially a

⁵⁸Bryder, Below the Magic Mountain, p. 138.

⁵⁹F.B. Smith, The Retreat of Tuberculosis, 1850-1950, (London: Croom Helm, 1988), p. 196.

⁶⁰Georgina D. Feldberg, Disease and Class: Tuberculosis and the Shaping of Modern North American Society, (New Jersey: Rutgers University Press, 1995), p. 135.

sociological disease.⁶¹ Nevertheless the vaccine was widely used in France and Germany especially among those who could not afford sanatorium treatment.

The Universite de Montreal began research into BCG in Canada. In 1926, with NRC grants, newborns in Montreal were given the oral BCG vaccine from a strain brought from the Institut Pasteur in Paris. The Montreal trials were apparently successful showing a 61% difference in the tuberculosis mortality rates in favour of those who had been vaccinated.⁶² Unfortunately the infants were only followed for from one to four years. BCG use was rejected in both Britain and the United States for a number of reasons including the concern that the vaccine was unstable, but also because of distrust of the French methods and statistics.⁶³ In Canada BCG use was "highly controversial", according to a NRC history.⁶⁴

It is worth noting that sanatorium treatment was always the treatment of choice in Canada. Vaccination was never

⁶¹Feldberg, p. 152. Feldberg argues that the American medical community had attempted to combat tuberculosis by building immunity by "transforming behavior to create good citizens", p. 152. Feldberg further argues that BCG challenged American nationalism and its scientific-medical authority at a time when it was in transition.

⁶²Armand Frappier, "Fifty Years of Study and Use of BCG Vaccine in Canada, 1924-1974", (paper distributed by the Institut Armand-Frappier), October 1979, p. 10.

⁶³Smith, p. 197.

⁶⁴Houston, p. 99.

considered either possible or even safe in communities where access to sanatorium treatment was available. It was an experimental vaccine used only on those whom the anti-tuberculosis leagues and public health officials deemed at particularly high-risk and those who were unacceptable for sanatorium treatment because of their socio-economic status.⁶⁵ Native peoples were seen as ideal candidates because of the high incidence of tuberculosis in their communities and because existing sanatorium treatment in Saskatchewan was unavailable to them.

In 1928 Ferguson published a preliminary report on the work undertaken for the NRC on "the Plains Indians", but in reality he studied the people on the Qu'Appelle area reserves.⁶⁶ Ferguson began by explaining that, since the tuberculosis death rate among the Native people was twenty times that of the non-Native community, they offered a, "most necessary and advisable field in which to adopt prophylactic vaccination."⁶⁷ He surveyed the historical literature to show that tuberculosis was likely not present among Native peoples before contact with non-Natives on the prairies. He concluded that tuberculosis was an epidemic

⁶⁵see Feldberg, p. 149 on the social conditions of those Parisians most clearly seen as viable subjects for BCG vaccination.

⁶⁶R.G. Ferguson, Tuberculosis Among the Indians of the Great Canadian Plains, (London: Adlard and Son, Ltd., 1928).

⁶⁷Ibid., p. 1.

that broke out in the early 1880s, reached its maximum in 1886 with ninety tuberculosis deaths per thousand, and then gradually subsided after 1890 to the 1920s when the rate hovered around eight per thousand or twenty times the non-Native rate.⁶⁸

It was important for Ferguson's purposes to conceive of the disease as an epidemic in order to show that vaccination, rather than improved living conditions, would ameliorate the situation. This was the age of bacteriology and the search for the "magic bullet" to cure disease was in the forefront of medical research.⁶⁹ Ferguson then examined the family histories of some Qu'Appelle area bands and concluded that the decrease in tuberculosis deaths had little to do with improved living conditions, but rather with a hereditary resistance to tuberculosis. Those people, "known to have, or by appearance seemed to have, a cross of white blood" showed a greater ability to resist tuberculosis.⁷⁰ Ferguson noted that the introduction of "white blood is not only a potent factor in civilizing primitive people...but also has a noticeable effect on

⁶⁸Ibid., p. 12. The tuberculosis death rate quoted by Ferguson was estimated from all causes of death. The annuity paylists do not indicate cause of death.

⁶⁹See Feldberg especially pp. 37-81 for this debate in the United States. Feldberg maintains that the American medical community remained sceptical of BCG because the vaccination would strike at the bacillus without, as in past policy, rooting out the behaviors that caused poverty.

⁷⁰Ferguson, p. 23.

increasing their resistance to tuberculosis."⁷¹ Ferguson also found what he termed a, "moral and physical weakening" due to everything from the introduction of the horse, changes in diet, agriculture, and finally due to "desertion by, and incompetency of, their Michi-Manitou and triumph of Kitchi-Manitou, and failure of even the white man's religion to protect them."⁷² Ferguson did concede that improved living conditions could translate into improved health in unusual circumstances. He compared tuberculosis death rates on the File Hills colony (where only healthy colonists were admitted and were then provided with comfortable housing and financial assistance) with the adjacent reserves and found that 7% more people on the reserves died of tuberculosis. Ferguson concluded that improved living conditions, "plus a certain amount of selection on the basis of fitness", resulted in a lowered death rate.⁷³ Ferguson found that the Native people were "biologically strong", and that infants at birth were well nourished and strong.⁷⁴ He had found the ideal subjects for vaccination. The people were surrounded by tuberculosis, most seemed unable to offer any real resistance, and the babies, his subjects, were healthy and strong enough to withstand the experiment.

⁷¹Ibid., p. 24.

⁷²Ibid., p. 31.

⁷³Ibid., p. 42.

⁷⁴Ibid., p. 47.

The disaster in Lubeck, Germany in 1930 did not force Ferguson to re-think his experiment. Between late February and 25 April 249 newborn infants in the Lubeck municipal hospital were given BCG orally. The babies who received the vaccine in February began dying in mid April from tuberculosis. By June 67 infants had died and 80 were critically ill. Eventually 71 died as a direct result of the BCG vaccine.⁷⁵ Enthusiasm for BCG in some parts of Europe waned as a result of the deaths in Lubeck. The reaction in Great Britain was antagonistic towards BCG, while the Health Section of the League of Nations continued to support it, declaring the incident in Lubeck a blunder.⁷⁶ The Scandinavian countries continued to use BCG, but administered the vaccine intracutaneously instead of orally. Ferguson embarked on his own human trials of BCG in November 1933.

Ferguson's biographer states that Ferguson vaccinated his own children with BCG before embarking on the study, "to show his faith in the method".⁷⁷ This is not so. Ferguson's own research notes show that he vaccinated his children in 1937, fully four years after the trials began on

⁷⁵Bryder, Below the Magic Mountain, p. 139; F.B. Smith, The Retreat of Tuberculosis, 1850-1950, (London: Croom Helm, 1988), pp. 197-8; Feldberg maintains that 71 infants died.

⁷⁶Feldberg, p. 148.

⁷⁷Houston, p. 99.

the Native children, and not until the results of the initial vaccinations were known.⁷⁸ Since it was not possible to vaccinate those who had already been exposed to tuberculosis for fear of a dangerous reaction, that left those who tested negative to a tuberculin test, or else newborn babies.⁷⁹ Ferguson chose the latter group. The vaccine was prepared by Dr. Armand Frappier at the Universite de Montreal, who was simultaneously testing the vaccine on guinea pigs.⁸⁰

Although Ferguson and his colleague A.B. Simes maintained that their experiment was a "randomized" study, in fact they chose those babies who were born in hospital as their subjects, and those born at home as their controls.⁸¹ Ferguson and Simes gave the first 21 infants in the study 0.1 mg. of the oral vaccine, but the oral method was abandoned in favour of the surer intracutaneous method. They increased the dosage to 0.3mg and later settled on 0.2

⁷⁸SA, S-A638, Ferguson Papers, Research Notes, file vii.8, BCG Vaccine.

⁷⁹Tuberculin, a purified protein derivative (PPD) of tubercle bacilli, is used to diagnose tuberculosis. It is introduced into the skin and if a raised, red or hard zone forms around the test site the person is said to be sensitive and the test is positive.

⁸⁰Houston, p. 99.

⁸¹Ibid., p. 102.

mg."² In all, from 1933 to 1945, 306 infants were vaccinated and 303 infants were studied as unvaccinated controls. At first glance the experiment was a success. There were six cases of tuberculosis and only two tuberculosis deaths among the vaccinated group, but 29 cases and nine tuberculosis deaths among the controls.³

The problem with the study arose from its initial conception. What made the Native children ideal candidates for the experiment, low socio-economic status and unsuitability for sanatorium treatment, made them poor candidates for a prolonged study. Of the 609 children in the study 77, or more than 12%, were dead before they reached their first birthday. Two children died from tuberculosis in each of the vaccinated and the control groups. After seven years of the study 105 children, or more than 17%, died from causes other than tuberculosis, primarily pneumonia and gastroenteritis. In fact slightly more children died of pneumonia in the vaccinated group (32) than in the control group (29).⁴ Although the vaccinated children were somewhat protected by BCG from tuberculosis, their death rate from other causes was 16.6%. The control

²R.G. Ferguson and A.B. Simes, "BCG Vaccination of Indian Infants in Saskatchewan", Tubercle, vol. 30, no. 1, (January 1949), p. 2.

³Ibid., p. 3.

⁴Ibid., p. 6.

group suffered a non-tuberculosis death rate of 17.8%.⁵⁵

The Ferguson and Simes study therefore simultaneously proved the efficacy of BCG and showed that the greatest threat to Native peoples, especially infants, was not tuberculosis but other diseases directly linked to their impoverished living conditions and diet.

Tuberculosis, however, was the disease that had captured the attention of physicians and lay people alike. Death rates from tuberculosis in the Britain, Europe, and the United States had been steadily declining since the late nineteenth century, before Koch discovered the tubercle bacillus and before sanatorium treatment was used.⁵⁶ In The Miracle of the Empty Beds George Wherrett links the fall of tuberculosis in Canada with the work of the Canadian Tuberculosis Association. Wherrett served as executive secretary of the association for many years and the association funded his book. Wherrett had, as he said, a

⁵⁵Ferguson and Simes, p. 5.

⁵⁶The declining rates of tuberculosis in Britain are treated in Bryder, Below the Magic Mountain, p. 2, and Smith, The Retreat of Tuberculosis, p. 1; Thomas McKeown, The Modern Rise of Population, (London: Edward Arnold, 1976), p. 92 links the declining rates of tuberculosis with general declines in all infectious diseases; in the United States the rates of tuberculosis infection and death had been falling steadily before any measures were taken against it, Rene and Jean Dubos, The White Plague: Tuberculosis, Man and Society, (Boston: Little, Brown and Co., 1952), p.185.

"ringside seat".⁸⁷ He proudly proclaims the triumph of medical man over disease through the unflagging effort of scientific progress. That Wherrett had a considerable part in that triumph in Canada is not lost on the reader either. In regard to sanatorium treatment Wherrett uses a wonderfully convoluted sentence to snatch victory from the jaws of defeat: "Looking back on the results achieved in curing or arresting the disease during the pre-drug treatment era, one can marvel at how many recovered, though in the final analysis, failures outweighed successes."⁸⁸ Wherrett's tables in the appendix clearly show the steady decline of tuberculosis in Canada in the three decades prior to the establishment of active anti-tuberculosis associations.⁸⁹

The reasons for tuberculosis decline in the western world are not altogether clear, but it is apparent that the social reform movements for cleaner and safer workplaces, improved sanitation and housing, a greater emphasis on personal hygiene, and a greater level of general prosperity had an impact. Nevertheless, among Native peoples the rate of tuberculosis was not declining as quickly as it was in the surrounding communities. By the 1930s provincial health

⁸⁷George Jasper Wherrett, The Miracle of the Empty Beds: A History of Tuberculosis in Canada, (Toronto: University of Toronto Press, 1977), p. xvi.

⁸⁸Ibid., p. 41.

⁸⁹Ibid., pp. 249-50.

and sanatorium officials began to lobby the federal government to take some action to reduce the incidence of tuberculosis on reserves. Provincial health boards argued that, although the federal government was responsible for Native people, those people, sick and well alike, lived in the provinces and threatened to undo the province's good work.

Provincial concerns centered around the threat to non-Native people posed by the presence of untreated tuberculosis on reserves. Dr. David Stewart of the Ninette sanatorium in Manitoba urged premier Bracken to press the federal government for funds to compensate the sanatorium for their costs, or better yet, to fund the provincial association for further investigations and treatment. As he explained, change was necessary, "to remove from the doorstep of the provinces the anomaly of conditions of uncontrolled nuisance and menace that the Federal government is responsible for, but is doing little or nothing about, and yet that the menaced province cannot interfere with. The slum of the community must be brought more under the direct immediate local control of the community."⁹⁰ Stewart characterised the Native people of the province as "dangerous neighbours", and a "menace ... to the health of

⁹⁰NA, RG 29, vol. 1225, file 311-T7-16, Stewart to Bracken, 14 November 1934.

ordinary citizens."⁹¹ The reserves, he continued, "never were water-tight or disease-tight compartments, and in these days of easy travel are becoming less and less so."⁹² Tuberculosis, then, "leaked" into non-Native communities through contact at work, through berries and handicrafts handled by Native people, and especially through intermarriage. The last form of contact would continue, explained Stewart, until the Native people were completely absorbed which, "gives the dominant race a motive for doing the very best we can for that dependant[sic] race."⁹³ It is noteworthy that Native people were still not considered suitable for sanatorium care, either in "white man's" sanatoria or special sanatoria. Stewart suggested instead that the residential schools would make "inexpensive but fairly efficient sanatoria", in essence Bryce's suggestion twenty-five years previously.⁹⁴

In 1933 the anti-tuberculosis league in Saskatchewan under Ferguson undertook to survey and examine the residential school students with the federal department meeting the expenses. As Ferguson explained to the provincial minister of health, the province alone could not hope to eradicate tuberculosis without Indian Affairs co-

⁹¹ Ibid.

⁹² Ibid.

⁹³ Ibid.

⁹⁴ Ibid.

operation. The reserves, he continued, "constitute a continuous source of infection to the surrounding white population."⁹⁵ Ferguson urged the minister of health to undertake a program of regular travelling clinics, the removal of infected children from schools, and the employment of full time physicians and nurses to treat tuberculosis. None of the recommendations were new. Similar concerns had been expressed by medical officers, agents, missionaries, and especially the Native people themselves for more than thirty years.

Medical opinion was still divided on the cause of tuberculosis among Native people, or at least its supposed proclivity for Native people.⁹⁶ Some explanations by medical practitioners verged on the bizarre. Dr. D.A. Volume of Southampton, Ontario reckoned that tuberculosis was particularly prevalent in Native peoples because their skin was too thin: "It may be stated as a general rule that the susceptibility of an individual or race to tubercular infection is in direct ratio to the thinness of their skin."⁹⁷ Jewish people, according to the theory, had particularly thick skin and were therefore nearly immune to

⁹⁵Ibid., R.G. Ferguson to J.M. Ulrich, 26 March 1935.

⁹⁶The notion that there was different forms of TB at work among Native people and African Americans received some attention, Feldberg, p. 163, n.42.

⁹⁷NA, RG 29, vol. 1225, file 311-T7-16, D.A. Volume, "The Indian and Tuberculosis", p. 4.

tuberculosis. Conversely, on the British Isles the Irish had the highest death rates from tuberculosis, "and the Irish are literally as well as figuratively thin skinned."⁹⁸ Native people, then, had some "inherent, anatomical weakness" that made them less resistant to tuberculosis. Fortunately such theories did not often reach the light of day, but the implication that Native people had a biological weakness for the disease was never far from the surface. But that was not the question that consumed provincial sanatoria directors and public health officials. The question had become, how to confine the disease to reserves.

In 1938 the Indian Affairs branch under Harold McGill set out the terms of the branch's response to provincial concerns about the "menace" to non-Native communities. McGill directed agents that children with active, communicable tuberculosis be discharged from schools, and those "who have a promising future" should be segregated. McGill also instructed that sanatorium or hospital care be provided for those with communicable tuberculosis who have a "reasonable hope of recovery".⁹⁹ The procedure for admitting Native people to hospital or sanatoria was a marvel of bureaucratic red tape. The suspect was to be presented to the clinic with a written request from the

⁹⁸Ibid.

⁹⁹Ibid., McGill to Agents, 10 February 1938.

agent, based on the written recommendation of the reserve physician. The clinic's report was then made to the agent and the reserve physician, who then forwarded it to the department for final resolution. The department did not mean to imply, however, that by outlining the procedure that it would actually provide treatment for all Native people with tuberculosis for whom treatment was recommended.¹⁰⁰

McGill reiterated the branch's position regarding health care for Native people. The primary object in maintaining a medical service, he explained to agents and medical officers, was to prevent disease, especially communicable disease. In order to meet the extra expense of providing tuberculosis care, McGill ordered agents to remove from hospital all Native people with chronic conditions who might receive reasonably good care elsewhere at less expense. He ordered that hospital care be restricted to only those people who absolutely needed it and then for the shortest possible duration. He also ordered a "drastic reduction" in the use of drugs for Native people. And finally he ordered medical officers to make a very careful re-consideration of the necessity of any surgical operations.¹⁰¹ The need for economy remained paramount in the branch's considerations, more so in the depression years. But the branch was also considerably influenced by

¹⁰⁰ Ibid., McGill to Agents, 1 December 1937.

¹⁰¹ Ibid. McGill to Agents, 10 February 1938.

fears expressed by provincial politicians that tuberculosis was spilling out of reserves and threatening taxpayers. Those fears were addressed only at the expense of other, presumably necessary, medical treatments for Native people.

Pressure from the provinces and the Canadian Tuberculosis Association finally moved the department to take action. Parliamentary appropriations for tuberculosis control were increased during the war years as provincial officials pressured the federal government to assume some of its responsibility for the health care of Native people. There was not, however, any significant departmental policy change regarding the responsibility for the health needs of Native peoples. The federal government at this time was also increasingly involved in the social and economic lives of Canadians generally. The government was willing to undertake tuberculosis control specifically, but it did not necessarily assume any greater responsibility for the medical care of Native people generally.

In early 1945 the Advisory Committee for the Control and Prevention of Tuberculosis Among the Indians was established. The committee was composed of provincial sanatoria directors from every province except Quebec, the deputy health ministers from Alberta and Prince Edward Island, the acting director of medical services Indian Affairs, and a representative of the army, or essentially the managing committee of the Canadian Tuberculosis

Association. According to its own submission, the non-Native tuberculosis death rate had declined 39% in the previous fifteen years while the Native death rate had changed very little. Perhaps it was that decline and the prospect of sanatoria shutting for a lack of patients that moved the sanatorium directors to press for the adoption of a standard of three sanatorium beds per annual death. The committee calculated that 6,680 new beds were required for the non-Native population and 1,390 beds for the Native population. It recommended that more full-time medical officers be hired at a salary of not less than \$4,800 per annum. It also recommended that the department of health embark on a liberal policy of hospital construction as well as per diem grants to existing facilities. The committee advised the department that the Indian Act should include regulations compelling treatment whereby Indian agents could have a Native tuberculosis sufferer brought before a magistrate and detained in a sanatorium. In conclusion the committee urged the government to undertake a study of Native people in an effort to improve their social and economic status.¹⁰² The committee's recommendations would substantially bolster the sagging admissions to sanatoria and create new opportunities for an extension of sanatorium work throughout the country.

¹⁰²Ibid., "Report of the Advisory Committee for the Control and Prevention of Tuberculosis Among the Indians", May 1945.

In 1945, as a result of provincial pressure and the recognition that tuberculosis among Native people was seen as a threat to the nation as a whole, the medical branch of the department of Indian affairs was transferred to the department of health and welfare. Brooke Claxton, minister of health and welfare, relied heavily on the committee's recommendations in his submission to the special joint committee of the Senate and the House of Commons appointed to consider the Indian Act in 1946. Claxton repeated the advisory committee's recommendation for the construction and extension of hospital facilities for Native people. He also spelled out the motivation for the proposals. Regarding the history of health services to Native people generally he stated: "Neither law nor treaty imposes an obligation on the Dominion government to establish a health service for the Indians and Eskimos...." Claxton continued, "humanitarian reasons and as a very necessary protection to the rest of the population of Canada, it is essential to do everything possible to stamp out disease at its source wherever it may be within the confines of the country."¹⁰³

In 1946 the department of health and welfare acquired three defense department hospitals to treat Native tuberculosis patients. The department encountered some opposition to its efforts to acquire the Edmonton military

¹⁰³CHC, Sessional Papers, "Joint Committee", Minutes of Proceedings and Evidence, no. 1, 28- 30 May 1946, p. 65.

hospital for the use of Native patients. Edmonton's mayor, John Fry, objected to the presence of sick Native people concentrated in his city. The department allayed his fears by suggesting that the proposed hospital would provide employment for about 150 staff and that both the staff and the institution would have considerable purchasing power in the city. The department also pointed out that the institution would be self-contained and that property values would not be affected. Moreover, he added, the patients would be confined to the institution and it would be better than having "...tuberculous Indians wandering about the streets of Edmonton...and spreading the disease."¹⁰⁴ The Charles Camsell hospital, named after the deputy minister of the department of mines and resources, was opened in 1946. The department also acquired the Miller Bay hospital near Prince Rupert and the hospital at Nanaimo. The department of health built hospitals at Fort Qu'Appelle, Moose Factory and Frobisher Bay. The provision of hospital beds for Native people was only indirectly related to the peoples' need. Primarily, hospital beds were provided because Native people were perceived as a "disease menace" to Canadians. Secondly, hospital beds were provided because they were no longer needed for other purposes, and they came at little cost.

¹⁰⁴NA, RG 29, vol 1225, file 311-T7-16, J.Allison Glen to His Worship John W. Fry, 24 October 1945.

After 1944 drugs were developed that made tuberculosis manageable and curable. Initially streptomycin alone was used to treat tuberculosis until 1946 when para-aminosalicylic acid (PAS) was developed and in 1952 isoniazid (isonicotinic acid hydrazide, or INH). PAS and INH together with streptomycin provided an extremely effective treatment. The need for sanatoria was disappearing quickly. Most non-Natives were treated on an out-patient basis with drug therapy. Native patients continued to be hospitalized however. In 1937 there were about 100 Native patients under treatment for tuberculosis in department hospitals and sanatoria, in 1945 there were 903 under treatment in institutions, and by 1953 there were 2,975 Native people in tuberculosis institutions. The number of admissions dropped steadily after 1953 and by 1964 there were 860 Native people in institutional care when drug treatment was made widely available for Native peoples.¹⁰⁵ The rise and fall of admissions for treatment reflected the growing availability of hospital and sanatorium beds, not the incidence of tuberculosis among Native people. The transfer of the medical branch from Indian affairs to the department of health and welfare was in no way an admission of responsibility for the health needs of Native people. It was a recognition that the health needs of non-Native

¹⁰⁵NA, RG 29, vol. 1225, file 311-T7-16, Report of the Advisory Committee, 3; Wherrett, Miracle of the Empty Beds, Table 7, p. 116.

Canadians required the federal government to protect them from disease.

Tuberculosis treatment became more efficient and available to Native people in the post-war period, but the gap between non-Native mortality rates and Native mortality rates remains. Infant mortality rates, the most sensitive index of the health status of any people, have likewise fallen over the century, but again the gap between Native and non-Native rates remain. In 1925 the Native infant mortality rate was 170 infant deaths per thousand live births, while the non-Native rate was 90. By 1955 the Native infant mortality rate had dropped to 90 infant deaths per thousand live births, while the non-Native rate had dipped to below 35. And by 1985 the gap still had not closed; the Native rate was 20 infant deaths per thousand live births while the non-Native rate was half that.¹⁰⁶

In the post-war period the government began to increase funding for medical services to Native people. From less than \$50,000 in 1900,¹⁰⁷ the budget increased to \$2 million in 1945, and to more than \$200 million in the early 1980s.¹⁰⁸ A recent study of the issue of health care

¹⁰⁶T. Kue Young, Health Care and Cultural Change: The Indian Experience in the Central Subarctic, (Toronto: University of Toronto Press, 1988), p. 45.

¹⁰⁷CHC, Sessional Papers, "Joint Committee", 29-30 May 1946, p. 11.

¹⁰⁸Young, p. 95.

and Native people by T. Kue Young concluded that the achievement of political, social and economic power by Native peoples and self-determination must precede the technical, Euro-Canadian solutions to the people's health care needs.¹⁰⁹ The great paradox identified by commissioner Reed and faced by countless other bureaucrats continued. Despite increasing expenditures on Euro-Canadian health services the health status of Native peoples still lagged behind the Canadian average. Health care delivery to Native peoples has become more costly and technical but it continues to serve its bureaucratic and medical masters instead of the people in whose name it was established.

The nineteenth-century Euro-Canadian perception that Native people were unable to cope with the biological rigours of "civilization" has not been dispelled. Indeed the notion is regularly reinforced by casual references to the poor health status of Native peoples. In 1932 the pre-eminent Canadian anthropologist, Diamond Jenness, concluded in reference to the Athapaskan people of the Mackenzie Valley, "The trading posts that destroyed their economic independence destroyed also their weak moral and mental fibre, dissipating any resistance they might have offered to the tuberculosis that now seems endemic...."¹¹⁰ The views

¹⁰⁹Ibid. p. 129.

¹¹⁰Diamond Jenness, Indians in Canada, 7th edition (Toronto: University of Toronto Press, 1977), p. 263.

of the biological determinists of the 1980s, with which we started this study, can be seen as the direct intellectual descendants of this line of reasoning. They argued that the meeting of immune and non-immune resulted not only in the death of the individual but also the death of the indigenous culture and spirituality. It seems an increasingly untenable position, but unfortunately it survives.

In an otherwise excellent overview of Native-White relations in Canada, historian J.R. Miller maintains that tuberculosis was a most destructive disease, "to which Indians did not have an acquired immunity."¹¹ The implication is that other, non-Native people, had somehow acquired an immunity to tuberculosis. There is but one way to acquire immunity to the diseases of poverty such as tuberculosis, and that is to acquire an immunity to poverty itself.

¹¹J. R. Miller, Skyscrapers Hide the Heavens: A History of Indian-White Relations in Canada, revised edition, (Toronto: University of Toronto Press, 1991), p. 212.

Conclusion

The history of disease and health care of Native people on the prairies is not a particularly proud one. Native people were declared wards of the state, children in law, and that was justification for government to protect and then coerce. For most of the 100 years after the Treaties were made the Canadian government consistently denied responsibility for the health care of Native people. The Treaties were made to aid the people in the transition to agriculture. But disease ate away at the edges of any progress they made. There could be no economic growth without good health, and good health was impossible without economic growth.

Disease, accidents, and hunger were not new to the Plains people. The bison economy was not perfect, but it had provided for most of the people most of the time. Plains cultures developed complex strategies and ideologies to cope with disaster. The shaman or doctor cured some and lost some. The Plains cultures developed spiritualities to cope with those losses too. But the Plains cultures experienced a profound loss when the bison economy failed. Treaties were made with the government so that the people could adapt to the new economy, agriculture. No matter what, though, there was never enough food, clothing, or houses for those who needed them. Ironically, food rations were used by the department to keep the people hungry. The

department feared that it would create beggars if the people received for free what should be earned. Disease swept in and killed the children first. The Plains people experienced death rates that exceeded those in Canada's largest cities. The elders responded with appeals to the department for food aid, and for economic opportunity. The disaster was collective and so the collective responded. The communal rights of regeneration found in the Sun and Thirst Dances provided solace.

Some chose violence instead. Rather than die slowly by degrees, they stormed the bastion of departmental power - the ration house. There was also the creeping violence of undernourished mothers giving birth to babies who quickly weakened and died, and the children and elders who faded away with tuberculosis.

Disease on the prairies became the subject of public comment. It was difficult enough for the government to sell the prairies to prospective immigrants who favoured the United States. The immigrant community needed protection from disease that threatened to spill out from reserves. The department's medical officers repeatedly told their employers that they could not answer the problem of too little food and not enough houses. They objected to the peoples' own doctors, and the missionaries objected to the competition from the shaman and the peoples' own gods. Repression of the dances and the shaman appeared necessary

to re-make the Plains people. Once "christianized and civilized" the Plains people would be able to ward off the diseases that menaced them.

Successive governments underfunded the department so that schemes for Native nurses and tent hospitals failed to solve the problem, and only reinforced the notion that the people were resistant to treatment. According to the Liberal government, the paternalism of the previous government had caused the problem. Assimilation of the Plains people, an end to rations, and surrender of the reserves would set the people free. They were beset by demands that "real" settlers needed reserve lands. The Plains people took advantage of high wages and land values and stemmed their own decline. This second generation of Treaty people was forced to sell off their birthright in the reserves to save themselves.

Despite department denials of responsibility for the health care it became involved in providing health care. Tuberculosis, or more properly the understanding that tuberculosis could spread, caught the department's attention. The department became involved in providing a hospital at the File Hills Colony, hired a chief medical officer, established and policed quarantines, funded hospitals and dispensaries in two Alberta agencies, and undertook the medical inspections of schools. The department was pushed and prodded along this road by its

concern for the health of the Native people, but also by its concern for its own reputation and the safety of the larger non-Native community, all the while disavowing any responsibility for the health care of Native people. Tuberculosis threatened not just the non-Native community, but the department's biggest investment, education. The twin pillars of department policy, efficiency and economy, had squeezed the churches which in turn squeezed the children until tuberculosis wrecked the Industrial school system.

The department was pushed again toward the provision of health care by the vested interests of provincial and national anti-tuberculosis leagues. As tuberculosis rates in the non-Native community declined and sanatorium beds sat empty, anti-tuberculosis leagues lobbied hard for the government to fund long stays for Native patients. The hospitalization of Native tuberculosis sufferers became a priority. The BCG vaccination trials on Native infants faltered while both the vaccinated infants and the controls succumbed to the diseases of poverty. The fundamental problem, poverty, was still not addressed.

The Plains people of this study did not passively await the redress of their concerns. They consistently pointed to economic solutions to their economic problems. From Piapot's demand in the last century for fresh beef for his sick people, to the Alberta Indian Association's demand in

this century for a recognition of the economic causes of their health problems, the message has been the same. The people were not bewildered by little-understood epidemics and did not forsake their spirituality in the face of disease. The biological invasion based on immunological theory may or may not provide insight into initial contact situations, but it only obscures the history of the Plains peoples. That Plains people survived with their languages, cultures, and spirituality largely intact should be evidence enough that theories of the impact of disease must consider the people themselves.

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