

Canada Deserts Her Children

For the past seven years the writer of this article, an Anglican missionary, has been stationed at The Pas, Man. His work there brings him into almost daily contact with the Indians.

By REV. RAYMOND B. HORSEFIELD

A HUNDRED times a year an innocent Canadian is condemned to die, his only offence being that he is an Indian. No outcry is made. The Indian has no vote and hence no voice, and his tragedy has become routine.

Here comes one now. His name is Luke Partridge, and he belongs to The Pas Indian reserve in Manitoba, but it might as well be any other reserve in the Dominion. He has been ailing for several months and has resolved to consult the doctor, though he has a terrible foreboding what the answer will be. He sends a message to the doctor, and presently that gentleman arrives, makes a brief and not unkindly examination, puts Luke into his taxi, and carries him off to a hospital in The Pas. The x-ray is brought into use and reveals the ravages of tuberculosis in one lung. To any man this is hard tidings, if not irremediable; to Luke it is a death warrant.

The ordinary hospital is not suited to the care of consumptives, and staff and other patients have to be considered.

But Luke goes home to die. He lives in a little two-roomed house with his father, his mother, his wife, and five children. There is no plumbing of any kind, no window screen to exclude the clustering flies, no storm sash or double door to shut out winter's harshness. He must share his planked bed with his wife and one of the children, sick and infective as he is, or must sleep on the floor. In some other parts of Canada district nurses are provided, but where there are no nurses, what chance

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schools and district nurses, children are instructed in hygiene and avoidance of tuberculosis, but on other reservations no systematic effort is made to teach the Indian the cause and treatment of his great scourge. On many reserves the doctor comes only once a year, in the summer time, and for the rest of the year there is no provision for medical care other than a supply of standard drugs prescribed over by a storekeeper, missionary or school teacher who may, but usually does not, have some small degree of training in their properties.

The writer was official "dispenser" for the Grand Rapids Reserve for four years. Utterly untrained, he found himself charged with doctoring 150 natives, four days' journey from the nearest physician or nurse. His total equipment consisted of a generous supply of drugs, about which he knew only what was written on the labels, some bandages and lint, a pair of scissors, two surgical needles and gut, and a pair of dental forceps that he later learned to his surprise were intended for one particular tooth only. It was not surprising that the native medicine man continued to drive a prosperous business with herbs and charms and blood-letting.

Once a year the agency doctor came from Selkirk, 300 miles away, and put in a very busy day trying to diagnose the ailments of people whose symptoms he could not watch and whose language he did not understand. He dealt out yet more drugs and nostrums, pulled as many teeth (without anaesthetics) as the sufferers would permit, gave what help he could to the bewildered dispenser, and was away again in a few hours for another year's absence.

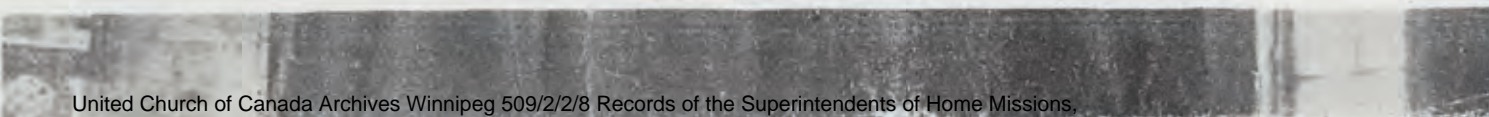
This represented the fulfilment of the white man's promise to care for the Indian when he should be sick, and the same procedure is still being followed on any number



TODAY . . .

has he of life? Worse still, what chance have any of the other eight that share his home?

The future is easy to foresee. It can be read in the story of a dozen such homes of this reserve alone—and who knows how many through the length and breadth of Canada? Let us look at one such



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of reserves in the northern parts of the prairie provinces, with the single improvement, I believe, that the drugs are now more carefully chosen and the dispenser is provided with a mimeographed sheet of information about them.

Let us look at one such.

This is Horace Whitehead's house. It also has two rooms, one downstairs and one up, a lean-to kitchen added. We knock and hospitably greeted with "Tah-wow," literally, "There is room." The conventional greeting is sadly true here. Eighteen months ago the house was merry with life. Horace was a fairly successful trapper, his wife was a capable homemaker within the simple needs and resources of the home, and was glowing with pleasure in a new cook stove that her man had been able to buy her with the proceeds of the rat hunt. The father's right hand man was his son and namesake, a fine lad of 20 years. A married daughter was at home, with a month-old baby. The others would soon be running in from school—Maria Jane, 10 years old, William 7, and Freddie 5. That was 18 months ago.

There is a Remedy

AND now? Freddie is gone; he was sicker than anybody knew at that time, with consumption. Horace Junior is gone—consumption. Lizzie's baby lasted only nine months—consumption. Mother died last spring, of consumption. And Horace is sitting helpless by the bed watching the wasted remnant of Maria Jane coughing herself daily closer to the end. Somebody ought to be looking after the father, but there is no one to do it but eight-year-old William, and William has been told he must not attend day school any more—he has consumption. This is no fiction. I have just come from that house. It is on The Pas reserve, in full view of the hospital that stands so bravely splendid just across the Saskatchewan river.

I could tell you of others. There is Hector Spence with two children left out of 11; and Widow Cowley, with only one, and plenty more, but it would only be the same story over again and again. And I see on every side a new expression coming to the faces of a people that used to smile as a child smiles. It is the expression of a patient beast that has forgotten the day when it was not abused.

Who gave all these people this fatal tuberculosis? We did; we white Canadians. Who promised to care for them when they were sick? We did. The Great White Queen, whose portrait still hangs honored in some of their homes, and is engraved on the medals their chief is proud to wear, and for whose successor some of them laid down their lives in the war, side by side with our boys—this queen sent emissaries whom the Indians believed they could trust and promised them that as long as grass grew and the Saskatchewan river rolled and the sun marched across the sky above, they would be cared for as her children, taught by her wise men and tended by her physicians. And who will take them into the sanatorium of which they have heard, when the disease we have brought them lays them low? Not we; no, not we. We maintain those sanatoria for ourselves, not for Indians.

So the Indian must stay home to fight his battle alone, to live if he can, and to die if he must. And if he infects his family, they too have the privilege of staying home and cough-

ing with him. We are very proud of our democracy in Canada. We have no color bar, we say. But the white man, when indigent, is sent to the sanatorium at the expense of a benevolent government, while the Indian in the same case is sent home to spread ruin among his dearest.

It is not as if the situation was without remedy. The remedy is known. Seven years ago the Indian department began an experiment at Fort Qu'Appelle, Saskatchewan, with a group of Indians, providing full time medical care, some segregation of infective cases, and a limited amount of hospitalization, and in five years the death rate from tuberculosis was reduced by exactly one-half. And yet over the great part of Canada nothing is being done to offer this unfortunate race the most beggarly elements of justice in the matter. A start was made last year in the allocation of \$300,000 to assist in the dominion-wide campaign to eradicate tuberculosis among Indians.

His Livelihood Fading

THE greatness of Canada's callousness is shown in the figures published by the Canadian Tuberculosis association in their last report (1936). There it is recorded that "In Manitoba the Indians are only 2.2 per cent. of the population, yet 31 per cent. of all deaths from tuberculosis were among this 2.2 per cent. In Saskatchewan 27 per cent. of the total tuberculosis deaths fell among the Indians, who are only 1.6 of the population. In Alberta

2.1 per cent. Indians accounted for 34 per cent. of the tuberculosis deaths, and in British Columbia an Indian population of 3.7 per cent. suffered 35 per cent. of the deaths from tuberculosis."

How does it come that the Indian is so extraordinarily a prey to this disease? There are several contributing factors. In the first place it is definitely known that the scourge of consumption was brought to the Indians by the white races, and found its victims with no defences against it. The same thing occurs whenever a new contagious disease is introduced among any race; it appears that many generations must pass before the race can build up a natural resistance to the infection. But this circumstance only increases our responsibility both as having introduced the tuberculosis and as having assumed the care of the sufferers.

A second operative factor is the change of living habits of the Indians, brought about by the crowding of the white people into his lands. A century ago the whole west was the red man's home. He moved his camp as often as he wished, and he knew that frequent moves were conducive to cleanliness and health. He lived out of doors all summer and in teepees of birch-bark (if anything) in the winter, and his clothing exposed his body to the wholesome sunshine. Now he is limited to a comparatively narrow space on a reserve. For the out-door life he has exchanged life in a house, almost without exception a small,

dark house without running water or sewer connections.

A more acute factor is the Indian's bitter poverty. It is true that the Indian is improvident; dealing lavishly when he has anything, and being brought to sharp straits a few days later; but the occasions when he can be lavish are desperately few. His livelihood is fading away in every direction. The white man has invaded his trapping grounds and stripped them bare with that criminal indifference to the future that has devastated large areas of prairie soil.

Spreading Infection

IN industry or manufacture the Indian cannot hope to compete with the well-organized whites, and there is very little chance of his obtaining employment even as a casual laborer. For a while the influx of white men into the north brought him welcome opportunities to earn a living as canoe man or dog driver, but the ubiquitous airplane is fast snatching even that from him.

The department of Indian affairs is making efforts to establish breeding grounds for muskrats and beaver for the exclusive use of Indians, but it will be some time before the native population can draw much benefit from this source, and in the meantime children must go to school breakfastless and half-clad, and the sick and infirm die half of starvation and half of disease.

On reserves where there are residential



Luke Partridge, an Indian of The Pas reserve, Man., shares his room with his wife and children.

mimeographed sheet of information about them.

What remedy can be offered for this disastrous state of affairs that besmirches our national honor and menaces our health by maintaining hot-beds of infection in our midst? The remedy is to hand if we would but use it. Every church working among the Indians has its residential schools that are supported mainly by the government (but partly by missionary societies of those churches) and administered mainly by the churches (with some oversight from the government). The pupils of these schools are selected with care from the reserves, and the basis of the selection is health, not need. The healthy ones may go to school, the sick, and especially the consumptive, must stay at home. In recruiting pupils for residential schools, precedence is always given to orphans and neglected children.

So the hale learn for 10 years to cultivate farms such as they will never see again, to tend strange domestic beasts, and to operate household and agricultural machinery that they will never again handle as long as they live. They solve algebraic equations, and analyze and parse passages in English or French, and learn the principal industries of Timbuctoo and the height of Popocatepetl.

Then at 16 or 17 years of age they must go back to the trap-line and the hunt. They have half forgotten their native tongue and are as strangers among their own people. Meanwhile the tuberculous stay-at-homes have been spreading the disease. The air in the houses is thick with contagion, and every man has been

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What Is the Solution?

CONVERSION of Indian residential schools into hospitals to care for tubercular Indians, as suggested by the author of this article, Rev. Raymond B. Horsefield, as a measure for combatting tuberculosis among Canadian Indians does not find complete support among authorities on Indian affairs. An official of the Indian and Eskimo residential school commission of the missionary society of the Church of England in Canada informs *The Star Weekly*: "The conversion of the residential schools into hospitals would be a retrograde step. The Indian population of Canada has increased in recent years from 108,000 to 112,000 and the residential schools, by removing children from conditions such as those described in the early part of the article, have contributed to this increase." He also points out that during the fiscal year ending March 31, 1937 the total earned income of all Indians in Canada from sale of farm produce and from wages, was \$2,833,257. Total population was 112,510, giving an average earned income per capita of \$25.18.

The *Star Weekly* would be interested to hear from readers suggestions for measures that might reduce the spread of tuberculosis among Canadian Indians.

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infecting his neighbor. What chance has anybody got to escape it?

The system is absurd. Those who could survive the strenuous life of the trapper are debarred from attempting it, and those who are unfit for it are offered nothing else. The infectious who should be segregated are compelled to stay at home with the babies and younger children, while the non-infected are taken to school. Admittedly the consumptives would not make a brilliant showing at school if they were sent there, but what of that? Life is more than manners and the body more than geometry. And on the other hand the healthy would learn just as much book knowledge at a day school as at the residential school and with it the useful lore of the trap-line instead of the unusable technique of the diesel tractor or the electric washing machine.

It may be admitted also that a few pupils of the boarding schools make good and show the benefits of their long segregation by entering the white man's world as teachers, missionaries or nurses. After 15 years of life among Indians I would estimate the number who do so as about half of one per cent. of those who attend such schools. It is said that many more could and would qualify for the professions if positions were available for them.

Provision could easily be made for all such by establishing or retaining one or two boarding schools for the healthy who show

real promise during four years at a day school, making entrance to these select academies an honor to be achieved only by competitive examinations. Of all the rest of the schools I say, in the name of God, or for the sake of humanity, throw them open to the hapless there, feed them and nurse their consumptives; care for them there, feed them and nurse them and teach them the rules of life.

Meanwhile we who are on the reserves, missionaries and teachers and Indian agents, will set about clearing up the existing mess and converting these slums into places where the little ones have a reasonable chance of growing up.

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