

**First Nations Health in Saskatchewan
1905 – 2005**

The purpose of this paper was to develop research specifically for the Western Development Museum's exhibits to celebrate the Saskatchewan centennial.

**Western Development Museum/Saskatchewan Indian Cultural Centre
Partnership Project**

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Introduction

This research paper will examine and review First Nations health, beginning with the signing of the treaties. It will define the meanings and provide explanation of the negotiation of the Treaty 6 "medicine chest", and finally how First Nations health was built around this concept. First Nations people were a part of the road to universal medicare. The paper also examines pre-contact conditions, the arrival of the Europeans and how First Nations were immediately affected by the diseases, epidemics, and the long term effects of residential schools. The health problems that arise from over-crowded and inadequate housing conditions will also be addressed, and current health issues such as diabetes, cancer and AIDS and any other matters related to health care programs will be examined.

Treaty Right to Health Care

The Treaties are sacred and enduring, and both parties agreed that they were to last “so long as the sun shines and the river flows and the grass grows.”¹ **In the summer of 1876, Treaty 6 was signed with the Cree at Fort Carlton and Fort Pitt. The First Nations carried on with their traditional ceremonies and used spiritual symbols to make it clear that they would continue to exercise their authority and jurisdiction over health. However, eventually, through provisions of the *Indian Act*, the practice of traditional medicine was prohibited in favour of Western practices.**

In the early days the creation of treaties was the mechanism by which both the French and British Crowns sanctioned relationships for peaceful coexistence and non-interference with the sole occupants of the land, the Aboriginal Nations. Pre-Confederation treaties were entered into with Aboriginal nations on a nation to nation basis. The French and British Crowns recognized and respected Aboriginal Nations as self-governing entities with a distinct system of law and governance. Treaties continue to be the mechanism preferred by most Aboriginal people today.

The recognition of Aboriginal nationhood became unbalanced when alliances with Aboriginal Nations were no longer needed. As the non-Aboriginal population grew in numbers, non-Aboriginal governments abandoned the cardinal principles of non-interference and respectful co-existence in favour of policies of confinement and assimilation. In short, the relationship between Aboriginal and non-Aboriginal people was based on colonialism.

The mutual relationship between the Crown and First Nations that was created solely to maintain the livelihood of both parties was the Treaty. The 1763 Royal Proclamation indicates that

all Our [George III's] loving Subjects, as well of our Kingdom as of our

¹ Treaty No.6, online at http://www.landclaimsdocs.com/treaty/pdf/t_treaty6.PDF

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Colonies in America, may avail themselves with all convenient Speed, of the great Benefits and Advantages which must accrue therefrom to their Commerce, Manufactures, and Navigation, We have thought fit, with the Advice of our Privy Council to issue this our Royal Proclamation...²

meaning that there was a need to begin Treaty negotiations with the First Nations. The intent of the Treaties, from the Crown's perspective, was to obtain from First Nations "the surrender of large tracts of land, to establish friendly relations with the Indians in return for promises of aid with respect to education, farming, hunting, medicine, annual cash payments and other matters."³

Prior to contact First Nations peoples were well adapted to their environment because of their subsistence lifestyles and traditional spiritual practices. There were First Nations health systems prior to contact which helped maintain good health and treat illnesses in traditional ways based on distinct spiritual traditions, beliefs, teachings and knowledge of medicinal plants. In general, aboriginal peoples, although prey to various bodily ills, were relatively healthy⁴, free from substance abuse, and were overall mentally, physically, emotionally and spiritually balanced. Indeed, the special relationship with the land, the traditional way of life, which included hunting, trapping, gathering and fishing, served to keep First Nations people healthy as they learned survival skills and preserved their knowledge of the land.

First Nations people had their own forms of government, complete with full rights as governing nations, recognized and supported by their respective tribes. Because of this they were able to practise their own health customs for they had traditional medicine people who were respected as healers. Knowledge about land-based medicines was attained through family, medicine people and by following closely the spiritual practices in the relationship to the Creator and His gifts, including the land and all its resources, families and all the people. Traditional protocol was practised through the offering of gifts (tobacco) to the land in exchange for plant medicines, gifts to medicine people when asking for help with an illness or difficult times. One could say that First Nations were in relatively good health prior to contact.⁵ Of course, these traditional medicines were also used to assist the newly arrived European neighbours.

² The Royal Proclamation 1763, paragraph 1. Text online at <http://www.ccrh.org/comm/river/docs/royalproc.htm>

³ Office of the Treaty Commissioner 1998 Statement of Treaty Issues: Treaties as a Bridge to the Future, p. 62

⁴ For an examination of this issue and an excellent bibliography, see Jett, n.d. "Paleopathology: Early Diseases Affecting American Indians." Conjoint 530 Syllabus: Issues in Indian Health: Past, Present & Future, Chapter 1. University of Washington, School of Medicine, Native American Center of Excellence, Seattle, Washington. Published on the internet at <http://staff.washington.edu-jett-FullSyllabys.pdf>

⁵ Young 1988 Health Care and Cultural Change, p. 54

Arrival of Europeans

As access to land and other natural resources diminished, the health status of First Nations people went down significantly due to the emergence of famines and epidemics. Epidemics like smallpox (1700s) and measles (1870s) whooping cough (1870s) and tuberculosis (1900s) were the cause of high death rates among First Nations people.⁶ **Prior to Treaty, there were reports that the Hudson Bay Company (HBC) was providing medicine to the First Nations people to help fight the deadly foreign diseases. Many traders were truly anguished at the plight of First Nations communities. Medical aid in the form of primitive vaccines was essential in slowing the spread of epidemics, important to the Hudson's Bay Company's continued economic wellbeing.**

From the First Nations perspective, Treaty Six (held) many symbolic parallels to the older unwritten accords forged with the Hudson's Bay Company. Treaty coats were the equivalent of captain's coats; annuities and other recurring allowances recalled the annual gift of the fur trade; and government commitments to provide relief, medical aid and education served the same ends as the HBC's practice of providing liberal credit to the able bodied and aid to the elderly, sick and destitute.

However, it soon became apparent that First Nations would need to acquire medicine from Europeans to help them in combating these new diseases.

Treaty 6 Medicine Chest

When First Nations finally agreed to the Treaty, the Commissioner took the promises in his hand and raised them to the skies, placing the treaties in the hands of the Great Spirit.⁸

In August 1876, Alexander Morris, representing the British Crown, was sent to negotiate with the Cree at Fort Carlton. The negotiations came about due to the epidemics that plagued the First Nations people which traditional medicines could not combat or cure. At the same time, First Nations people were worried about famine because the buffalo were no longer available as the main source of food.

Treaty 6 was negotiated at Fort Carlton and Fort Pitt in 1876 between the Plains Cree, Willow Cree and other bands. The devastation of European diseases that were ravaging First Nations people resulted in a request to "*make provision against years of great starvation.. and the small pox (that) took away many of our people, the old, young and*

⁶ Waldram *et al.* 1995 Aboriginal Health in Canada, p. 150.

⁷ Office of the Treaty Commissioner 1998 Statement of Treaty Issues: Treaties as a Bridge to the Future.

⁸ The late Elder Norman Sundhild (Thunderchild First Nation), November 12, 1997, Treaty Elders Forum, Jackfish Lodge, Cochin, Saskatchewan. Translated from Cree.

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*children.*⁹ Keeping in mind that the intent of the Treaties, from the Crown's perspective, was to obtain from First Nations "the surrender of large tracts of land, to establish friendly relations with the Indians in return for promises of aid in respect to education, farming, hunting, medicine, annual cash payments and other matters."¹⁰ The Crown's Treaty negotiators offered medical doctors and medicine prior to, during and after the signing of the western treaties. The Treaty 6 Medicine Chest that "*shall be kept at the house of each Indian agent for the use and benefit of the Indians*" was understood to mean that the Crown was now responsible for the provision of health services and resources to First Nations.

Aspects of the Treaty 6 Medicine Chest

A medicine chest shall be kept at the house of each Indian agent for the use and benefit of the Indians at the discretion of such agent.¹¹

Treaty negotiations made arrangements for health services supplied and maintained by the Governor. The supply of medicine simply meant that whatever is required to maintain proper health would be provided, including provisions for the poor, the unfortunate and the handicapped. Today, the federal government pays for non-insured health benefits.

Currently,

First Nations benefits include transportation to the nearest hospital or treatment site, prescription drugs listed on the drug formulary, dental coverage predetermined by government policy, vision care, mental health crisis intervention and medical supplies and equipment. In the view of the Federal government, regardless of the Treaties, a determining factor in the approach to First Nations health status is the continuing and active participation of the provinces. Therefore, the provincial government also continues to provide insured health services for First Nations people.

Personal Stories

Treaty Day is a significant aspect of Treaty 6 as stated in the following:

...And further, that Her Majesty's Commissioners shall, as soon as possible after the execution of this treaty, cause to be taken, an accurate census of all the Indians inhabiting the tract above described, distributing them in families, and shall in every year ensuring the date hereof, at some period in each year, to be duly noticed to the Indians, and at a place or places to be appointed for that purpose, within the territories ceded, pay to each Indian person the sum of five

⁹ Office of the Treaty Commissioner 1998 Statement of Treaty Issues: Treaties as a Bridge to the Future, p. 62.

¹⁰ Office of the Treaty Commissioner 1998 Statement of Treaty Issues: Treaties as a Bridge to the Future, p. 62.

¹¹ Federation of Saskatchewan Indian Nations n.d. Indian Treaty Rights, "The Spirit and Intent of Treaty to Health", p.1

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*dollars per head.*¹²

(i) Treaty Day- Lorraine Cameron

Treaty Day was established in part to fulfil Treaty 6 as cited above and also to review the progress of the medical services delivered to First Nations people and to ensure that the health care entitlement was kept to date with modern medical practice. Treaty Day has evolved from a two or three day celebration to the current one-day barbecue affair.

When I was at the age of 7 years old in 1956, I recall that no one missed Treaty Day in the community. Our entire family would go to the Day School where the event took place. We would go in the long line up to get our chest x-ray. This huge portable X-ray machine was used. The little ones would have to stand on high boxes to take their x-rays.

After this, we would go to get our medical where a nurse and a doctor were present. The nurse would check if the children were up to date with their immunization, if not, she would administer the needle right then and there. The doctor would do a general check up and a lot of children would get sent to Prince Albert Victoria Hospital to get their tonsils removed straight from there without having a chance to go home after Treaty Day. Such was the case with my older brother and I. We were taken to Prince Albert to have our tonsils removed. After the surgery, my brother was brought over to my ward to visit me and he no sooner got there and he fainted – needless to say we did not have a visit.

We were in different wards because of our gender. After two to three days in the hospital we were transferred over to the Indian Nursing Home to spend a few days in recovery before we were discharged to go home. After seeing the nurse and the doctor, we would then proceed to go to the line up where we would receive our treaty payment of \$5.00 each for every member of our family. Treaty Day was a huge community picnic, there was food, sport activities such as ball tournaments and different games were played. It was also a time when the community got together to visit each other and share their stories. Today, the activities that take place at Treaty Day are very different.

(ii) Small Town Doctor Services- Lorraine Cameron

My father once told me about an army doctor by the name of Dr. Pare who took up his residence in the town of Duck Lake, near the Beardy's & Okemasis First Nation in the early 1940's. He knew this doctor quite well but as a little boy also remembers a Dr. Touchet who resided close to St. Michaels Residential School. Dr. Touchet was the first doctor he remembers in the small town of Duck Lake.

¹² Treaty 6, online at http://www.landclaimsdocs.com/treaty/pdf/t_treaty6.PDF

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My father remembers when he would hook up the horses to the caboose to fetch the doctor and bring him to our house when one of us took sick. In one instance “there were three of us children who were sick in bed,” he recalls, “most times the doctor would give a penicillin shot” which at the time was thought to be the ‘be all and the cure all’ for every illness. But my father said he also gave pills and cough medicine out of his little office in the basement of his house. I recall that little office when I was a little girl going to see the doctor and I also remember him coming to our house carrying a black doctor’s bag. He was a very well liked doctor by the community. He retired in the early ’60s.

My parents also talk of a nursing home in Duck Lake in the 1940s to early 1960s where Dr. Pare delivered babies or requested people to go there in instances where he thought they should be close to the doctor. A midwife by the name of Mrs. Lerat ran the nursing home in her house. It had about eight beds in total. My mother recalls having her first five children at this home and having the last four of her children at the Rosthern Union Hospital which is about twelve miles from Duck Lake.

My father once told me that when he was about 8 years old, he had an appendix attack and because there was no other means of transportation, he and his parents took the train to Prince Albert from Duck Lake to go for his emergency surgery at the Holy Family Hospital in Prince Albert. He said it was not until the 1940s that we had a caboose. Prior to that it was an open sleigh.

When my father was in residential school, they were not seen by a doctor when they were sick. Instead a nun who was a nurse by the name of Sister St. Ovide looked after them. There was no such thing as an eye test or dental care in the school. There was no immunization but rather a routine dose of castor oil and cod liver oil administered by the school nurse. At home, they were given skunk grease which prevented pneumonia, sore throat and a cold or any other disease.

Speaking of “skunk grease”, this brings to mind another story told by my father about a Hungarian farmer who went to an Indian trapper requesting for medical assistance for his fourteen year old daughter. The girl had had a very bad infection on her leg that would not heal and that the doctor told them that her leg would quite likely have to be amputated. The Indian trapper set out to find a skunk who was hibernating at the time. He was successful in finding one and he went on to make his medicine. He applied the medicine to the girl’s leg and healed her leg. As a result, the farmer believed and respected the Indian way of traditional medicine.

(iii) Life Experiences of My Grandmother- Lorraine Cameron

My grandmother was born on July 25, 1906. She will be 97 years old in July 2003. I have been so fortunate to have her tell me some of her life experiences. Some are happy stories in the time when my grandfather was still alive and they would work to make a good living for their fourteen children. My grandfather farmed and had grain, cattle, pigs and chickens. In the fall, they would make flour at the Rosthern mill and the flour would last them a year. My grandmother milked cows and made butter, cottage cheese, puddings and custards with the milk. She separated the milk to make cream. They had eggs and chickens to eat. She used to sell her eggs in Carlton for 15 cents per dozen. She had a garden every spring and canned the vegetables, she also canned plums, peaches, pears, berries. They picked wild strawberries, raspberries and saskatoons.¹³ **She said, “my kids were not hungry. I fed them with garden stuff and milk.” They were never hungry. In the winter my grandfather would slaughter a cow, pig and chickens.**

The children ate healthy foods off the land. Sometimes, in the summer, my grandparents would go cut pickets. My grandmother said, “the mosquitos would kill us but we kept on cutting. Grandpa would sell the pickets to the butcher shop to be used somehow for smoking and he would use some around the barn at home.”¹⁴

She went on to share the following story,

Oh yeah, it was hard, I worked by myself digging potatoes in the fall while your grandfather was working in the field and tending to his cattle. It was hard to clothe my children but the nuns at the residential school would give me clothes which had also been given to them and I sewed. I used to make dresses for my little girls, there was no pants then for girls. Jackets, I made for the girls and the boys. The boys’ overalls were full of patches. I had three little boys and I sewed the patches by hand before I got a sewing machine. The little girls use to be so proud of their dresses that were made from old dresses that were given to me.

I used to make them hats with organdy dresses. I use to wash the organdy material, the lilac and yellow flowered organdy use to look so nice. I made my own pattern to make a hat and I use to starch them. I use to make a little homemade rose and use black velvet ribbon to tie around the hat. One day my neighbor asked

¹³ Elder Mary Ernestine Gardipy 2003 Oral interview

¹⁴ Elder Mary Ernestine Gardipy 2003 Oral interview

*'where did you find those hats your little girls are wearing?' I told her I made them from old dresses but I don't think she believed me.*¹⁵

My grandmother must have taught her children well because her daughters are good seamstresses and garden every year.

My grandmother also made her own lye soap to wash her clothes on a scrubbing board or to wash the wood floor in the house. She needed to make the soap so that their clothes and floors would be clean and healthy place to live. She said she would place a small can of lye in either a crock pot or an enamel pot and add fat or hard tallow, along with water and either borax or resin. If she used borax her soap was white and if she used resin her soap was a gold colour. My grandfather had made her a heavy duty square box where she would pour this in and wait for several days until it dried and then she would cut it into square bars of soap. My grandmother laughed and told the story of how one day one of her son-in-laws used this soap to have a bath. She said that he must have burnt his skin.

My grandmother told me that when her children were small they would see Dr. Touchet and later on they saw Dr. Pare. She said, "one time I had cut my finger on a can and got a very bad infection. Dr. Touchet cut my very swollen finger with a knife and I fainted." She remembers a green Zamboc ointment he used or Dr. Chase ointment that was white. My grandmother also recalls having an abscess on her breast while she was breast feeding. This time it was the other doctor that lanced her breast. He cut it and held a bowl to get the blood and puss that came out. There was no freezing used that time. She was told not breast feed from that side after that. She had two more children after that and she only breast fed from one side.

Sometimes, when the children were sick they would take them to the nurse, Sister St. Ovide. She said that her favourite remedies were castor oil, cod liver oil, camphorated oil or a hot ginger drink. Camphorated oil was used for aching bones: she would put a towel that was warmed up on the wood stove around the leg. Sometimes, my grandmother would use traditional medicines when her children had a fever. She used a root that she would boil and make a medicine tea.

My grandmother recalls her thirteen year old daughter contracting tuberculosis from St. Michael's Residential School.

...when we use to go see our children she use to be sick but she

¹⁵ Elder Mary Ernestine Gardipy 2003 Oral interview

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would still play and we did not know what was wrong. Each time we would pay a visit to the school she was not feeling well. Then one day the farmer instructor came to tell us that our little girl was at the sanatorium. We were not even told on the day she had been taken to the San. Our daughter came out of the sanatorium when she was sixteen years old and now has only one lung. We knew she got the sickness from school because on Treaty Day at the old Agency house, x-rays were given every year for T.B. No one was sick with this from the family. I also have another daughter who had T.B. after she had five children. My daughter stayed in the sanatorium for nine months. I kept two of her children and the other grandmother kept the other three children for the nine months. My youngest daughter had tuberculosis when she was 21 years old and stayed in the san for almost five months.

I had a little boy named Sidney who was born in August, 1926. At eight years old he got sick in school with a flu and he was sent to have a bath when he was sick. The bath house was very cold and he got worse. Your grandfather and I were not told that he was sick and when we found out he was sick we were not allowed to bring him home. We would go to check on him at the school and go to visit him. We finally brought him home and we took him to Rosthern hospital. He was sick from February, March and April. We went to see him at the hospital and he did not even open his eyes. He had meningitis. He died at home in April in 1934.

Nancy was born in 1922 and was our oldest child. She had been asked to be a bridesmaid for a wedding and her grandmother was glad that she would be a bridesmaid. Her grandmother got her dress made and got her ready for the wedding. On the day of the wedding, her grandmother came to get her and she did not want to get up. She was upstairs in the house. She said, 'I do not want to go, I am not feeling well'. She was menstruating at the time. She was coaxed by her grandmother to go and they left to the wedding; this was in winter, in February. She got very cold and her menstruation stopped instantly. In the next two months she stayed in bed upstairs until finally we had to move her down because I had other little ones to take care of beside her. She never did get her menstruation again and she died in April at sixteen years old. Her grandmother and I sat with her when she died and her last word was "mom".

In 1938, I lost an eleven month old baby boy by the name of

*Raymond . He died of pneumonia. Two years later, in 1940, I had another baby boy whose name was Joseph. He was five months old. On February 5, 1940 he also died of pneumonia. It was so hard.... My breasts were so sore because I was breast feeding. It was so cold upstairs. The house was so cold.*¹⁶

(iv) My Aunt's T.B. Story- Lorraine Cameron

My aunt told me her story about her bout with tuberculosis. In 1965, she was twenty one years old living in Alberta with her husband and their two small children when they were requested to go for the T.B. skin test on the arm. She said everyone else did not have a reaction except her and as a result she was asked to go for a chest x-ray in Bow Island, Alberta. She went to have her x-ray and a week later she received a letter from her family doctor notifying her that she had tuberculosis and must go to the Calgary Sanatorium. She said that she did not know what to think or what to do. Her husband was working there but she did not know what to do with her two small children and she was also three months pregnant at the time. She decided that they should move home back to Beardy's Band and figure out what to do from there. When they returned her husband found a job right away as a child care worker at the St. Michael's Student Residence. She did not bother to go into a sanatorium for treatment. Then, the time came when her baby was to be born and she had her baby in the Rosthern Union Hospital, six months after she moved home. One day in the hospital, she was breast feeding her baby and the nurse came in and took the baby without saying a word or offering any kind of explanation. Apparently, the doctor in Alberta had known the time that she would be going in to give birth and had notified the hospital of her condition. At three days old, she had to leave her newborn son in the hospital while she was transferred to the Saskatoon Sanatorium. She stayed there for four and a half months getting a needle every day along with 20 pills per day. After that, she was released and able to go home to her family. Her newborn had been raised by her mother in law. They kept a close watch on her and needed to go for check ups every three months, then every six months, then once per year and then they finally advised her that she need not come back anymore.

(v) Information from Elders transcripts

DENE ELDERS:

Lucy Robillard of Black Lake, says the Dene people used many kinds of natural medicines. Labrador tea was used to cure many ailments. The *Labrador plant* is an aquatic perennial herb with long narrow sword shaped leaves. They were gathered and boiled to be used for headaches

¹⁶ Elder Mary Ernestine Gardipy 2003 Oral interview

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and stomach problems. *Rat root* was used for migraines. Another natural medicine is the *puffball fungus*, a wild mushroom that at maturity releases spores through an opening when crushed with the feet. It was used to stop bleeding from cuts. The mature puff ball can be torn open and the inside surface of the skin with its cottony mass is applied to the wound. The spores were also used to prevent chaffing and used as a baby powder in the moss bag.

She goes on to speak of how the women of the past were strong; they walked until they were ready to give birth; the women and the midwives would stop and the men would move ahead with their hunting gear. If it was wintertime the women would stop and make a bed out of spruce boughs for the pregnant woman. The other women and children would build a fire to heat snow in order to clean the mother and baby. After birth they would rest for a while and have something to eat and continue their journey. The new mother would place the newborn next to her warm skin and put her snowshoes back on and continue with the others. An old midwife described the trail behind the new mother was like following a wounded caribou. The trail of the new mother resembled the trail of a wounded animal.

Rat root was used for toothaches. It was also worn around the neck as a protection from enemies. Elder Ralph Paul says that cough medicine was made from chokecherries and raspberries and that cranberries were used to cure heartburn. Cranberry when eaten raw was good for fever. Dandelions were also utilized for fever and to make wine.¹⁷

A very good antibiotic was taken from the tamarack tree. It was used for burns, boils, frostbite, hemorrhoids, infected wounds or any other wounds. Some people drank the juice for depression. It was also used as incense. Another plant that grew on rocks was a lichen called rock tripe. It was used when food sources were scarce. It was also used to remove tapeworms and acts as a detoxifier.¹⁸

Problems and inadequacies in Health Care Programs / Current Issues

There are several factors that contribute to the present state of First Nations health.

These include:

- the capping of First Nations funding on the basis of federal and provincial budget constraints rather than on the basis of need;
- on-going jurisdictional disputes in health regarding the provision of health services to First Nations on and off reserve;
- First Nations governance structures with insufficient jurisdiction and accountability to meet the health needs of the community.

First Nations people acknowledge that the provincial and federal health systems are facing

¹⁷ Saskatchewan Indian Cultural Centre 2002 WDM First Nations Elders' Transcripts. Elder Ralph Paul.

¹⁸ Saskatchewan Indian Cultural Centre 2002 WDM First Nations Elders' Transcripts. Elder Pat Robillard.

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escalating pressures on their limited financial resources. First Nations believe that it is the responsibility of the federal government to find the means necessary to support the development of an appropriately financed First Nation health system. First Nations believe that inter-governmental transfer agreements between the federal and provincial governments need to be reviewed and disagreements should not curtail access to quality health services by First Nations people.

Portability of the Treaty right to health, and respective governmental responsibilities for the provision of health services for First Nation members must be resolved. There is a disagreement between the federal and provincial governments as to who has jurisdiction for First Nations health services off-reserve. Provinces have jurisdiction for paying for insured health services costs under a publicly funded health system that is universal, comprehensive, portable and accessible. Insured services are largely limited to hospital and physician services. The federal government currently provides funding for community based health programming, largely on the basis of policy rather than recognition of legal obligation under Treaty for providing health services.

The provinces believe that a special Treaty relationship exists between the federal government and the First Nations. If a Treaty right to health flows from this special Treaty relationship, then the province believes that the federal government must meet this obligation.

There is some uncertainty regarding the nature of the formulas used in the various inter-governmental agreements. The federal government asserts that provinces already receive funding for providing universal health care including First Nations people. The province agrees that federal/ provincial transfers do include the First Nations people but also believe the funds provided do not cover actual costs associated with providing services to First Nations people. The First Nations believe the federal and provincial legislative and fiscal matters need to be reviewed and amended in accordance with the First Nations jurisdiction. The funding of health programs and services need to be resolved. Federal funding allocated to First Nations must be increased. Federal funding for capacity building is tied to health transfer status. First Nations who do not sign full health services transfer agreements are effectively penalized by receiving lower levels of overall resources with which to build capacity in their respective communities.

Where First Nations wish to use traditional medicine, issues that need to be resolved concern funding, regulation and liability. Different beliefs exist among First Nation people as to whether or not to licence and/or regulate traditional healers. Some believe they should be regulated while others believe that healers cannot be regulated and that it is the Creator who chooses to give healing powers and the choice should be left to the individual if they want to use them.

Epidemics in First Nations Communities

In the early 1900s references to 'lazy' Indians occur repeatedly throughout government reports. The Indians were victims of circumstance over which they had no control. The First Nations

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people may have been thought of as being lazy, but in fact they had come in contact with the diseases brought by Europeans and were becoming sick. Epidemics such as smallpox, scarlet fever, diphtheria, polio, measles and influenza broke out in Aboriginal communities. In most cases, the illnesses devastated the communities, taking many lives. During the period between 1914 and 1930 Aboriginal people went through hard times. Those who were not sick had to feed the sick and the starving with milk and fresh meat. They also took care of the dying and often had to bury the dead while being ill themselves.

Community members of Cumberland House contribute this story:

In 1914, influenza swept through this small community. It struck in the brunt of winter taking many lives with it. All it left in the minds of the surviving was the dreadful thought of the influenza's deadly blow. So many people were sick that no gravediggers could be found. All the corpses were kept in a warehouse at the mission until spring, only to be chewed at by some half starved dogs. Coffins were built from lumber obtained from dismantled porches. Mr. Dougald McKenzie made a very good hunt of caribou during this crisis and went from house to house to feed the sick and starving with milk and fresh meat.¹⁹

Diseases Among Aboriginal people – Diabetes, Cancer and Aids

(i) Diabetes

Among First Nations people the rate of occurrence of diabetes is triple the Canadian average, based on age standardized rates. In 1991, 6.5 % of First Nations people over the age of 15 report that they have been diagnosed with diabetes. This is based on the information from Stats Canada's 1991 Aboriginal Peoples Survey.²⁰

(ii) Cancer

From 1959 to 1978 cancer has been responsible for an increasing number of First Nations deaths, but its frequency as a cause of death has now declined.

The reasons... are unclear, but may be related to differences in the stage of disease at diagnosis and access to and utilization of available health services. ... While many consider cancer to be a 'mystery' disease, many risk factors – preventable by either individual or societal means- have been known for some time. One of the most important of such risk factors is cigarette smoking. ... The high prevalence of smoking among Aboriginal people is evident....²¹

(iii) HIV/AIDS

Among Aboriginal people, HIV/AIDS has continued to increase steadily over the years. Knowledge about HIV/AIDS in most First Nations communities is lacking as verified by Janis

¹⁹ McKay *et al.* 1988, p. 42

²⁰ Bobet 1998, Table 1, p. 7

²¹ Waldram *et al.* 1995, pp. 84-85

Walker of the Native Women's Association of Canada.

It's hard to convince (Aboriginal) leaders that AIDS is more important than (high) suicide level(s)... AIDS (is) a lower priority and resources (are scarce) in First nation communities.²²

(iv) Tuberculosis

Needless to say, the tuberculosis story is vast. This deadly disease has struck at the very core of First Nations communities. Tuberculosis among Aboriginal communities in Saskatchewan began in the early 1880s, reached its peak in 1886 and then gradually declined. With the improvement of living conditions, the death rate fell considerably. There were several factors in the everyday life of the Indians which accounted for the high mortality rate of tuberculosis.

Such factors include:

- P No previous experience with the disease and therefore no built up immunity to it.
- P Crowded living conditions in which isolation of the sick was impossible. Elders talk about the houses as being one room muddled shacks with a coat of whitewash to make it look cleaner and brighter. My grandparents talk of whitewashing a small one room shelter for their home.
- P Diet change and malnutrition due to a rationed existence, a lack of sanitation – inexperience with methods of maintaining cleanliness – a lack of medical assistance and effective preventive programs.

Health Care

The emergence of government health services began in 1857 when the British North America Act transferred the responsibility of Indians and the lands reserved for Indians to the new Federal government. However, it does not mean that the Federal government began providing health services were provided to First Nations immediately.

In 1945, Indian Health Services were transferred from Indian Affairs to the Department of National Health and Welfare – the dawning a new era in Health Care for First Nations. The government has always maintained strict control over the lives of First Nations people. In 1969, the government released the White Paper. The intent of the paper was a proposal to assimilate Indian people into the general Canadian population. A year later the First Nations people responded with the Red Paper stating that First Nations people would be in control of their lives and governmental systems.

The Indian Health Transfer Policy was adopted on April 11, 1986 by the Minister of National Health and Welfare. Indian Bands, Tribal Councils, Agencies and District Chiefs were given the go ahead to submit proposals to transfer health services from the Federal government

²² de Burger 1995, p. 1

to Indian Control. Agreements have now been signed for the funding to be decentralized from Medical Services Branch to Indian Bands.

Health Services Facilities - Hospitals, Health Clinics, Red Cross Outpost Hospitals

In 1917 an Indian Hospital opened in Fort Qu'Appelle with 70 beds expanding to 325 beds in 1925. Other Indian hospitals emerged in different areas in the province. In the 1930s, Northern Saskatchewan nursing outposts became the means by which Native Health care was provided in the remote north. In 1946 free Air Ambulance Service was offered in the northern settlements, providing access to doctors and better-equipped hospitals. In 1950 the Province of Saskatchewan had four Outpost Hospitals. Later they became nursing stations.

There were hospitals that served the First Nations communities such as Standing Buffalo, Piapot and other southern Bands by the Fort Qu'Appelle Hospital. The North Battleford Indian Hospital served the surrounding reserves of Red Pheasant, Mosquito, Sweet Grass, Poundmaker, Littlepine, Moosomin, Saulteaux and Thunderchild.

Conclusion

The Indian people managed quite well until the onset of diseases introduced during their early contact with settlers and soldiers. The introduction and use of Western medicine, the dependency on doctors and the forced removal of Aboriginal children from their homes to attend residential schools were interventions that caused the near loss of the knowledge and use of traditional medicines. Today, First Nations people are once again exercising their right to the use of traditional medicine. However, there needs to be a commitment to maintain traditional healers and to provide them access to land for gathering medicinal plants and other traditional medicines. These healers must also have the opportunity to share their knowledge with future generations so that this gift is not lost.

Options for integrating Western and First Nations medical practices and practitioners need to be studied. In the view of First Nations people, the federal government needs to extend funding to on-reserve health systems so that traditional practices can be integrated at the local level.

Finally, traditional knowledge about the many uses of medicine would not only benefit First Nations people but also the greater community. During interviews, Elders from Montreal Lake shared stories about how early settlers benefited from the knowledge of First Nations healers when they became ill – perhaps the descendants of these early settlers can also benefit from this knowledge today.

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