A Voice of Presence: 
Inuit Contributions toward the 
Public Provision of Health Care 
in Canada, 1900–1930

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Faced with issues of Arctic sovereignty, the Canadian state moved, often reluctantly, 
to address the health and welfare concerns of Inuit. Caught between a fear of creat-
ing dependency and being accused of neglecting its responsibilities, the Canadian 
government’s response during the period 1900 to 1930 was confused and inconsist-
ent in its attempts to reconcile commercial interests — particularly those of the 
Hudson’s Bay Company — with concerns for sovereignty and Inuit welfare. Inuit 
voice — and observations of that voice — highlighted the necessity for the state’s 
involvement and emphasized the role and impact of commercial ventures such as 
the HBC on public health. The “voice of presence” — an Inuit contribution to 
public health policy in Canada — should not go unrecognized.

Face à la problématique de la souveraineté dans l’Arctique, l’État canadien s’est 
attequé, souvent avec réticence, aux préoccupations des Inuits en matière de santé 
et de bien-être. Coincé entre la crainte de susciter la dépendance et celle d’être 
accusé de négliger ses responsabilités, le gouvernement canadien a, durant la 
période 1900–1930, tenté dans la confusion et l’incohérence de concilier les intérêts 
commerciaux – en particulier ceux de la Compagnie de la baie d’Hudson – et les 
préoccupations en matière de souveraineté et de bien-être des Inuits. La voix des 
Inuits – et les observations de cette prise de parole – ont fait ressortir la nécessité 
pour l’État d’intervenir et mis l’accent sur le rôle d’entreprises commerciales telles 
que la CBH et leur impact sur la santé publique. La « voix de la présence » – 
une contribution inuite à la politique de santé publique du Canada – ne devrait 
pas passer sous silence.

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WHY BOTHER? The question looms large in trying to explain why the Canadian federal government paid any attention at all to the health conditions and welfare needs of Inuit in the Canadian Arctic at an historical moment when it had only reluctantly acknowledged any responsibility whatsoever for the health of non-Aboriginal Canadians. In the North, concerns for Arctic sovereignty, the activities of traders and missionaries, and the fate of Arctic game populations drew attention to what had been, prior to World War I, a remote, relatively unknown, and unimportant fragment of the Dominion of Canada.¹

The development of the state’s willingness to address the medical needs of Inuit — however reluctantly — can be explained in relation to these concerns: as a demonstration of sovereignty, as a response to economic considerations, as a cultural and ideological (principally church-driven) response to Inuit as a “primitive fragment of empire” and as objects of charity, and as a pragmatic response to threats posed to the health of southern Canadians. The Hudson’s Bay Company (HBC), with posts in the eastern Arctic since 1911, depended on Inuit trappers. This brought Inuit into contact with traders, the Royal Canadian Mounted Police (RCMP), and others who travelled north and south. Economic and political interests meshed with the formation of public policies and regulations. Fear of contagion, related to Inuit experience with diseases introduced by whalers as early as the 1840s and brought north by Qallunaat (non-Inuit) from southern Canada, forced the state to initiate a public system of care that added to the momentum being generated across the country for state provision of medical services. As had been the case for industrialization of the country during and after the war, addressing these concerns challenged a residual approach to social welfare, the idea that governments should not be involved in the private affairs of citizens (which included a personal responsibility for health) and that, “if necessary, they should do so with as little interference as possible.”² This liberal world view, accompanied by a state role in nation-building, had guided Canadian governments since Confederation.

We explore the country’s emerging northern concerns in relation to Inuit health, paying particular attention to the concept and role of Inuit voice. Our approach is one of melding political economy and a postmodern concern for “the body.” These approaches are illustrated by key texts about the history of Aboriginal health in Canada. The approach taken by Maureen Lux in Medicine that Walks: Disease, Medicine and Canadian Plains Native People, is primarily one of political economy,

while Mary-Ellen Kelm’s work, Colonizing Bodies: Aboriginal Health and Healing in British Columbia 1900–50, as the title suggests, uses the construction of the body by social and cultural forces as a means through which to explore the history of Aboriginal health in British Columbia.3 We focus on the manner in which health and the treatment of Inuit bodies intersected with political and economic concerns, including state relations with Protestant and Catholic religious traditions, sovereignty, the economics of the HBC, and the implications of disease spreading from Inuit to non-Aboriginal people in southern Canada.

The Voice of Presence
Reference to Inuit voice may seem entirely superfluous. It goes without saying that Inuit had a voice and discussed among themselves, and with whalers and traders, the changes taking place in their culture, commencing with the arrival of whalers in Cumberland Sound, Baffin Island, as early as the 1840s.4 Inuit were hired as crew and general labour to serve the whaling industry. Like Aboriginal populations elsewhere in North America exposed to new strains of bacteria and viruses, Inuit in some locations had their numbers considerably reduced by disease introduced by whalers in the nineteenth and early twentieth centuries.5 Inuit also died of starvation as a result of many congregating in the vicinity of whaling ships and investing their time and energy working for the whalers, thereby limiting their efforts to store food for the harsh winter months.6

Syllabics, as a form of reading and writing in Inuktitut, was introduced to Inuit in the eastern Arctic in the mid-1890s by Reverend James Peck, an Anglican missionary who by 1897 had produced a syllabic Bible that he distributed at the mission and whaling station on Blacklead Island in Cumberland Sound. Despite this introduction of a written form of Inuktitut, no direct correspondence from Inuit regarding their health or health needs in the early part of the last century has, to date, been found in the archival record. Not until well after the Second World War did Inuit start writing letters from southern sanatoriums to relatives left

3 Maureen Lux, Medicine that Walks: Disease, Medicine, and Canadian Plains Native People, 1880–1940 (Toronto: University of Toronto Press, 2001); Mary-Ellen Kelm, Colonizing Bodies: Aboriginal Health and Healing in British Columbia 1900–50 (Vancouver: University of British Columbia Press, 1998).
4 Marc Stevenson, Inuit, Whalers and Cultural Persistence (Toronto: Oxford University Press, 1997).
6 Marc Stevenson, writing in Inuit Whalers and Cultural Persistence, cites Boas, who had estimated that as many as 1,600 Inuit inhabited the shores of Northumberland Inlet in the 1840s. He notes that contact between whalers and Inuit contributed to Inuit starvation (p. 74). He also notes original and secondary sources reporting outbreaks of cholera, consumption (tuberculosis), pleurisy, colds, and fevers (p. 76).
behind in the north.’ What we have from the period in question are detailed observations on the health and lifestyle of Inuit by anthropologists, including Diamond Jenness, Franz Boas, Vilhajalmur Stefansson, and members of the Danish Fifth Thule Expedition (notably Knud Rasmussen and Peter Freuchen), as well as police officers and visiting government and other officials.

The Inuit voice is therefore one of an implicit presence. In Western culture, the printed or spoken word is clear evidence of presence. In fact, even the spoken word — as evidenced by the struggle to have oral testimony accepted in land claims and other cases involving Aboriginal people — has proven to be inadequate in proving presence or occupancy. People whose voices are not recorded, who cannot produce documents, or who are silenced by fear have little or no presence. Their lands and resources have consequently been seen as “empty” and “for the taking.” Their physical condition was often doubted, overlooked, or rationalized by colonial administrators. The attention paid to the written (and sometimes the spoken) word in Western cultures has facilitated colonial relations of ruling. In fact, as Hugh Brody observes, for Inuit, fear (ilira) of Qallunaat both silenced individuals and at the same time evoked a response of “yes” to questions that would otherwise have generated a “no.” Inuit presence, in and of itself, is an important form of voice. The Inuit body speaks in the manner in which it moves from camp to trading post, in defiance of game regulations. In unimpeded travel across the straits between Ellesmere Island and Greenland (a fact of relevance to sovereignty), people establish a presence that others must interpret. Particularly relevant to our immediate concern, the body, in sickness, as the French theorist Michel Foucault argues, is “read”; it is subject to the gaze of the medical professional who, armed with Enlightenment logic, can see what is otherwise hidden.

In the absence of a direct voice, the testimonies of non-Aboriginal officials provide some insight into the communication taking place with Inuit.

8 Mike Davis provides many examples of this in the handling of global famines by British and other colonial administrations in India, Brazil, and elsewhere in the late 1800s and early nineteenth century. See Mike Davis, Late Victorian Holocausts: El Niño Famines and the Making of the Third World (New York: Verso Books, 2001).
9 Hugh Brody, The Other Side of Eden: Hunters, Farmers and the Shaping of the World (Vancouver: Douglas and McIntyre, 2000). Ilira is, however, a “root” word that can be used to build relevant ideas about fear. Iliranartut (fearful), kappianartut (intimidating), and iliranartualuulaurmata (we feared them) are appropriate ways to describe how Inuit felt about many of the Qallunaat.
10 Michel Foucault The Birth of the Clinic: An Archeology of Medical Perception, trans. A. M. Sheridan Smith (New York: Vintage Books, 1994). Foucault argues that the Enlightenment glorified the clinical gaze. It could diagnose without words — without, in fact, needing the voice of a patient — and this penetrating gaze gave the medical profession its special power and status.
For example, Dudley Copland, in a biography of the first physician to work among the Inuit of Cumberland Sound, writes: “Dr. Livingstone often related some of the more amusing incidents. The patients tended to reverse the role of patient and doctor and diagnose their own complaints.”\(^{11}\) In some cases, Inuit resisted the doctor’s gaze and having their bodies “read” by a Qallunaat expert. In other circumstances, Inuit accepted the interventions by Qallunaat physicians or showed ambivalence to the care offered them.

What happened to the health of Inuit in the eastern Arctic was similar to what happened to that of Aboriginal populations elsewhere in Canada as they were introduced to diseases for which they had little or no resistance.\(^{12}\) While government documents permit some detailed examination of these events in the case of southern Aboriginal populations, not until after the Second World War were detailed records of the health implications of the colonial presence created. Our knowledge of what happened early in the twentieth century is therefore limited.\(^{13}\) Nevertheless, archival records provide some insights into the health problems experienced by Inuit, at the same time as they reveal other reasons for the expansion of the medical gaze into the Canadian Arctic.

**For the Sake of Sovereignty**

Between 1900 and the Depression of the 1930s, the Canadian government was anxious about its claims to Arctic territories. These had been ceded to Canada by Great Britain in a series of transfers commencing in 1870 with Rupert’s Land and the Northwest Territory, over which the HBC had nominal control. In 1880 Britain transferred the remaining British Territories in North America, including the Arctic Islands. The earlier presence of American whalers, Norwegian claims to the Sverdrup Islands (settled in 1930), the discovery of oil at Norman Wells in 1920, numerous foreign expeditions that ignored Canadian requirements for permits, and a general American unwillingness to recognize Canada’s claims to Arctic waters all raised concerns for Canadian sovereignty. The Dominion, consolidating claims through Arctic expeditions of its own, contributed to the identification of Inuit as objects of anthropological curiosity and enquiry, and by extension as objects of a medical gaze.

\(^{12}\) For example, see Lux, *Medicine that Walks*; Kelm, *Colonizing Bodies*; James B. Waldram, D. Ann Herring, and T. Kue Young, *Aboriginal Health in Canada: Historical, Cultural and Epidemiological Perspectives* (Toronto: University of Toronto Press, 1995).
\(^{13}\) Some insight into what happened in the Mackenzie District of the western Arctic can be found in Walter J. Vanast, ““Arctic Bodies; Frontier Souls”: Missionaries and Medical Care in the Canadian North, 1896–1926” (PhD dissertation, University of Wisconsin-Madison, 1995).
Commencing early in the century, Canadian expeditions responded to perceived threats to the country’s sovereignty, the most serious of which was the Norwegian Otto Sverdrup’s expedition of 1898–1902 that discovered three uncharted islands to the west of Ellesmere Island. This prompted the first Canadian government expedition (the Lowe expedition of 1902–1903), voyages into the eastern Arctic (1904–1913) by Captain Joseph Bernier, and expeditions undertaken by Vilhjalmur Stefansson, both the Stefansson-Anderson Expedition of 1908–1912 and the Canadian Arctic Expedition (1913–1918), in which Diamond Jenness was a notable participant. Having made preparations without official Canadian government sanction, the Fifth Thule Expedition (1921–1923) undertaken by Knud Rasmussen, Kaj Birket-Smith, Thirkel Mathiassen, and Peter Freuchen along the west coast of Hudson’s Bay and Foxe Basin to the northern tip of Baffin Island, with Rasmussen working his way all along the Arctic coast west to Nome, Alaska, raised further unease.

Concerns over Arctic sovereignty and the desperate need for a formal Arctic administration were further exacerbated by a fishing dispute between Norway and Denmark that drew attention to Otto Sverdrup’s discovery of several Arctic islands 20 years earlier. Further alarm was generated by the American Donald MacMillan’s plans in 1925 for an expedition to explore Ellesmere Island. Added to this was Lieutenant-Commander Richard E. Byrd’s planned attempt to fly over the pole — without Canadian permission. Canada’s claims rested on the Inuit presence and the government’s willingness to exercise both care for and authority over them. Sovereignty was therefore a consideration in the introduction of Western medicine to Inuit.

**Economic Expansion, the Hudson’s Bay Company, and Inuit Health**

The introduction of Western medicine to the Canadian Arctic accompanied the opening of HBC trading posts above the tree line. By 1911 the company had two posts on the coast of Hudson’s Bay at

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16 Morris Zaslow, *The Northward Expansion of Canada, 1914–1967* (Toronto: McClelland & Stewart, 1988). Writing about the Fifth Thule Expedition, Trevor Lloyd suggests that Stefansson’s influence with the Canadian cabinet of the day did not help the Danes in their attempts to organize the expedition. Stefansson was not, he suggests, interested in any effective administration in the remote parts of the eastern Arctic nor any possibility of foreign interests that might interfere with his plans for a commercial musk-ox operation on Baffin Island. See Trevor Lloyd, *The Danish Fifth Thule Expedition, 1921–23 and Reforms in the Administration of Northern Canada* (Ottawa, ON: Canadian Historical Association, 1981).
17 Ibid.
Eskimo Point (Arviat) and Baker Lake (Qamani’tuaq). In 1912 it opened a post at Chesterfield Inlet (Igluligaarjuk). Prices, initially depressed by the war in Europe, surged in 1916 as fur found a new fashion market centred on New York. The trade expanded almost exponentially. By 1929 there were 70 fur trading posts operating in the Canadian Arctic at 58 locations.18

The relationship between the HBC, the state, and responsibility for the health of Aboriginal people in the North is complex. In 1906 the Department of Indian Affairs placed a small sum in the parliamentary estimates intended to provide assistance to Inuit “to establish the principle that these aborigines are also under our control.”19 However, just who was responsible for Inuit was by no means clear. In 1923 W. W. Cory, Deputy Minister of the Department of the Interior and Commissioner of the Northwest Territories, complained, “There is no one Department, or any Branch of one Department, that has the care and the interests of the Eskimo people at heart.” He then suggested that the Northwest Territories Branch of the Department of the Interior should assume this responsibility.20 However, in 1924 responsibility for Inuit was given to the Department of Indian Affairs. Four years later, it was handed back to the Northwest Territories and Yukon Branch.

In general, in remote regions the HBC administered “relief” on behalf of the government and also bore responsibility for the health of Indian and Inuit populations trading at its posts. In the 1920s, at the same time as the HBC was expanding its activities in the eastern Arctic, more Qallunaat trappers were also entering the region, along with independent traders, thus threatening the monopoly of the HBC as well as the livelihood of Inuit and Indian populations dependent on the fur trade.21 Where Inuit and Indians could not make a living trapping because independent Qallunaat trappers were depleting Arctic regions of fur-bearing animals, their well-being — and the financial interests of the HBC — were negatively affected.

19 Library and Archives Canada [hereafter LAC], RG 85, Vol. 786, File 5997, pt. 2, memorandum addressed to Duncan Campbell Scott, Deputy Superintendent of Indian Affairs, written by G. C. Conku, Inspector, RCMP, October 6, 1922. The memorandum was intended to clarify matters related to a complaint received from Reverend Emmanueul Duplain regarding the welfare of Inuit, particularly in relation to the trading activities of the Hudson’s Bay Company.
20 LAC, RG 85, Vol. 1127, File 250–1–1, pt. 1–A, memorandum from W. W. Cory to Mr. Finnie, Re: administration of Eskimos in the N.W.T., Ottawa, November 23, 1923. Cory was Deputy Minister of the Department of the Interior and Commissioner of the Northwest Territories.
After the depression (1919–1922) that followed the First World War, there was a steady decline in the economic well-being of Aboriginal people dependent upon the fur trade, the result of the increasing costs of supplies needed by Aboriginal trappers and, significantly, because of furs taken by non-Aboriginal trappers. The health and food-related problems of Inuit were also exacerbated by the trading policies of the HBC, as had been true of its trading relations with Aboriginal people in the sub-Arctic fur trade. While expecting Inuit to divert their energy and attention away from subsistence hunting toward the trapping of Arctic fox, HBC posts were often ill-equipped to meet their subsequent need for rations. As the fox fur trade fluctuated in cycles, stocking posts and predicting the demand for goods and ability to pay was not an easy job, and, at the time, competition was minimal. Shortages resulted, as illustrated by the following note from RCMP Inspector C. G. Conku in 1922:

The Eskimos here, like all Eskimos, are a healthy, good natured, hard working people, and I believe had they been given half a chance would make good. The Hudson’s Bay Company in years past only sent a small outfit to this Post. They had no opposition so it was not necessary, and nearly every year would be out of necessaries before Christmas, which is the main reason for the reports that these people are destitute and even starving.

He continued, “This is a serious reflection on the trading methods of a Company who is at present giving much publicity to its honourable history, about to be written.” For the next 50 years, many RCMP officers criticized the relationship between the HBC and Inuit. Other government officials shared similar apprehensions. In the 1930s the Northwest Territories Council debated the impact of Qallunaat trappers on Inuit participation in the fur trade. At the same time, Dr. Leslie Livingstone, working with the Anglican hospital at Pangnirtung on Baffin Island, commented that, if Inuit were not healthy, they were not likely to be effective trappers. An Inuit population that could not make a living trapping implied a population that depended on government relief, administered in most cases by the HBC. With good reason, government officials were concerned that the HBC was skimming profits from Aboriginal people

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24 Ibid.
when times were good and fur prices high, and increasingly restricting the practice of advancing credit when times were bad, thereby throwing Inuit trappers onto government relief. As Arthur Ray has shown, extending credit during good times and restricting credit as well as reducing the quality of goods available for purchase at local posts when fur prices declined or resources in a given area were depleted were long-standing practices of the HBC.26 Relief was given “in kind.” The HBC stood to profit either way: when times were bad, the venerable company made money providing Inuit with basic supplies, for which the government paid.

The question of health intersected with this complex reality. Keeping the population healthy was seen as an investment. As O. S. Finnie, director of the Northwest Territories and Yukon Branch, wrote in 1928,

Today the Canadian Government subsidizes the Territories, not altogether in a spirit of philanthropy but as an investment from which it will draw dividends. The value of the natural resources of the country is undoubted. To develop them to the best advantage the cooperation of the native population is most essential, and the expense incurred in their care and improvement will be amply repaid.27

Dealing with the health of northern Aboriginal people — including Inuit — presented many challenges to the state prior to World War II. Their presence and relationship with the HBC made state intervention necessary, as the economic interests of the HBC were also a government concern. Having a population of Inuit who were healthy, capable of serving the interests of the HBC, and not dependent on government relief was a consideration that drew attention to the provision of health care to Inuit.

Canadians at Risk
Trappers from outside represented a threat to the health of Inuit, and in return Inuit threatened the health of Qallunaat trappers and, by implication, the Canadian public in general. This relationship and possible route for the transmission of disease became firmly etched in the minds of Canadian officials by what was arguably the most significant public health event in modern history, the 1918–1919 flu pandemic. By some estimates, one in six Canadians was affected and 50,000 died. Influenza accounted for “32.6 percent of all death claims against life insurance companies in Canada in 1918.”28 The impact of the flu was most severe for

Aboriginal populations in the Mackenzie Basin and the Yukon. Limited supplies of serum were issued to the Northwest Mounted Police for distribution to northern Aboriginal people in the spring of 1919, despite an earlier refusal to do so. What happened in the eastern Arctic is largely unknown, but, in light of records of subsequent outbreaks, it is reasonable to surmise that the impact of influenza was considerable. Throughout Canada, the epidemic had a large economic impact, encouraging calls across the country for the creation of a federal department of health. Initially reluctant to involve itself in a matter clearly within provincial jurisdiction, the Dominion government bowed to public pressure and created the federal Department of Health in April 1919.

These events presented a number of challenges to Arctic administrators. The moral dilemma was unavoidable. Introduced by Qallunaat, smallpox, measles, flu, and tuberculosis constituted a public health threat to the entire Canadian population as trappers, RCMP officers, and clergy travelled back and forth between the Arctic and southern Canada. A number of issues and sensibilities thus coalesced to make intervention in the medical health of Inuit a national concern. The ethical dilemma of transmitting disease from non-Aboriginals to the Inuit and the social construction of Inuit as “child-like” played upon the sensibilities of a mainstream Canadian population that was overwhelmingly non-secular and, at the time, firmly wedded to Christian charity and helping the deserving.

“Innocent children,” however defined, headed the list. In the spring of 1925 O. S. Finnie invited Knud Rasmussen to Ottawa to speak to the territorial council. Rasmussen put forth a number of recommendations: that northern administration be expanded; that trapping and trading by non-Inuit be curtailed, as non-Inuit trappers were seen to be depleting the resources upon which Inuit depended; and that health services in the Arctic be extended. Given Rasmussen’s fears over the possible extinction of Inuit from disease and Finnie’s parallel worries about Canadian sovereignty, as well as the general fear of contagion and the “humanitarian”


30 The portrayal of Inuit as children is ubiquitous in popular writing about the North until the 1960s. Inuit were consistently portrayed as child-like: as innocent, gullible, and simple-minded children, needing considerable guidance in their development. The following are typical of statements found in many popular articles dealing with Inuit. Reporting on the trial of two Inuit accused of murdering a Catholic priest in 1913, the Edmonton Journal described the Eskimo as “having a child-like mind” (Government of the Northwest Territories Archives [hereafter GNWT], Alex Stevenson Collection, N92–023 A.5 Box 31, “Blood Stained Cassocks and Robes and Bibles Produced in Evidence Against Eskimo,” Edmonton Bulletin, August 15, 1917); “If an Eskimo has found that you are telling him a lie, he will never trust you again, and ordinarily they are as trusting as children” (“Eskimos Completely Guileless, Honest, Dr. Thomas Melling Tell [sic] B. and P.W.,” Calgary Herald, November 14, 1941).

31 Lloyd, The Danish Fifth Thule Expedition.
interests of the Canadian church-going public in the “child-like Eskimo,” momentum developed toward a definitive intervention in the health field.

**Early Interventions**

Usually, the possession of a territory and exploitation of its resources accompany attempts at the ideological conversion of the local indigenous population. The same colonial principles were followed in the Arctic. The provision of medical services by missionaries represented one way of gaining influence over the souls and bodies of Inuit. In providing these services, missionaries often convinced themselves that Inuit valued their medical interventions, and missionaries thus often overlooked or underplayed Inuit resistance to Western medicine. As the Anglican Bishop of the Arctic put it:

> Medical work helped a great deal in building up an influence which afterwards became a dominant factor in turning people to Christ. They readily saw the value of proper treatment for disease, and even their conjurers came to the missionaries when suffering. Afterwards many of them reasoned that since the teachers were there to do good, their religion must be good too.32

In this way, health provision created a space for the introduction of Christianity. Doctors were initially to be medical missionaries. In 1894 Reverend E. J. Peck insisted that the two missionaries J. C. Parker and E. W. T. Greenshields, before being sent to the whaling station at Blacklead Island, Cumberland Sound, first spend one year training at Livingstone Medical College in London, England.33 The power of Western medicine was, presumably, to be connected to the conversion of Inuit to Christianity.34

In contrast, the first secular physician sent into the eastern Arctic was L. E. Borden, who accompanied the Lowe expedition of 1903–1904. The Lowe expedition wintered at Fullerton Harbour, the site of American whaling fleets in the eastern Arctic, and the government asked Borden to report on Inuit health. Writing later in life about his experiences, Borden noted that angekoks (shamans) often sought his expertise and that Inuit readily agreed to be examined by him. He

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34 Considerable detail about these efforts can be found in E. J. Peck, *The Eskimo*, in Anglican Church of Canada General Synod Archives, Peck Papers, MS6–1, Series 37(11).
suggested that he got along well with them because he did not interfere with “[the angekok’s] spiritual offices.”

I never had any difficulty with the angekoks. I had the consent of one of the angekoks for surgical treatment from cataract operation to circumcision [sic] and even for post-mortem. He often asked for help from me in medical matters. I found a ready willingness amongst the Eskimo to submit to a medical examination which made my report to the Dominion Government possible.

This attitude contrasts sharply with the approach taken by E. J. Peck, who, in attempting to convert Inuit to Christianity, set out to destroy the credibility and practices of angekoks.

Borden discovered cases of tuberculosis and a few cases of tertiary syphilis among Inuit at Fullerton Harbour. His descriptions of the living conditions of the whaling crew suggest that “primitive” would have been language better applied to Qallunaat than to Inuit living near the ship’s winter quarters. Consistent with ethnographic practices of the day, Borden set out to measure everything and anything he could pertaining to Inuit bodies. By comparison, he recorded little of their conversation, and what we subsequently have as a record of his efforts is a voice of presence.

He also noted an event that would be recorded in northern medical reports for the next 50 years. Every time a ship arrived at a location where Inuit were gathered, the population developed colds and often more serious medical problems. At Port Burwell, Arctic Quebec, Borden made the following observations:

One Moravian told me that during the summer the Eskimo had experienced an epidemic of German measles with a frightful death toll. This was the first epidemic of its kind and these Eskimo had, of course, no acquired immunity. The fact of this lack of acquired immunity was brought to my attention very forcibly later on. On the voyage we had occasion to visit a camp of Eskimo who had never seen white people before. About eighteen or more women and children arrived in a good sized umiak [boat]. As far as I knew there was not a sign of a cold on board as not a sneeze nor cough had been heard. Inside of an hour or two, these Eskimo, who upon our arrival had no evidence of cough or cold, were practically all sneezing and coughing.

36 Ibid., pp. 45–46.
37 Peck, The Eskimo.
38 Borden, “The First Canadian Government Expedition to the Arctic,” p. 16.
Subsequently, Kakwallnait started advocating on behalf of Inuit. Commencing in the early 1900s, both Peck and Wilfred Grenfell, the Moravian missionary and physician practising in Labrador, lobbied the federal government for “Baffin Land” — to no avail. However, by 1913 the government was more inclined to listen. J. D. MacLean, assistant deputy to the Department of Indian Affairs, requested that Grenfell provide the Department of Indian Affairs with some indication as to the salary that might be involved and the number of Inuit to be served. MacLean cautioned that “the appropriations placed by Parliament for expenditure among the Eskimos are very small.” In May 1914 Duncan Campbell Scott, appointed deputy superintendent of Indian Affairs the previous year, committed the department to providing a salary of $1,250 and an allowance of $450 for medicine and rations for a “medical man” for Baffin Island. However, the matter was sidelined by the First World War and the HBC’s suspension of credit to Aboriginal trappers when the British Board of Trade postponed fur auctions. The decision placed considerable pressure on the Department of Indian Affairs to provide relief for Indians across the country. Funding a medical man for Baffin Island was no longer a priority.

In January 1918 Scott, again for financial reasons, declined to renew the offer made some four years earlier. The following year, Scott once again responded to requests for a medical man for Baffin Island, this time from the Anglican Bishop John George Anderson of Moosonee. Scott recommended to the Minister of the Interior, Arthur Meighen, that “the missionaries should be responsible for his selection, because if we were to select a man, he might not be specifically interested in the missionary work or might be antipathetic or hostile to the work of the mission.” A year later, and after considerable lobbying by the church and failed attempts by Scott to convince the Prime Minister that the request should be addressed, Scott wrote again to Bishop Anderson telling him that no funds were available for this purpose. By this time, the country was in the throws of a post-war depression.

39 LAC, RG 29, Vol. 2779, File 822–1–X850, pt. 1, letter from J. D. MacLean, Assistant Deputy and Secretary, Department of Indian Affairs, to W. T. Grenfell, Esq., M.D., Labrador, April 3, 1913.
40 LAC RG 29, Vol. 2779, File 822–1–X850, pt. 1, memorandum from the Deputy Superintendent General, Duncan Campbell Scott, Department of Indian Affairs, May 30, 1914.
43 LAC, RG 29, Vol. 2779, File 822–1–X850, pt. 1, memorandum to Hon. Mr. Meighen from Duncan Campbell Scott, Deputy Superintendent General, Department of Indian Affairs, February 14, 1919.
Languish to Anguish: The Fifth Thule Expedition and the Arctic Administration of the 1920s

In April 1921, in response to the discovery of oil at Norman Wells and continuing concerns over Arctic sovereignty, the Department of the Interior was reorganized and the Northwest Territories and Yukon Branch created, along with a new territorial council. The branch took over responsibility for the welfare of Inuit from the Department of Indian and Northern Affairs. Up to this point, the department had succeeded in doing virtually nothing to address Inuit health and well-being. Heading the branch, to be located at Fort Smith in the western Arctic, was O. S. Finnie, former mining inspector with the Department of the Interior. Documents related to the activities of the newly appointed territorial council indicate the concern for communicable diseases. These included the ratification of a Communicable Diseases Prevention Ordinance on January 12, 1921. The legislation quickly became relevant. The following summer, an epidemic of smallpox broke out among Aboriginal populations in northern Alberta and quickly spread into the Northwest Territories. In this climate of concern for health-related matters and the desire to exert sovereignty over the Arctic archipelago and Ellesmere Island, Leslie Livingstone was hired as physician aboard the C.G.S. Arctic on the first Eastern Arctic Patrol of 1922.

While physicians regularly ignored, in their written record, anything communicated to them by Inuit, Arctic anthropologists were inclined to do otherwise. Members of the Fifth Thule Expedition (1921–1923) paid attention to the spoken word of Inuit. Rasmussen, a skilled ethnographer, collected an account from Orulo, one of Rasmussen’s key informants near Repulse Bay (Naujaat), of her father’s death. After recounting stories from her time as a child at Igloolik (recorded by Rasmussen at Idglulik), she spoke about what appeared to be a death from pneumonia or possibly tuberculosis at a place called “the Mountain.”

Father grew worse and worse, and when at last we saw he could not live much longer, we put him on a sledge and carried him off to a neighbouring village, where he died. I remember they wrapped him up in a skin and carried him away; the body was laid out on the bare ground, with its face toward the west. My mother told me that this was because he was an old man; when old men die, they are always placed so as to look toward the quarter whence the dark of evening comes; children must look towards the morning, and young

47 “The Mountain” was a reference, at the time, to Baffin Island.
people toward the point where the sun is at noon. This was the first I ever learned about the dead, and how we have to fear them and follow certain rules. But I was not afraid of my father, who had always been kind to me. And I thought it was unkind to let him lie there out in the open, all in the cold with no covering; but my mother explained that I must no longer think of him as in that body, for his soul was already in the land of the dead, and there he had no longer any pain. 48

Orulo’s account makes clear the relationship of sickness, death, and Inuit spirituality. In its acceptance of death and reference to Inuit cosmology, it seriously challenges the images conveyed by clergy and government officials at the time. It also brings attention to the importance missionaries attached to making the connection between Western curative powers and a project to challenge Inuit spiritual beliefs, replacing them with those of Christianity.

Historians agree that in the early twentieth century Inuit remained very much in control of their own lives and that they had a cosmology and practices that were healthy — meaning optimistic and positive — even in the face of difficulties and deprivations. This healthy mental attitude undoubtedly had implications for their overall well-being. The following A-ya-ya songs, also recorded by Rasmussen, convey the sense of optimism.

I arise from rest with movement swift
As the beat of a raven’s wings
I arise
To meet the day
Wa-wa
My face is turned from the dark of night
To gaze at the dawn of day,
Now whitening in the sky. 49

I will walk with leg muscles
Which are strong
As the sinews of the shins of the little caribou calf.

I will walk with leg muscles
Which are strong
As the sinews of the shins of the little hare.

49 Knud Rasmussen, *Groenland au Pacifique: deux ans d'intimité avec des tribus d'esquimaux inconnus* (Paris: Editions du Comité des travaux historiques et scientifiques, 1994), p. 37. These songs were given to Rasmussen by Aua, living in the vicinity of Repulse Bay (Naujaat), Nunavut Territory.
I will take care not to go towards the dark.
I will go towards the day.\textsuperscript{50}

This latter song, reportedly sung when one’s \textit{komatik} (sled) was particularly heavy, was intended to improve one’s mood and outlook. Inuit had songs for occasions when one was haemorrhaging, for when one’s child was sick, and for making animals come when one was hunting. What subsequently happened undermined Inuit voice. Their confidence had been shaken by the introduction of diseases with which they had no previous experience, and their world views and “ways of making sense” were undermined and replaced by Christian doctrine. Inuit were increasingly afflicted by diseases introduced by traders and even by those on board the Eastern Arctic Patrol vessels that, commencing in 1922, made annual trips north to supply RCMP posts, to address administrative matters, and, ironically, to deal with Inuit health and welfare. In 1931 the government continued its Eastern Arctic Patrols by renting space on the HBC supply ship \textit{Nascopie}. In addition to rudimentary health care, government and HBC vessels brought north to Inuit additional problems in the form of colds, flu, pneumonia, and even polio acquired from crew members.

Inuit health was undermined in a myriad of ways. For example, Peck recorded in 1909 that the mission house at Lake Harbour (Kimmirut) was insulated with asbestos under the roofing boards.\textsuperscript{51} Inuit self-confidence faltered as Inuit songs, incantations, and the work of \textit{angekoks} could not deal with these new threats. Inuit health was further threatened by a relationship to a trapping industry that encouraged Inuit to work their trap-lines and purchase more food supplies, including flour and sugar, from the HBC. Changing material circumstances, not easily addressed by existing means, served to confuse and disempower people who had been formerly confident and capable of managing their daily lives, thus providing a rationale for the re-education of Inuit that became a prominent feature of government policy in the 1950s and 1960s.\textsuperscript{52}

In the early 1900s police officers in the field reported on the health and well-being of Inuit, suggesting that decreases in the Inuit population were related to starvation and to venereal disease contracted from American whalers.\textsuperscript{53} An Inuit voice of complaint emerged once the Hudson’s Bay

\textsuperscript{50} \textit{Ibid.}, p. 197.
\textsuperscript{53} It is difficult to estimate the size of the population in the Canadian Arctic at the time. The first census was taken in 1941, at which time the total population was estimated to be 7,700. See Frank Tester and Peter Kulchyski, \textit{Tammarnitt [Mistakes]: Inuit Relocation in the Eastern Arctic, 1939–63} (Vancouver: University of British Columbia Press, 1994), p. 54. It is likely, given the impact of diseases on Inuit,
Company arrived and procured their labour as trappers. C. E. Wiley, the RCMP Inspector commanding Ellesmere Island Sub-District during the C.G.S. Arctic's trip to the eastern Arctic in 1924, reported that Inuit had approached him and indicated their fear that, should they fail to capture any foxes with which to purchase ammunition, they “[would] be cut off, and thereby become subject to the horrors of that which they hate most — starvation.” The Inspector went on to note that it had been “customary in the past for the natives to get a few rounds of ammunition gratis to carry them through the summer, in the event that they were unable to purchase any, but during the past year this has been flatly discontinued.”

This statement is noteworthy, as Inuit Elders consistently report, when asked, that fear of the RCMP and an unwillingness to speak out for fear of being chastised or punished was characteristic of historical relations between Inuit and the RCMP.

Different officers viewed the policy in various ways. Some, like Corporal O. G. Petty, writing from Chesterfield Inlet in January 1926, were convinced that relief was a bad incentive and that Inuit trappers would “on the slighest [sic] encouragement stay in our settlements and live on our food, which they accept as their due and without thanks.” His possessiveness and lack of generosity was a sharp contrast to the way Qallunaat were treated when they arrived at Inuit camps in need of food and shelter. On the other hand, some public servants, including Cortlandt Starnes, Commissioner of the RCMP at the time, and Duncan Campbell Scott, concerned about how his department might be perceived in relation to the amount of money it was spending on relief, believed that the HBC was transferring to the government the social costs of its operations. They even opined that the government should eliminate the HBC from the

that the population had declined as a result of the introduction of tuberculosis and other diseases by whalers in the 1800s and was likely at a record low by the time of the first Eastern Arctic Patrol in 1922. Given a population possibly as low as 5,000, it is not difficult to understand the concern about the possible extinction of Inuit if epidemics were not controlled. Evidence of the presence of venereal disease and deaths from it can be found in a draft manuscript prepared by L. E. Borden, ship’s physician with the Lowe Expedition of 1903–1904 (GNWT, Alex Stephenson Collection, N92–023 40–5); Borden, The First Canadian Government Expedition to the Arctic; LAC, RG 18, Vol. 401, File 68–72, letter to the Comptroller, R.N.W.M.P., from the Commissioner, R.N.W.M.P., Ottawa, January 18, 1911.

54 LAC, RG 29, Vol. 2779, File 822–1–X50, pt. 1, letter to The Officer Commanding, Headquarters Division, R.C.M. Police, Ottawa, Ont., from C. E. Wiley, Inspector, Commanding Ellesmere Island Sub-District, Re: Assistance to Eskimos on Baffin Island, N.W.T., on board C.G.S. Arctic, September 20, 1924.


56 LAC, RG 85, Vol. 786, File 5997, pt. 2, letter to The Officer Commanding, R.C.M. Police, Headquarters Division, Ottawa, from O. G. Petty, Cpl. #5718, in charge Chesterfield Inlet Detachment, Re: Clothing received from Indian Department in possession of Hudson's Bay Coy.
Arctic and operate trading posts in the interests of its inhabitants. Scott suggested that Baffin Island would be the best place to start such an initiative.\textsuperscript{57}

In contrast to these parsimonious attitudes, Inspector C. E. Wiley recommended that a "medical officer be stationed at Cumberland Gulf to look after the health of Eskimos in that District. There are some 500 natives in the neighbourhood of the Gulf, some of whom are suffering from chronic or minor ailments which could be remedied by the attention or advice of an expert medical man."\textsuperscript{58} The fear of an epidemic also underpinned his recommendation, and he noted that there had been an epidemic at Pond Inlet in the spring of 1924. This and related observations appear to have been considerations hastening the development of St. Luke’s Hospital, built in Pangnirtung in 1930.

A Hospital or Not? Leslie Livingstone and the Health of Baffin Inuit

Livingstone’s contribution to the early medical history of the eastern Arctic is undeniable. He was not a medical missionary, and he worked primarily among the same population earlier attended by E. J. Peck. Inuit in the area had already been exposed to Christianity, but it is likely that Livingstone’s practice further advanced the cause of Christian conversion as the hospital at Pangnirtung was operated by the Anglican Church. Livingstone was on the \textit{C.G.S. Arctic} for each of the annual Eastern Arctic Patrols from 1922 to 1925. His first medical encounter with Inuit occurred in 1922, when he visited them in their tents and shacks on the beach at Pond Inlet. In one of these he came across a middle-aged Inuk suffering from an eye infection and treated him with ointment. According to Copland, this encouraged other Inuit with a variety of ailments, including tuberculosis, to seek his advice.\textsuperscript{59} Inuit, through their actions, made it clear, on this occasion and according to this record, that they needed and were willing to accept medical treatment from a Qallunaat doctor.

\textsuperscript{57} LAC, RG 85, Vol. 786, File 5997, pt. 2, letter to Colonel Starnes from Duncan Campbell Scott, Deputy Superintendent General, Department of Indian Affairs, May 11, 1926.


\textsuperscript{59} Copland, \textit{Livingstone of the Arctic}, p. 21. If this was the case, then it is not possible that Nuqallaq, accused and convicted of the murder of the free trader Robert James in 1923, taken south to serve his sentence at Stony Mountain Penitentiary, and returned north on the last trip of the \textit{C.G.S. Arctic} in 1925, was responsible for introducing tuberculosis to Inuit of northern Baffin Island, as claimed by Grant in \textit{Arctic Justice}, p. 244.
The next year, at Pangnirtung Fiord, Livingstone attended two men injured while loading a whaleboat by a runaway oil barrel and had to amputate two fingers. Again in 1925 Livingstone spent some time examining the Inuit population at Pangnirtung and performed minor surgery. At Pond Inlet he noted that Inuit had not fully recovered from the flu epidemic that had occurred in the spring, and amputated a badly infected finger. On the return trip, about 38 Inuit at Pond Inlet were examined by Livingstone.

Following the 1925 trip, and likely as a result of ongoing reports from RCMP officers in the field, pressure from the Anglican Church, and the previously noted concerns about sovereignty and health, Livingstone was asked to deal with the matter of a permanent medical facility for Pangnirtung. In 1926 he headed north as the ship’s physician aboard the C.G.S. Arctic. At Pangnirtung he performed a difficult operation with the help of Richard Finnie, son of O. S. Finnie. Livingstone removed decayed bone from a young boy, the result of an old case of osteomyelitis of the tibia. Copland’s record of Livingstone’s practice leaves the impression that the operations that Livingstone performed, the anaesthetic he used, and the sleep it induced became the source of considerable intrigue among Inuit who were impressed with Livingstone’s surgical expertise. From Copland’s account, based on Livingstone’s diaries, it would appear that the Inuit behaviour directed at Livingstone showed respect for someone recognized as a healer.

Livingstone stayed for the winter in a building that was to become a research station. He dealt with a gunshot wound to Dr. Ludlow Weeks, a geologist with the Geological Survey of the Department of Mines, who was also over-wintering in the settlement. In the late fall, an epidemic of chicken-pox reportedly affected every one of about 100 Inuit in the settlement, a gift of the HBC ship *Nascopie* on patrol in the eastern Arctic. As the fiords froze, Livingstone occupied his time by visiting Inuit camps. Copland suggests that the communication between Livingstone and the Inuit of Cumberland Sound was pleasant and mutual: “The novelty of having someone whom they could consult about their ailments, real or imaginary, pleased the Eskimo.”

The matter of a hospital at Pangnirtung was important to the development of Western medicine in the eastern Arctic. At the same time as Livingstone was working with Inuit in Cumberland Sound, the Church of England was busy raising money for a hospital it hoped to locate at its mission in Lake Harbour (Kimmirut). The difference between offering care through a combination of trained Inuit lay-dispensers in camps, an idea first advanced by Livingstone, and centralizing care in a hospital facility was significant. The implications for Inuit camp life and culture were

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60 Copland, *Livingstone of the Arctic*, p. 52.
considerable, as medical care would largely be offered at a location and in a facility reflecting Qallunaat practices and under Qallunaat control. Acquiring funds for a hospital — a tangible physical symbol of the Church’s mission in the Arctic — was undoubtedly easier than raising funds to support something as nebulous as Inuit lay-dispensers, particularly given the social construction of Inuit at the time as simple-minded children. As we have argued elsewhere, the physical presence of a hospital would prove to have major implications for the power of angekoks and their relationship to Inuit health practices.61 Livingstone’s scepticism about the wisdom of a hospital rather than the use of Inuit lay-dispensers was up against not only the entrenched logic of church and state, but the sovereignty and colonial agendas implied by such a facility.62

On April 25, 1927, Livingstone started north on an overland journey from Pangnirtung to Pond Inlet to meet up with the Beothic, the Newfoundland ship that had replaced the C.G.S. Arctic in carrying out the Eastern Arctic Patrol. Arriving on June 5, he headed south aboard the Beothic in the company of Group of Seven artist A. Y. Jackson and Frederick Banting, whose discovery of insulin had given him a national and international reputation.

Replacing Livingstone, Dr. F. H. Stringer was hired as the Beothic’s physician on the 1927 Arctic tour. His concern over communicable diseases was evident from his report. However, his prime concern, when the ship called at Godhavn (Nuuk), Greenland, to take on additional fuel and supplies, appears to have been the Danish government’s requirement that the crew be free of disease. Stringer’s notes focused more on this requirement than on the health conditions of Inuit that he encountered en route.63 Nonetheless, Stringer paid particular attention to cases of tuberculosis he encountered. It is likely that in many instances he mistook tuberculosis for pneumonia, both problems commonly experienced by Inuit at the time.

During the winter at several places there were epidemics of what might be influenzal pneumonia. Weakness, fever, difficulty in breathing, pain in the chest, and coughing of blood-stained spatum [sic] were some of the symptoms. As a rule the disease was not fatal, but in one place several deaths

62 Copland claims that Livingstone was sceptical that a hospital would be of much use in serving a population that was, at the time, dispersed in many hunting camps located in Cumberland Sound (Livingstone of the Arctic).
63 LAC, RG 85, Vol. 780, File 5832, attachment to memorandum for Mr. Mackenzie from O. S. Finnie, North West Territories and Yukon, Department of the Interior, October 5, 1927, p. 2.
resulted. Several natives who had suffered from the disease in the winter seemed to be in good condition when seen in July or August.\textsuperscript{64}

His anxieties about the behaviour of the crew can be inferred from other notes made in relation to the trip.

The Eskimo, no doubt, have very low resistance to a disease to which they have not been exposed before and their living conditions are favourable for the spread of disease. These precautions (a complete physical examination of every person going North on the Government boat) are necessary to prevent the introduction of communicable (including venereal) diseases.\textsuperscript{65}

Whatever the degree of focus on Inuit health, Stringer was of the opinion that “[t]he establishment of some kind of hospital building at a large centre, perhaps in Cumberland Gulf, should be considered in the near future.”\textsuperscript{66} In this, he disagreed with Livingstone and Banting. Furthermore, Stringer proposed a later innovation of the Catholic Church in the operation of its hospital at Chesterfield Inlet: that the hospital also be used for old or disabled Inuit. Stringer was also among the first to note that attempts by Inuit to copy the shacks erected by \textit{Qallunaat} whalers and traders left them with dwellings and customs “much inferior to their original conditions before the advent of civilization.”\textsuperscript{67} He then suggested that the government provide public health education about ventilation, sanitation, and hygiene to prevent the spread of disease. This was possibly the first time in the medical history of the eastern Arctic that an association between shack housing and Inuit health had been made. By the 1950s, when shack housing became a common problem as Inuit moved into Arctic settlements, the matter had still not been addressed.

\textbf{Sir Frederick Banting Wades in}

Public statements by Banting and Livingstone, upon their return from the eastern Arctic in 1927, to the effect that a hospital would be a waste of money were not likely appreciated by an administration concerned, as it was at the time, with the importance of maintaining harmonious relations with two of the most influential denominations in the Dominion: Anglican and Catholic. Banting’s comments attracted particular attention. A prominent public figure because of his discovery of insulin in 1922, Banting also exhibited a unique sense of public purpose. He turned this social

\textsuperscript{64} Ibid., p. 4.
\textsuperscript{65} Ibid.
\textsuperscript{66} Ibid.
\textsuperscript{67} Ibid., p. 5.
conscience to the situation of the Inuit he had encountered in the eastern Arctic. “DR. BANTING CRITICIZES HUDSON BAY COMPANY ON ITS USE OF ESKIMO” was the headline in the Toronto Star on September 8, 1927.68 The article noted that Banting had given the journalist C. R. Greenaway repeated instances of how the fox fur trade always favoured the company: “For over $100,000 of fox skins, he estimated that the Eskimos had not received $5,000 worth of goods.” Consistent with the health implications reported many years earlier by officers of the RCMP, Banting linked this treatment to health, suggesting that the result was a diet of “flour, biscuits, tea and tobacco,” with the skins that once were used for clothing traded merely for “cheap white man’s goods.”

Banting had not sought this press coverage. He was angry about being “ambushed” by Greenaway while on the train from Montreal to Toronto, having promised the Department of the Interior not to make any statements to the press prior to clearing them. He was reportedly furious with the reporter and refused ever to speak to him again. Historian Michael Bliss suggests that Banting may even have tried to have Greenaway fired from his job.69 Despite the outrage of the fur trade commissioner for the HBC, W. H. French — he called Banting’s remarks “false and slanderous” — Banting appears to have stuck to his position when presenting his report to the Department of the Interior.70 He noted that “infant mortality was high because of the undernourishment of the mother before birth”; that “white man’s food leads to decay of native teeth”; that “tuberculosis has commenced. Saw several cases at Godhavn, Etah, Port Burwell, Arctic Bay”; that “an epidemic resembling influenza killed a considerable proportion of population at Port Burwell”; and that “the gravest danger faces the Eskimo in his transfer from a race-long hunter to a dependent trapper. White flour, sea-biscuits, tea and tobacco do not provide sufficient fuel to warm and nourish him.” Furthermore, he discouraged the establishment of an Arctic hospital. The “proposed hospital at Pangnirtung would be a waste of money, as it could be reached by only a few natives.”71 Banting’s

69 Bliss, Banting.
71 GNWT, N92–023, 49–5, Alex Stevenson Collection, “Medical Investigation Among Eskimo,” Sir Frederick Banting (file 5713), n.d. What is particularly interesting — and somewhat perplexing — about Pangnirtung is the size of the relief bill paid by the government in response to relief given out by the HBC and the RCMP in an area that Livingstone had concluded contained ample food for the Inuit population. Furthermore, 1926–1927 was reportedly one of the best years of the 1920s for the fox fur trade. The Department of Indian Affairs (not until August 31, 1927, was responsibility for Inuit handed back to the Commissioner of the Northwest Territories and the Department of the Interior by PC 707) paid out $1,312.23 to the Hudson’s Bay Company and a further $1,025.75 to the RCMP for relief. This was the highest payout of any settlement in the NWT (LAC, RG 85, Vol 780, File 5824, attachment to memorandum to R. A. Gibson, Esq.,...
report contrasted starkly with the bland descriptions provided by the ship’s physician, F. H. Stringer.

Banting’s criticisms of the cold, mercantile approach of the HBC and its deleterious effects on Inuit health were mirrored by Rasmussen’s indignation. Rasmussen had just completed the Fifth Thule Expedition and was pressuring the government of Canada to restrain the flow of trappers and merchants to the Arctic. Prior to the departure of the Beothic on June 22, 1928, O. S. Finnie sent C. H. French a letter dealing with “Eskimo relief.” The letter sent by Finnie was cautious, referring to Livingstone and keeping Banting — whose comments had irritated the Company — out of the picture. It noted that Dr. Livingstone had made a careful study of the Inuit on Baffin Island and suggested that “in the best interests of the natives, relief rations should be confined almost entirely to meat and fish.” He recommended drying and smoking this food and storing it away to cover periods when it was not available. None of this was in the interests of the Company; by selling items it had imported, the Company stood to make profits not to be realized in any easy way from the smoking and storing of meat and fish. The relief “business” was good for the books of the Company, whether it was in the interests of the health of Inuit or not. Furthermore, Finnie asked the RCMP to cooperate in “educating the native to the importance of conserving the food supply of the country for his requirements.”

The letter continued:

Until such time as we have assisted and educated the native to the point where he has learned to conserve the food supply of the country for his own requirements, we must continue to issue him such relief as is necessary, but he should not be pampered or spoiled in the process and rations issued to him must be confined to staples. Milk, butter, bacon, etc., are luxuries from the Eskimo standpoint and should not be issued except to infants and invalids and the aged.

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73 Ibid.

74 The idea was originally Banting’s. LAC, RG 10, Vol. 6813, File 481–1–33, letter from F. G. Banting to O. S. Finnie providing supplementary details on his report on the Canadian Arctic Expedition of 1927, November 8, 1927, p. 2.

75 Ibid.
Therefore, while the state had increasingly been forced into addressing the social costs of the HBC’s activities and policies, it clearly did so reluctantly. The problem was both practical and ideological. Some, like Livingstone, saw great merit in Inuit lifestyles and culture. Nevertheless, to accommodate an economy based on trapping, this lifestyle had to change. Whether public policy could mitigate these changes continued to worry the northern administration for many decades, a dilemma that reached new heights with the consolidation of settlements in the 1950s and 1960s. The medical profession further exacerbated these problems by wittingly and unwittingly helping the Catholic and Anglican Churches undermine Inuit culture and the role of angekoks in Inuit health in particular. The HBC and other trading interests, combined with the churches, generated social costs that carved out a role for the Canadian state that it was only reluctantly prepared to assume. Not unlike the situation in African colonies, the resources of the Arctic — Arctic fox in this case — were to be extracted primarily for the benefit of the shareholders of the Company. The state was left to subsidize this benefit through a welfare system that relied upon the HBC and to absorb the social and, notably, the health costs of keeping shareholders in London, Montreal, and anywhere else they chose to live satisfied that the Company was profitable.

At the same time as government responsibilities were increasing, Finnie confronted a severe shortfall in the parliamentary appropriations for Eskimo administration for the fiscal year 1928–1929. The department had asked for $75,000 for its work in the Arctic, but was allocated only $50,000. The struggle over responsibility for Inuit in Arctic Quebec and their status has its origins in this financial problem. The department hoped to recover at a later date any expenditures in Arctic Quebec on the basis of departmental legal opinion, placing responsibility for Inuit with the province and arguing that, while Indians were explicitly made direct “wards of the Government and the Dominion,” no provision had been made in the constitution for Inuit. Subsequently:

... the Eskimo is ... in a similar position to French or Scotch or any other people that might have been residing in the Territories and living as true Canadians. This practically means that we are not in a position to restrict

76 It is highly likely that the same policy was pursued in the Arctic as had been pursued by the HBC in the subarctic fur trade. Arthur Ray notes that, “when country food stocks declined, native people had to spend more time searching for food; therefore, they had less time to devote to trapping activities. To combat this trend, in many areas the Hudson’s Bay Company imported flour and sold it well below cost to the Indians” (“Periodic Shortages,” p. 9).

77 Tester and McNicoll, “ ‘Why Don’t They Get it?’ ”

78 LAC, RG 85, Vol. 780, File 5824, memorandum to R. A. Gibson, Esq., Assistant Deputy Minister, Department of the Interior, February 13, 1928.

79 For a detailed discussion, see Tester and Kulchyski, Tammarniit (Mistakes).
the Eskimo in any way, shape or form. If at some future time an Eskimo, under the legislation in force, wished to obtain a liquor permit he could not be refused such permit and would have all the rights of any other Canadian citizen residing in the Territories.\textsuperscript{80}

It was an interesting opinion. The status of Inuit and whether or not they could be treated differently from other Canadians was to plague the Arctic administration until the signing of the Nunavut Agreement in 1992. Prior to the creation of Nunavut in April 1999, the federal government was inclined to claim that Inuit had no special status and were “ordinary Canadian citizens,” while being forced by a 1939 Supreme Court decision to acknowledge that Inuit were Aboriginal people for whom the government had a responsibility.\textsuperscript{81} However, unlike “ordinary Canadian citizens,” Inuit, along with other Aboriginal peoples, were not given the right to vote in federal elections until 1960.\textsuperscript{82}

\textbf{St. Luke’s Hospital, Pangnirtung}

Livingstone returned to Pangnirtung aboard the \textit{Beothic} in the summer of 1928. He spent a year working from the house built in the summer of 1926. In the fall of 1929, Dr. H. A. Stuart replaced him. Meanwhile, material was shipped in the summer of 1929 to Chesterfield Inlet on the west coast of Hudson’s Bay to build a Catholic hospital. The Anglican Church was prepared to build a hospital at Lake Harbour on the southern coast of Baffin Island to meet the needs of Inuit on both sides of Hudson Strait. It is also clear that the federal government, despite the misgivings of Banting and Livingstone, considered building a hospital at Pangnirtung where it had a physician. Officials realized that, if they could convince the Anglican Church to change its plans and to locate at Pangnirtung, the government would not have to change its policy and could offer them grants for “drugs and certain equipment [while not going] into the active business of building and operating hospitals.”\textsuperscript{83}

In April 1930, as plans were being finalized for the hospital at Pangnirtung, Livingstone travelled to Chesterfield Inlet by dog-team, via Churchill, Manitoba, to learn first-hand of conditions there. In 1931 he

\textsuperscript{80} LAC, RG 85, Vol. 1128, File 250–1–1, Vol. 2, memorandum to R. A. Gibson, Esq., Assistant Deputy Minister, Interior Department, from W. W. Cory, Deputy Minister, Department of the Interior, January 26, 1928.

\textsuperscript{81} See Tester and Kulchyski, \textit{Tammarniit (Mistakes)}, especially chap. 1.

\textsuperscript{82} The issue of federal voting rights for Inuit was raised for the first time in June 1950. LAC, RG 85, Vol. 81, letter from R. H. Winters to S. Fournier, Chairman, Committee of the Dominion, June 10, 1950.

\textsuperscript{83} LAC, RG 29, Vol. 3381, File 800–1–\textsuperscript{X}864, O. S. Finnie, Director, Northwest Territories and Yukon Branch, Department of the Interior, to Canon S. Gould, General Secretary, MSCC, Anglican Church of Canada, April 17, 1930.
headed north again to relieve Dr. Stuart and to be physician in residence at the new hospital in Pangnirtung. Copland reported Livingstone’s ambivalence to the use of the hospital, noting that nurse Prudence Hockings “recalled that he would not consent to hospitalization if the patient could be properly taken care of at home — including TB patients — and that midwifery was generally practiced.” Copland records that, after Livingstone’s departure, the “discontinuance of midwifery became most pronounced until latterly almost every case was hospitalized.”84 In the summer of 1933 Livingstone was relieved by Jón Bildfell.

Conclusion

What of Inuit voice in this period? Although the Inuit clearly had their own views of the medical history of the eastern Arctic, their words were seldom recorded. Instead, theirs was a voice of presence. As for the spoken word, except through anthropologists and some public officials like Livingstone, it went largely unrecorded and discounted. Most outsiders considered the Inuit word to be the voice of children, not to be taken seriously. This reality is best illustrated by a reporter’s account in 1917 of the trial of Sinnisiak and Uluksuk, two Inuit charged with the 1913 murder of two Roman Catholic priests at Bloody Falls on the Coppermine River.

Interesting sidelights on the life, habits and religion of the Eskimos were introduced during the course of Corporal Bruce’s cross-examination by Mr. Wallbridge. The mounted policeman had found the Eskimos a simple, kindly people, clever in their work of hunting and fishing, but with the intelligence of a mere child. He classed them as decidedly primitive, such as one would expect back in the stone age.85

This was not a unique perception. Writing some 40 years later, Archibald Fleming, Bishop of the Arctic, hardly improved on this image, both silencing and denigrating of Inuit and Inuit culture. “When I first knew them in the early decades of this century they were indeed children of nature — crude and cruel and cunning as well as simple and lovable.”86

In this way, the historical record — and, more importantly, interpreting the historical record — reveals dynamics that should not be taken for granted. A close reading of the historical evidence brings to life socio-psychological considerations of colonial practice outlined many years

84 Copland, Livingstone of the Arctic, p. 107.
85 GNWT, N92–023, 23–3, Alex Stevenson Collection, “Eskimos Take Strange Oath to Tell Court of the Tragedy: Speak Straight, Not in Two Tongues, Interpreter Tells Witnesses,” newspaper report on the trial (1917).
later by theorist Franz Fanon in his book *Wretched of the Earth*. Understanding the political economy, as well as the bodily implications of colonial history, is important to the recovery of Inuit voice.

What is particularly interesting about the observations and voices — Inuit and *Qallunaat* — heard throughout the period in question is the growing understanding that the activities, first of whalers in the eastern Arctic, and then the Hudson’s Bay Company and other traders, posed a threat to the health of Inuit that, in turn, endangered the health of all Canadians. Furthermore, the fear that the Inuit might disappear entirely intensified the notion that the Canadian state might be perceived not to have the capacity to exercise authority over its Arctic territories. Inuit health became a matter of public and national concern.

The voice of presence is an important concept relevant to Canadian colonial history, in this case contributing to a growing awareness that health was very much a matter of broad public concern and responsibility. Although dismissed as children and primitives, Inuit, and the problems they experienced, could not be ignored. Their presence required the Canadian state to assume a responsibility for health services that it had been as yet reluctant to countenance for the rest of the country’s population. Inuit presence in the development of the public provision of health services in Canada should not be overlooked.

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87 Fanon, a Caribbean psychoanalyst active in France and Algeria, was a pre-eminent theorist of colonialism and the psychopathology of colonialism.