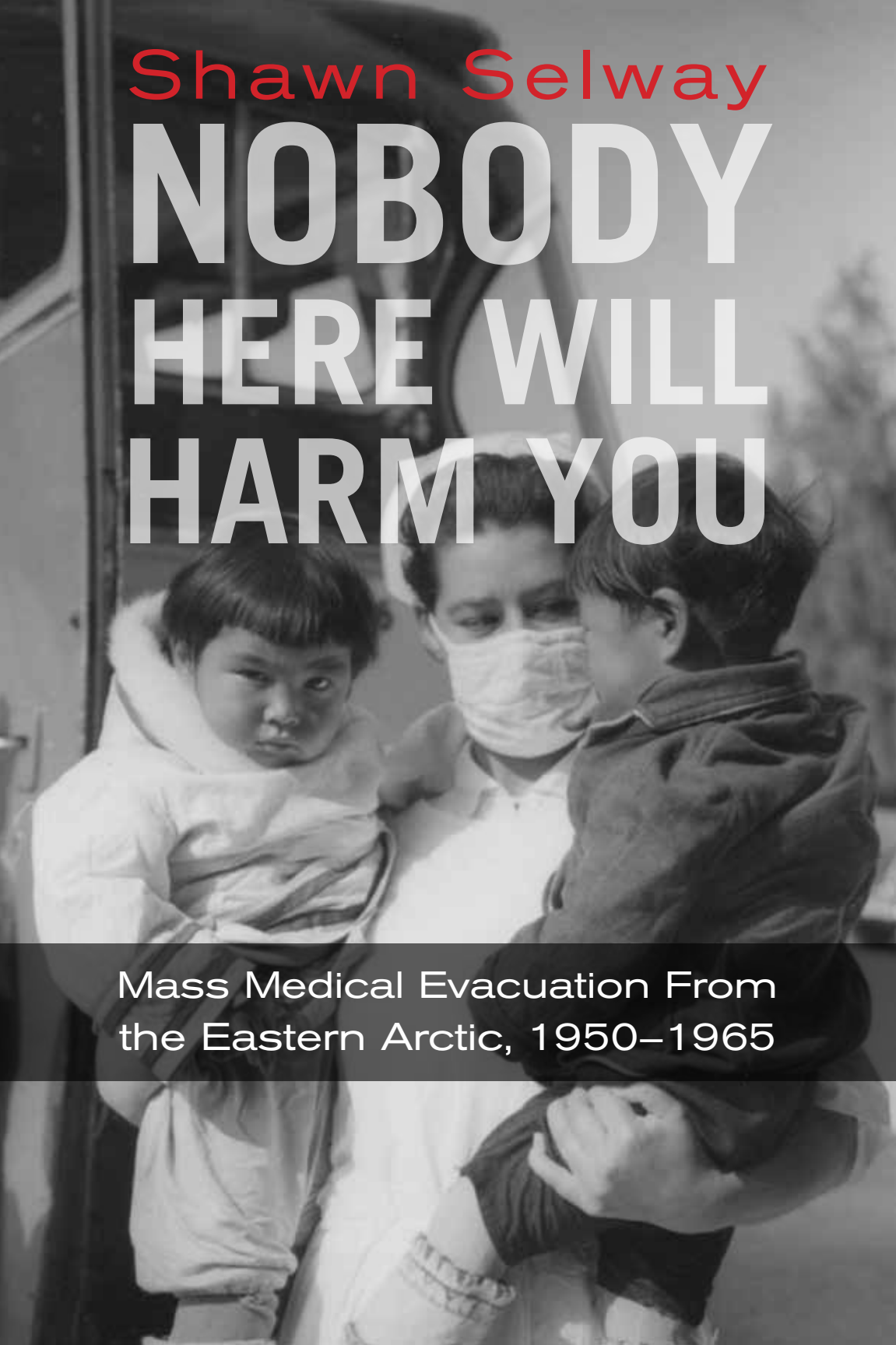

Shawn Selway

NOBODY HERE WILL HARM YOU

Mass Medical Evacuation From the Eastern Arctic, 1950–1965

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MASS MEDICAL EVACUATION FROM THE EASTERN ARCTIC, 1950–1965

BY SHAWN SELWAY

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PREFACE

Often when we propose to revisit the past in order to come to some reckoning with it, we are told that, even with perfectly complete information (obviously impossible to obtain), we cannot do so with an appraising eye, because *times have changed* and *today's standards* cannot be applied to the choices of those who went before. We cannot cast blame upon our forebears for doing what they thought was right, which we now think to be wrong, and, especially, we cannot exact a penalty from their inheritors in our day, in order to compensate the heirs of the wronged. We cannot punish the grandchildren for the sins of the fathers.

There is of course a danger that whenever we regard the past we will assume, from the supremely privileged place of hindsight, a moral superiority fraudulent because untried. What would we ourselves have done, had we been there, in the thick of things? In our own lives, don't we put ourselves first? Don't we look away and shirk responsibility? Catherine Merridale, in preparing to write *Night of Stone: Death and Memory in Twentieth-Century Russia*, spent two years after her archival research travelling among the Russians to speak with them about the past. She spent much time in the offices of Memorial and other organizations working against amnesias, official and not, and in the end warns that while she often felt at home in those places,

> there is also something darker going on. When you are incorporated into the society of these people, you are tacitly exonerated from complicity with the murderers and bureaucrats whom they have worked to expose. You are one of "us." The gnawing question, what would I have done, would my courage have failed, would I have colluded, is answered,

> effortlessly. The nightmare is silent. You walk in at the end of the drama. You took no decisions, ran no risks, and still you get to share the flowers… The illusion is seductive, and it is deadly. It creates a fantasy world where ethical choices appear simple, where good and evil have been exposed, and where, by doing very little, anyone can feel they have joined the better side. Real life was not like that at any time. (Merridale, 345)

But it is not presumptuous to want to have the most complete conversation possible about the past and the present, and about how the past may bear on the present, precisely because we ourselves are now in the thick of things and having to make decisions in uncertainty. But to what extent is it possible? That depends on the extent to which there is a permanent human nature, in the sense of an endowment shared in by the members of each and every generation. I do not see how it can be denied that we are each of us endowed, in some measure, with a power of discrimination and a sense of proportion that allows us to reach just judgements by making and equilibrating many fine distinctions – more shades of green than we can put names to, more niceties of intention in a few moments of conversation than we could describe in less than twenty pages.

In judging the deeds of others, our contemporaries, we assume first of all the presence in each person of that power of discrimination and that sense of proportion, which we experience in ourselves, and, along with these, the capacity to recognize and in some measure oppose their circumstances, which we rarely take to be entirely compelling. This being so, it follows that if something is seen to be wrong now, it was wrong in the past also and would have been seen to be wrong. On the alternative, the inference must be that those who went before were either wicked – that is, knowingly did wrong – or unfree – that is, were somehow compelled (how is not clear) to act upon reasons we now consider delusion, or information that was incomplete. Moreover, we ourselves are similarly unfree, and perhaps similarly deluded as to our freedom. This seems to me initially plausible, but finally wrong.[1]

We recognize it can be difficult or impossible for us to learn enough about former circumstances to confidently evaluate their weight in past

choices. Important details may be lost and forgotten altogether. Some experiential details may be quite unknown to us, or require a sharing in the experience that is no longer available. For example the "kayak-angst" used by Daniel Merkur in his interpretation of Inuit accounts of shamanism is not an easy experience to come by. Or consider the remarks of Viktor Shklovsky, who observed that Russian classicists enduring a lean post-revolutionary winter began to understand why fat is spoken of so frequently in the *Iliad*. And there are other, even more volatile or perishable circumstances also governing our choices. The general mood of the era, the common expectation, influences most of us by vaguely delimiting the horizon of the possible.

Even were we able to reconstruct all of the circumstances attending this or that choice in the past, there are other difficulties. The conception of responsibility varies in extent and character. It varies with the means available to address the circumstances, and also with one's understanding of who are one's own – that is to say, according to one's notion of those to whom it is permitted to do evil, and those to whom one is obliged to do good. In this regard, individuals do indeed stand to their opinions largely as inheritors, ignorant of the provenance of their own mentality. Largely, but not entirely. Truth is not only made, but found. There is a world that regulates our concepts, and that world includes what is permanently true of human beings, who show some regularities. But our freedom is elusive and intermittent, it flickers in the midst of miasmic unfreedom, of our often overwhelming urge to do and say just as others are doing and saying, even when there is no penalty attached to dissent. This is what lends plausibility to the relativist, historicist claim. But a few sometimes resist their fellows, the inertia of whose opinions is what is meant by *the times* in phrases like *the times have changed*. Some resist but most do not. This is an undeniable political fact. But it is senseless and slavish to maintain that whatever those who went before could not or would not resist, we too must accept and cannot resist. Nor would any reasonable person advance the corollary for the present that we should simply cease attempts to distinguish the better from the worse, and yield without resistance whenever we face pressure to act against

what seems right or better to us. If, in looking back, we think we can discern how circumstances of whatever kind compelled a particular choice, and these circumstances are changed and no longer in force, then the choice can be remade – that is, its unfolding consequences arrested or undone.

More, if we have an unchanging nature, then now is to that extent perpetual and changeless and the distinction between now and then is rather weak. In that sense, there are no *times* that can change. Accordingly, if circumstances change, then remaking a choice or redressing a wrong is the just course, whether the initial choice was made last year or a hundred years ago. In the Canadian situation, the matter often takes the shape of a claim that the descendants of dispossessed persons are themselves in want or distress because of that earlier dispossession. More often still, what is sought is not only, or even, material compensation but rather acknowledgement that a wrong was done. From this acknowledgement can follow reconciliation, if it is desired, based on what has now become a joint interpretation of a mutual history. Or perhaps it would be better to say a revised official version of the history, established by the state with the issuing of an apology. It is unclear to me how much reconciliation can truly occur in consequence of an apology and a payment, delivered by the state, and costing me nothing whatever personally. Where is the atonement? Even a line item on the income tax form would have some meaning, though I suppose that there would be serious resistance to such a measure from all sides. Every month brings new reports of past abuses, but a real reckoning never seems to occur.

Of course, recognition of past wrongs does not guarantee the virtue or good behaviour of any party in the present. Revision can be abused, especially where reconciliation is not sought; but again, this cannot be a justification to abandon attempts. Ours has been a very dynamic country, and remains so in many respects. We are receptive to technical innovation and absorb large numbers of newcomers every year. But we are stalled on three enduring problems: how to reduce our burden on the land, how to replace the tacit accommodation of Quebec's particularity with an explicit agreement and how to undo

the consequences of the crimes and errors of a settler state in order to allow full Aboriginal participation in Canada. The historical episode recounted here was not a crime, but it did involve some participants in error. Of course, there are Quebecois and Aboriginal persons who do not see the perfecting of the federation as a project worth doing. But I think it is, and accordingly what follows is offered as a contribution to the understanding of what previously was termed the *Indian Problem*, but that we now perceive to be the Aboriginal peoples' *Canadian Problem*.

INTRODUCTION

Mycobacterium tuberculosis, the agent of the disease in humans, is an ancient organism. Our species has been feeding and sheltering this microbe for a very long time, and it continues to cause a great deal of misery over large areas of the globe. When the lung is the affected organ, tuberculosis manifests itself to the sufferer as malaise and fever in the early days; then weight loss and persistent cough, with maybe a streak of blood in the phlegm from time to time; and then shortness of breath, and, if nothing else occurs (this is not usual; fungi and other opportunists generally become involved), there is a hemorrhage or two or three. Rarely, the person drowns immediately. Commonly, the flow is not enough even to interfere much with breathing, and after some minutes or hours, the blood thickens and the cough diminishes until it and the bleeding cease . . . until the next time. Maybe at the end there is the rupture of an aneurysm that has developed in a pulmonary artery owing to the fact that once-supportive tissue has disappeared, leaving the blood vessel hanging loose in a cavity. Otherwise, it is usual for the dying to fall silent before passing, so exhausted by spasm and blood loss that they are unable even to clear sputum from the larynx (Dormandy, 110).

Tincture of opium was the only real relief available, and was widely used in Europe and North America, where it helped hundreds of thousands of the afflicted to die in peace, and so greatly comforted those who held them in their arms (ibid., 49).

If the larynx itself becomes diseased, there is hoarseness and small ulcers. The contents of a tubercle may leak into the cerebrospinal fluid that bathes the brain and the spinal cord, and the resulting inflammation and swelling causes intense headache, chills, fever and drowsiness. The neck becomes stiff and bending the head forward causes great pain.

Without chemotherapy, "death supervenes," as clinicians phrase it, almost always. Most of the more superficial lymph nodes are in the head and neck region. Should these become tuberculous, they are apt to erupt through the skin, and the exposed sores intermittently exude a thick pus.

Then there is tuberculosis of the eyes, and tuberculosis of the bones and joints. In the latter, the spine, hip and knee are the most frequently affected, and children more commonly afflicted. Destruction of vertebrae and adjacent discs produces a humpback posture. Cavities in tuberculous bones or joints may eventually drain through fistulae that conduct purulent material to the surface of the body. A photograph of this development published in 1909 shows, for example, a young child facing a wall in order to expose for the photographer the back of their leg. The calf is splinted and bound. The back of the knee is swollen and discoloured, and several suppurating openings about the size of a fingertip can be seen in the flesh (McCuaig, 7).

The era of truly efficacious treatment of these atrocities dates from 1952 with the discovery of a cheap, orally administered chemical therapy for the disease.

> CASE 3 (K.R.) This 24-year-old Negro female was admitted to Sea View Hospital [Staten Island, NY] on November 7, 1951 . . . On admission . . . her status was critical. In the previous months her weight had decreased from a normal of 125 pounds to approximately 80 pounds . . . Therapy with Marsilid was begun on November 24, 1951, at 4 mg. per kg. per day. Within a few days the patient's temperature began to descend and reached normal in ten days. Two sputum examinations in the first two weeks of therapy were positive for acid-fast bacilli. However the following week . . . sputum was negative for tubercle bacilli and five subsequent consecutive examinations have been negative . . . The patient is continuing to receive therapy and is clinically completely asymptomatic, without cough or expectoration and with excellent appetite. She feels strong and is at normal weight. (Edward H. Robitzek

and Irving J. Selkoff, *American Review of Tuberculosis*, April 1952, quoted in Caldwell, 267)

Unlike earlier miracles, which had proven heartbreakingly deceptive, this one was real and lasting. It was also devastating for the institutions that had grown up around the disease.

The therapeutic labours of the preceding century had produced a program that amounted to a movement. Large fundraising and publicity apparatuses were in place, and the buildings they financed dotted the landscape of Western Europe and North America. Canada had beds for eighteen thousand (McCuaig, 282). There were four hundred seventy-one sanatoria in the United States alone. Within their walls anxious patients followed elaborate and punctilious routines, or underwent ever more drastic surgery. None of this was very successful. The death rate did fall from about 1900 on, but whether from improved sanitation due to urban reform, sanatorium segregation, both or neither is not clear (F. B. Smith, 240; Dormandy, 239). Through the 1940s in the US, twenty-five percent of all patients died while in hospital, and fifty percent of all released patients died within five years of discharge (Caldwell, 116). In the late forties, however, streptomycin and para-aminosalicylic were discovered, and combinations of them were devised that minimized both side effects (for example, inner ear damage, causing deafness or dizziness) and the production of resistant bacilli. Streptomycin turned out to be one of Nature's meaner jokes. After four weeks of treatment, drug resistant bacilli appeared. After sixteen, ninety percent of patients were producing the improved bugs. The more carefully investigators looked, the worse the news. In a foreglimpse of our current predicament, lab workers even found germs that preferred streptomycin to their normal food (Ryan, 328). However, in 1952 the excellent results of the American trials with isonicotinic acid hydrazide (INH) were published, and it soon became evident that this drug, used with streptomycin, was bactericidal, and the combination, truly wonder-working. Three months of treatment with them sufficed to eliminate infection from ninety percent of patients. In the fall of 1954 the sanatorium at Saranac Lake, a flagship

of the American campaign since 1885, led the way again and shut down (Caldwell, 116).

With seven hundred fifty beds and a staff of four hundred eighty-four, the Mountain Sanatorium in Hamilton, ON, was, in 1950, the largest in the country.[2]

In addition to the fifteen buildings given over to patient accommodation and treatment, there was a central laundry, a radio studio and a farm, whose dairy operation eliminated the risk of tuberculosis from what up until 1914, when the state began to intrude upon milk production, was the second great reservoir of the disease. Extensive grounds ran up to the wooded edge of the escarpment, from where people strolling could admire the lake beyond the city below.

Aerial view of Hamilton's Mountain Sanatorium, 1968. Courtesy of the Archives of the Hamilton Health Sciences and the Faculty of Health Sciences, McMaster University, Hamilton Health Sciences Fonds, Hamilton Health Association Subfonds (hereafter Archives of HHS & FHS), 1980.1.73.7.22.

Mountain Sanatorium Southam Pavilion with students from Hamilton's Normal School on their annual visit in 1933. Courtesy of the Archives of HHS & FHS, 1980.1.86.3.12.

By May 1952, one month after Robitzek and Selikoff published their results, twenty Hamilton patients were receiving INH. By January 1954, the first beneficiaries of the new therapy were already departing and the bed count was sinking rapidly, leaving the Hamilton Health Association (HHA), which managed the San, with an underused facility, a one-and-a-half-million-dollar building plan and a million-dollar bank account, all dedicated to the treatment of a vanishing disease.

But now patients from the North began to come in, at first Cree and Inuit from James Bay – seventeen in March, and fifty-one in October.[3] This anticipated a federal decision to concentrate Inuit medical evacuees in groups of fifty or more, in order to ensure them of companionship during periods of treatment that could continue for up to two years (Duffy, 72).

In November, Dr. Percy Elmer Moore, Director of the Indian and Northern Health Services branch of the Department of National Health and Welfare, was making arrangements for the Mountain Sanatorium to become the primary reception centre for Inuit hospitalized in Eastern Canada. Charles Camsell Hospital in Edmonton would perform similarly for the west. Five years later, readers of the HHA bulletin were informed that "in the past seven or eight years about a third of the Eskimo population of the Eastern Arctic passed through the Mountain Sanatorium . . . Now, however, this task in the battle against tuberculosis is being completed . . . This successful attack in [*sic*] T.B. among the Eskimos has probably saved the race from extinction."[4] Setting aside this particular claim, there

is no doubt that aggressive measures taken from 1945 to 1960 had greatly reduced TB mortality in the Arctic (Wherrett, 117–18). These measures included extensive x-ray surveys for the disease and frequent evacuation for lengthy stays in southern Canada, since it was believed by doctors that treatment necessitated segregation and disciplined surveillance, and this entailed removing patients to a controlled, closed setting – quite apart from questions of costs, which in the North were almost double per capita what they were in southern Canada. According to R. Quinn Duffy, by the end of 1956 a thousand persons, representing ten percent of the total Canadian Inuit population, were in southern hospitals, most being treated for TB (71).

Suggestive as the numbers are for the importance of this episode for Inuit history, they also point to the great benefit derived by southern hospitals from the presence of these patients. Large contingents – up to three hundred concurrently – of Cree and Inuit evacuees, and the steady replacement of discharged Inuit by new admissions, greatly helped to stabilize the operations of the Hamilton Health Association during this critical period. In all, some 1,274 Inuit passed through and, thanks to the subsidy provided by their federal guardians, the hospital continued to run at capacity and show a surplus while its managers redefined its purposes.

Had these patients been asked, their likely preference for treatment nearer home might have yielded to considerations as to how this could practically occur, given the uncertainties of the current chemotherapies and the requirements of the doctors should surgery be necessary. But they were not asked. Nor was there at that time any means of broad consultation. Patients and their families did have a champion, self-appointed, in the person of the Right Reverend Donald Marsh, Anglican Bishop of the Arctic. The church had been trying for many years to get more hospitals built in the North, but could not obtain Ottawa's cooperation. The Anglicans had operated St. Luke's Mission Hospital in Pangnirtung since 1931. Beginning in 1951, Marsh advocated construction of a TB hospital in Iqaluit to serve the Eastern Arctic, with patients travelling by air. Moore rebuffed him on the grounds of efficiency.

By 1960 most surviving sanatoria were winding down, and thoracic surgery in the treatment of tuberculosis was nearly finished. The repercussions of evacuation and medical internment however continued. It was very difficult for men and women parted from dependents for whom they could do nothing to provide; and it was especially hard for those left behind if their near relations died in southern Canada, as little or no information about the death was given to those waiting back home. Although much had been done to mitigate the initial cruelties of the campaign, the anxiety and loneliness occasioned by sudden and prolonged separation reverberated for decades.

By 1963 almost all evacuees were back in the North, undergoing further experiences of centralization and schooling with their fellows, and by 1970, when the seven hundred camps of 1950 had become forty permanent settlements, it was clear to some that "welfare colonialism" was increasingly unworkable on all sides.

The medical evacuations were part of a larger set of interventions conceived as a new beginning in Euro-Canadian relations with the Aboriginal peoples in the North, and were carried through by sophisticated colonial administrators on behalf of a country that had become rather wealthy – certainly by comparison with pre-war circumstances – and of a state that was far more provident than ever before. To gain a sense of the enormous changes they wrought it is helpful to compare two medical cases for which we have solid information.

In 1931 Jennie Kanajuq succumbed to tuberculosis during an epidemic in the Coppermine district (now Kitikmeot region, NU). Between June 11 and August 9, 1930, nine young persons died at the settlement. Over the next four months, eleven adults followed them. The sole European doctor in the Central Arctic, Russell Martin, visited backcountry camps and, finding Kanajuq at Rymer Point on Victoria Island with tuberculosis of the spine, persuaded her to come in to a tent hospital he had set up at Coppermine (Kugluktuk). There she died sometime after March 1931 when Martin, his repeated requests for more help and specifically for a sun lamp (thought to be helpful against TB of the bones) ignored, flew out to make his case

directly to bureaucrats in Ottawa. His position was terminated for lack of funds, and he returned to Scotland to do what he could against the disease in that country. At the time of her death, damaged vertebrae had deformed Kanajuq's posture, and a fistula had opened in her back from a lung, making it increasingly difficult for her to take in air in the usual way (Vanast, 93). She was predeceased by three of her four children.

Her parents had been close collaborators of Diamond Jenness, the far-travelling student of Aboriginal life, and in 1989 Jenness's son obtained for Kanajuq's son recordings of his mother's voice made in 1915. Walter Vanast comments: "In the second decade of this century, the nation was able to mount an expensive expedition to document in detail the terrain and habits of the 'newly discovered' Copper Inuit. In a pre-airplane era it had the wherewithal to send a wax recording machine to Coronation Gulf to record Jennie's voice. Sixteen years later, however, when arctic air travel had become commonplace, it found it impossible to send her a sun lamp for her tuberculosis" (98).

Thirty-five years after Jennie's death, when Gerda Van Wanrooy completed the Canadian portion of her nurses' training and came to the Holbrook Pavilion of the Mountain San in November 1957 she was put in charge, after a trial period, of a room of eight boys. Six were Inuit, one was a local white child and another was a young Japanese-Canadian. She herself was a "New Canadian," as the parlance then was, having emigrated with her family from Holland. In 1957 there were about four hundred patients at the San, of whom two hundred two were Inuit and other First Nations evacuees.[5]

One of Van Wanrooy's charges, Ham, was a boy of ten or twelve, whose patient card has survived. These were posted on the wall above the beds, and Ham's card outlines his slow return to health from October 6, 1957 – "Body cast, leg cast" – to July 7, 1958 – "spinal fusion" – on to November 2, 1959 – "Walk to bathroom" – and thence on November 25 to "remain in bed with cast on leg school in wheelchair." Finally, on February 12, 1960, he was ready "to walk with boots during day. To wear supporting cast on foot and leg during night."

In all, Ham's treatment extended over twenty-eight months, during which he received the attentions of nurses, doctors, physical therapists and an assortment of other technicians, not to mention dieticians, launderers, cooks and teachers.

Canada could and should have done more for Jennie Kanajuq. But generally, if one was Aboriginal, receiving prolonged attention from Euro-Canadians was far more likely to hurt than to help.

In 1907, Dr. Peter Bryce, in his capacity as chief medical officer to the Department of Indian Affairs, reported on the results of a questionnaire he had obtained from fifteen of the thirty-five schools to which he had circulated it. At first glance, it seemed that about a quarter of the fifteen hundred children who had passed through these places in the preceding fifteen years had died of tuberculosis. When Bryce looked further, and added in deaths occurring among pupils after they had gone home, the figure went to forty percent (Milloy, 91). Bryce proposed reforms. These were partially implemented, on paper. Conditions highly favourable to the spread of infectious disease continued. When Dr. F. A. Corbett repeated Bryce's survey by going personally through western schools in 1920 and 1922, he found children with suppurating ulcers at Old Sun's school on the Blackfoot Reserve (Siksika, AB) and at the Sarcee boarding school near Calgary. Of the thirty-three pupils at Sarcee, all but four were visibly tuberculous. And so on (ibid., 99).

As John Milloy and others have recounted in considerable detail, in propagating the residential system throughout the country, a rivalrous clerisy insisted on assuming obligations in loco parentis that they were not able to discharge, while Ottawa consistently failed to insist that they do so. Many thousands of children suffered from a complete withdrawal of affection; from cold, hunger and overwork; or died of contagious diseases contracted in crowded quarters in shoddy buildings. Yet it was hardly the case that the churches lacked for work to do within the precincts of their own culture. What was wanted however was "entire possession" of the human material whose moral and physical regeneration was to be wrought. The phrase appears in the Annual Report of the Department of Indian Affairs for 1890:

"It would be highly desirable, if it were practicable, to obtain entire possession of all Indian children after they attain to the age of seven or eight years, and keep them at schools . . . until they have had a thorough course of instruction" (quoted in Milloy, xii).

By 1950 the residential school system was at a dead end, but still operating, and even putting forth fresh shoots in the North. In 1948, a campaign by Neil Walker, an Albertan superintendent in Indian Affairs to eliminate residential schools in favour of day schools did not prevent the building of a new residential school in Hay River. And as late as August 1958 Peter Irniq (eventually the second Commissioner of Nunavut) was removed ("kidnapped" is his term) from Repulse Bay to Turquetil Hall in Chesterfield Inlet, four hundred kilometres south (Irniq, 19). Walker, like Bryce and others before him, was persuaded that residential school conditions were ideal for spreading tuberculosis and thought this should stop (Milloy, 262).[6]

If Aboriginal persons were neglected or abused, non-Aboriginal residents of the Great Dominion did not necessarily fare a great deal better when coming into contact with authority during the first eighty years of the federation. The Chinese who had been recruited to build the cross-country rail link were first taxed to handicap the growth of their community, and then excluded altogether. In 1914 the federal government issued a proclamation setting out its attitude to "persons in Canada of German or Austro-Hungarian descent." It followed up with the War Measures Act, under which an eventual 7,762 "enemy aliens" were interned as prisoners of war, usually because they were jobless. These men, who had been invited to emigrate, were forbidden to leave, and then incarcerated and put to work building roads mostly in the mountains (Kordan).

In 1922, there were sixty thousand Jews in Montreal, and a third of the children attending Protestant schools were Jewish. There were some Jewish teachers, but no Jew could be a principal, nor sit on the school board. Taxes were a recurrent point of debate, with Jewish tenants claiming that while the proprietor wrote the cheque, the tenant obviously footed the bill. In April 1931, by an act of the provincial legislature (an "Act respecting the education of certain

children in Montreal and Outremont"), Jews living in Quebec finally gained the right to send their children to Protestant schools, but lost the right to establish a separate school system previously granted. The Act of 1931 essentially accommodated Jewish particularity within the Protestant schools by prohibiting segregation, excusing absences on thirteen Jewish holidays and forbidding discrimination against Jewish teachers in appointments or promotions. Representation on the school board had to wait until 1968 (Rosenberg).

During the Great Depression, as the economy shrank and the conditions of life worsened, federal and provincial governments continued to decline responsibility – unless individuals were so insolent as to complain, in which event the very rapid response often included deportation. Thus, a certain Sophie Sheinen, a Jew of Russian origin who immigrated to Canada in 1927, was arrested in Calgary and convicted of taking part in an unlawful assembly, that is, of protesting in public. After she had completed a six-month sentence in Fort Saskatchewan Gaol, Immigration wished to deport her to Russia. There were protests organized by the Canadian Labour Defense League, who also relayed Sheinen's letter of complaint about her treatment in prison (Roberts, 136). By the end of her term, she said, she had lost thirty-five pounds and was spitting blood, details that incline us to diagnose the obvious. The Department of Immigration and Colonization, however, thought, or claimed to think, that her medical troubles were fabricated to forestall deportation, and had a doctor pronounce her "fit for travel." (Not quite the same as *well*.) It is likely that Sheinen's tormentors were prevaricating, as this was their consistent, if unwritten, policy – a policy they were able to carry through, as Barbara Roberts has shown, in an atmosphere of parliamentary and judicial "incuria" for two decades prior to World War Two (197). Despite much controversy and protest, officials during this time (1930–35) managed to disencumber the nation of twenty-eight thousand assorted communists, immoralists, job seekers and "accompanying persons" (ibid., 38).

In short, the arbitrary exercise of near-absolute authority by a handful of persons, to the great detriment of many thousands of our forebears, Aboriginal or not, was ordinary as dirt.

What then had happened in the interval between 1931, when Jennie Kanajuq was left to die, and 1947, when forty-two people who had been x-rayed the year before by a medical team on the Hudson's Bay Company (HBC) supply ship *Nascopie* were flown out to hospital? (Grygier, 69). The nation had gotten big and rich and much more knowledgeable. We were more numerous and had benefitted greatly from immigration. There had been many medical advances and great improvements in transportation. But what was crucial for the North was a newfound political will – the prolonged attention to problems that comes only from the perception of a strong, usually material, interest. Kanajuq did not matter to anyone (other than Martin) who was in a position to do anything to help – or at least did not matter enough. Her situation was too remote and too difficult. Money and manpower are always competitive prizes, and the return was not judged to be worth the expenditure. Around 1945 the will to act in the North arose from the threatening prospect of American dominance in a region thought to contain large developable resources, and the embarrassment consequent on Canadian facilities coming under the critical eye of outsiders. New wealth allowed that will to be expressed, and new conceptions of Canadian nationhood informed the expressions.

The wealth was the result of wartime expedients employed to maximize the national product: direct public investment, much of it in manufacturing plant, and mostly spread over many operations.

From September 1939 through 1945, Ottawa put nine hundred million dollars into twenty-eight Crown corporations and other assets. At war's end much of this was sold cheaply to those who would agree to continue the operation and so maintain employment for at least five years (Eggleston). The maturing welfare state also benefitted directly from the war-surplus bounty. The Charles Camsell Indian Hospital, so important as a tuberculosis treatment centre in the west, was transferred directly to the Department of Health and Welfare from the Canadian Army Medical Corp by Order in Council (Charles Camsell History Committee). (The corp had it from the Americans, who had it, in embryonic form, from the Jesuits.) Demand, which

had been severely curtailed and directed by controllers husbanding resources for the war effort and allocating quotas to targets, was freed to sustain what administrative fiat and government cash had brought into being. These measures worked very well.[7]

Support for industry was augmented with a raft of public works to be prepared and then funded as the need for employment might arise; these included the St. Lawrence Seaway and the TransCanada pipeline. Meanwhile great efforts were made to re-establish the conditions for balancing the North Atlantic triangle in the customary manner, by using the receipts from sales to Britain of wheat, newsprint, lumber and bacon to pay for imports from the States. Credit was extended to the UK and some large outright gifts were thrown in as well. However, the triangle kept collapsing, and repeated attempts to stabilize it failed. The damage overseas was too great and recovery too slow (Granatstein, *How Britain's Weakness Forced Canada into the Arms of the United States*).[8] Consequently, trade with the US predominated, and some in government, already uncomfortable with American encroachment in the Arctic, were visited anew by the old spectre, dependence. The enduring Canadian misery – of needing to be included in the councils of both Britain and the US, yet neither presumed upon nor integrated by either, while also wanting special dispensations from both – continued to generate fresh anxieties and embarrassments.[9]

In addition to the continuance of the traditional roles of government as aide to development and manager of trade and taxation, the state took on a new task, that of provider of social security, or cash, to individual citizens. This occurred in part because the distinction between public works and social welfare had come to be seen by the experts who were now advising the government as outmoded. Both were now understood as tending to the same effect: maintaining the all-important aggregate demand that had evaporated with such drastic consequences during the Great Depression (Owram, 307–8).

By the mid-fifties the Canadian economy had settled into a pattern centred on resource exports to the United States, imports of machinery and other capital goods from the US for purposes of extracting these

resources, and a large amount of American direct investment in all industries. Military preparedness and industrial development were tightly braided, and something new came into the Canadian national experience: prolonged, limited war (in Korea) without sacrifice on the home front, waged by volunteers only.[10]

Some production was at the most advanced level. The CF-100 Canuck twin-jet, all-weather plane, designed to intercept bombers coming over the high northern horizon, was powered with engines developed and made in Canada. Testing and machining of these components was work of great precision and drew in contributions from producers of novel stainless steel and magnesium alloy castings, gears, bearings and blades (Eggleston, 65). Because bomber technology continued to develop rapidly, the North American line of defense had to be pushed to ever-higher latitudes. The Pinetree Line of radar stations, at the 50th parallel, was completed in 1954. It was immediately followed by the Mid-Canada Line of ninety-eight more radar stations at the 55th parallel, and then by another seventy-eight along the 70th. Costs for two of the three were shared between Canada and the US (Granatstein and Hillmer, 184).

All in all, postwar reconstruction turned out to mean income support payments (Family Allowance and much improved old age pensions to start), the St. Lawrence Seaway and rearmament; but also, a new strain of nationalism as the Canadian people stopped conflating liberal democratic institutions with Britishness and detached a civic nationalism from the chauvinism of the loyalist portion of the population.[11] And there was a renewed commitment to global humanism, resurrected from the ashes of the war and given doctrinal form by the United Nations in the thirty articles of the Universal Declaration of Human Rights (December 10, 1948).

Historically only nation states had guaranteed the rights of their nationals – and only for their nationals. When tested by refugees seeking asylum before the war, the nations had failed to recognize the human rights of the stateless. Within Canada, ethnically Japanese-Canadians and residents were evacuated for resettlement from the west coast toward the interior. This was not a handful of persons.

Twenty-two thousand were removed from British Columbia and their property seized and sold. By war's end, some who had elected for repatriation – that is, expulsion to Japan – were still awaiting departure. The government issued Orders in Council to confirm the deportations, but now there was broad resistance, and finally cabinet felt obliged to rescind the orders. However, Japanese-Canadians were still forbidden to return to the coast for another two years, and Parliament ratified this injustice by a large majority (Igartua, 37–38). Nonetheless, hope was strong and the idealist spirit expressed in the UN's declaration – coupled with optimism about technological progress, and an accumulation of new wealth in Canada and the US – inspired not only dreams of universal brotherhood but actual plans for the eradication of communicable diseases, poverty and dependency.

This strong improving spirit was present also among the civil servants who became occupied with the newly assumed northern problem – only, in the first place, these men and women were employees of the state, which had interests not always identical with those of the inhabitants of the country, and so was necessarily colonialist, try as they might to treat the region as a protectorate rather than an unlocked cupboard. In the second place, even with the best will in the world, uninvited meddling in the lives of others is perilous at any time and place.[12] However, there is no doubt that northerners were experiencing many difficulties for which assistance was welcome.[13] While a new abundance and security were enjoyed in much of southern Canada, life in the North remained precarious as ever.

Here is an example from the 1950 issue of the *Arctic Circular*, the newsletter of the Arctic Circle, a salon that had been meeting monthly in Ottawa since 1947. In the winter of 1948 an older Inuk named Ootogoocho was travelling and hunting in the Piling area on the south shore of Baffin Island. With him were his young wife, her two sons by a previous marriage, aged four and six, and a seventeen-year-old adopted daughter. During the summer Ootogoocho had cached some caribou, but when he returned to the area in the winter, he was unable to find the cache. As there was no other game to be had, the group ate their sled dogs and then some of their caribou-skin clothing. The

four-year-old died, then the old man, then the seven-year-old. Too weak to walk, the women began using the bodies for food. Finally a search party from Igloojuak (Cape Thalbitzer, about one hundred forty kilometres northeast of Igloolik) found the camp. Neither woman was able even to speak, but both survived (Arctic Circle).

In February of 1949, a group of eight Creswell Bay (on Somerset Island, NU) people fell ill from botulism. David Koomayak (age fourteen) and a friend walked for help, were frostbitten and had to be evacuated from Fort Ross. Koomayak lost both feet. Subsequently his mother, along with "two older boys with tuberculosis and a baby with a stiff neck" were flown out. Twenty years later Koomayak was hunting on artificial legs. "Once a Fibreglass limb broke while he was chasing a wounded bear. But he made the kill. Shortly after, he changed to wooden substitutes which . . . stand up better in cold weather and need a minimum of adjustments."[14]

One final example will do to illustrate the extreme hardships that were a recurring feature of northern life at the time:

> In March [1953] word came in to Igloolik that seven hunters were missing, having been carried out to sea on a huge ice floe. They were without shelter, warmth or food (unless they had managed to kill a walrus). And the temperature had gone down to forty below with a thirty-mile wind.
>
> For nine long and bitter days there was no word of them... Then the hunters returned, all with frost-bitten faces, fingers and toes, and four of them with badly frozen hands and feet. They had caught one walrus, but it had frozen hard and made difficult eating. Two of the older men could not walk, and one of them, Shapungalok, was brought to the post by dog team . . . Another five days went by before the plane was able to get in from the south. Meanwhile the post manager succeeded in getting on the air with Dr. Judge at Pangnirtung, 575 miles way to the east, and received instructions for treating his gangrenous patient.[15]

In addition to enduring brutal trials like these, the Inuit were also living with a very onerous burden of disease. While on Eastern Arctic Patrol (EAP) aboard the HBC supply vessel *Nascopie* during August and September of 1945, Dr. Crewson, an ophthalmologist from the Hamilton branch of the Canadian National Institute for the Blind (CNIB) and his colleague A. H. Tweedle examined one hundred twelve Inuit and twenty-seven Euro-Canadians. Of the Inuit forty-seven were fitted with glasses on the spot; and twenty-one others were fitted with frames, the lenses to be sent in later. "It was observed," they reported, "that the men were generally interested in being able to hunt and the women to sew. Many of both sexes have learned to read syllabic and reading glasses were necessary for the older Eskimo."[16] Other doctors on this same patrol found fifteen certain cases of tuberculosis among one hundred forty-five persons seen, and suspected many more. Meanwhile Dr. R. C. Hastings, travelling with the *N.B. McLean* as it serviced aids to navigation in Hudson Bay, noted that of thirteen children born at Wolstenholme (near Ivujivik) during the previous year, only one remained alive at the time of his visit.[17] Tuberculosis was present but who knew in what quantity? Smallpox vaccination had been neglected, and the risk of a sudden and devastating outbreak was very high . . . Clearly something had to be done, and this turned out to be a greatly expanded annual medical patrol to start, and then large-scale evacuation.