

## Observations Regarding Medical Care for The Eskimo

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Until recently any article that one may have read regarding the northern part of Canada and its inhabitants, the Eskimos, seemed interesting only from a rather remote point of view. Today, with the ever increasing extension of white man's activities in this area, Canada's Northland together with its people is being pulled out of the adventurer's story book and presented to many of us in the light of grim reality. The probability of a young graduate in medicine spending some part of his life dealing with the Eskimo whether directly or indirectly, either in a white man's hospital or an Eskimo's igloo, is now greater than ever before. It is hoped that this sketchy outline of the general situation may serve to stimulate interest and help to orient our thoughts regarding these people and their problems; it is not intended that any detailed information be given or specific problems analyzed herein.

It must be recognized from the outset that the region inhabited by the Eskimo is a vast one. Living conditions, hunting methods, economic and medical problems vary widely, not only from place to place but also from season to season and from year to year. One who has merely visited the Arctic or lived there for a year can be greatly deceived, and may come away with an impression as misleading as that of any one of the six blind men of Hindustan who examined the elephant.

The people with whom I am most familiar are those living in the peninsula which lies between Ungava and Hudson's Bay. Some of the problems reviewed below may be peculiar to this area, but seem in a general way to apply to other parts as well.

Canada's Eskimo population numbers only about eight thousand and is now slightly on the increase. It seems almost unnecessary to note that relatively small number of people, gathered as they are in tiny settlements which are scattered over such a wide expanse of inaccessible wilderness, makes any kind of public service a very difficult one to administer.

How, one might ask, can our government feel justified in spending the taxpayer's money to further a social, educational or health program for the benefit of the Eskimo, who until recently has obviously managed quite well without such aid. The answer is not a simple one, but this kind of reasoning has no basis in fact. The Eskimo has been exposed to white influence for several generations. During this time he has been transformed from a hunter, using successful though primitive techniques, into a trapper. The present generation knows how to hunt for food and clothing material only with the aid of rifles and ammunition; much of his time must be spent in trapping the fox (an animal formerly considered useless) in order to obtain these materials. With the gradual loss of the

older hunting techniques the Eskimo lost his independence—now, with the more recent loss of the fur market he is losing his livelihood. All this has occurred through no fault of his own and it would therefore appear that we, as white men, have a moral responsibility in respect to the economic crisis which we have caused. This is to say nothing of the disease we have carried into the Arctic and the wealth that we have robbed from it. But further and apart from all this, is the fact that we are even now heightening the tempo of our invasion of these precincts and we need the help of the Eskimo to conquer them. It is undoubtedly more the realization of this latter fact than the feeling of any moral responsibility that has encouraged the recent interest in his well-being. This does not seem a very complimentary thought but it does appear to be the truth. This brief statement regarding economics, over-simplified almost to the point of being naive, has been made only because it seems so futile to look at the medical problems *per se* without some kind of background against which to view them.

It would appear that originally the Eskimo was relatively free from systemic disease. Skin and sporadic pulmonary infections were not uncommon, the ubiquitous staphylococcus being perhaps the only single etiological agent of paramount importance. The prevalence of such outbreaks seems to have depended largely on weather conditions with resulting fluctuations in food and fuel supplies. These, coupled with the problems of infant feeding (it is not easy to wean a baby from breast-

feeding to raw seal meat), resulted in a high infant mortality which was undoubtedly a major factor in keeping the population at a comparatively stable level.

But all this is now history. The diseases which we have carried into the Arctic have behaved peculiarly. Some, notably tuberculosis, have become endemic; others such as measles, poliomyelitis, etc., have struck quick death-dealing blows and vanished completely as they "ran out of fuel", allowing a new and wholly unresistant population to redevelop. We find then, the expected result of such a set of circumstances: a people almost all of whom are infected with tuberculosis in one form or another and who are very susceptible to many acute infectious diseases. The tuberculosis may be relatively quiescent unless fanned into fury by some adverse set of conditions which cause a decrease in the level of general health. Such conditions may depend on weather, the abundance or paucity of seals or foxes in a particular area, or on a superimposed epidemic of some ordinarily mild infectious disease, etc.

The aphorism that "it never rains but what it pours" was never more applicable than in the case of an Eskimo village during an epidemic. A sudden outbreak of some acute disease may afflict most people in a settlement simultaneously; this sets off a chain of events which may rapidly lead to disaster unless help is promptly forthcoming. The hunters become ill and the small food reserves are quickly depleted. The flames of the seal-oil lamps flicker and die as the fuel supply dwindles. Then it is

that in the dank squalor of the igloo tuberculosis rears its ugly head among the starving occupants. So it was that the influenza epidemic of the Ungava district claimed so many victims in 1944, some of whom died almost immediately while others lingered for the months with the exacerbations of the disease that finally claimed their lives. So it was with the epidemic of poliomyelitis in Baffin Land some years previously and in the area near Chesterfield Inlet in the years that were to follow. Similar conditions again prevailed in the Ungava area during the measles epidemic of 1952. This latter outbreak was eventually brought under control, but help was slow in coming and in large areas a quarter of the population was dead or dying before it arrived.

Attempts are now being made to bring the endemic tuberculosis under some kind of control. This would seem to be a worthwhile project as well as a rather formidable task. To date about half of the total Eskimo population has been examined by radiography. Much of this work is being done in the Eastern Arctic by the Canadian Government ship "C.D. Howe". The survey is carried out chiefly during the summer months and the plan provides for hospitalization of open and active cases of pulmonary tuberculosis. More than a hundred such cases are at present hospitalized near Quebec City at Park Savard Immigration Hospital. The fact that, in such surveys as can be so made, many cases will be missed, is an unfortunate one. The efficacy of this work remains to be demonstrated and the result is await-

ed with some anticipation by people who are interested in this field of endeavour.

One of the many big problems that arises in the case of "outside" hospitalization for these people is the mental outlook of the patients and of their families. What does an Eskimo think of being removed from his home, his people and even his country with the prospect of a lengthy stay (from which he may never return) within the confines of the hospital ward? And how does the family that is left behind feel about having one of its members simply plucked from its midst and spirited away? In general it seems safe to say that there is a great deal of skepticism regarding the motives for such actions and a noteworthy degree of dissatisfaction. This is not to imply that the Eskimo is too stupid to understand the argument for hospitalization; on the contrary he is far too intelligent to believe in its benefit simply because he has been told of it. He is a practical man and he must be shown. Furthermore, he has learned through long years of bitter experience that white man's arguments have not always been contrived to his (the Eskimo's) advantage. This point must always be kept foremost in our minds when considering a problem such as this. It is sincerely hoped that those who are at present dealing with the situation are in full realization of this fact and that they are making every effort to maintain contact between the patients and their families. The rehabilitation of discharged patients presents another facet of the problem which, in its entirety, is far beyond the scope of this

short review. However, it is evident that if a recovered patient is to be successfully re-established in his homeland, the maintenance of interest in his family and in his home life during the hospitalization period will go a long way toward a satisfactory solution.

Mental hygiene as such for the Eskimo, aside from the special cases which we have been considering, presents a problem which must not be overlooked. One must not entertain the grossly erroneous conception of Eskimo life as one of serene tranquility into which confusion of thought, anxiety and frustration do not enter. It has been some years since guns and ammunition first replaced, or rather supplemented, the harpoon and the spear; it is really only now that the ideology of the so-called "civilized world" is beginning to clash with that of these Stone Age men. The impact of this collision is not obvious to an onlooker unless he knows the Eskimo. To one who is well acquainted with the two ways of thinking the warning signals of repercussion are evident. The clear-cut, simple principles of living are becoming clouded by conflict arising from misunderstanding. Newly proclaimed religious ideals appear to deny what was, for the Eskimo, natural physiological needs and human (as well as animal) rights. Many old taboos have been laughed down as senseless while many new ones (often less natural and even more ridiculous in fact) have been stated as sacred. This is all very puzzling to our Eskimo friends who, incidentally, take it very seriously. Hence confusion is becoming more confounded. We

must alert ourselves to this problem if tragic demoralization is to be averted and if these people are to be reclaimed as useful and healthy citizens.

It is clear that to contend with problems like those mentioned above requires special training, sympathetic understanding and much time. This is, of course, primarily the concern of the relatively few medical men who are active in this particular field. Yet many others will undoubtedly have, on occasion, to deal with the Eskimo. Such casual dealings are extremely important and can be of optimum service only if a skeleton of general principles be kept in mind.

Let us, in summarizing, recapitulate but a few such principles:

1. The Eskimo and his problems are important to us because
  - a. We owe him our respect and assistance in dealing with the unfortunate set of circumstances which we have been instrumental in creating.
  - b. We need his help to further our invasion of his country.
2. Endemic tuberculosis complicates epidemics of milder and more acute disease. Such epidemics may be very serious and prompt economic as well as medical aid must be forthcoming in these emergencies.
3. "Outside" hospitalization is not ideal. It is attended by problems of rehabilitation, etc., which must be ameliorated by keeping patients in as close contact with their families as is possible.
4. The question of mental hygiene is one of increasing importance and requires much study.