

Health of the Prairie Metis 1900-1960: An Examination of the Social Determinants of Health and
Infectious Disease

By

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Abstract

Between 1900 and 1960, the health of the prairie Metis was worse in comparison to their non-Metis counterparts. This is obvious when one examines the rates of infectious diseases, such as tuberculosis [TB]. For example, in the early 1900s, Henry Gabeler, a trader who worked between Shoal Lake and Lake Manitoba, MB, estimated “Nine out of ten half-breeds die[d] with [TB].”¹ The disease continued to be an ongoing problem and twenty years later, Dr. Stewart, Superintendent of the Manitoba Sanatorium, reported all “races [were] hit hard [by the disease]” but it was especially problematic among those “of mixed Indian blood.”² TB remained an ongoing issue, and in 1932, the death rate from TB was 8x higher among the Metis.³ The situation in Manitoba was not unique and it was estimated the prevalence of the disease among them in Alberta was 90%.⁴ Instead of examining why they were experiencing elevated rates of disease and poor health, some historical physicians and scholars argued they were an inferior people and were responsible for their own health disparities. These men failed to acknowledge how colonialism and actions of the government and society contributed to the increased disease burden.

Racism and displacement were the primary reasons why they were socially-politically-economically marginalized and experienced a cycle of poverty and poor health. To date, no scholar has attempted to focus specifically on their health and infectious disease between 1900 and 1960. During this time, they had not only been displaced from their traditional lands, they were an invisible people that became an “economically and socially disadvantaged group,”⁵ which influenced their health. Instead of acknowledging their role, governments (federal, provincial and territorial) and society blamed them for their own health disparities, arguing they were an inferior people. This study examines how colonialism and the actions of the various

¹ “Consumption’s Awful Work: Veteran Trader Says Dreaded Disease is Fast Killing Half-Breeds,” *Winnipeg Evening Tribune*, November 30, 1904. digitalcollections.lib.umanitoba.ca/islandora/object/uofm:1667847, 3.

² Health and Hospital Survey Committee, Welfare Supervision Board, *Report on Tuberculosis in Manitoba* (Manitoba: Department of Health and Public Welfare, 1929), 19.

³ Mitchell Ross, “The Development of Public Health in Manitoba,” *Canadian Public Health Journal* 26.2 (February 1935), 66.

⁴ Archives of Alberta, “Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935,” *Fonds glen-314-James Brady fonds*. Item: iw-glen-341. Archives of Alberta, Edmonton, AB. <https://albertaonrecord.ca/iw-glen-341>. 11.

⁵ Canadian Association of Social Workers, *The Metis in Manitoba* (Winnipeg, MB: Winnipeg Foundation, 1949), 4.

levels of government resulted with cycle of poverty and poor health developing among the Metis; which in turn elevated rates of infectious disease and made it impossible for them to maintain a level of health comparable to the general population.

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Abbreviations

AHRDA	Alberta Human Resources Development Authority
HBC	Hudson's Bay Company
LTBI.....	Latent TB infection
NAHO	National Aboriginal Health Organization
NCCAH.....	National Collaborating Centre for Aboriginal Health
NCCIH	National Collaborating Centre for Indigenous Health
NWC	North West Company
PAS	Provincial Archives of Saskatchewan
Polio	Poliomyelitis
RCMP	Royal Canadian Mounted Police
RM	Rural Municipality
San(s)	sanatorium(s)
SDH.....	Social Determinants of Health
SSCHDB.....	Social Services and Community Health Development Branch
STI.....	Sexually transmitted infection
TB	Tuberculosis

Chapter 1

1. Synopsis of Chapters

Chapter One

This chapter begins by providing a brief discussion regarding the term ‘prairie Metis’ and the use of derogatory terms in historical literature. When exploring their health one will find a major gap exists within the current literature. This gap becomes even larger when exploring the period between 1900 and 1960. To date there is little literature specific to this topic. The literature review will discuss the weaknesses and strengths of what exists, both historically and today. I will also introduce myself and provide a brief background about my family in “Positioning the Researcher” and explain why I am interested in Metis health. This chapter ends with a discussion of the methods, such as what methods were used, why this study was done and the importance of using an Aboriginal lens.

Chapter Two

Chapter two provides a brief history of the Metis so the reader has some understanding of why they dispersed and how they became known as the Road Allowance Peoples. “Perceptions of the Metis” examines some of the methods and studies, which were flawed, used to support European domination. A discussion of how language was manipulated to degrade and dehumanize them is also provided. For example, most historical works describe them as inferior and uncivilized, which was a serious issue because many of the negative perceptions became engrained into the consciousness of mainstream society and contributed to their poor health.

Chapter Three

This chapter will explore the social determinants of health, such as access to healthcare and education, and describes how and why a continual cycle of poverty developed among them. For example, because they were considered inferior, it was difficult for them to find long term, well-paying jobs. As a result, many experienced extreme poverty, which influencing their ability to secure adequate housing and nutritious foods. Colonialism, racism and poverty prevented their children from having equal access to education. Their inability to secure employment and attend

school, in combination with racism, resulted with the development of an intergenerational cycle of poverty and poor health.

Chapter Four

“Infectious Diseases and Health Problems” examines rates of infectious diseases, such as tuberculosis and smallpox, and other health ailments they experienced between 1900 and 1960. Although society and the various levels of government knew they were experiencing poor health, all turned a blind eye. Only when their poor health was threatening dominant society was something done. However, the government only provided the cheapest and quickest means possible to address their health and social problems; never did they attempt to find long-term sustainable solutions.

Chapter Five

The final chapter summarizes the paper, highlighting the key points by reiterating how colonialism and racism were responsible for comprising their health. They were considered non-citizens who were pushed to the margins of society and experienced a continual cycle of poverty and poor health; while the government and society did little to nothing to help. In fact, they blamed the Metis for their poor health. They then used their poor health and poverty to continue degrading them, which contributed to their ongoing marginalization. As a result, the Metis never achieved a level of health equal to that of dominant society.

2. A Note on Terminology

When the term ‘prairie Metis’ is used, I am referring to the Metis peoples of Alberta, Saskatchewan and Manitoba, including the southern and northern regions. When examining historical literature and documents specific to their health, seldom are they referred to as Metis. Instead, derogatory labels were applied such as half-breed, cross-blood, mixed-blood or those with white ancestry. These terms are derogatory, both by today’s standards and historically. However, it is important they are used so one can understand the attitudes of society, the governments and those working within the healthcare system; because their racist attitudes did affect the health of the Metis. Furthermore, the terms Indigenous and Aboriginal are used throughout the work as well. When Aboriginal is used, I am referring specifically to the Metis,

First Nations, and the Inuit. Whereas, the term Indigenous refers to Indigenous peoples globally. The non-Aboriginal population is referred to by various terms including general population; mainstream society; Euro Canadian; and dominant society.

3. Literature Review

A. Existing Literature

A major gap exists in contemporary literature pertaining to Metis health. Kumar et al⁶ conducted a review of literature pertaining to their health and found very few were Metis specific. Some scholars argue the gap exists because of 1) issues associated to the term Metis; 2) where data comes from; 3) funding; and 4) the usage of Aboriginal and Indigenous.⁷ Chris Anderson, currently a professor of Native Studies at the University of Alberta, argues there are problems with the term ‘Metis’ and the fluidity of those self-identifying under the term. He supports his argument by using findings of the Canadian census, in which “103,000 switched to a Metis self-identification during the 2001-2006 period, [and] 17,5000 switched out.”⁸ In addition to the fluid population, there are issues with the term ‘Metis’ and who does, or does not, belong in this category. Some believe anyone with mixed ancestry is Metis; whereas others think only those who meet the criteria of the Metis National Council, “a person who self-identifies as Metis, is distinct from other Aboriginal peoples, is of historic Metis Nation Ancestry and who is

⁶ Mohan B. Kumar, Sonia Wesche and Conor McGuire, “Trends in Metis-related health research (1980-2009): Identification of research gaps” *Canadian Journal of Public Health* 103, no. 1 (2012): 23-28.

⁷ Carrie Bourassa, “Destruction of the Metis Nation: Health Consequences,” (Phd diss., University of Regina, 2008); Deidre Alexandria Desmarais, “Colonialism’s Impact upon the Health of Metis Elderly: History, Oppression, Identity and Consequences (PhD diss., University of Regina, 2013); Larry N. Chartrand, “Maskikiwenow The Metis Right to Health under the Constitution of Canada and under selected international human rights obligations,” (Ottawa, Canada: National Aboriginal Health Organization, 2011); National Aboriginal Health Organization, “Paucity of Metis-Specific Health and Well-being Data and Information: Underlying Factors” (Prepared for the NCCAH by the Metis Centre of the National Aboriginal Health Organization, 2011); Brenda Macdougall, “Land, Family and Identity: Contextualizing Metis health and well-being,” (Prince George, BC: National Collaborating Centre for Aboriginal Health, 2017); Chris Andersen, “The colonialism of Canada’s Metis health population dynamics: caught between bad data and no data at all,” *Journal of Population Research* 33, no. 1 (2016); Rene Monchalin and Lisa Monchalin, “Closing the health service gap: Metis women and solutions for culturally-safe health services,” *Journal of Indigenous Wellbeing Te Mauri-Pimatisiwin* 3, no. 1 (July 2018): 18-29; Mike Evans et al., “Funding and Ethics in Metis Community based Research: The Complications of a Contemporary Context,” *International Journal of Critical Indigenous Studies* 5, no. 1 (2012): 54-66.

⁸ Chris Andersen, “The colonialism of Canada’s Metis,” 72.

accepted by the Metis Nation,”⁹ have the right to claim they are Metis. This makes it difficult, if not impossible, to find truly accurate statistics about them, particularly when using government data sources, such as the census.

When using or interpreting existing data about their health, one must question its accuracy. Janet Smylie, a Metis physician and academic, explains health data, in general, comes from one of five places including: 1) Canadian census records; 2) vital statistics such as birth, death, or marriage certificates; 3) health surveillance systems, which includes registries and reporting information; 4) administrative data collected from primary care or hospitals; and 5) health surveys.¹⁰ Obtaining data from any of these sources can be problematic because all of them “contribute to the problem – because of their limited scope, limited generalizability, inadequate sampling size to determine statistics for certain geographic areas, ethnic mobility, lack of disaggregated data, inadequate analysis and dissemination.”¹¹ Also, because they receive the same benefits in regard to health as other provincial citizens, the only real way to determine their healthcare utilization is to have them self-declare; however, this is problematic as some refuse to openly admit their ancestry, fearing they will be discriminated against. In a study by Monachalin, Smylie and Nowgesic, they found some participants, hid “their Metis identity due to fear of discrimination” by healthcare workers such as physicians and nurses.¹² Not only did some refuse to acknowledge their ancestry, some “acknowledged the privileges that came with “passing as white.”¹³

The lack of data pertaining to the topic means funding can be difficult to secure. Brenda Macdougall, Chair of Metis Research at McGill University, explains “One of the legacies of Canada’s colonial past is there is very little comprehensive data related to understanding Metis health and well-being.”¹⁴ Trying to collect data is also problematic because there are barriers that make it difficult to work with communities in regard to health research, which include “lack of

⁹ Metis National Council “Citizenship” Metis National Council, 2020, <https://www2.metisnation.ca/about/citizenship/>

¹⁰ Janet Smylie, *Achieving Strength Through Numbers: First Nations, Inuit and Metis Health Information* (Toronto, ON: National Collaborating Centre for Aboriginal Health, 2010), 1.

¹¹ National Aboriginal Health Organization, “Paucity of Metis-Specific Health,” 2-3.

¹² R. Monchalin, Smylie, J. and E. Nowgesic, “I guess I shouldn’t come back here”: Racism and discrimination as a barrier to accessing health and social services for urban Metis women in Toronto.” *Journal of racial and ethnic health disparities* 7, no. 2 (2020): 254.

¹³ *Ibid.*, 256

¹⁴ Macdougall, “Land, Family and Identity,” 2.

health care infrastructure...limited human resources...reliance upon volunteers...[and] political instability.”¹⁵ These barriers can and,

may prevent many university-based researchers from studying Metis communities because of the difficulties in securing the kinds of information and evidence the government-based funding grants require to demonstrate evidence of effective of sincere university-community partnerships.¹⁶

Between 2010-2013, only 7.5% of Canadian Institute Health Research funding went towards Metis research in comparison to 15% for the Inuit, 38% First Nations and 51.7% for Aboriginal research, which often excludes the Metis. One must question why the Inuit received five times the funding when they only represented 4% of the Aboriginal population and the Metis accounted for much larger portion, 33%.¹⁷ It is obvious a problem exists with the Canadian Institute of Health Researching funding Metis specific research and this does contribute to the gap in the literature.

When exploring literature and other written materials pertaining to their health one will find some distinct issues exist. These problems are unique to the Metis and include: 1) historically, a common label was not applied to them, instead terms like half-breed or mixed-blood were used; 2) a major gap exists in the literature and this gap is, and has been, an ongoing problem for those attempting to research their health; and 3) contemporary scholars, academics and government agencies continue to use the generic terms Aboriginal or Indigenous when, more often than not, their work is First Nations specific.

The terms Aboriginal or Indigenous are problematic because both fail to focus on a specific group but instead include Metis, First Nations, and the Inuit. It can be argued the literature using Aboriginal or Indigenous are, more often than not, First Nations specific. As a result, they fail to provide an in-depth discussion or examination of the health disparities affecting the Metis. The National Collaborating Centre for Aboriginal Health [NCCA] found some researchers “specify that they intend the term to inclusively cover the three groups of Aboriginal peoples....[but it] appears likely that many are using the term to refer to unspecified

¹⁵ Evans et al., “Funding and Ethics in Metis,” 56.

¹⁶ Ibid.

¹⁷ National Collaborating Centre for Aboriginal Health, *Landscapes of First Nations, Inuit, and Metis Health: An Environmental Scan of Organizations, Literature and Research, 3rd edition* (Prince George, BC: National Collaborating Centre for Aboriginal Health, 2014), 9, 66.

First Nations communities.”¹⁸ It could be said this is an ongoing problem among researchers and organizations and a prime example is the Canadian Government’s website entitled “Indigenous Health”¹⁹, updated in April 2020, which makes no mention of the Metis whatsoever. The Canadian Encyclopedia’s “Health of Indigenous Peoples in Canada” also uses Indigenous and Aboriginal interchangeably, and again there is mention of First Nations and the Inuit, but Metis are totally excluded.²⁰ *Aboriginal Health in Canada* by Waldram, Herring and Young and *Moving Aboriginal Health Forward* by Yvonne Boyer make little mention of them, yet both use the term Aboriginal in their titles.²¹ Using umbrella terms like Aboriginal and Indigenous are problematic because they can be misleading. Readers may assume they are included in the data, when in fact there is little to no mention of them.

When Aboriginal and Indigenous are used, it can make it seem as though all Aboriginal peoples experienced identical health disparities and social determinants of health, which was not the case. Similarities do exist in terms of health status among the various groups but none were affected the same by colonialism or colonial institutions. For example, when one looks at the healthcare services provided to Aboriginal peoples between 1900 and 1960, First Nations received more assistance in comparison to their Metis counterparts.²² Therefore, grouping Metis, First Nations and Inuit under the generic terms Aboriginal and Indigenous makes it appear as though they are a homogenized group, which is not only incorrect, it also distorts the experiences and realities of each group.

When researching their health in the early 1900s, one will find there are more difficulties with terminology than just the terms Aboriginal and Indigenous. Virtually all early health literature focuses on two populations: ‘whites’ and ‘Indians’. Instead of being treated as a distinct population, they were either considered Native alongside ‘Indians’ or they were labelled ‘white’. Both of these labels were problematic because they distorted the data. For example, when they were classified under the term ‘white’, there was no data specific to them recorded in

¹⁸ National Collaborating Centre for Aboriginal Health, *Landscapes of First Nations*, 9, 66.

¹⁹ Government of Canada, “Indigenous Health,” updated April 20, 2020, <https://www.sac-isc.gc.ca/eng/1569861171996/1569861324236>.

²⁰ Kristin Burnett, “Health of Indigenous Peoples in Canada,” *Canadian Encyclopedia Historical Canada*, Updated May 15, 2015, <https://www.thecanadianencyclopedia.ca/en/article/aboriginal-people-health>.

²¹ James B. Waldram, Ann Herring, and T. Kue Young, *Aboriginal Health in Canada: historical, cultural, and epidemiological perspectives* (Toronto: University of Toronto Press, 2006); Yvonne Boyer, *Moving Aboriginal Health Forward: discarding Canada’s Legal Barriers* (Saskatoon; Purich Publishing, 2014).

²² The healthcare First Nations received was still substandard to what mainstream society received. However, they did receive vaccinations unlike many Metis and they also had access to Indian hospitals.

the literature. Furthermore, the data pertaining to the ‘white’ population was also incorrect because it included information about those not considered ‘white’. Another issues with researching their health is early literature seldom uses the term Metis and instead used terms such as half-breed, cross-blood, mixed blood or those with ‘white’ ancestry.

Another issue with terminology was the fact some, including government, school, medical and Church officials, labelled non-status First Nations as Metis. The confusion with the terms Metis, non-status or non-treaty is obvious in Andre Renaud’s article, “From Oldest to Newest: Our Indian Citizens.” He explains “In the prairie provinces, they [referring to enfranchised First Nations²³] simply increase the number of so-called Metis (confusingly referred to as “non-treaty Indians).”²⁴ Obviously, this individual was ignorant about a number of things, including: 1) the difference between treaty and status, 2) how the Metis were not simply a group of non-status First Nations, and 3) how labelling enfranchised individuals as Metis was problematic. For example, in 1932 Manitoba reported 185 Aboriginal peoples died from tuberculosis [TB], of which 127 were treaty Indians and the other 58 were “others of Indian blood.”²⁵ It can be assumed ‘others’ included both Metis and non-status First Nations; however, lumping them together distorted the data and makes it impossible to determine how each group was affected by TB and other health problems.

As mentioned, university researchers may not be researching with Metis communities or studying their health because of funding issues. This may be why so many upcoming academics are choosing not to focus on their health. For example, when exploring Ph.D. dissertations from the last decade (2009-2020), it is obvious the existing gap in the literature is not going to be closed anytime in the near future. Only a handful chose to discuss health and those that did, tended to focus on contemporary health, such as Carrie Bourassa, Deidre Desmarais, Debbie Martin, all of whom are Metis.²⁶ The works of Bourassa and Desmarais both explore the health of the Metis that evolved around the area of the Red River; whereas Martin’s work is about a Metis-Inuit community in Labrador.

²³ Enfranchisement was the act of removing a First Nations person’s ‘Indian’ status. One could lose their status by force (i.e. a status woman marrying a non-status man) or volunteer to enfranchise, however, the former method seldom happened.

²⁴ Andre Renaud, *From Oldest to Newest: Our Indian Citizen*, 71.220/9230, Box 247, Oblates of Mary Immaculate fonds, Provincial Archives of Alberta, Edmonton, AB, 2. Enfranchisement involved stripping a First Nations person of their Indian status.

²⁵ Mitchell, “The Development of Public Health in Manitoba,” 66.

²⁶ These women all self-identify as Metis in their work.

Bourassa's dissertation, which was published under the title *Metis Health: The Invisible Problem*²⁷, asks the question "what is the relationship between the historical dispossession of the Metis from their land the contemporary health status of the Metis?"²⁸ She approaches her topic using a mixed qualitative-quantitative approach and attempts to answer her question using data from the Canadian Census and the Aboriginal Peoples Survey, both from 2001, and the Canadian Community Health Survey (2004). From the onset she describes the difficulties finding Metis specific data because "Metis communities are often forced to use "Aboriginal" data which...may or may not be relevant to the Metis community."²⁹ Exploring how income, education and self-reported health status are linked, her work provides an in-depth discussion of their history and explains how they ended up dispossessed, living in poverty along on road allowance or in fringe communities.

Using statistical information, Bourassa linked income and education attainment to one's self-reported health status. Although the statistical information she provided is no longer relevant her work remains significant, particularly for Metis researchers and those conducting Metis specific research. The reasons her work remains relevant is because 1) the issues she brought up fourteen years ago, continue to be problematic today, such as the definition of Metis and the ongoing gap in the literature; 2) she explains how the "more questions one answers, the more questions one wants to answer"³⁰ and I would argue this is an important point, particularly for those examining their health because the gap is so big, we, as researchers, try to include as much as we can; and 3) her discussion of employment and income affecting health is applicable today.

One area where her discussion could have been expanded was about their history. She failed to explore their income and education levels between 1900-1960, and it is understandable why this was not explored - the information was not within the literature at the time she conducted her research. However, if this information was included it would help answer her questions, such as: "what is the relationship of the dispossession of the Metis from their land to their present circumstances? Is dispossession from the land connected, in some way, to the health disparities Metis face today? In other words, does history make a difference?"³¹

²⁷ Carrie Bourassa, *Metis Health: The Invisible Problem* (Vernon, BC: JCharlton Publishing Ltd., 2011).

²⁸ Bourassa, "Destruction of the Metis Nation, 8.

²⁹ *Ibid.*, 4.

³⁰ *Ibid.*, 191.

³¹ *Ibid.*, 204.

Deidre Desmarais work explores the link between colonialism and the health of contemporary Metis seniors. She, like others, also argues there is a lack of literature and funding available. Her work is important because, like Bourassa's, it examines racism, colonialism, identity, poverty, dispossession and poor health, and the far reaching impacts of history. Unlike Bourassa, Desmarais' work is qualitative and based on her family, including herself, and the experiences of thirteen participants. This combination allowed her to identify that a cycle of poverty and poor health was an intergenerational issue:

...the social, political and economic context of their early years [most were born between 1934-1951] are important because the circumstances of these years defined the social and economic limits imposed upon their lives which, in most circumstances, created the barriers that kept confined to economic conditions that were not much better than those of their parents.³²

It is obvious her research and analysis was done using a Metis lens because not only did she tell her story of dealing with her aging parents, her work allowed her to produce a new narrative and place the experiences of the Metis, in this case seniors, within the literature.

All works focusing on health recognize colonialism is the primary reason why they experienced poor health and why their health continues to be compromised in comparison to the dominant population. Common themes within the existing literature, as mentioned include racism, dispossession from their traditional lands, poverty, identity, rights, identifying or defining who is Metis, poor health, lack of reliable data and the issue of limited literature. Most scholars and academics begin their discussion about health by providing a discussion of the historical events that occurred during the nineteenth century, such as the dispersal. They then proceed to give a brief discussion of how they ended up becoming an invisible people, residing on road allowances or in fringe communities. As a result, the gap in literature focusing on this time period has yet to be addressed, which is why this research is important.

B. Other Documents

There are a number of important reports, surveys, pamphlets, journal articles, data sheets and other articles containing information about their health. Many of these were not produced until after 2000, when interest in Aboriginal health increased. Two organizations that began

³² Desmarais, "Colonialism's Impact upon the Health," 100.

producing Metis specific data were the National Collaborating Centre for Indigenous Health [NCCIH], established in 2005, and the National Aboriginal Health Organization [NAHO], created in 2000 and eliminated in 2012. These organizations shared similar missions; NAHO “advances and promotes the health and well-being of all First Nations, Inuit and Métis through collaborative research, Indigenous Traditional Knowledge, building capacity and community led initiatives.”³³ Whereas, NCCIH “supports First Nations, Inuit and Metis public health renewal and health equity through knowledge translation and exchange.”³⁴ These organizations produced various types of publications ranging from reports, pamphlets and booklets, of which, most are First Nations specific. For example, NAHO published a total of ten publications specific to Metis health, far less than the forty-two publications focusing on First Nations; and NCCIH, to date, has published nine. As a result of there being so few publications by either organization, it can be argued they had little impact in regard to significantly improving Metis health or aiding in the creation of new Metis specific health policies. Additionally, one can argue the data and findings they published in regard to specific diseases or health conditions was neither new nor innovative as they essentially repeated what was already reported, particularly the information from the Aboriginal Peoples Survey (2006).

The “Profile of Metis health status and healthcare utilization in Manitoba: a population-based study,”³⁵ provides statistical information on a wide variety of health conditions, such as diabetes, emotional well-being and mortality and it explored determinants of health including education and place of resident. The goal of the report was to determine whether Metis residing in Manitoba experienced worse or better health in comparison to the general population of Manitoba. The goal of the report was “to give insight to policy makers, decision-makers, and planners on patterns of various Metis health status, healthcare use, and social service outcome

³³ National Aboriginal Health Organization, “Strategic Plan: 2010 to 2015 Working Together to Revitalize Whole Health of First Nations, Inuit and Metis,” April 2010, https://fnim.sehc.com/getmedia/cfe6f6fb-8304-462f-bcf0-e87cbcfbece6/2011_06_Strategic-Plan.pdf.aspx?ext=.pdf, 11.

³⁴ University of Northern British Columbia, “Home Page” University of Northern British Columbia, accessed Nov 10, 2020, <https://www.unbc.ca/nccih>.

³⁵ Patricia J Martens, Manitoba Metis Federation, University of Manitoba. Faculty of Medicine, and Manitoba for Health Policy, *Profile of Metis Health Status and Healthcare Utilization in Manitoba: A Population-based Study* (Winnipeg: Manitoba Centre for Health Policy in Collaboration with the Manitoba Metis Federation, 2010). The Manitoba Metis Federation, Department of Health & Wellness Department, used the data collected in their 2010 report to produce subsequent reports that focus on specific health topics including: cancer, diabetes, aging, and ischemic and heart disease to name a few.

indicators.”³⁶ What is problematic about this report is it fails to link contemporary health to historical events and happenings. Therefore, if one is using this document to make important health decisions, the outcome most likely will be ineffective because they will not be addressing the primary causes of the problems, including colonialism, racism, or the cycle of poverty and poor health that has persisted for well over a century.

When exploring health data between 1900-1960, one will find most of the data will come by way of reports, surveys, and biographical accounts. One of the earliest documents focusing on Metis health was the *Report of the Royal Commission Appointed to Investigate the Conditions of the Half-Breed Population in Alberta*. The commission’s mandate was to “inquire into the problems of “health, education, relief and general welfare of ‘the half-breed’ population” and to make recommendations based on its investigations.”³⁷ The commission gathered evidence primarily from leaders of the Metis Association of Alberta, doctors, Church officials and government official; but failed to hear from the grassroots Metis. Much of the evidence, particularly the information shared by the non-Metis participants was racist and accusatory, such as when McIntyre was asked about them residing in homes during winter, to which he responded, “...you must remember...the half breed does not take the same precautions as the whites. They don’t know enough. They expose themselves more to infection than the whites.”³⁸ Most of the evidence provided at the Commission blamed the Metis for their own health disparities. Furthermore, most, if not all, the individuals who provided evidence, also argued that in order for them to change the situation they were in, they had to assimilate, which in turn would eliminate the so-called Metis problem.

The writing of Mary Percy Jackson, a physician originally from England who practiced medicine at Keg River, AB (1929-1975), provides a glimpse of the lifestyle of the Metis and the circumstances contributing to their poor health. However, although she writes about the dire poverty and their poor health they were experiencing, she failed to acknowledge how history and racism were directly linked to these issues. During a speech, she described the TB situation in the vicinity of Keg River, where rates were elevated among them and how when sanatoriums [sans]

³⁶ Patricia J Martens; Manitoba Metis Federation, University of Manitoba. Faculty of Medicine, and Manitoba for Health Policy, *Profile of Metis Health Status*, 3.

³⁷ Supreme Court of Canada, “Alberta (Aboriginal Affairs and Northern Development) v. Cunningham, 2011 SCC 37, (CanLII [2011] 2 SCR 670) July 21, 2011, <http://canlii.ca/t/fmd78>.

³⁸ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314, Item: iw-glen-341, James Brady fonds, Archives of Alberta, Edmonton, AB. <https://albertaonrecord.ca/iw-glen-341>, 13.

were first opened in Alberta, those with Aboriginal blood, such as the Metis, were not permitted to be admitted. Later, in the same speech, she described how their living conditions were responsible for the increase disease burden:

The long winters were spent crowded together in small one-roomed log cabins, with little light and less ventilation, with the children sleeping together in a heap on the floor, like so many puppies and the older victims of the disease coughing over them, and spitting on the floor beside them. They knew nothing of the cause of tuberculosis, and nothing of its infectivity.³⁹

Although her description is graphic and she explained why TB was problematic, she provides no discussion at all as to why they were in this situation in the first place. Her work was done using a Eurocentric lens, yet it is still important when exploring the health of the Metis and one needs to recognize she fails to examine any of the underlying reasons of why they were socially-politically-economically marginalized, and how this was directly related to their poor health.

In the late 1940s, a number of officials from Manitoba, Saskatchewan, and Alberta met to discuss the so-called Metis problem. It was believed the problem existed because:

...many Metis follow the cultural and economic pattern of the Indian and that the Metis problem and that of the Indian is being much related, together with the effect each group had on the other made it imperative that the living standards and cultural level of these minority groups as a whole should be brought up to a more acceptable level. It is an accepted fact that this group fall short of the economic and cultural level of the white population and accordingly the group had a higher incidence of illiteracy, destitution, illegitimacy and other social problems.⁴⁰

During the meeting, J.H. Sturdy, Chair of the meeting, “outlined some of the common problems...[that] were prevalent in the three Provinces,” which included:

Education: (1) Overcrowding [at] many schools. (2) Irregular attendance because of nomadic life of the parents and because of the discrimination by local officials and children. (3) Non-payment of taxes by parents on behalf of their children, thus throwing additional burden on the tax-paying public. Health: (1) Housing conditions. (2) Personal Hygiene with incidence to skin or contagious disease. (3) Lack of funds to provide medical, hospitalization and dental care. (4) Infant mortality. Social: (1) Common law relationship. (2) Illegitimacy. (3) Misuse of Family Allowance & Public Assistance Grants, in that proper foods and essentials were not being purchased. (4) Restlessness and lack of sustained effort in keeping employment and also nomadic life of the parents. Economic: (1) Mechanical

³⁹ Mary Percy Jackson, account of her time up north, Biography: 1949-1998, PR2001.0044 Box 6, File 91 “Native Aboriginal Health 1962-78”, Mary Percy Jackson fonds, Provincial Archives of Alberta, Edmonton, AB, 1-6.

⁴⁰ Metis, Wednesday, July 13, 1949, R-33.1, File 859A (44) “Metis”, folder 1 of 3, TC Douglas fonds, Provincial Archives of Saskatchewan, Regina, SK, 1.

farming has eliminated much of the need for farm labour, to which many of this group looked for employment. (2) National Employment Service being unable to provide permanent employment for this group. (3) Isolate and segregated communities were usually away from industrial and urban areas where employment might be available and furthermore, Mr. Sturdy made emphasis on the fact that the native Indian and the Metis group constitute a related and common problem, which indicated that simultaneous action was required for their economic and social improvement.⁴¹

The records, which date from the 1940-50s and contain a wealth of information and are housed in their respective provincial archives, except for the Manitoba data, which was published in the document, *A Study of the Population of Indian Ancestry Living in Manitoba*.

The Metis survey documents housed at the Provincial Archives of Saskatchewan⁴² includes items such as surveys of Metis communities, which includes not only community data but information about individual Metis families; summaries of the surveys; locations of Metis families who did not have access to schools; and general correspondence. The materials provide valuable information about their family units, employment, housing, education and healthcare utilization, such as who was vaccinated. It is obvious when examining this data, they were socio-politically-economically marginalized and this greatly impacted their health; and the government's attempt to address the situation they were in, did nothing more than continue to victimize them, and contribute to their ongoing marginalization.⁴³

As mentioned, the findings of the Metis survey done in Manitoba by the Department of Agriculture and Immigration were published in *A Study of the Population of Indian Ancestry Living in Manitoba*, also referred to as the Lagasse study. In this study less than "80 percent of the population of Metis ancestry in Manitoba"⁴⁴ were included. Although only a small percentage were involved, it is obvious those in Manitoba were experiencing the same issues as their neighbours to the west, including elevated rates of unemployment, lower educational

⁴¹ Metis, Wednesday, July 13, 1949, R-33.1, File 859A (44) "Metis", folder 1 of 3, TC Douglas fonds, Provincial Archives of Saskatchewan, Regina, SK, 1.

⁴² I was unable to view the documents for Alberta but it can be assumed they are restricted and held at the Provincial Archives of Alberta.

⁴³ I have chosen to use the term 'socially-politically-economically marginalized' because each of these factors are interconnected with one another and are a direct result of colonialism. For example, colonialism negatively affected their political strength, contributing to them being pushed to the margins of society, which in turn prevented them from becoming equal members of the economy.

⁴⁴ Social and Economic Research Office Manitoba, *A Study of the Population of Indian Ancestry Living in Manitoba Undertaken by the Social and Economic Research Office Under the Direction of Jean H. Lagasse* (Winnipeg, MB: Department of Agriculture and Immigration, 1959), 77.

attainment, poverty, poor health and racism. This document provides a brief history about them, but like most others written by non-Metis, it fails to acknowledge the root causes of the problems they were experiencing, and the recommendations made, would have done little to improve their lives in the short or long term.

Those residing on road allowances and those living in shantytowns, experienced high rates of poverty and disease.⁴⁵ Walton examined medical records from 1932 and found in areas of Manitoba with large populations of Metis, such as unincorporated and rural areas, TB rates were higher than the provincial average.⁴⁶ Poor health among them was also documented at a Metis community in Saskatchewan. It was reported many of the children were suffering from malnutrition, had insufficient clothing and diseases such as TB were problematic.⁴⁷ Another issue affecting their health was their housing. At one community, homes were described as “crude shacks, which frequently contained neither floors nor windows. Furnishings for the most part are meager and primitive and it is not uncommon to find as many as twelve people living in a one-room shack.”⁴⁸ The lack of nutritious foods, adequate clothing, and safe housing all would have contributed to their declining health.

Journal articles published between 1900 and 1960 provide not only a glimpse at the health situation but one is also able to see how widespread the problem of racism was. A Manitoba physician, Charles Walton, reported in 1934, TB was a problem among those in Manitoba and reported the rate of the disease among them was, “...about one-third of the Indian rate but over nine times the ‘white’ rate.”⁴⁹ Not only were rates of TB elevated, they were less likely to die in a hospital setting: “...69%...of the non-Indian tuberculosis deaths occurred in hospitals” compared to 33%.⁵⁰ The difference in location of death was likely because 1) they could not afford medical care, and 2) many lived in shantytowns or in rural areas and did not have easy access to a hospital. However, instead of acknowledging these difficulties, Walton

⁴⁵ Laurie Barron, *Walking in Indian Moccasins: The Native Policies of Tommy Douglas and the CCF* (Vancouver, BC: UBC Press, 1997), 16.

⁴⁶ Charles H.A. Walton, “A Study of the Racial Incidence of Tuberculosis in the Province of Manitoba,” *American Review of Tuberculosis and Pulmonary Disease* (1935), <https://www.cabdirect.org/cabdirect/abstract/19362700078>, 190.

⁴⁷ Barron, *Walking in Indian Moccasins*, 16.

⁴⁸ Canadian Association of Social Workers, *The Metis in Manitoba*, 22.

⁴⁹ Walton, “A Study of the Racial Incidence,” 184.

⁵⁰ *Ibid.*, 190.

argued it was their primitive living conditions that were to blame; failing to link these conditions to colonial practices.⁵¹

A gap exists in the literature as to how they experienced the Influenza pandemic at Norway House (1918-1919). However, one can speculate they were affected by the disease because of living in close proximity to the reserve.⁵² Dr. Cleghorn, a physician and public health officer, described an outbreak of smallpox among them, “On my first visit of inspection I found ten cases [of smallpox] in seven homes, and inside of the next nine days fourteen more developed among the suspects, making twenty-four in all. The district covered an area of eight square miles, containing eleven infected homes.”⁵³

As mentioned, there is little literature focusing on the health of the Metis from 1900 to 1960. Documents specific to them, such as the Lagasse study, provide an accurate description of the problems they were experiencing; yet, none go into great detail about why these problems existed in the first place. Furthermore, when these documents made recommendations, they would have done little to address the situation they were in. For example, one recommendation of the Lagasse study was “11) That the Provincial Government establish a Community Development Program to help people of Indian ancestry [which would include the Metis] solve their own problems”⁵⁴ It is doubtful creating this program would have done much for them considering they would not have had the resources to address the countless problems they were experiencing. Furthermore, it would have done absolutely nothing to address the racist views and discriminatory actions of dominant society. However, using these documents in combination with newspaper articles, journal articles and other publications, one can begin piece together how and why they experienced poor health.

4. Positioning the Researcher

As a Metis academic I feel it is important to introduce myself to the you, the reader, to help you understand why I approached the topic as I did. I am proud to say my great-

⁵¹ Walton, “A Study of the Racial Incidence,” 184.

⁵² Ann D. Herring, “There were Young People and Old People and Babies dying Every week: The 1918-1919 Influenza Pandemic at Norway House,” *Ethnohistory* 41, no. 1 (Winter 1994), 78.

⁵³ Irving Cleghorn, “Management of Infectious Disease in Rural Municipalities,” *American Journal of Public Hygiene* 19, no. 2 (1909), 365.

⁵⁴ Boek, W. E. and J. K. Boek, “Appendix 1: The People of Indian Ancestry in Greater Winnipeg,” in *A Study of the Population of Indian Ancestry Living in Manitoba Undertaken by the Social and Economic Research Office under the Direction of Jean H. Lagasse* (Winnipeg, MB: Department of Agriculture and Immigration, February 1959), 5.

grandparents raised their children on road allowances in Ontario, Manitoba and Saskatchewan. The boys were often made to chop wood to help support the family and the older girls were pulled out of school to care for their younger siblings. As a result, most of my great aunts and uncles were illiterate or had a limited education; in fact, my grandma was the 'lucky' one achieving about a grade seven education.

Like other Metis families, poverty was a reality. The poverty was so dire my great-auntie told me when her infant brother died at home they could not afford to bury him. The solution her mom came up with was to wrap the baby in a blanket and walk to the cemetery where it just so happened, a burial was happening. She asked if she could lay the baby to rest with the casket they were burying, the men agreed and to this day nobody recalls where the baby is buried. Most of my great uncles worked in manual laboring positions and my aunties either took care of their homes and families or worked as waitresses or domestic help. Also, most refused to acknowledge they were Metis until they were elderly, hiding and refusing to admit their ancestry because racism and the fear of being discriminated against.

Poor health plagued the family, particularly my grandmother. Not only did she fight a six-year battle with TB, she overcame diphtheria and suffered with poor health for the majority of her life. My interest in health, particularly Metis health, is because of my grandma and her experiences. I grew up knowing she had some 'secret sickness' we were not supposed to talk about. However, sometimes, depending on her mood, she would share stories of her experiences, most of which were heartbreaking, about the Manitoba Sanatorium or Pearson Hospital (located in Vancouver, BC); and, I have to admit as I got older I also got curious and would ask her questions. Depending on her mood and the questions I was asking, I would sometimes get answers and other times was told it was none of my business. My mom also shared her narratives about how my grandma's health affected her and my aunt. The trauma TB caused my grandma did not go away once she was well; it affected generations of my family and impacted my grandma's mental, emotional and spiritual health until her death.

After speaking to countless Metis about their families and health, I have come to discover most, if not all, of our families have been affected by poor health or disease. If I happen to mention my interest is health, particularly infectious diseases like TB, I often hear them say my uncle, mom, aunt or another relative had it and spent time at a san. However, upon questioning them further, they often admit they know very little about their relative's experience. The two

main reasons they know so little is because 1) they never asked them about it, and 2) the person does not speak of their experiences. Hopefully my interest in Metis health will help those who do not understand why their relatives experience poor health and assist future researchers to expand on this critically important area of research.

5. Methods

An archival approach was used to collect data for this research. This method was chosen because, to date, no scholar has attempted to describe the health of the Metis between 1900 to 1960. Thus, this study not only describes their health status and reasons why their health was compromised, it also shows there are materials available about their health that have never been collected and published. When collecting data for the research it became obvious rather quickly that finding material would be difficult. Most historical research mentioning Metis people is problematic because the non-Aboriginal men who produced the works were "...hobbyists researchers and adventurers."⁵⁵ Additionally, they were not concerned about producing ethical or responsible research, therefore their works often describe them as an inferior peoples. This is problematic because other researchers used these sources to establish the colonial myth⁵⁶ of them being an inferior subhuman population.

Contemporary scholars⁵⁷ argue research involving Aboriginal people needs to include reciprocity. Kovach explains Aboriginal culture is based on the collective, and this collective nature is "almost instinctive - Indigenous peoples know that you take care of your sister or brother [and all of creation]..."⁵⁸ Therefore, when a researcher is granted access to an Aboriginal

⁵⁵ Linda Tuhiwai Smith, *Decolonizing Methodologies: Research and Indigenous Peoples* (Zed Books Ltd., 2013), 8-9.

⁵⁶ Adams argues, "Colonial myths are...powerful because they become an organic part of the thought processes of the people in the imperial nation and serve as their reality." Howard Adams, *Prison of Grass: Canada from the Native Point of View* (Toronto, ON: General Publishing, 1975), 18.

⁵⁷ Michael J. Kral and Lori Idlout, "Participatory Anthropology in Nunavut," in *Critical Inuit Studies: An Anthology of Contemporary Arctic Ethnography*, eds. by Pamela Stern and Lisa Stevenson (Lincoln: U of Nebraska P, 2006), 56; Smith, *Decolonizing Methodologies*, xi; Alex Wilson, "N'tacimowin innan nah': Our Coming In Stories" in *First Voices: An Aboriginal Women's Reader*, eds. Patricia Monture and Patricia D. McGuire (Toronto: Inanna Publications, 2009), 83; Kim Anderson, "Notokwe Opikiheet - 'Old Lady Raised'," in *First Voices: An Aboriginal Women's Reader*, eds. by Patricia Monture and Patricia D. McGuire (Toronto: Inanna Publications, 2009), 517; Shawn Wilson, *Research is Ceremony: Indigenous research methods* (Halifax: Fernwood Publishing, 2008), 77, 99; Peter Kulchyski, *Like the Sound of a Drum: Aboriginal Cultural Politics in Denendeh and Nunavut* (Winnipeg: University of Manitoba Press, 2005), 14; Margaret Kovach, "Emerging from the Margins: Indigenous Methodologies," in *Research as Resistance: critical, indigenous, and anti-oppressive approaches*, eds. Leslie Brown and Susan Strega (Toronto: Canadian Scholars Press, 2005), 29.

⁵⁸ Kovach, "Emerging from the Margins," 30.

community and its knowledge, he or she should reciprocate by giving back to the participants and the community.⁵⁹ This research gives back to the Metis a number of ways: 1) their health from 1900 to 1960 is now visible within the literature; 2) this research addresses the colonial myth and shows they were socio-politically-economically marginalized but never inferior; and 3) it will provide future researchers a starting point when exploring their health.

The data was organized into various categories based on specific themes including access to healthcare, employment, specific health issues. One thing I paid special attention to was the language I used when compiling the information. Language is knowledge and is directly related to culture.⁶⁰ However, in the past language has been a space of marginalization "...often written in scientific language that is hardly understandable to the layman."⁶¹ Smith argues research must be "...disseminated back to the people in culturally appropriate ways and in a language that can be understood."⁶² When writing, I kept in mind many did not have the luxury or opportunity of a formal education; therefore, I have chosen to write this dissertation in a manner I think most will be able to understand. This was important because if they cannot understand this work, this research, in my opinion, will be of little use or relevance.

A wide variety of materials were used, including archival documents and newspaper articles, to provide a thorough analysis of this topic. The most useful materials were collected at the Provincial Archives of Saskatchewan [PAS] and the Provincial Archives of Alberta. Each of these contained a wealth of primary sources, particularly the PAS, which houses the surveys of Metis communities in Saskatchewan. These important documents contain a great deal about them, such as their living conditions and health status during the 1950s. These documents have never been published and are restricted. In order to access these documents, I signed a non-disclosure agreement with PAS and did not to include information that might disclose someone's identity.⁶³ Also not published are the findings of the Metis School Study, done by the Alberta's Board of Education in 1960. These surveys, which were filled out by school staff, allow one a glimpse of what principals and teachers thought of Metis students, the children's reality at home,

⁵⁹ A good example of this is the work by Cruikshank. Once she had collected her data, she reciprocated by creating history booklets for one of the communities she worked with. Julie Cruikshank, Angela Sidney, Kitty Smith, and Annie Ned. *Life Lived Like a Story: Life Stories of Three Yukon Native Elders* (Vancouver: UBC P, 1990).

⁶⁰ Smith, *Decolonizing Methodologies*, 190.

⁶¹ Carol Zane Jolles, "Listening to Elders, Working with Youth," in *Critical Inuit Studies: An Anthology of Contemporary Arctic Ethnography*, eds. Pamela Stern and Lisa Stevenson (Lincoln: U of Nebraska P, 2006), 36.

⁶² Smith, *Decolonizing Methodologies*, 17.

⁶³ Most of the materials I examined were redacted copies and names were already omitted.

and some of the reasons why some children were not attending school. Although a report was published based on the transcripts of the evidence provided at the Half-Breed Commission, the transcripts provide a more detailed examination of the poor social conditions of the Alberta Metis, and the reasons why they were experiencing problems with things such as employment and education, which negatively impacted their health.⁶⁴

A wide variety of secondary online sources were used, including The Virtual Museum of Metis History and Culture, which contains a large number of transcripts from interviews with Metis individuals. These transcripts contain valuable information about things such as location of residence, racism, food and diet, clothing, education, employment, health, and poverty all of which are important when examining health. Using these transcripts in combination with the data collected from the archives provide a broader discussion about their health. Another online source used was Peel's Prairie Provinces, which contains approximately 7,500 digitized books, articles, pamphlets, government documents, and other miscellaneous documents and 66,000 issues of newspapers from the three prairie provinces. These documents, particularly the personal accounts dating from the late nineteenth century to the early twentieth century, allowed me to collect data and understand how society's racist attitudes of the Metis contributed to their marginalization, poverty, and poor health. Online and hard copies of newspapers were also important sources of information because they often announced outbreaks of disease and published articles describing how the government, the healthcare system, and society reacted to the outbreaks. Newspapers were searched through various library databases, such as Canadian Major Dailies, various provincial archives and online.

⁶⁴ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, February 25, 1935, Fonds glen-314, Item iw-glen-340, James Brady fonds, Archives Society of Alberta, Edmonton, AB. <https://albertaonrecord.ca/iw-glen-340>.

Chapter 2: Emergence & Perceptions of the Metis

To understand why the health of the prairie Metis was compromised and why they were treated as a subhuman population between 1900 and 1960, one must have a basic understanding of how they developed into a nation and how dominant society continually degraded and dehumanize them. This chapter explores how a declining buffalo population, a flawed scrip system, and racism caused many to leave the Red River. It will also explore how academics, scholars, government officials and others continually attempted to degrade and dehumanize them by arguing their personality, appearance, beliefs, cultures and ancestry were all inferior.

1. Setting the Stage: Important Events

To understand their situation between 1900-1960, one must have a basic understanding of what happened to the Metis prior to this time. They had always been active players in the fur trade, however, as beaver population began to disappear around the late 1830s, they became involved in a new economic venture, the trading and freighting of buffalo robes, and this would last until the mid-1870s.⁶⁵ They provided robes for the eastern markets as well as the thriving American markets, which were “eager to absorb all that the Metis produced.”⁶⁶ By the mid-1860s, however, things began to change. Prices for robes went up causing an increase in hunting. As a result, the buffalo population around the area of Red River declined.⁶⁷ This meant hunters and their families had to travel further to find the buffalo and they began establishing temporary “wintering sites on the plains of Saskatchewan, Alberta, and Montana.”⁶⁸ However, wintering sites eventually became a thing of the past when the buffalo population collapsed.⁶⁹ And by 1885, many had become involved with “agriculture, ranching, labour on the railway,

⁶⁵ Gerhard J. Ens, “The Dispersal and Resettlement of the Oak Lake Metis to 1900,” *Ecclectia* (August 2003) <http://ecclectica.brandonu.ca/issues/2003/2/ens.asp>.

⁶⁶ Martha Harroun Foster, “Just Following the Buffalo: Origins of a Montana Metis Community,” *Great Plains Quarterly* 97 (Summer 2006, 185-202): 185-186.

⁶⁷ *Ibid.*, 186.

⁶⁸ Foster, “Just Following the Buffalo,” 188.

⁶⁹ Kisha Supernant, “Modelling Metis mobility? Evaluating least cost paths and indigenous landscapes in the Canadian west,” *Journal of Archaeological Science* 84 (2017), 65.

woodcutting, and other occupations, which included hunting and trapping where they were still viable.”⁷⁰

In the late 1860s, Metis rights were in jeopardy when Canada was set to take over Rupert’s Land and bring Canada into Confederation. When the Hudson’s Bay Company [HBC] decided to sell Rupert’s Land to Canada, neither party consulted the Metis who “were left out of the negotiations...[and] received no assurances about their land rights.”⁷¹ The Metis were upset by the actions of both the HBC and Canada because they considered Rupert’s Land their homeland and their rights were being blatantly ignored. Then in 1869, before Canada had legal ownership of the territory, a crew was dispatched to survey the lands, further upsetting the Metis. As a result, they formed a provisional government and seized the HBC’s Fort Garry. Their newly formed government also drafted a list of rights and eventually they were invited to discuss Manitoba becoming a province of Canada.⁷²

The Manitoba Act of 1870 recognized Manitoba as a new province of Canada and one 1.5 million acres of lands were set aside for Metis and would be given out through the scrip system. Those willing to extinguish their title to the land would receive a “special certificate or warrant issued by the Department of the Interior which entitled the bearer to receive homestead lands, at a later date, upon presentation of the document to the proper authorities.”⁷³ Harry Daniels argued that although they were guaranteed these lands, the “scrip system was flawed from the start because the government never intended to grant [the] land to the Metis.”⁷⁴ The process to transfer lands or monies in exchanged for Metis title to the lands made it relatively easy for others, including banks and government officials, to manipulate the system for their own benefit:

Money and land scrip could only be redeemed at face value in the purchase of homestead lands through a Dominion lands office. Despite this restriction, a considerable black market in scrip existed in western Canada, where these documents were sold and traded at less than their face value to pay debts and to purchase goods other than land. Although its official policy was to the contrary, the federal government to some extent encouraged such practices. This was

⁷⁰ Gerhard J. Ens and Joe Sawchuk, *From New Peoples to New Nations: Aspects of Metis History and Identity from the Eighteenth to Twenty-First Centuries* (Toronto, ON: University of Toronto Press, 2016), 238.

⁷¹ Gerhard Ens, *Home to Hinterland* (Toronto, ON: University of Toronto Press, 1996), 127.

⁷² Ens and Joe Sawchuk, *From New Peoples to New Nations*, 98-101.

⁷³ Library and Archives Canada, “Metis Scrip – The Foundation for a New Beginning,” March 01, 2012, <https://www.collectionscanada.gc.ca/metis-scrip/005005-2000-e.html#aa1>.

⁷⁴ Harry W. Daniels, *The Forgotten People: Metis and non-status Indian Land Claims* (Ottawa: Native Council of Canada, 1979), 63.

particularly true of money scrip, which was not registered in the name of the Métis claimant, but was simply made out "to the Bearer". Without some form of registration, money scrip could be used by anyone - both Métis and non-Métis alike - in their acquisition of western lands, and consequently, it was actively sought by land speculators.⁷⁵

There was little to nothing they could do and not only was their land base disappearing from their possession, their political influence in the region was diminishing.

With the loss of their land, their political and economic strength as a nation declined dramatically. Shore explains the loss of land was detrimental for a number of reasons including: 1) "without land they were homeless, and soon became poor"⁷⁶; 2) they lost the right to vote because at the time only property owners could vote; 3) they could not run for office; and, 4) because they no longer owned land they did not pay property tax, which meant their children were unable to attend school. These issues in combination with the ever-increasing population of Canadians from the East, who were racist and despised them, meant they were no longer safe in their traditional homelands.⁷⁷ Sealey and Lussier describe "Threats, brawls, beatings and death was the daily fare of the persecuted Metis."⁷⁸ Some decided to stay "on their farms or establish new farms on the land grants promised to [them]."⁷⁹ And the others opted to leave their homelands to head north, west or south to the United States.⁸⁰

Many ended up reestablishing homesteads on the South Saskatchewan River in the vicinity of Batoche. Although in a new environment, they continued to be upset about what transpired in Manitoba and unrest was an ongoing issue. Canada, under the leadership of Sir John A. Macdonald was wanting to build a railway across Canada. However, doing so would threaten their way of life by increasing settlement in the region, which would cause them to be displaced yet again. Like in Manitoba, they reorganized and set up a Provisional Government to

⁷⁵ Library and Archives Canada, "Metis Scrip – The Foundation for a New Beginning."

⁷⁶ Fred Shore, *Threads in the Sash: The Story of the Metis People* (Winnipeg, MB: Pemmican Publications Inc., 2017), 82.

⁷⁷ Shore, *Threads in the Sash*, 82; P.R. Mailhot and D. N. Sprague, "Persistent Settlers: The Dispersal and Resettlement of the Red River Métis, 1870-85." *Canadian Ethnic Studies = Etudes Ethniques Au Canada* 17, no. 2 (1985), <https://search-proquest-com.berlioz.brandonu.ca/docview/1293213218?accountid=9705>; Gerhard Ens, "Dispossession or Adaption? Migration and Persistence of the Red River Metis, 1835-1890" *Historical Papers/Communications historiques* 23, no.1 (1988), 136.

⁷⁸ Sealey and Lussier, *The Metis*, 93.

⁷⁹ *Ibid.*, 95

⁸⁰ Ens, *Home to Hinterland*, 139; Sealey and Lussier, *The Metis*, 95, Julia D. Harrison, *Metis* (Vancouver/Toronto: The Glenbow-Alberta Institute in association with Douglas & McIntyre, 1985), 39.

negotiate a deal with the Canadian Government. However, this time, Macdonald refused to negotiate and instead waged war against them, sending in the militia. The war between the two began at Fish Creek on April 24, 1885, and by May 12, it was over with Canada defeating them.⁸¹ This would be a devastating blow for them, pushing them even further to the outskirts of society.

After the events at Batoche, they became an invisible people, no longer part of Canadian society, its economy or politics. They were disposed from their lands, with many having no option but to build shacks on road allowances or other Crown lands. The people “were not able to access the basics needed to get ahead in the world: no bank account, no post office address, no telephone, no hydro and no school [or access to healthcare].”⁸² They also “struggled to provide for themselves and their families...[and relied] heavily on what they could hunt, gather and grow.”⁸³ Poverty became a reality for most, salvaging for materials to build their homes and eking out a living as temporary labourers. Racism and poverty prevented their children from attending school. They remained socially-politically-economically marginalized and this played a significant role in the development of the cycle of poverty and poor health that plagued them between 1900 and 1960.

2. Perceptions of the Metis

There are many reasons, such as their socio-political-economic marginalization, as to why the Metis experienced poor health between 1900 and 1960. The reasons, all of which were linked to colonialism, degraded and dehumanized them while at the same time contributed to their ongoing marginalization.⁸⁴ Europeans used various means, such science and manipulated language, to prove non-European peoples, such as the Metis, were inferior. To secure their so-called position of superiority, Reginald Horseman, History Professor Emeritus, University of Wisconsin-Milwaukee, explains:

Historians, philosophers, and lawyers, as well as physicians, comparative anatomists, and craniologists were willing to make pronouncements about racial

⁸¹ Shore, *Threads in the Sash*, 98-99.

⁸² *Ibid.*, 109.

⁸³ Cheryl Troupe, “Mapping Metis Stories: Land Use, Gender and Kinship in the Qu’Appelle Valley, 1850-1950,” (Phd diss., University of Saskatchewan, 2019).

⁸⁴ Excerpts from chapter were previously published: Velvet Maud, “Perceptions of the Metis and Tuberculosis: An examination of Historical Works,” *Canadian Journal of Native Studies* 33.2 (2013).

differences, and society at large ultimately drew support for its racial judgements from a broad base of scientific and amateur opinion.⁸⁵

These individuals, who were typically European men, created many theories and methods to support the idea of European superiority. Their Eurocentric attitudes and their biases prevented them from understanding the differences between people did not automatically mean one was inferior. Globally, peoples have different beliefs, values, languages, worldviews but biologically, humans are all the same.

J.M. Blaut, *The Colonizers' Model of the World*, defines Eurocentrism as “all the beliefs that postulate past or present superiority of Europeans over non-Europeans (and over minority people of non-European descent).”⁸⁶ According to Blaut, historical scholars, scientists and others created Eurocentric works, all of which promoted their superiority. This was an issue because in many “discourse[s]... [Eurocentrism] is thought of as a sort of prejudice, an “attitude,” and therefore something that can be eliminated from modern enlightened thought in the same way we eliminate other relic attitudes such as racism, sexism, and religious bigotry.”⁸⁷ However, Eurocentrism is much more difficult to address because it was, and is, directly associated with “...science, and scholarship, and informed and expert opinion. To be precise, Eurocentrism includes a set of beliefs that are statements about empirical reality, statements educated and usually unprejudiced Europeans accept as true, as propositions supported by “the facts”. ”⁸⁸ Blaut refers to Eurocentrism as the “colonizer’s model of the world” and argues it evolved into a ‘super theory’ known as diffusionism, and includes “historical, geographical, psychological, sociological, and philosophical” theories.⁸⁹

Diffusionists argued everything European was better, be it their religion, technologies or cultural innovations. They believed all things superior developed in Europe then diffused outward to other places.⁹⁰ In the event a new technology was discovered outside of Europe, diffusionists would attempt to find something the same, or similar, within Europe. Once found, they would argue it already existed; thus, proving their so-called superiority. However, when

⁸⁵ Reginald Horsman, *Race and Manifest Destiny* (Harvard University Press, 1981), 46.

⁸⁶ JM Blaut, *The Colonizer's Model of the World: Geographical Diffusionism and Eurocentric History* (New York: The Guilford Press, 1993), 8.

⁸⁷ *Ibid.*, 9.

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*, 10-11.

⁹⁰ *Ibid.*, 13.

something negative was found, such as “disease[s] and other evil things” they claimed it must have “counterdiffused into Europe from non-Europe.”⁹¹ This continues today, specifically when one examines infectious diseases, “...many scholars...[believe] that non-Europe is both the source and the natural home of many-and the worst maladies. This axiomatic belief is still with us: plagues from the Black Death to AIDS [and Covid-19] are still assumed...to come from the non-European world.”⁹² One could argue this happened on the prairies as well but on a much smaller scale. Metis children attending school, who were considered diseased, dirty and inferior, were considered a health risk to the other students; or one could say they were polluting the environment reserved for Euro Canadian children. In reality, they were not diseased because they were inferior. They experienced higher incidences of diseases because their inability to get vaccinated in combination with their socio-economic-political marginalization created an ideal environment for infectious diseases to thrive.

Believing they were a superior people led to development of the so-called European miracle, in which, Europe was supposedly more advanced and “forged ahead of all other civilizations far back in history.”⁹³ Blaut explains this miracle, “which came about in the 80s and included all the theories about the unique rise of Europe prior to 1492,”⁹⁴ was nothing more than a myth and it persisted because there was a vast quantity of scholarship supporting it. Furthermore, when someone challenged an aspect of the myth and disproved its validity, “supporters...merely shift to other beliefs as grounding for the myth.”⁹⁵ As a result, the myth persisted and became engrained into the European mindset:

Many of these beliefs we [Europeans] learn as children. Others seem self-evidently “reasonable” because they accord with deep values of the culture, or with other, accepted beliefs (historical, practical, religious, and so on). Thus, the conviction that ancient and medieval Europe was more progressive than other civilizations is supported by explicit beliefs, but these lie in a matrix of implicit beliefs – unquestioned and usually unnoticed – about the progressive Europeans who “were our ancestors.” By contrast, the matrix of implicit beliefs about historical non-Europe includes ideas of alienness, savagery, cruelty, cannibalism,

⁹¹ Blaut, *The Colonizer's Model of the World*, 77-78

⁹² *Ibid.*, 11. This was also obvious during the recent Covid-19 pandemic; many, including President Trump of the United States claimed China was the epicenter of the pandemic.

⁹³ *Ibid.*, 50; E.L. Jones, *The European Miracle: environments, economies, and geopolitics in the history of Europe and Asia* (New York: Cambridge University Press, 1987).

⁹⁴ *Ibid.*

⁹⁵ *Ibid.*, 59.

deceitfulness, stupidity, cupidity, immodesty, disease, and so on – a matrix firmly supporting the general belief that non-Europe *cannot* have been progresses.⁹⁶

The vast array of doctrines and theories supporting the European miracle were problematic; because, as Blaut and Jones argues, there was no evidence or valid facts to support them. Furthermore, the pseudoscience and manipulated language used by scholars became “embedded...in [European] culture, and...[were] shaped by [this] culture,”⁹⁷ and allowed the myth the persist.

In Francis Jennings, *The Invasion of America*, he explains European and Indigenous societies, were two distinct societies. Eurocentric attitudes tainted and distorted the language used in historical works and theories and this contributed to the myriad of myths supporting the notion of European superiority. Many historical works used a civilized-savage dichotomy, which point out the differences between Europeans, who were supposedly civilized, and their savage counterparts, Indigenous peoples. However, this was problematic because although there were various meanings for the term ‘savage’, “the general implication was always clear, to be savage meant to be living” similar to a wild animal and it was applied to the Indigenous peoples, never Europeans.⁹⁸ Jennings explains civilization implied, “technical...[and] moral superiority over the stages assumed to be lower on the evolutionary scale.”⁹⁹ Europeans would not accept another society as equal, never mind superior, which is why they point out the “substantial differences between their own cultures, [which were] always deemed as civilizations, and the uncivilized societies of their opponents.”¹⁰⁰ The obvious differences they focused on included things like culture, government, politics, and appearance. For instance, Indigenous peoples had their own government structures, rules, and methods of justice. However, because Europeans could not understand the complexities of Indigenous social institutions, they argued Indigenous peoples “were incapable of civilization...[because they] had no genuine government at all, since true

⁹⁶ Blaut, *The Colonizer's Model of the World*, 60.

⁹⁷ Ibid., 10; Jones, *The European Miracle*.

⁹⁸ Olive P. Dickinson, *The Myth of the Savage: and the beginnings of French colonialism in the Americas* (Edmonton: University of Alberta Press, 1997) 64-65.

⁹⁹ Frances Jennings, *The Invasion of America: Indians, colonialism, and the cant of conquest* (Chapel Hill: Published by the Institute of Early American History and Culture by the University of North Carolina Press, 1975) 10.

¹⁰⁰ Ibid., 8

government (like true religion) existed only in a the “civil society” patterned on European conceptions of law and the institutions for its enforcement.”¹⁰¹

As time passed, Indigenous societies experienced greater cultural change and developed a dependency on the new settler population. These changes, however, were not positive and contributed to Indigenous people losing their independence and way of life. For example, once Europeans learned and adopted Indigenous technologies, such as making and using “canoes, moccasins, buckskins clothing, and backwoods shelters,” their skills and knowledge were no longer needed.¹⁰² Furthermore, as they became more and more dependent on European goods, such as guns, their traditional skills and knowledge, such as how to make bow and arrows began to disappear. This was problematic because their societies and cultures were no longer the same and although “trade was sought by Indians...In the long run it helped make Europeans dominant and the Indians dependent” and the only way the former could join the new society was as a “servant or slave.”¹⁰³

Their dependency on Europeans did not mean they were uncivilized or savage. Yet, it was continually used as a means to degrade, dehumanize, and support the notion they were. For example,

Civilization is that quality possessed by people with civil government; civil government is Europe’s kind of government; Indians did not have Europe’s type of government; therefore Indians were not civilized. Uncivilized people live in wild anarchy; therefore Indians did not have any government at all. And *therefore* Europeans could not have been doing wrong – were in fact performing a noble mission – by bringing government and civilization to the poor savages.¹⁰⁴

No matter how Indigenous peoples behaved, what institutions they had, they would always be considered uncivilized. Europeans could not, and would not, accept the idea that non-European peoples were not automatically inferior. The European miracle gave them the mindset they were the only civilized and evolved race and all others should accept and adopt their ways, such as their worldview, language, and religion. In doing so, one would be considered somewhat more civilized, but no matter how much he adapted, he would never be considered equal. For example, if a Metis man, who was more First Nations in appearance, assimilated, he would be deemed more advanced than someone who chose to maintain a traditional lifestyle. However, it can be

¹⁰¹ Jennings, *The Invasion of America: Indians, colonialism, and the cant of conquest*, 110.

¹⁰² *Ibid.*, 41.

¹⁰³ *Ibid.*, 102, 145.

¹⁰⁴ *Ibid.*, 127.

argued, society would not be concerned with their choice of lifestyle, both would experience racism and discrimination and be considered inferior simply because of their ancestry.

Furthermore, Europeans knew how to manipulate them to have them behave as they wished:

When Indians were regarded as partners in profitable trade, they appeared less threatening, and their vices were excused. When they resisted eviction from lands wanted by the colonizers, they acquired demonic dimensions. When they were wanted as soldiers for war against the French, the martial abilities of these demons were appreciated rather than decried.¹⁰⁵

Europeans “devised the savage’s form to fit his function” and manipulated the truth to support the colonial objective and maintain their superiority, power, and dominance.¹⁰⁶ Pseudo-science and distorted empirical data, which was used to support their truth, engrained negative perceptions of Indigenous peoples, like the Metis, into the consciousness of mainstream society.

Scientific racism involved using “pseudo-scientific techniques and hypotheses to support or justify the belief in racism, racial inferiority, or racial superiority, or alternatively the claim of classifying individuals of different phenotypes into discrete races or ethnicities.”¹⁰⁷ Men of science used a variety of means to try “establish reasons for [their] superiority.”¹⁰⁸ In the early 1700’s, scientists began to include humans as members of animal kingdom, such as Carl Linnaeus who claimed there were four species of humans: “*Eurpaeus albus*: European white; *Americanus rubescens*: American reddish; *Asiaticus fuscus*: Asian tawny; [and] *Africanus niger*: African black.”¹⁰⁹ Although he “considered all humans to be members of the same species...white Europeans were seen as the superior variety.”¹¹⁰

Johann Friedrich Blumenbach, who is responsible for applying the “modern meaning of race...to humans,” also “formulated a terminology of physical anthropology and classified humankind into the now all-too-familiar color categories: black, brown, yellow, red and white.”¹¹¹ In the *Myth of Race*, Sussman claims “Blumenbach was among the least racist...[but]

¹⁰⁵Jennings, *The Invasion of America: Indians, colonialism, and the cant of conquest*, 59.

¹⁰⁶ Ibid.

¹⁰⁷ Definitions, “Scientific Racism,” <https://www.definitions.net/definition/SCIENTIFIC+RACISM>

¹⁰⁸ Horsman, *Race and Manifest Destiny*, 44.

¹⁰⁹ Isabelle Charmantier, “Linnaeus and Race,” The Linnean Society, September 3, 2020, <https://www.linnean.org/learning/who-was-linnaeus/linnaeus-and-race>

¹¹⁰ Robert Wald Sussman, *The Myth of Race: The Troubling Persistence of an Unscientific Idea* (Harvard University Press, 2014), 15.

¹¹¹ Elazar Barkan, *The Retreat of Scientific Racism: Changing concepts of the race in Britain and the United States between the world wars* (Cambridge University Press, 1992), 15.

in the end...[he] ended up with a with a system with one single race, Caucasian, at the top.”¹¹² Eventually, human “species [races] and sub-species were arranged in a systemic hierarchy according to descent from “higher” to “lower” on the scale of creation...some races of men were “higher” and others “lower”.”¹¹³ In order to rank a species of peoples, their physical features, such as skin colour; behaviours; supposed genetic inferiority; and anatomical measurements were compared to Europeans and any differences, no matter how minute, were highlighted and used as evidence to support European superiority.¹¹⁴ Followers of Charles Darwin’s theory of evolution did just this, and argued minorities were less evolved than Caucasians. Peoples of colour, including Indigenous peoples, were compared to animals and considered inferior, as Jeynes explains, “To Darwinists, “savages” of Africa and South America [Indigenous people] represented the “missing link” between lower animals and human beings.”¹¹⁵ Darwin’s theory placed Caucasians above all others and provided a method of ranking the races based on their so-called evolution.¹¹⁶

A racial hierarchy also developed in Canada and was responsible for dividing “humanity into a series of subtypes ranked from ‘highest’ to ‘lowest’...[which placed] Caucasians at the pinnacle.”¹¹⁷ This hierarchy or scale, which was created by Europeans, categorized people “on a continuum of humanity, stretching from savage to civilized.”¹¹⁸ This was problematic because it failed to: 1) to acknowledge differences, although slight, did exist between the races; and 2) acknowledge all human beings, no matter what their background were all biologically the same. Therefore, it can be said labelling themselves as the ‘supreme race’ provided Europeans a means to justify their discriminatory actions and racist attitudes about the Metis.¹¹⁹

¹¹² Sussman, *The Myth of Race*, 20.

¹¹³ P.D. Curtin, ““Scientific” Racism and the British Theory of Empire,” *Journal of the Historical Society of Nigeria* 2.1 (December 1960), 41.

¹¹⁴ Curtin, ““Scientific” Racism and the British Theory of Empire,” 46, 48; Harvard Library “Scientific Racism” Harvard Library, <https://library.harvard.edu/confronting-anti-black-racism/scientific-racism>

¹¹⁵ William H. Jeynes, “Race, Racism, and Darwinism,” *Education and Urban Society* 43.5 (2011), 537, 544.

¹¹⁶ Jeynes, “Race, Racism, and Darwinism,” 542. Using Darwin’s theory, the Metis should have been considered somewhat evolved because they possessed both Indigenous (savage) and Caucasian (most evolved) ancestry.

¹¹⁷ David Livingstone Smith, *Less than Human: Why we Demean, Enslave, and Exterminate Others* (New York: St. Martin’s Press, 2011), 40-41; John S. Long, “Archdeacon Thomas Vincent of Moosonee and the Handicap of ‘Metis’ Racial Status,” *Canadian Journal of Native Studies* 3.1 (1983): 95-116

¹¹⁸ Jacqueline Peterson, “Red River Redux: Métis Ethnogenesis and the Great Lakes Region,” in *Contours of a Peoples: Métis Family, Mobility, and History*, eds. Nicole St. Onge, Carolyn Podruchny and Brenda McDougall (Norman: University of Oklahoma Press, 2012), 28-29.

¹¹⁹ Jean Leonard Elliott, Augie Fleras and Barbara R. Scott. *Unequal Relations: An Introduction to Race and Ethnic Dynamics in Canada* (Scarborough, ON: Prentice-Hall Canada, 1992), 28.

The work of Alexander Peter Reid, a prominent physician, Superintendent of the Nova Scotia Hospital for the Insane, Provincial Health Officer of Nova Scotia and the “first to introduce eugenic ideas to the Canadian public” in 1890, serves as a useful example of how a racial hierarchy degraded and dehumanized the Metis.¹²⁰ Reid, using his own observations, created a hierarchy specifically for them, which classified and defined them by the racial composition of an individual’s parents. The hierarchy put those with more European blood at top, denoting they were more civilized than those in the lower categories:

1. The Anglo-Saxon [Scotch or English] father and Indian mother.
2. The French and French-Canadian father and Indian mother.
3. The Anglo-Saxon father and mixed Anglo-Saxon and Indian mother.
4. The French father and mixed French and Indian mother.
5. The “Halfbreed” Anglo-Saxon and Indian as father and mother.
6. The “Halfbreed French and Indian as father and mother.
7. The descendants proceeding from intermarriage of fifth class.
8. The descendants proceeding from intermarriage of the sixth class.
9. The Mixed or “Halfbreed” father and Indian mother.¹²¹

Simply suggesting those with European blood, so those in category one, were automatically more civilized because of their genetic makeup was an issue because, as Fleras and Elliot argue, “Canada was founded on the colonization of its indigenous {sic} peoples...Minority women and men were racialized as inferior or irrelevant, and then arranged into a hierarchy of acceptance or rejection based on their proximity to the French and English as the primary reference groups.”¹²² Classifying people solely by their ancestry would make it impossible for the Metis to achieve a level of equality equal to that of the dominant population.

When describing the various categories, Reid’s Eurocentric attitude influenced his work. For example, he considered those in category one as racially superior because he presumed if someone was born to a father of Scottish or English descent, the individual was honest, industrious and intelligent.¹²³ Furthermore, he argued these individuals did not possess the savage-like tendencies of their First Nations mothers, which included “...restlessness, slovenliness, impatience of control, wild liberty, superstition, and, when roused, the fiendish

¹²⁰ Sebastian Normandin, “Eugenics, McGill, and the Catholic Church in Montreal and Quebec: 1890-1942,” *Canadian Bulletin of Medical History* 15, no. 1 (1998): 63.

¹²¹ A.P. Reid, “The Mixed or “Halfbreed” Races of North-Western Canada,” *The Journal of the Anthropological Institute of Great Britain and Ireland* 4 (1875): 45.

¹²² Elliott, Fleras and Scott, *Unequal Relations*, 53-54.

¹²³ Reid, “The Mixed or “Halfbreed Race,” 46.

hatred and temper.”¹²⁴ Apparently, he believed European genetics possessed the unique quality and ability to eliminate the negative behaviours and tendencies passed onto children by their mothers. This was entirely incorrect and supported the notion the biological makeup of Europeans was superior to Aboriginal genetics.

Reid described French men as inferior to their Scottish and English counterparts. Apparently, all were honest, smart and energetic, but they did not behave in the same manner.¹²⁵ For example, he described European men having well-tilled fields because they were superior farmers. Their living conditions and homes were better in comparison to the French who resided in tents, which were “neat, roomy, and comfortable.”¹²⁶ His description of French and European men makes it appear as though the former were a more civilized population simply because they lived a sedentary lifestyle and participated in the western economy. Whereas, the French, who lived in temporary shelters and following a nomadic hunting lifestyle, are described less ideally. Reid failed to acknowledge those who chose these lifestyles were not more or less civilized than anyone else, they were simply following the lifestyle of their choosing.

The definitions get progressively more negative as one proceeds through Reid’s system. This is simply because those further down on the list have less European blood and more First Nations ancestry. If one believes Reid’s system, this would automatically mean those in categories five through eight, whose fathers were all Metis, were less civilized compared to those with French or European fathers. Reid used the lifestyle of the French Metis to support his notion of their inferiority, such as their participation in a nomadic lifestyle, which involved hunting for subsistence, residing on the prairies and plains year round, and only participating with the mainstream population and economy when they needed to sell their goods and acquire supplies.¹²⁷ Whereas, non-Metis individuals farmed when the weather permitted and only engaged in hunting when they needed to secure their winter supply “...of pemmican, dried meat and leather.”¹²⁸ Both farming and hunting were difficult ways of life and each had their own sets of challenges but to argue to those who participated in a nomadic lifestyle were inferior was absurd.

¹²⁴ Reid, “The Mixed or “Halfbreed Race,” 46.

¹²⁵ Ibid., 47.

¹²⁶ Ibid., 48.

¹²⁷ Ibid.

¹²⁸ Ibid.

Those in the final category, nine, were considered the most uncivilized. Apparently, Reid believed because they were the furthest removed from Europeans, it meant they were inferior. He described everything about them as uncivilized including their personalities, lifestyle and behaviours; all of which are noted as being more First Nations like. However, he makes it clear, these people were not First Nations even though they behaved like them. This was because they had some degree of European ancestry and this automatically positioned them above First Nations in terms of superiority. His method of classifying people however was problematic because: 1) the language was manipulated and he had no valid proof to support his claims; 2) the Metis would repeatedly be considered inferior because they were continually compared to Europeans, who he deemed superior; 2) his system failed to recognize or acknowledge differences did exist between various cultural groups, which simply meant they were different, not that one was better than another; and 3) all humans, no matter what their cultural background, are biologically the same.

Reid did manipulate the language in his work, and although not explicitly stated, was promoting eugenics. In the 1880s, the science of eugenics, which became popular after Charles Darwin published *Origin of the Species* in 1859, promoted “the practice or advocacy of controlled selective breeding of human populations (as by sterilization) to improve the population’s genetic composition.”¹²⁹ As discussed, Reid classified the Metis by examining things such as their behaviour, living conditions, and economic pursuits. The problem with eugenics was, as Franz Boas explained:

...from a purely biological point of view...only those features that are hereditary can be affected by eugenic selection. If an individual possesses a desirable quality the development of which is wholly due to environmental causes, then it will not be repeated in the descendants, its selection will have no influence upon the following generations.¹³⁰

Furthermore, considering themselves the most advanced race was problematic because:

...neither biologists, nor anthropologists, nor physiologists, nor geneticist, nor any other scientists who have studied physical race have ever identified any general racial characteristics shared by all members of a particular race. There are no genes or hereditary factors shared by every member of any of the main racial groups.¹³¹

¹²⁹ Merriam-Webster Dictionary, “eugenics,” <https://www.merriam-webster.com/dictionary/eugenics>

¹³⁰ Franz Boas, “Eugenics,” *The Scientific Monthly* 3.5 (November 1916), 472.

¹³¹ Naomi Zach, *Thinking about Race* (Belmont, CA: Wadsworth Publishing Company, 1998), 3.

In general, humans will inherit some traits of their parents, whether good or bad. However, it was unfair and incorrect to argue those who behaved or shared certain physical features with their First Nation parent were somehow inferior. The various so-called negative qualities mentioned by Reid could not have been controlled or eliminated via selective breeding. However, sterilizing them would. Reid was a supporter of sterilizing the mentally unfit and, although not mentioned specifically in his work, it is possible he was attempting to rationalize the sterilization of the Metis, which would eliminate a so-called inferior peoples.¹³²

Reid was not the only follower of eugenics, some scholars and government officials felt the best method to deal with them was to eradicate all traces of First Nations ancestry by using selective breeding. Dawson et al. noted the introduction of European or Canadian blood, "...had a very good effect in arresting"¹³³ their 'savage' behaviours and tendencies. Reid also said that as the European population increased in Canada, and more relationships happened between the Metis and Europeans, more European blood would be introduced into their population, resulting with a more civilized people who would be valued members of Canadian society.¹³⁴ However, selective breeding would have had little to no impact improving their social standing; Euro Canadians would continue to manipulate the language and find reasons to argue why they were superior.

Measuring a person's inferiority or superiority by their physical attributes, behaviours or racial background is not actually possible because racial categories "are social constructs...[they are] concepts created from prevailing social perceptions without scientific evidence."¹³⁵ Naomi Zack, Department of Philosophy, Lehman College, City University of New York, explains "During the early twentieth century, social scientists began to realize that differences in human culture, behaviour, intellect, morality, and spirituality were the result of environment, education and history rather than biology."¹³⁶ To date, nobody has proven all members of a specific race

¹³² Howell, "Reid, Alexander Peter."

¹³³ Simon James Dawson, Henry Youle Hind, John Henry Lefroy, and John Palliser. *Notes on the routes from Lake Superior to the Red River, and on the settlement itself: Compiled from reports by Captain Palliser, Professor Hind, and Messrs. Dawson and Napier, with notes relating to the transport of troops, &c. by Colonel Crofton and Captain (now General) Lefroy* (London: Great Britain, War Office, 1870), 42.

¹³⁴ Howell, "Reid, Alexander Peter."; Reid, "The Mixed or "Halfbreed" Races," 51

¹³⁵ Richie Witzig, "The medicalization of race: scientific legitimization of a flawed social construct," *Annals of Internal Medicine* 125.8 (October 1996): 675.

¹³⁶ Zack, *Thinking about Race*, 2.

will share “general racial characteristics.”¹³⁷ This is because there are “no genes or other hereditary factors shared by every member of any of the main racial groups.”¹³⁸ However, this is what happened to the Metis, they were lumped together and deemed an inferior population that needed to fully assimilate into the dominant population or be eradicated.

Populations were racially classified by their physical attributes and features, including their “...skin color, features of the face, and shape and size of head and body, and the underlying skeleton.”¹³⁹ None of these features can be controlled or manipulated to any great degree by humans. The Metis had no control over their appearance, yet they were consistently ridiculed because of their so-called First Nations attributes, such as their skin tone, personality and behaviours, all of which were considered primitive. Ingersoll explains because they looked and behaved like their ‘Indian’ ancestors, “...it was physically impossible for most mix bloods to escape the constant scrutiny of whites, every individual’s faults were catalogued and magnified.”¹⁴⁰ Using behaviours and physical appearance to determine whether an individual is superior or inferior to another is impossible. All humans are unique and although they may share similarities with another, this does not mean one is better than the other; they are equals but different.

Early physicians argued they were a biologically inferior race. This affected a number of things including their health and wellbeing, their ability to access to healthcare, and it homogenized them. In his article, “Race and Health: Basic Questions, Emerging Directions,” Dr. David Williams, Institute of Social Research, University of Michigan, argues “If it is assumed...racial differences in disease are determined by biological factors, then the potential role of social factors in disease is obscured and societal institutions, policies, and processes that may be pathogenic are relieved from any responsibility and can remain unchanged.”¹⁴¹ This is exactly what happened, they were deemed inferior and instead of acknowledging the root cause

¹³⁷ Zach, *Thinking about Race*, 3.

¹³⁸ Ibid.

¹³⁹ Ed Hagen, “Biological Aspects of Race,” *American Association of Physical Anthropologists*, updated May 27, 2009, <http://physanth.org/association/position-statements/biological-aspects-of-race>.

¹⁴⁰ Thomas N. Ingersoll, *To Intermix with Our White Brothers: Indian Mixed Bloods in the United States from the Earliest Times to the Indian Removals* (University of New Mexico Press, 2005), 81-82. Ingersoll is discussing mix-bloods in the United States, however this was also true for the half-breed population in Canada.

¹⁴¹ David R. Williams, “Race and Health: Basic Questions, Emerging Directions,” *Annals of Epidemiology* 7.5 (July 1997), 324.

of why they were experiencing poor health; the government and society ridded themselves of any responsibility by arguing they were an inferior race.

John Hoberman's, *Black and Blue: The Origins and Consequences of Medical Racism*, examines how the medical system was, and is, guilty of racialization. He argued, "The racializing of medical thinking is the process that translates the racial folklore circulating in the larger society into a medical doctrine of perceived (and usually imaginary) racial differences."¹⁴² This was done purposely to show the superiority of the European race. For example, those working in Canadian medical system often argued the Metis were a sub-human population simply because they had First Nations ancestry. This was then used to explain why they experienced higher rates of infectious disease and poor health. Arguing they were inferior supported the notion of Euro Canadian superiority, and at the same, allowed the government, the medical system, and society an avenue to blame the victim and ignore the ongoing impacts of colonialism.

As discussed, when one examines their health between 1900-1960, obvious gaps exist within the literature and there are issues with how they were defined. This creates problems when examining the medical system and racialization. Hoberman explains some 'diseases of civilization', such as cancer or mental health issues, were "always...associated with higher social and cultural classes."¹⁴³ However, when one examines the literature, there is no mention of the Metis experiencing these problems. Instead of exploring whether these diseases were problematic among them, government officials and the healthcare system focused on other ailments such as sexually transmitted infections. Those with sexually transmitted infections were stigmatized and considered immoral and promiscuous and provided further opportunities to degrade the Metis, particularly the women. The failure of the medical system to acknowledge they were equals provided the dominant population a means to: 1) claim they were in no way responsible for their socio-economic-political marginalization; 2) maintain their so-called superiority; and 3) justify dehumanizing and degrading them.

Edward Said argued Europe was able to create a manipulated version of the Orient and its peoples. The Occident, Europe and North America, distorted images and ideas of the Orient as a

¹⁴² John Hoberman, *Black and Blue: The Origins and Consequences of Medical Racism* (California: University of California Press, 2012), 71.

¹⁴³ *Ibid.*, 112.

means to maintain their power and dominance. Literature including research findings, media accounts, and scientific reports were manipulated to create a false and fragmented image of Orientals in the minds of “White middle-class Westerners.”¹⁴⁴ When these manipulated images are supported by the “...authority of academics, institutions, and governments can accrue to it, surrounding it with still greater prestige than its practical successes warrant.”¹⁴⁵ Euro Canadian writers, whether intentional or not, were also guilty of manipulating and distorting the image of the Metis as a means to maintain their so-called superiority and dominance. The Eurocentric views of early writers, particularly travelers, were bias and portrayed the Metis as an uncivilized and subhuman population. The manner in which they wrote, and the language they chose to use when discussing them, was a serious issue because language is directly related to “conceptions of ‘truth’, ‘order’, and ‘reality’.”¹⁴⁶ Kacie Wills, English Department at Illinois College, explains a British Colonial Print Matrix existed. She argues historical literature contains a version of reality that contains some factual and fictional information, with the fictional being based on the imperial imagination. This was done purposely to allowed the British to maintain their dominance while continuing to expand their empire.¹⁴⁷

Historical writings were an important part of the colonial process and promoted European superiority and as Emma LaRocque’s states in *When the Other is Me: Native Resistance Discourse 1850-1990*, “when the records are re-examined with corrective lens, what comes into focus is an overwhelming presence of Eurocentric and hate material in our archives, histories, literatures, school textbooks, and contemporary popular cultural productions.”¹⁴⁸ Historical literature is also responsible for dehumanizing Indigenous peoples, which is the act of “deprive[ing] (someone or something) of human qualities, personality, or dignity.”¹⁴⁹ It involves “subject[ing]...[a person or group] to inhuman or degrading conditions or treatment” or

¹⁴⁴ Edward Said, *Orientalism* (New York: Vintage Books, 1978), 118; Palestine Diary, “Edward Said on Orientalism,” YouTube (October 28, 2012) https://www.youtube.com/watch?v=fVC8EYd_Z_g (accessed August 17, 2017), 5:50.

¹⁴⁵ Blaut, *The Colonizer's Model of the World*, 94.

¹⁴⁶ Bill Ashcroft, Gareth Griffiths, & Helen Tiffin, *The Empire Writes Back: Theory and Practice in Post-Colonial Literature*, Vol. 2nd ed. (London: Routledge, 2002), 7.

¹⁴⁷ Kacie L. Wills, “It is easy making a lie; the contradicting of which the next day will make another paragraph: The Travels of Hildebrand Bowman and the Critique of the British Colonial Print Matrix,” *English Studies* 102 no. 1 (2021), DOI: 10.1080/0013838X.2020.1866310, 46-49.

¹⁴⁸ Emma LaRocque, *When the Other is Me: Native Resistance Discourse 1850-1990* (Winnipeg: University of Manitoba Press, 2010), 5.

¹⁴⁹ Merriam-Webster Dictionary, “dehumanize,” updated May 2021, <https://www.merriam-webster.com/dictionary/dehumanize>.

portraying them in a way that “obscures or demeans that person’s [or group’s] humanity or individuality.”¹⁵⁰ The Eurocentric attitudes of historical authors, who were typically men, tainted their works. Fully believing they were the most civilized, advanced and superior race provided them the opportunity to justify their degradation and abuse of Indigenous people. Everything about them and associated with them was considered inferior, whether it was their genetics, culture, personality or work ethic. In some places, savage and Indigenous remain synonymous with one another because the ‘Indian’ has yet to be fully humanized; which will involve “de-normalizing the “savage” view, and...putting forward Native people’s humanity through their writing.”¹⁵¹

In *The Colonizer and the Colonized*, Albert Memmi examined how colonialism affected the colonized and the colonizer. He argues colonialism was based on racism and constructed “...from three major ideological components: one, the gulf between the culture of the colonists and the colonized; two, the exploitation of these differences for the benefit of the colonialists; three the use of these supposed differences as standards of absolute fact.”¹⁵² The colonizer focused on the things to ensure the colonized remained on the peripheral of society “rather than emphasizing that which might contribute to foundation of a joint community.”¹⁵³ In doing so, the colonizer secured and maintained their position of authority and dominance. Larocque explains “Colonization...required rationalization” and an ideology to support their position of superiority; hence the civ/sav dichotomy.¹⁵⁴ In attempting to rationalize their beliefs, “an overwhelming body of dehumanizing literature about Native people” was produced.¹⁵⁵ These works were problematic because they contained a “racist point of view.”¹⁵⁶ The production of this type of literature was used by diffusionists to create their own version of reality and history, as Blaut explains, “Textbooks [and other written works are]... more than just books, they are semiofficial statements of exactly what the opinion-forming elite of the culture want the educated youth of that culture to believe to be true about the past and present world.”¹⁵⁷ This manipulated version of reality/history was then passed from one generation to the next; becoming the official history.

¹⁵⁰ Merriam-Webster Dictionary, “dehumanize.”

¹⁵¹ LaRocque, *When the Other is Me*, 4; Smith, *Decolonizing Methodologies: Research and Indigenous Peoples*, xii.

¹⁵² Albert Memmi, *The Colonizer and the Colonized* (Boston: Beacon Press, 1965), 71.

¹⁵³ Ibid.

¹⁵⁴ LaRocque, *When the Other is Me*, 37.

¹⁵⁵ Ibid.

¹⁵⁶ Ibid., 62.

¹⁵⁷ Blaut, *The Colonizer's Model of the World*, 6.

The same thing happened in Canada, Euro Canadians produced the literature and no counter-narrative was provided to question their version of history or reality. This is because Aboriginal peoples:

...did not have written languages; therefore, they did not leave their own written records of their resistance activities against the early European intruders. Indeed, it is not until the late 1700s and early 1800s that a few individual Natives were able to write in English, having learned the skills of Western literacy from missionaries. Reflecting the complexity of the Native people's relationship with the missionaries and the Canadian school system, be it public or residential, Native writing as a form of any significant collective expression as not possible until about the 1970s, if not the 1980s.¹⁵⁸

Like the myth of the European miracle, the myth of savage became engrained into the dominant belief system.

The manipulation of language is obvious when one examines how the Metis were portrayed. Typically, when one attempted to define or describe them, they would almost always mention at least one positive trait, such as they were strong. However, more often than not, the author(s) would switch focus and discuss their so-called negative attributes. The 1933 work of Alfred Garrioch, an Anglo-Metis and Anglican minister, serves as a useful example; he described the French Metis as loyal and pleasant companions. However, as he continued, his discussion of them changes, "...if treated in an overbearing manner...especially when under the influence of drink, he is liable to become a little worse than other human beings under like circumstances-he is liable to become inhuman."¹⁵⁹ Alexander Ross is also guilty of manipulating language to serve the colonial objective. In his work, *The Red River Settlement: Its Rise, Progress, and Present State*, published in 1856, he praised the action of one Metis gentleman for returning some lost goods but then explains they were all, "...worse than the worst of savages, for their cruelty and revenge have no bounds"¹⁶⁰ when upset. Manipulating the language was a means to support the notion of Euro Canadian superiority. Lyle Dick of the Manitoba Historical Society explains once Confederation happened in 1867, Anglophone media in central Canada began creating and manipulating perceptions of various populations across Canada. This was done "to construct identities for the new nation according to their values...and legitimized

¹⁵⁸ LaRocque, *When the Other is Me*, 19.

¹⁵⁹ Alfred Campbell Garrioch, *The Correct Line* (Winnipeg: Stovel Co., 1933), 34-35.

¹⁶⁰ Alexander Ross, *The Red River Settlement: Its Rise, Progress, and Present State* (London: Smith, Elder, & Co., 1856), 265.

through the media's developing status as the principal vehicle of advancing truth about the external world."¹⁶¹ The goal was to make to Euro Canadian society support Confederation. In order to gain the support of the masses, the media demoralized, dehumanized, degraded, and portrayed the Metis as a threat to the new nation.

Everything about them was deemed inferior because they failed to meet the societal and religious standards of dominant society, such as living a sedentary lifestyle and participating in the economy full time. Howard Adams argued every nation has a "...single system of beliefs and values [that] predominates," which they use to dominate their subjects.¹⁶² He explained Canada was no exception and its "ideological system is based on capitalism...[and the ultimate goal] is to indoctrinate the public with these values."¹⁶³ In order for this system to become engrained into the consciousness of society, citizens had to "accept it and internalize it as their own," and by doing so, it would become "...the citizens own sense of goodness and rightness."¹⁶⁴ However, many refused and instead chose to maintain a traditional lifestyle. Western society considered this unacceptable because, as Doxtator explains, Europeans had continually attempted to indoctrinate Aboriginal peoples with their beliefs and values,

...since the two races [First Nations and Europeans] first met, non-Indians have been trying to teach, convert, 'improve', or otherwise change Indian peoples. The idea has persisted, that, somehow, Indians are just really undeveloped human beings in desperate need of training in the proper way to live and make a living.¹⁶⁵

Those who attempted to participate in the western capitalistic economy, they were still degraded. For example, they were only considered acceptable workers in blue-collar positions, such as clearing fields or cutting wood, and it was believed they could only excel if they were closely supervised.¹⁶⁶

¹⁶¹ Lyle Dick, "Manitoba's History: Nationalism and Visual Media in Canada: The Case of the Thomas Scott Execution," *Manitoba Historical Society* 48 (Autumn/Winter 2004-2005), http://www.mhs.mb.ca/docs/mb_history/48/nationalism.shtml

¹⁶² Howard Adams, *Tortured Peoples: The Politics of Colonization* (Penticton, BC: Theytus Books Ltd., 1989), 37.

¹⁶³ *Ibid.*

¹⁶⁴ *Ibid.*

¹⁶⁵ Deborah Doxtator, "The Idea of Indianness and Once Upon a Time: The Role of Indians in History," *Racism, Colonialism, and Indigeneity in Canada* (2011), 32.

¹⁶⁶ Giraud, "A Note on the "Half-Breed Problem," 548.

It was argued they lacked the intellectual discipline to persevere and adapt to farming and other economic ventures. As a result, they were labelled a lazy people who refused to work.¹⁶⁷ Ross' opinion of them is obvious when he describes their lack of involvement in the mainstream economy:

In the spring of the year, when... [Euro Canadian settlers] are busy, late and early, getting their seed into the ground, the Canadian is often stuck up in the end of his canoe fishing...and the half-breed is often sauntering about idle with his gun in his hand. At the same time, if you ask either to work, they will demand unreasonable wages, or even refuse altogether; preferring indolence to industry, and their own roving habits to agricultural or other pursuits of civilized life. Their own farms, if farms they may be called, point out as a century behind their European neighbors...They live a ragged life, which habit has made familiar to them. Knowing no other condition, they are content and happy in poverty.¹⁶⁸

His racist remark supported the notion they were an inferior race that could not, or would not, adopt the traits of the dominant culture. Almost twenty years later, James Carnegie, 9th Earl of Southesk, a poet and antiquary who travelled the west in 1859-60, attempted to address some of misconceptions society had about the Red River Metis:

Too many at home [Europe] have formed a false idea of the half-breeds, imagining them to be a race little removed from barbarians in habits and appearance. They are supposed to be copper-coloured men, going about imperfectly clothed and grotesquely ornamented, obeying their chiefs, and yielding neither respect nor obedience to the laws...They build and farm like other people, they go to church and to courts of law, they recognise {sic} no chiefs (except when they elect a leader for their great hunting expeditions), and in all respects they are like civilised {sic} men, not more uneducated, immoral, or disorderly, than many communities in the Old World.¹⁶⁹

Although it could be said his description is somewhat accurate and not derogatory, racism and prejudices are obvious in his writing. For instance, just prior to this, he explained French Metis did not want to work, but if by chance they did, it was typically in temporary positions because they would rather "...eat, drink, smoke, and be merry" than secure a full-time job.¹⁷⁰ Whereas,

¹⁶⁷ Giraud, "A Note on the "Half-Breed Problem," 541, 548-549; Leroy Victor Kelly, *The Range Men: The Story of the Ranchers and Indians of Alberta* (Toronto, ON: William Briggs, 1913), 49.

¹⁶⁸ Alexander Ross as quoted in George Bryce, *A History of Manitoba* (Toronto, ON: Canada History Co., 1906), 109-110.

¹⁶⁹ James Carnegie, *Saskatchewan and the Rocky Mountains: A diary and narrative of travel, sport, and adventure during a journey through the Hudson's Bay Company's Territories, in 1859 and 1860* (Edinburgh: Edmonton & Douglas, 1874), 359-361.

¹⁷⁰ *Ibid.*, 359-360.

their Scottish counterparts were industrious, but they still did not possess the same drive as Euro Canadians.¹⁷¹

Carnegie also informs of the reader of how some European men abandoned their Metis spouses and children. However, instead of arguing how these men were not taking responsibility for their families, he chose to focus on how these women often raised the children among First Nations peoples. As a result, their children adopted the traits and characteristics of the First Nations peoples and there was "...little of the European about them-not even the language."¹⁷² In his opinion, their inferiority was based on where they resided and who they interacted with. For instance, those he observed at Red River, who had more contact with Europeans, were considered somewhat civilized. Whereas, those who had more contact with First Nations, such as the women who returned to live with their families, were deemed inferior and primitive. Determining whether one was civilized or uncivilized simply by where they resided, and with whom, was problematic and contributed to the misconception they were an inferior people. The works of Southesk and Ross were based on their first hand observations of the people. These men, however, were unable to keep their bias and Eurocentric attitudes from influencing their work and a result their works supported colonialism and the perpetuated the notion of European superiority.

Historical descriptions of women tended to focus on their physical attributes, such as hair colour and facial features. O'Leary explained some of them were, "...exceedingly handsome, with coal black hair, dark eyes..., aquiline noses, small mouths, pearly white teeth, and figure well developed through active physical exertion."¹⁷³ Their American counterparts were similarly defined as having, "...large, soft dark eyes; small, well-shaped infantile hands; light or brown, short curly hair; aquiline nose, and little head,"¹⁷⁴ like those of Italian or Spanish ancestry. Interestingly, their skin was seldom mentioned and those who experienced the same amount of sun exposure as their male counterparts, were generally, "...fairer [skinned] than the men...[and not] highly colored, but rather pale and sallow."¹⁷⁵ Robinson, however, noted women's skin could range, "...from a clear white of the Caucasian type to the deep and dirty copper-color of

¹⁷¹ Carnegie, *Saskatchewan and the Rocky Mountains*, 359-360.

¹⁷² Ibid., 359-361.

¹⁷³ Peter O'Leary, *Travels and Experiences in Canada, The Red River Territory and the United States* (London: J.B. Day, 1876?), 113-114.

¹⁷⁴ Roderick George MacBeth, *The Selkirk Settlers in Real Life* (Toronto: William Briggs, 1897), 113.

¹⁷⁵ Ross, *Red River Settlement*, 191.

the Indian.”¹⁷⁶ Many historical scholars describe the women as attractive and made note of their beauty.

Interestingly, when scholars and academics discuss the women, ancestry was seldom mentioned, whereas it was usually noted in discussion of their male counterparts. For example, those with either English or Scottish ancestry are described as being more European in appearance and possessing features such as “...black eyes, lank blue-black hair, aquiline nose, and high cheek bones...[and] are as fair as the fairest of full-blooded Caucasians.”¹⁷⁷ In comparison, those with French ancestry are described as having the physical characteristics of their mothers, including ‘dusky’ or darker skin tone, dark eyes, and straight hair.¹⁷⁸ And, although the French had darker skin, they were described as fairer than First Nations, which Garrioch explained helped to differentiate them from full-blood First Nations.¹⁷⁹ Depicting French Metis men as more Aboriginal in appearance contributed to this group being labeled inferior to their English or Scottish counterparts.

When exploring the physiques of the men, ancestry did not seem to be of importance, instead the man’s social status was an influencing factor. For example, Carnegie provided a generic description of the men he encountered,

...[a] fine race, tall, and well proportioned, lightly formed but strong... Their chests, shoulders and waists are of that symmetrical shape...their legs are generally extremely straight, and of those lengthened proportions which when caricatured, tend rather towards the knock-knee than approach the bow. The feet are high in the instep; and the long heel with large back-sinew, I think, never to be seen among them, nor indeed among the pure Indian.¹⁸⁰

In comparison, MacBeth, a lawyer and ordained Presbyterian Minister¹⁸¹ recalled his childhood memory of Reverend John McKay, the son of a Scotch Metis father and a Cree mother, “A powerfully-built man, with great breadth of shoulders and immense depth of chest, muscular and athletic, dark-skinned and raven-haired, with aquiline nose and piercing black eyes.”¹⁸² Another influential man, Ambroise Lépine, the adjutant-general of Riel’s provisional government and the

¹⁷⁶ Henry Martin Robinson, *The Great Fur Land* (New York: G.P. Putnam’s Sons, 1879), 262.

¹⁷⁷ Edward Bolland Osborn, *Greater Canada: The Past, Present, and Future of the Canadian North-West* (London: Chatto & Windus, 1900), 38.

¹⁷⁸ Hamilton, *The Prairie Provinces*, 82.

¹⁷⁹ Garrioch, *The Correct Line*, 34.

¹⁸⁰ Southesk as cited in Kavanagh, *The Assiniboine Basin*, 77.

¹⁸¹ MacBeth, *The Selkirk Settlers*, 113.

¹⁸² *Ibid.*

son of a Metis mother and French-Canadian father, is described as, “A striking figure...a man of magnificent physique, standing fully six feet three and built in splendid proportion, straight as an arrow, with hair of raven blackness, large aquiline nose and eyes of piercing brilliance; a man of prodigious strength,...and striking military appearance.”¹⁸³

Within the literature there is no clear explanation as to why the men and women are described differently. However, there are some possibilities, such as it could be argued the women, or children produced from Euro-Aboriginal relations were not a direct threat to the Euro Canadian race. Because, as mentioned, some European men, once their terms were finished with the trading companies, deserted their Metis wives and families and returned to their home countries. Eventually, these men would find new wives, presumably from the same cultural background as themselves, and when they had children, their offspring would be considered ‘pure’ European. The most likely reason the women were described as attractive was because they were viewed as sexual objects. As for men, they too, would not have been a threat to the European race because as previously mentioned European women seldom had relationships with Aboriginal men. The Metis were never a racial threat to dominant society, yet many still believed all traces of First Nations needed to be eradicated.

As mentioned, taking a Metis spouse was not always considered acceptable by European standards. For example, Hudson’s Bay Company [HBC] or Northwest Company [NWC] officers, “who took native wives have for ages, on retiring from active life, settled in our older provinces, where they and their descendants are often met with in circles of wealth, influence and respectability...”¹⁸⁴ The more prominent the man, the less likely his racial status would be affected by marrying one. However, the status of men in less prominent positions, or those who were viewed as inferior because of their behaviours, automatically dropped on the racial hierarchy if they chose a Metis wife.¹⁸⁵ In many cases, interracial marriages were for convenience, not love. Morton explains the French servants of the NWC took First Nations wives because it allowed for “...friendly relation with the savages [First Nations], protected them from hostile attacks, and brought in business of the tribes connected by marriage with the

¹⁸³ Roderick George MacBeth, *The Making of the Canadian West: Being the reminiscences of an Eye-Witness* (Toronto: William Briggs, 1898), 43-44.

¹⁸⁴ James Cleland Hamilton, *The Prairie Provinces: Sketches of Travel from Lake Ontario to Lake Winnipeg, and an Account of the Geographical Position, Climate, Inhabitants, Productions and Resources of the Red River Valley* (Toronto: Belford Bros., 1876), 82.

¹⁸⁵ Angus Buchanan, *Wild Life in Canada* (Toronto: McClelland, Goodchild & Stewart, 1920), 59.

posts.”¹⁸⁶ Unlike the NWC, the HBC did not condone relationships between their employees and First Nations women and even went as far as banning the women from their forts.

In the early 1800s, European women began to arrive in Canada, resulting in elevated racial tension between Aboriginal women and themselves. This was because, as Van Kirk explains, the newly arrived women believed they were superior to both First Nations and Metis women. Contributing to the tension was the fact European women were under pressure to find an adequate mate, which contributed to, and elevated the tension between themselves and Metis women.¹⁸⁷ In addition, the influx of European women resulted with male fur traders exhibiting prejudices towards Metis and First Nations women, and it was at this point when “...colour became an issue for the first time.”¹⁸⁸ European women were viewed as the vessels of civilization and it was because of these women the Euro Canadian race could protect and maintain its superiority.¹⁸⁹ As the population of European women continued to increase, the status of Metis women slowly diminished, until they were at the bottom of the racial hierarchy.

As a rule, the relationships between Aboriginal peoples and Europeans typically involved First Nations women and European men, seldom were the roles reversed. This was because “...white women almost never married mixed-blood men”¹⁹⁰ because,

...the fundamental explicit imperative of the racial purist was to preserve the purity and dignity of white women. By this means, all the confusing political and economic complexities of the issues were reduced to a simple, moralistic ideal. White men permitted themselves to introduce their seed into the Indian “race” – they might even perceive that to be a progressive act. But white women were the vessels of civilization and could not be the recipients of Indian seed. By the same token, non-white women could not be permitted to assume an equality with white women, which would stigmatize white women as no better than savages. If any white man could elevate a woman of another race to the status reserved for a white woman, it would threaten the entire rationale behind racial exclusion. Their mixed-blood boys could not be accepted in white society either, for they would grow up expecting to marry white women...In this sense, the morally pure ideal of the white woman was indispensably linked with the republican cult of domesticity; it uplifted symbolically the dignity of women whom men degraded in practice.¹⁹¹

¹⁸⁶ Arthur Silver Morton, *Under Western Skies: Being a Series of Pen-Pictures of the Canadian West in Early Fur Trade Times* (Toronto: Thomas Nelson and Sons, 1936), 124.

¹⁸⁷ Sylvia Van Kirk, *Many Tender Ties: Women in the Fur Trade, 1670-1870* (Winnipeg: Watson & Dwyer Publishing Ltd., 1999), 175.

¹⁸⁸ Ibid.

¹⁸⁹ Ingersoll, *To Intermix with our White Brothers*, 197-198.

¹⁹⁰ Ibid., 101.

¹⁹¹ Ibid., 197-198.

Perceptions such as this allowed Europeans to remain at the pinnacle of the racial hierarchy. Arguing European women were the vessels of civilization resulted with Aboriginal women, particularly Metis women, being labeled uncivilized.

Interestingly, a European man could be racially demoted simply because of whom he chose married or have as a life partner. For example, Miller, who grew up on a sheep ranch in Montana during the 1890s, recalled, "...many of the ranches in their area were owned by white men who had aboriginal {sic} wives. The white community referred to these men as "squaw men."¹⁹² McManus explained labeling the men as squawmen "...suggests the husbands of native women had lost their racial status by choosing a nonwhite wife, and that an old racial slur on native women had been passed on to the white men who were associated with them."¹⁹³

Buchanan also provides evidence of a European man losing his racial ranking because of whom he chose to wed. While on a zoological expedition in Canada, he recalled meeting a Danish-American trapper who was married to an English-Cree half-breed.¹⁹⁴ He explained this relationship resulted with the racial traits of the man becoming "...erased and his disposition imbued with the habits and mannerisms of his redskin associates,"¹⁹⁵ and the only remnants of his 'whiteness' was his skin and speech. Buchanan and McManus' descriptions support the idea of the racial hierarchy was based on an individual's behaviour and intelligence. And, when one was involved in an unacceptable behaviour or relationship, such as marrying a Metis individual, the individual was considered racially inferior.

Their First Nations ancestry was often blamed for their so-called uncivilized behaviours. Scholars argued their negative behaviours included things such as: laziness, shamelessness, promiscuity, lack of willpower, and a propensity for violence.¹⁹⁶ For example, Ross described the participants of a buffalo hunt as:

¹⁹² Sheila McManus, "'Their Own Country': Race, Gender, Landscape, and Colonization around the 49th Parallel," *Agricultural History* 73, no. 2 (Spring 1999), 175.

¹⁹³ McManus, "'Their Own Country': Race," 175.

¹⁹⁴ Buchanan, *Wild Life in Canada*, 59.

¹⁹⁵ *Ibid.*, 59.

¹⁹⁶ Giraud, "A Note on the Half-Breed Problem," 549; Canadian Association of Social Workers: Manitoba Branch. *The Métis in Manitoba*, 5; Henry Martin Robinson, *The Great Fur Land, or, Sketches of Life in the Hudson's Bay Territory* (New York: G.P. Putnam's Sons, 1879), 147; Bryce, *A History of Manitoba*, 108-109; Martin Kavanagh, *The Assiniboine Basin: A Social Study of the Discovery, Exploration and Settlement of Manitoba* (Winnipeg: Public Press, 1946), 77; James (Sir) Montgomery, "Substance of the Speech of Sir James Montgomery, bart, in the House of Commons on the 24th of June 1819, on bringing his motion relative to the petition of Mr. John Pritchard, of the Red River Settlement (J. Bretell, 1819), 45.

...a particular creed, favoring a barbarous state of society and self-will; for they cordially detest all the laws and restraints of civilized life, believing all men were born to be free...they wander about on these wild and lawless expeditions, [and] will never become a thoroughly civilized people, nor orderly subjects in a civilized community.¹⁹⁷

Ross apparently thought they were inferior because they refused to forfeit their traditional lifestyle, give up the buffalo hunt, and fully participate in the capitalistic economy. Rather than acknowledge the importance of the buffalo hunt to their economy or the strict rules the hunting participants had to abide by, he opted to provide a description which created an image of them roaming aimlessly on the prairie, causing havoc and disrupting civilized society, which was not the case.

In general, they were labelled as unpredictable, excitable, unintelligent, lazy, violent, promiscuous, unclean, prone to alcohol use, and having no regard for law and order because of the people's Eurocentric attitudes.¹⁹⁸ Reverend George Stevens, President of the Manitoba Conference, United Church of Canada and missionary to First Nations for forty years, description of them in a 1940 newspaper article, *Do Indian Missions Pay*, serves as an useful example. In the article, he retells a story he was told by a "gentleman who looks after the sick."¹⁹⁹ This man tells of a time when he was travelling to help a sick person. During the trip he came upon a road, on one side was a reserve and on the other a Metis community. The man explained in explicit detail the people he encountered and what he witnessed while driving through the Metis community:

...the houses were small and dirty looking even outside: yards untidy, nothing nice. As we drove along...they quickly hid themselves. Finally we came to the shack where the old woman lived. She and a daughter, who cared for her, were sitting on the ground outside. They were untidy in dress and appearance. A bed we had sent them was leaning up against the house...We went in [to the house]. There was a box stove in the centre of the floor; no seats, tables or beds. I asked the daughter 'Where do you and your mother sleep?' She said: 'She sleeps in that corner and I in this one on the floor.'²⁰⁰

¹⁹⁷ Ross, *The Red River Settlement*, 252. Ross was a schoolmaster, former fur trade employee, and member of Council.

¹⁹⁸ Robinson, *The Great Fur Land*; Giraud, "A Note on the Half-Breed Problem"; Catherine Laura Johnstone, *Winter and Summer Excursions in Canada* (London: Digby, Long & Co., 1894); Alexander Ross, *The Red River Settlement*.

¹⁹⁹ RG Stevens, "Do Indian Missions Pay?" *Winnipeg Evening Tribune*, March 09, 1940, <http://manitobia.ca/content/en/newspapers/WPT/1940/03/09/articles/126.xml/iarchives?query=halfbreed%2BAND%2Byear%3A1940>.

²⁰⁰ Ibid.

Once his visit was complete with this family, he travelled to the reserve. His description of the conditions on the reserve were total opposite,

The yards were tidy. In many places women were sitting outside...sewing, [and] making moccasins. Some were tanning hides. We stopped where a woman and her daughter were sitting...doing bead work. As we alighted they arose and shook hands and passed the time of day in English. We asked them if we might see inside the house. At once they escorted us in. The house was clean as could be. One could eat off the floor but there was no need. There was a cooking stove, table, chairs, a bed in one corner – very clean: a cupboard. Another daughter was baking bread.²⁰¹

After hearing the story of the man's travels, the man asked Stevens, "...how can you account for the difference?"²⁰² Instead of acknowledging how history and socio-economic-political marginalization contributed to their poverty, Stevens said they were destitute because they did not have access to the things First Nations did, such as, the "...Anglican mission on the reserve and...[the fact the First Nations] had been trained in schools and churches for generations."²⁰³ Articles such as this failed to explain why they were living in poverty and instead made it seem as though they were a dirty and lazy people. In addition, the so-called solutions mentioned, education and religion, would have done little to address the marginalization they were experiencing. Furthermore, these types of work supported the notion of European superiority and promoted the need to assimilate the Metis into the dominant population.

Leroy Victor Kelly, a news reporter in Alberta, was also guilty of pushing the colonial agenda by manipulating language. In *The Range Men* (1913), his descriptions of them are quite positive to begin with, noting they were skilled riders, good stockmen, with some having "active, strong minds."²⁰⁴ Like Garrioch, he too changes his language and begins describing their so-called negative attributes, making them appear inferior. For example, after he mentions their ability to ride horses and raise stock, he argues the men were "...shiftless, useless, [and a] lawless class...[who are] remarkably lazy."²⁰⁵ Furthermore, he explained if they were separated from the First Nations, they would become "...a much more creditable addition to the human

²⁰¹ Stevens, "Do Indian Missions Pay?"

²⁰² Ibid.

²⁰³ Ibid.

²⁰⁴ Kelly, *The Range Men*, 49.

²⁰⁵ Ibid.

race.”²⁰⁶ It can be argued he too was guilty of allowing his own bias and Eurocentric opinion to influence his work. Furthermore, his argument was weak because even if they stopped all interaction with First Nations and only had contact with Euro Canadians, it would not address the fact they were marginalized from mainstream society and considered an inferior people.

One trait often associated with the Metis was their inability to handle money. They were frequently described as squandering their money, not saving it:

The nomadic halfbreed...brings his money, or whatever he may have to exchange, wrapped up carefully in a handkerchief, places it upon the counter and begins to trade. First, he purchases what he absolutely needs; then, whatever he sees – candy, chewing-gum, fancy ties – in short anything that tastes sweet or looks flashy. When all is spent, to the last half-penny, he trudges off with his happy wife...quite contently, although probably in doubt of where his next meal is to come from.²⁰⁷

Robinson, in *The Great Fur Land, or, Sketches of Life in the Hudson's Bay Territory* (1879), argued their inability to save money and plan for the future was because of their inferior intelligence in combination with their commonly accepted belief, which was; “let us eat, drink and be merry, lest tomorrow we cannot; and it is in the perfect keeping with the simplicity and cunning, faith, and selfishness which are mingled in the half-breed's mental composition.”²⁰⁸ As mentioned, science has never proven that all members of a specific population will share the same behavioral characteristics; therefore, Robinson's argument of them being mentally inferior is unsubstantiated. In fact, one could argue he was simply trying to get even with Louis Riel, who had fired him in March of 1870 for “showing too much sympathy to American Annexation.”²⁰⁹ And, although his statement cannot be proven, his argument in combination with other scholars who degraded and dehumanized them, resulted with the perceived mental inferiority of the Metis becoming engrained into the consciousness of mainstream society.

Robinson was not the only one to argue they were mentally incapable of handling money. In the late 1800s, many were eligible to receive scrip²¹⁰ in recognition of their Aboriginal title to the land through the Manitoba Act and the Dominion Lands Act. Those who opted to take land

²⁰⁶ Kelly, *The Range Men*, 49. Even if the Metis stopped interacting with First Nations, they still would still remain marginalized from mainstream society.

²⁰⁷ Robinson, *The Great Fur Land*, 77-78.

²⁰⁸ *Ibid.*, 261.

²⁰⁹ Gordon Goldsborough, “Memorable Manitobans: Henry Martin Robinson (1845-1907) *Manitoba Historical Society*, updated Jun 20, 2014, http://www.mhs.mb.ca/docs/people/robinson_hm.shtml

²¹⁰ Those eligible for scrip could take land or monies

generally had to deal with unscrupulous speculators, which often resulted with the scrip being lost to them. In other cases, the land was swindled from them; and few historical scholars, if any, discuss why the government did nothing to prevent this from happening. Instead, they argued it was their mental inferiority, in combination with their inability to adapt to capitalism, as to why they did not have their scrip lands: “the title [the Metis] ...secured meant nothing; the value of the land was beyond his understanding. The result was the despoliation of the lands of the half-breeds by speculators.”²¹¹ The image of them as an inferior population was also provided to dominant society through media reports. For example, an article in the *Minnesota Tribune* described the scrip situation as:

The ‘breeds’ got their scrip allotting 160 acres of land to each child born before the fight at Duck Lake in 1885. The speculators met the half-breed at the door. Before his confab was over the scrip was in his pocket; a wad of bills was in the pockets of Pierre [a Metis] – and before the night crawled over the camp, most of this was at the hotel and Pierre and his people had a glorious drunk costing 160 acres of the best land in Canada. The thing in the half-breed’s makeup that makes him the biggest spendthrift in Canada is the thing that has driven him now into the ranks of the vanishing people.²¹²

The government and society used the biased opinions and the misrepresentations of them as a mentally inferior or a sub-human population to justify dominating and manipulating them and their lands.

Many scholars and government officials believed the best way to handle the Metis problem was to assimilate them via Indian Residential Schools or through racial extermination, breeding out the ‘Indian’. Many argue they were more than capable of being educated, and once educated, would become civilized and socially accepted. For example, Johnstone described how the boys, who had uneducated mothers, when provided an education were as intelligent as the sons of educated English women, “...[the children] have taken prizes in composition, geography, spelling and arithmetic.”²¹³ In the *Report of the Royal Commission Appointed to investigate the Conditions of the Half-Breed Population in Alberta* it was mentioned that educating the children would improve the population. However, it proposed removing the children from the negative influences of their families and communities and teaching the boys agricultural skills and the

²¹¹ Giraud, “A Note on the “Half-Breed Problem,” 542

²¹² “The Vanishing Half-Breed,” *Minnedosa Tribune*, October 10, 1907, <http://manitobia.ca/content/en/newspapers/MDT/1907/10/10/3/Ar00309.html/Olive>. 3.

²¹³ Johnstone, *Winter and Summer Excursions in Canada*, 97-99.

girls domestic skills.²¹⁴ It was thought if the children were removed and taught these skills, they would become productive members of the capitalistic economy, which society was based upon. Although educating them would improve the chance they would participate in the capitalistic economy when they reached adulthood, the limited skills they would acquire would only prepare them for low paying, servant or labouring type positions.²¹⁵ As a result, they would continue to be socio-political-economically marginalized from society and there would be little chance of them becoming part of “the uppermost echelons of society,”²¹⁶ which was almost exclusively made up of *lii mood blaan*.²¹⁷ Ultimately, the goal of educating the children was to eliminate all First Nations influences, behaviours and personality traits and replace them with the traits and values of dominant society.

The Canadian government, which is based on European imperialism, is responsible for continually degrading them because of their perceived primitive behaviours and lack of intelligence. Believing they, Europeans, were racially superior resulted with “White supremacy...[becoming] interwoven into Canadian institutions such as the church, the schools, [the healthcare system,] and the courts, and it has remained the working ideology of these institutions.”²¹⁸ In order to justify their racist and discriminatory actions in regard to the Metis, the State deliberately created a, “...picture of the Metis as a sort of savage” or subhuman population.²¹⁹ For example, in 1869, Prime Minister John A. MacDonalld referred to them as “miserable half-breeds...and wild people.”²²⁰ Fleras and Elliot explain that when one racial group believes they are superior, “...they rely on...perceptions of difference to discriminate or differentiate. Race in a racialized society represents a tainted status that is deeply discrediting and shameful - a stigma or badge of incompetence-that justifies who gets what.”²²¹ The racist

²¹⁴ AF Ewing, JM Douglas and EA Braithwaite, *Report of the Royal Commission Appointed to Investigate the Conditions of the Half-Breed Population in Alberta* (Edmonton, AB: Government of the Province of Alberta, Department of Lands and Mines, 1936), 14.

²¹⁵ Maria Campbell argues during the Fur Trade, the racial hierarchy prevented the Métis from obtaining prominent positions, they, “regardless of qualification, could only rise to a certain level-middle positions of clerk or master of a small post.” As cited in Murray Dobbin, *The One-and-a-half Men* (Regina, SK: Gabriel Dumont Institute, 1981), 19.

²¹⁶ Ingersoll, *To Intermix with our White Brothers*, 6.

²¹⁷ Lii mood blaan is ‘the white people’ in Michif. Lii means ‘the’; mood is ‘people’ and blaan is ‘white’. The terms mood and blaan are used throughout the paper.

²¹⁸ Adams, *Prison of Grass*, 14.

²¹⁹ Dobbin, *The One-and-a-half Men*, 89-90.

²²⁰ George Goulet and Terry Goulet, *The Métis: Memorable Event and Memorable Personalities* (Calgary, AB: FABJob, 2006), 121.

²²¹ Elliot, Fleras and Scott *Unequal Relations*, 28.

attitudes and actions of the Canadian government manipulated the consciousness of dominant society to believe they were a subhuman population. Consequently, they were never fully accepted into mainstream society, instead they were pushed to its outermost margins.

Europeans continually degraded and dehumanized them and manipulated the language to distort facts and argue everything about them was substandard, such as their work ethic and intelligence. Whether intentional or not, most of the literature, research findings, theories and arguments were created through a Eurocentric lens. As a result, most of descriptions of them were fabrications and no valid proof could be provided to support their claims. Also problematic was the continual manipulation the language resulted with society believing the misconceptions and stereotypes about them. For instance, some believed they were genetically inferior and this was why they experienced worse health in comparison to the settler population. However, genetics had little to do with it. Instead, the racist attitudes of society continued to keep them marginalized from society (including its institutions such as the healthcare system), its politics, and the economy. The impacts of marginalization, which were linked to colonialism, were why they were unable to achieve a standard of health comparable to the dominant population.

Chapter 3: Social Determinants of Health

The historical treatment of the Metis resulted with many of them experiencing factors, which today are referred to as social determinants of health [SDH], which compromised their individual health, and the health of their communities.²²² Determinants of health, according to Health Canada, include:

1. Income and social status; 2. Employment and working conditions; 3. Education and literacy; 4. Childhood experiences; 5. Physical environments; 6. Social supports and coping skills; 7. Healthy behaviours; 8. Access to healthcare services; 9. Biology and genetic endowment; 10. Gender; 11. Culture; 12. Race/racism.²²³

This is a fairly standard list of the SDH and is acceptable when looking at the health of the general population. The International Symposium on the Social Determinants of Indigenous Health found “the determinants of Indigenous health differ from those of the mainstream population” and this is particularly true when examining Metis health.²²⁴ A standardized list of the SDH is problematic because it fails to include colonialism, which can be defined as:

....a process that includes geographical incursion, socio-cultural dislocation, the establishment of external political control and economic dispossession, the provision of low-level social services and ultimately, the creation of ideological formulations around race and skin colour that position the colonizer at a higher evolution level than the colonized.²²⁵

As discussed, dehumanization and degradation, which were directly linked to colonialism and racism, involves the colonizers focusing on every preconceived negative attribute of the colonized, which is exactly what happened to the Metis. Everything about them, be it their biology, appearance or personality, was ridiculed and deemed inferior, and this was why they could not maintain a standard of health comparable to the general population.

The colonial process greatly impacted their health because it resulted with them experiencing inequalities and barriers the non-Aboriginal population did not. Members of

²²² Health Canada, “Social Determinants of Health and Health Inequalities,” February 19, 2020, <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>.

²²³ Ibid.

²²⁴ Karina Czyzewski, “Colonialism as a Broader Social Determinant of Health,” *The International Indigenous Policy Journal* 2.1 (2011), <http://ir.lib.uwo.ca/iipj/vol2/iss1/5>.

²²⁵ Mary-ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia 1900-50*, (Vancouver, BC: UBC Press, 1998), xviii.

mainstream society were not dispossessed from their lands nor were they prevented from becoming active members of Canadian society, its economy, and politics.²²⁶ For example, distorted and racist perceptions made it difficult for them to find long-term, well-paying positions. As a result, many lived in poverty and were unable to afford adequate housing and nutritious foods, which in turn compromised their immune systems and left them vulnerable to infectious diseases and other health ailments. Furthermore, if they became sick, their access to healthcare was limited. Reading and Wien argue the “colonial system created social stratification along ‘racial’ lines, with a consequent hierarchical distribution of resources, power, freedom and control, all of which detrimentally affected Aboriginal health.”²²⁷ This resulted with them being socially excluded from society and all of its institutions, including the healthcare system. Therefore, it is important to recognize a standardized list of SDH, which excludes colonialism, is problematic and not adequate when examining Metis health.

This chapter will discuss income, housing, food security and education, all of which are linked to one another. They experienced a cycle of poverty directly linked to racism, which persisted for countless generations, and for some, it remains an ongoing issue. This denied them equal access to school and affected their employment opportunities, impacting their ability to afford food and decent housing, thus leading to health problems. Instead of recognizing the root cause of the problem, society, government and the healthcare system instead faulted them, focusing on their perceived personality flaws such as laziness. By doing so, the cycle of poverty and poor health persisted for countless generations.

1. Employment and Income

For over a century, finding and getting hired for well-paying, long term employment was an ongoing issue for the Metis. During the fur trade “European businessmen wanted to get the greatest amount of labour for the least possible pay, and the purpose of reducing native people [including the Metis] to a subhuman level where they could be freely exploited.”²²⁸ Once the fur trade ended and well into the twentieth century, employers, who were typically Euro Canadian men, continued to exploit them as a cheap source of labour. And, just like during the fur trade,

²²⁶ C.L. Reading and F. Wien, *Health Inequalities and Social Determinants of Aboriginal Peoples' Health* (Prince George, BC: National Collaborating Centre for Aboriginal Health, 2009), 23.

²²⁷ Ibid.

²²⁸ Adams, *Prison of Grass*, 11.

employers justified this exploitation by arguing they were less intelligent, had serious personality flaws and were uneducated. In the 1930s, Giraud, who believed they were primitive and basic because they preferred a nomadic life, argued they were only “fitted for manual and closely supervised work but not for supervising activity”²²⁹ He explained when employed in subordinate positions, “the half-breed does quite well, as his qualities closely meet the requirements of the job.”²³⁰

The literature, most of which was written by non-Metis, argues they needed to assimilate if they were to become part of the mainstream capitalistic society. *The Report of the Royal Commission Appointed to Investigate the Conditions of the Half-Breed Population in Alberta* reported they were naive in regard to business because of their lack of intelligence and lifestyle:

He [the Metis] lived from day to day. He had no training in modern business and was not accustomed to take the long view of life. The influx of the white population has destroyed his former occupation in the settled areas and has rendered them much more precarious in the unsettled areas. The logic of the situation would seem to be that he must either change his mode of life to conform with that of the white inhabitants or he must gradually disappear.²³¹

Stating assimilation was the key to inclusion in the economics of mainstream society would not have been a viable option for them and it glossed over the reality of the situation. Those who made these types of arguments failed to acknowledge racism and marginalization were issues, nor did they offer any solutions. For example, if a Metis person and a member of mainstream society applied for the same job, it is likely the former would be given the opportunity to fill the position. This is exactly what happened in Alberta, where “In a number of areas Whites are brought in from the “outside” in preference to local Native [includes the Metis] labour.”²³² Assimilation was not a viable means to address the unemployment situation among them and this way of thinking was problematic because it left few options for them to be economically successful while maintaining their culture and identity.

In Saskatchewan, the only jobs they were hired for were low paying, entry-level laboring positions, such as on farms, road crews, or in the bush clearing brush and cutting wood. Typically, during summer they were hired as farm labourers but there were some problems with

²²⁹ Giraud, “A Note on the Half-Breed Problem,” 548.

²³⁰ Ibid. 546, 548.

²³¹ Ewing, Douglas and Braithwaite, *Report of the Royal Commission*, 3-4.

²³² Human Resources Development Authority (Alberta), *Metis Study Tour Report* (Alberta: Human Resources Development Authority, 1969), 3.

these positions, including: work being dependent on the weather, meaning there might not be any work in times of drought or flood; the work was seasonal; there was no job security; in some cases they were coerced or forced to take the job or risk having their social assistance terminated, leaving them little to no choice but to work; they might have to relocate; and wages were low.²³³ For example, at Pascal, SK, only temporary labouring positions were available near the community for “\$3.00 to \$4.00 per day...[but they] think [the] wage is too low and refuse to work.”²³⁴ There were no jobs at Lebret, SK, during winter and in summer “there appears to be enough casual labor to provide them with pretty much full time employment.”²³⁵ The survey continued to describe them as “follow[ing] the usual patterns of working for only short periods until such time when they make a few dollars then laying off until this is all spent. Consequently, the possibilities of them obtaining full time employment in the village is practically nil.”²³⁶ Interestingly, most reports and surveys fail to mention why they refused to work or only worked for short periods. There are a number of valid reasons why someone might have refused to work or only worked temporarily, including: the job may have been dangerous; family obligations; a health condition(s); pay was inadequate for the type of work; just to name a few. However, instead of acknowledging someone may have a valid reason why he could not work, employers, such as farmers, used “stereotypes of drunkenness and laziness as excuses to exploit [the] halfbreeds.”²³⁷

Those who quit their jobs or refused to work for low pay were resisting exploitation, because if they were respected, treated fairly, and given long term, adequate or well-paying positions they most likely would have become long term employees. Those refusing to work were in a difficult situation because not only did they not find adequate employment but by

²³³ Analysis of Survey of Metis Living in Rural Municipality No. 494 Canwood, Nov 21, 1955, Accession R. 85-308, R-933, Box 6, File “Canwood Metis Study, File No. III.1a,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK, 1-2; Ron Laliberte, “The ‘Grab-a-Hoe’ Indians: The Canadian State and the Procurement of Aboriginal Labour for the Southern Alberta Sugar Beet Industry,” *Prairie Forum* 31, no. 2 (Fall 2006): 311. [http://portal.usask.ca/docs/Prairie%20Forum/The%20Grab%20a%20Hoe%20Indians%20\(v31no2_2006_pg305-323\).pdf](http://portal.usask.ca/docs/Prairie%20Forum/The%20Grab%20a%20Hoe%20Indians%20(v31no2_2006_pg305-323).pdf)

²³⁴ Metis Study: Community Data – Pascal, SK, Jun 29, 1955, Accession R. 85-308, R-933, Box 6, File “Metis Surveys, File No. III.20, Redacted copies,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK, 1.

²³⁵ Metis Population Survey - Village of Lebret Survey, Accession R.85-308, R-933, Box 6, File III.15, Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

²³⁶ *Ibid.*

²³⁷ Adams, *Prison of Grass*, 11.

refusing to be slave labour they contributed to society's negative perceptions of them being a lazy people who only wanted handouts. Also, if one was employed and protested or demanded higher wages and better working conditions, he most likely would be labelled a trouble maker and terminated. This in turn could be used by social assistance officials to refuse him social assistance. It was a difficult situation because there was little they could do to prevent being exploited except refuse to work, but this could endanger their ability to access welfare, leaving them few options, if any, to support their families.

Job opportunities were not always readily available in close proximity to one's home or community. In the area of Mattes-Polwarth, SK, where a number of them lived, there were fewer employment opportunities compared to Big River, about fifty-three kilometres away. Officials felt the people should relocate and go to where jobs were available, but they were reluctant to move.²³⁸ This should not have been surprising as most people would not want to relocate for a temporary low-paying position with no job security, but yet it was expected they would move with no resistance. One must question why the government wanted them to move because at this time, many were living in extreme poverty, making relocating difficult, particularly for those residing on the road allowance. They were already living in shacks and moving would mean they would need to find resources to build another home, which they may, or may not have been able to do. The housing situation among them was not unknown to the Saskatchewan Department of Social Welfare, which reported they were not "willing to leave the municipality [Canwood]; whether this is because they are unwilling to lose the security that their residence there has established, or simply they do not wish to work, is not clear."²³⁹ Arguing they were unwilling to work is not entirely true. They were not provided the same employment opportunities as their non-Metis counterparts and expecting them to move for low-paying temporary positions was unrealistic and inappropriate. The most likely reason the government wanted them to relocate was to please the local taxpaying population. Forcing them to relocate to other areas would maintain the support of the taxpayers while also feeding into the resentment society and the government had for them.

²³⁸ Analysis of Survey of Metis Living in Rural Municipality No. 494 Canwood, Nov 21, 1955, Department of Social Welfare. Rehabilitation Branch., 2.

²³⁹ Ibid.

Finding employment in urban areas was problematic as well. The Manitoba Social and Economic Research Office reported it would be difficult for them to find permanent positions because: 1) they did not understand the urban environment; and 2) their appearance, particularly clothing, reduced their chances of finding jobs.²⁴⁰ Another issue was “In most areas the ...standard of grade ten or better [was required by employers] for unskilled positions,”²⁴¹ which many did not have.²⁴² Although some may consider these reasons valid, when examining them closer, it is obvious they were nothing more than excuses to keep them from fully participating in the work force. For instance, the type and condition of clothing an individual had would be of little importance for a labouring position, such as shoveling dirt or lumbering. Also, it was common knowledge they continually experienced problems accessing the western education system so requiring a high school education, no matter what the grade, would keep them from being hired. One can also assume if by chance someone had nice clothing and managed to earn a high school diploma, employers would find an endless list of reasons not to hire him.

Creating employment standards not only prevented men and women from becoming full participants in the economy, it kept them from the urban environment. The *Report of the Royal Commission Appointed to Investigate the Conditions of the Half-Breed Population of Alberta* concluded the only way they could become full members of Canadian society was to “change his mode of life to conform with the white inhabitants or he must gradually disappear.”²⁴³ Establishing employment criteria that would be nearly impossible for them to meet, was an attempt to make them disappear from the urban landscape. This would make it nearly impossible to get a job, so why would one move to an urban centre, or if one lived in the urban area and was not able to find employment, why would he stay.

Employment standards were a method the dominant population could use to maintain their power and control over their institutions and who worked within them. For example, some positions, including police officers, had height and weight restrictions and:

These standards or selection criteria are based on the average physical stature of men in the majority population group. Women and members of racialized groups are, on the average, physically smaller than members of the majority population

²⁴⁰ Social and Economic Research Office Manitoba, *A Study of the Population of Indian Ancestry*, 75.

²⁴¹ Human Resources Development Authority (Alberta), *Metis Study Tour Report*, 3.

²⁴² Social and Economic Research Office Manitoba, *A Study of the Population of Indian Ancestry*, 75.

²⁴³ Ewing, Douglas, Braithwaite, *Report of the Royal Commission*, 7.

group. Consequently, these groups tend to be disadvantaged by height and weight criteria.²⁴⁴

One standard used to keep them from participating in the workforce was requiring a specific education level. By implementing this standard, employers could instantly exclude them from certain positions. Employers used hiring practices as a means to hire their own while keeping the Metis as a cheap, disposable source of labour.

Table 1: Estimated Income, Number of Residents and Households in the RM of Canwood²⁴⁵

Area	Monthly Income	# of Households # of Residents	Wages	Social Assist.	Mothers Allow.	Family Allow.	Pensions
Pratt's Lake	\$1,296	30, 148	\$974	\$30	-	\$312	\$80
Mont Nebo	\$385	13, 76	\$8	\$90	\$80	\$67	\$140
North Hawkeye	\$343	6, 34	\$212	-	\$35	\$96	-
South Sandy Lake	\$197	6, 17	\$78	-	-	\$39	\$80
Mattes-Polwarth	\$167	4, 15	\$87	\$25	-	\$15	\$40
Victoire	\$436	5, 34	\$215	\$110	-	\$111	-
Pascal	\$986	8, 29	\$685	-	-	\$61	\$240
Eldred	\$383	5, 21	\$147	\$23	-	\$50	\$163
Park Valley	\$1326	13, 90	\$674	\$200	\$85	\$327	\$40
Total	\$5,519	90, 464	\$3,080	\$478	\$200	\$1,078	\$783

Those who did join the workforce as temporary labourers, on average, earned less than Euro Canadian workers. In 1947, the Saskatchewan labour force was protected by “some of the most advance labor legislation in Canada. For example, minimum wage regulations, applying uniformly to both men and women, are the highest in the country - \$26.00 per week in the cities and larger towns, \$24.50 per week elsewhere... [and they were] guaranteed: the 44-hour work week.”²⁴⁶ This would mean every working person in rural areas, where many resided, should have earned a minimum of \$98 per month. However, when using the Canwood region as an example (Table 1), one can see they earned less than what they legally should have. In an area within the RM of Canwood there were 90 Metis families totaling 464 persons, representing 116 heads of family (includes widowers and widows), about thirty-two seniors and the remainder were children and youth. The combined monthly income for the families was \$5,519 of which

²⁴⁴ Ontario Human Rights Commission, “Policy on height and weight requirements,” 2008, http://www3.ohrc.on.ca/sites/default/files/attachments/Policy_on_height_and_weight_requirements.pdf, 4.

²⁴⁵ Ibid.

²⁴⁶ Saskatchewan Bureau of Publications, “Saskatchewan,” (Regina: Bureau of Publications-Government of Saskatchewan, 1955?), p. 8.

\$3,080 was earned, \$478 was from social assistance, \$200 mothers allowance, \$1,078 family allowance and \$783 from old age pension or other pensions.²⁴⁷ When examining the earnings, \$1,851 came from wages, \$660 was earned by those who owned land and participated in farming, trapping accounted for \$223, and \$346 was earned by rooting picking and cutting wood.

Table 2: Earned Income per Month (including Family Allowance) among those not on Permanent Social Assistance in the Canwood Region²⁴⁸

Region	Household	\$151+	\$150-\$101	\$100-\$76	\$75-\$51	\$50-\$36	\$35 or less
Pratt's Lake	10	3		3	4		
Own	8	2		2	4		
Squatting	2	1		1			
North Hawkeye	5			1	1	1	2
Own	1				1		
Squatting	4			1		1	2
South Sandy Lake	4					1	3
Own							
Squatting	4					1	3
Mattes-Polwarth	3					1	2
Own	2					1	1
Squatting	1						1
Victoire	2				2		
Own							
Squatting	2				2		
Pascale	4	1	3				
Own	2		2				
Squatting	2	1	1				
Eldred	2				1	1	
Own							
Squatting	2				1	1	
Park Valley	5			1		2	2
Own	4			1		2	1
Squatting	1						1

At Canwood, there were thirty-five households, consisting of seventeen land owners and eighteen squatters who did not receive any social assistance (Table 2). Their average income from employment was \$78 per month for those considered squatters and landowners earned slightly more, \$87 per month, both of which was lower than the \$98 they should have received. As a result, it was difficult, if not impossible for them to earn a basic living from working, which explains why so many were subsidized by social assistance. However, one must question why if legislation was in place guaranteeing certain wages and hours, why officials did not demand

²⁴⁷ Analysis of Survey of Metis Living in Rural Municipality No. 494 Canwood, Nov 21, 1955, Department of Social Welfare. Rehabilitation Branch, 7-8.

²⁴⁸ Ibid.

employers pay them accordingly or provide them enough hours. This would have reduced their dependency on social assistance and possibly reduced taxpayers' resentment of them.

The situation was overlooked solely because they were Metis and not only did they ignore what was happening, society and the government used a variety of excuses to blame them for the problems, such as they were lazy or they did not want to work, neither of which were true. As a result, a perpetual cycle developed: the racist views of society prevented them from finding adequate employment, which meant many had to rely on welfare, and their inability to secure adequate employment and reliance on social assistance were used by society to further degrade and dehumanize them (Figure 1). For example, one employer of a garage described former employees as a "lazy bunch working for a short time earning enough for a few drinks and quitting."²⁴⁹ Another felt they were "a lazy bunch that exists on little or nothing [and] will not work...[unless they are] forced to do so,"²⁵⁰ and near Lebret, there were rumours about the men and women experiencing "Laziness, Drunkenness {sic} and...[wasting] Social Aid."²⁵¹ However, when these rumours were investigated, it was found only a couple of people were guilty of being lazy and drinkers. For the most part, the rumours were no more than exaggerations.²⁵² Like all other cultural groups there would have been some who were lazy; however, to label every individual as such was an incorrect assumption and was an excuse to continue degrading and dehumanizing them and keep them outside dominant society. Also, these types of stereotypes and rumours would have contributed to why employers ignored labour standards, which as mentioned stipulated employees were to work a forty-four hour week and earn no less than \$24.50 per day, for a total of \$98 per month.²⁵³ However, as the data indicates, they were underpaid. Another reason the government may have ignored what employers were doing was to protect their own interests because if employers were forced to pay workers the legal rate, they most likely would have hire Euro Canadians. This in turn would mean more Metis would rely on,

²⁴⁹ Summary of Interviews in R.M. 187 (Lestock), Accession R.85-308, R.933, Box 6, File III.13, Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

²⁵⁰ *Ibid.*, 1.

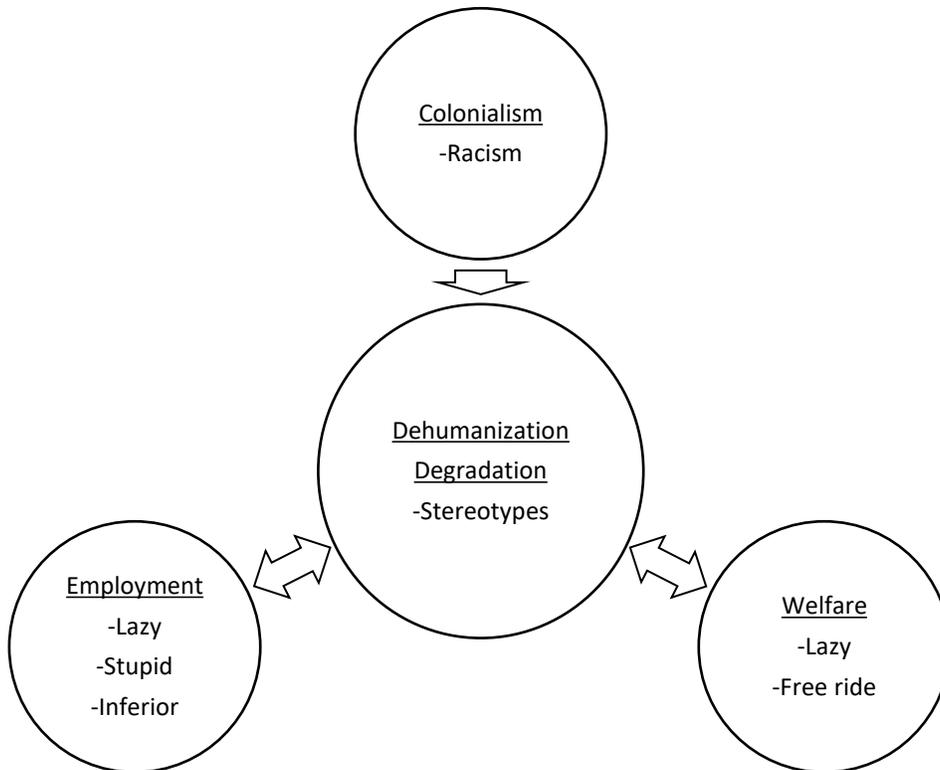
²⁵¹ Department Memo from S.H. Morrison, Social Welfare Officer, Government of Saskatchewan to K. Forster, Director of Social Aid, Regina, Report on Metis Survey in R.M. 247, 248, 277, & 278. September 5, 1945, Accession 85-308, Collection R-933, Box 6, File III.II "Lestock Metis Survey," Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK, 22.

²⁵² *Ibid.*

²⁵³ Saskatchewan Bureau of Publications, "Saskatchewan," 8.

or become dependent on, social assistance as their primary source of income, costing the government more.

Figure 1: Dehumanization and Employment



The goal of social assistance was “to raise the standards of operation of individuals to the minimum level acceptable to the community in which they live.”²⁵⁴ This included the Metis, who often lived below the poverty line and needed more assistance than other groups to “maintain this low standard,”²⁵⁵ which is one reason why society was resentful. A common stereotype among general society was they refused to work so they could collect welfare, which was not correct. Metis recipients of social assistance usually had valid reasons for why they were unable to support themselves. As established, they were paid less than what was legally required; meaning some were unable to earn enough to support themselves and their families. Others had

²⁵⁴ Human Resources Development Authority (Alberta), “Metis Study Tour Report,” 143.

²⁵⁵ Ibid.

medical issues or family responsibilities that prevented them from participating in the work force. One study found:

Amongst the unemployable and unemployed, the largest groups were those receiving old age pensions and those receiving relief or social assistance because of chronic illness or disability. ... The percentage of Indians and Metis interviewed mainly dependent on welfare for a living was higher in predominantly Metis communities and in fringe settlements by reserves than those living in predominantly White communities, and on the fringe of White communities.²⁵⁶

The situation in Manitoba was not unique, collecting relief because of medical issues was common in Saskatchewan and Alberta as well. For example, a couple who lived near Victoire, SK had seven children between the ages of two- and fourteen-years. The man was the sole breadwinner and was employed casually as a labourer but “his health is very poor and he does not earn much money.”²⁵⁷ Another woman in her twenties, lived with her grandmother and was unable to work because she was “mentally deficient.”²⁵⁸ In a piece of correspondence from T.J. Collins, District Inspector for the Dept. of Municipal Affairs, Local Improvement Branch to W. Haggett, he stated “There is always sickness among them which constitutes a real problem” and “In nearly every case the head of the family is covered with a certificate from a doctor that he is unable to work.”²⁵⁹ Instead of acknowledging these individuals were unable to work and had medical documentation to support their claims, he remarked how these individuals travel “around the country to picnics.”²⁶⁰ He assumed they were liars or faking illnesses and diseases rather than recognize not all health problems required one to stay in bed or not be active; and it is doubtful the same assumptions were made about members of the general population.

²⁵⁶ Walter M. Hlady and B. Ralph Poston, “Appendix 2: The People of Indian Ancestry in Rural Manitoba,” in *A Study of the Population of Indian Ancestry Living in Manitoba Undertaken by the Social and Economic Research Office Under the Direction of Jean H. Lagasse* (Winnipeg, MB: Department of Agriculture and Immigration, February 1959), 52-3.

²⁵⁷ Social Aid Cases: Designated Group, R.M. of Canwood #494, Accession R.85-308, R-933, Box 6, File III.20, Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK. 1.

²⁵⁸ *Ibid.*

²⁵⁹ Correspondence: Appendix A – From T.J. Collins, District Inspector, Department of Municipal Affairs, Local Improvement Districts Branch #926 to W. Haggett in c/o K. Forster, Department of Social Welfare and Rehabilitation, April 21, 1954. Accession 85-308, Collection R.933, Box 6, File III.20 “Summary of Metis Survey made in the summer and autumn of 1945 & spring 1946,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

²⁶⁰ Appendix A – From T.J. Collins, district inspector, Department of Municipal Affairs, Local Improvement Districts Branch to W. Haggett, April 21, 1954,” Accession 85-308, Collection R.933, Box 6, File III.17 “Metis Surveys, File III.17,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

The jobs they held were physically demanding and having a physically demanding job or lifestyle can impact one's ability to work, either temporarily or long term. However, when workers said they were unable to work for reasons such as back pain or shoulder issues, it was assumed they were lying and faking the injury to avoid work:

In some areas the living standards are so far below those of the province as a whole that it is not difficult for a family to establish some degree of eligibility for welfare. The only work available in some communities requires so much muscular exertion that sore backs or shoulders can be used successfully as an excuse from work or to qualify for assistance.²⁶¹

Many had legitimate reasons for not working, including a man who once worked as a logger at the Big River sawmill. After spending approximately fifteen months at the Prince Albert Sanatorium for TB treatment, he was no longer able to participate in physically demanding labour. This man was the sole provider for his wife and ten children (ages four through eighteen years).²⁶² Others were unable to work for reasons such as arthritis, ulcers, residual effects of diseases like TB and rheumatic fever, being born with physical disabilities, and some had injuries impairing their ability to work such as one man who “complains of soreness in right knee. Had it dislocated in 1948 and not properly attended to. Left knee pains due to strain.”²⁶³ Those who believed they were lazy and lied to avoid work were not correct, many had valid reasons why they could not work and they should not have been falsely labelled as lazy for being fully or partially disabled or suffering from health issues. One also needs to question if Euro Canadian recipients of social assistance were also considered lazy, liars and looked down upon and ostracized. The ongoing rumours and misconceptions led society to believing all they wanted was a handout, which was far from the truth. In fact, although they were entitled too, some did not ask for help because they were “too bashful to ask. They aren't use to asking for things. ...the half breed is the last man to ask for relief; and I would say that his relief and health business should receive attention right away.”²⁶⁴ Denying some their legal right to apply and

²⁶¹ Social and Economic Research Office Manitoba, *A Study of the Population of Indian Ancestry*, 150.

²⁶² Metis Study, Family Data, Village of Mont Nebo, June 1955, Accession R.85-308, R-933, Box 6, File III.4, Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

²⁶³ Metis Study, Family Data, Sandy Lake Indian Reserve, June 1955, Accession R.85-308, R.933, Box 6, File III.4, Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK, 3.

²⁶⁴ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314-James Brady fonds. Item: iw-glen-341, James Brady fonds, 37.

collect social assistance to feed and clothe their families; was inappropriate, inhumane and uncivilized.

To apply for social assistance one had to visit a social assistance office, which would have been difficult for those living in the bush or in other remote areas. Also, some encountered difficulties applying and collecting welfare because 1) their lack of education made it difficult to fill out forms; and 2) the unprofessional, often racist, staff. *The Metis Study Tour* report found “Most welfare officers are perceived as being very authoritarian, disrespectful of people and very indiscrete.”²⁶⁵ They also disliked the fact the Royal Canadian Mounted Police were “sometimes involved in...assessment[s].”²⁶⁶ There was an uneven power relationship between those needing relief and the people they had to interact with in order to receive benefits; and this was a prime reason why some felt intimidated, and refused to ask for help. The racist attitudes and biased assumptions of welfare officers and officials were problematic as well because it was these individuals who held the power to approve or deny an application for relief benefits. For instance, when applying for social assistance an assessment was done to see if the individual was qualified but, in Alberta, assessments were “frequently unjust – deserving people get overlooked or by-passed.”²⁶⁷ T.C. Rankine, Dept. al Solicitor and on the Ewing Commission, in a Memorandum to J. Harvie, Esq. Deputy Minister, recognized there were some issues with the welfare system. He described a discussion he had with Mr. McKinnon, manager of the Hudson’s Bay Company at LeGoff, AB who said “there were a number of them on relief but some cannot get on,”²⁶⁸ even though they were in need. Although Harvie acknowledge there were problems, it is likely he had no plans to address the situation since no ideas to improve the situation were mentioned.

The government and municipalities manipulated and used policies to grant themselves the authority to dominate them and do whatever they felt would suffice in exchange for social assistance. The people had few options when it came to refusing what officials requested because it would risk their ability to receive assistance. A prime example is making men do physical labour in exchange for benefits, such as at Cana, SK, where they were expected to work to ‘earn’

²⁶⁵ Human Resources Development Authority (Alberta), *Metis Study Tour Report*, 5.

²⁶⁶ Ibid.

²⁶⁷ Ibid.

²⁶⁸ Memorandum between Rankine, Departmental Solicitor and J. Harvie, Esq., Deputy Minister, December 5, 1935, GR19975.0075/0023, “Correspondence re. Half-breed Commission: 1935-1936, Alberta Department of Social Services and Community Health funds, Provincial Archives of Alberta, Edmonton, AB, 4.

their social assistance. These men were forced to cut or deliver wood; and, in areas of Alberta and Saskatchewan, some were threatened they would lose their benefits if they refused to work for sugar beet farmers, whose livelihoods were apparently more important.²⁶⁹ Forcing people to engage in physically demanding work to receive social assistance benefits put people's health at risk, particularly those who had health conditions or preexisting injuries. As discussed, some were collecting welfare because they had issues with their health, such as joint issues or complications from other health problems. Forcing them into the workforce, not only jeopardized their health, it also put their lives at undue risk. For instance, forcing a former TB patient to do strenuous manual labour, particularly those with existing respiratory issues, could put the individual in respiratory distress or could cause the disease to become active again; or making someone with back injury cut and pile wood could result in permanent damage to the spine, causing lifelong pain and mobility issues. It is obvious they were considered a disposable population and few had little, if any, concern for their health and well-being.

Officials used welfare as a means to control their actions. For example, at Green Lake there were a number of unmarried women with children, which the Local Improvement District Services worker(s) found unacceptable. To control the situation "financial assistance...[was] often withheld and this seems to have been...a deterrent."²⁷⁰ In other words, officials used the system as a means to control the reproduction rights of the women. Apparently, those who did not have children were 'rewarded' with social assistance and those who had, or continued to have, children were punished by having their benefits cutoff. In other cases, officials would deny social assistance benefits for no apparent reason. This is exactly what happened at Lebret, where one group had their welfare benefits terminated for no reason and had "little more than potatoes"²⁷¹ to feed themselves. The local doctor tried to help them by sending a letter to the

²⁶⁹ Department Memo from VM Parr, Director of Public Assistance to J.S. White, Deputy Minister, RE: Assistance Arrangements – R.M. of Cana #214, May 14, 1953, Accession R85-308, R.933, Box 8, File III.27E "Crescent Lake Project," Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK, 2; Ron Laliberte, *The Canadian State and Native Migrant Labour in Southern Alberta's Sugar Beet Industry*, (master's thesis, University of Saskatchewan, Autumn, 1994) <https://www.collectionscanada.gc.ca/obj/s4/f2/dsk3/SSU/TC-SSU-06292007130306.pdf>, 100.

²⁷⁰ Green Lake Community, August 12, 1955, Accession: R.85-308, R.933, Box 6, File Green Lake Project, File III.30 "Green Lake Project," Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

²⁷¹ Department Memo from T.C. Douglas, Premier's Office to Hon. J.H. Brookelbank, Minister of Municipal Affairs, RE: Metis Situation, Sept 18, 1944, R.33.1, File: Metis (TC Douglas Papers), File 859a (44), 1 of 3 folders, TC Douglas fonds, Provincial Archives of Saskatchewan, Regina, SK.

Minister of Municipal Affairs, Honourable JH Brockelank, along with a petition the people had signed; however, nothing was done.²⁷² What happened at Lebret was not an isolated incident, the people at Punnichy also had their social assistance withheld for no reason.²⁷³ And then there were those who were urged not to apply for social assistance, such as those at one community where “counsellors of the half-breeds do not look with favour upon any of them applying for relief if possible to avoid it, and it is being discouraged to the fullest extent.”²⁷⁴ Officials who engaged in these behaviours, or knew others who were, were racist and obviously were not concerned whatsoever about their health or well-being; instead, their focus was on controlling, dominating and using them.

Many were concerned about people becoming dependent on the welfare system, particularly the government and taxpayers. In Alberta, one Metis leader, Joseph Dion, founder and organizer of the Metis Association of Alberta was concerned about what would happen if they became reliant on social assistance. He felt a different approach was needed and explained:

I want to warn the Government against the consequence should the half-breed get into the habit of expecting relief always, he is an Indian and if given an inch will demand a mile. Barring extreme cases of destitution, and the sick who have to be looked after, we should be able to arrive at some happy medium regarding this question. Take for instance the natural resources. The half-breed will make a living where the average white man will starve to death, but he is afraid he will get into trouble if he kills anything whereby he can feed himself and family. He is not a law breaker neither is he a beggar. I want him to be encouraged to depend on himself – to be self-supporting. The half-breed is not a waster – he will use every part of the animal he kills and he likes to share with his neighbour.²⁷⁵

Dion’s suggestion to create a system whereby they would be able to be self-sufficient and, in times of hardship, collect welfare, would have been more effective than restricting hunting and issuing monthly welfare cheques. Dominant society was concerned about them collecting

²⁷² Department Memo from T.C. Douglas, Premier’s Office to Hon. J.H. Brookelbank, Minister of Municipal Affairs, RE: Metis Situation, Sept 18, 1944, R.33.1, File: Metis (TC Douglas Papers), File 859a (44), 1 of 3 folders, TC Douglas fonds, Provincial Archives of Saskatchewan, Regina, SK.

²⁷³ Correspondence from G.H. Castleden, MP for Yorkton, to Hon. Tom Johnston, Saskatchewan Legislature, February 25, 1947, Accession 85-308, Collection R-933, Box 6, File III.II “Lestock Metis Survey,” Department of Social Welfare, Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

²⁷⁴ Memorandum between Rankine, Departmental Solicitor and J. Harvie, Esq., Deputy Minister, December 5, 1935, Alberta Department of Social Services and Community Health fonds. 1-2.

²⁷⁵ J.F. Dion. Re: Half-breed Colony of St. Paul des Metis, Alberta, GR1975.0075/0002A “Background Information, Proceeding and Evidence of the Half Breed Commission, Vol. 1, T.D. Rankine, Secretary p. 1-248, 1885-1934,” Alberta Department of Social Services and Community Health fonds, Provincial Archives of Alberta, Edmonton, AB, 2.

welfare and continually made their feelings known to the various levels of government. However, what they and the governments failed to acknowledge was, how hunting and fishing laws were negatively impacting the people and forcing them to become dependent on social assistance. Prior to the 1950s, in Alberta, social assistance was a rarity because people were “able to live off the land by hunting, trapping and fishing.”²⁷⁶ However, when the government made it illegal to hunt and trap during the off-season, some had no other option but to apply for welfare, with some becoming dependent upon it.²⁷⁷

Unlike Alberta, social assistance was common among those in Saskatchewan during the 1940s. The lack of employment caused many to rely on social assistance as their primary means of income. In 1940, the number of Metis relying on social assistance was much higher compared to the figures for 1948 (Table 3). There a couple of reasons why this might be. First, by this time some people were pretending to be Euro Canadian, failing to acknowledge their true ancestry to avoid racism and discrimination. Second, one could assume the drop in numbers was linked to employment; which in some cases was true, but for many it was because they were pushed out of their communities into larger urban areas where the government and society hoped they would fully assimilate into society. Both Forster, Director of Rehabilitation and Talbot, Director of Welfare, wanted and encouraged those in southern Saskatchewan to assimilate into the urban landscape; such as at Willow Bunch, where there was “no opportunity to gain a full livelihood.”²⁷⁸ Lastly, it is possible the government made it too difficult for people to access social assistance, which would have reduced the numbers.

²⁷⁶ Human Resources Development Authority (Alberta), *Metis Study Tour Report*, 5.

²⁷⁷ Ibid.

²⁷⁸ Department Memo from K. Forster, Director of Rehabilitation to R. Talbot, Director of Welfare, discussing the “A Case for the Canadian Native” Report by Mr. Feusi. Nov 28, 1961, Accession R.85-308, Collection R.933, Box 7, File III.23, Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

Table 3: Rural Municipalities and Government Contributions to Social Assistance²⁷⁹

Rural Municipality	Families & Singles Dec. 1948	Families & Singles Dec. 1940
42. Willow Bunch	33	89
151. Rocanville	1	24
153. Spy Hill	5	26
184. Grayson	13	32
186. Abernathy	5	27
187. North Qu'Appelle	21	80
216. Tullymet	3	69
243. Wallace (Crescent Lake)	6	27
247. Kellross	65	140
299. Glenside (Baljennie)	0	45
408. Prairie	1	18
426. Bjorkdale	0	103
429. Flett's Spring	3	3
430. Invergordon	7	42
431. St. Louis	37	83
459. Kinistino	17	44
461. Prince Albert	17	49
463. Duck Lake	28	93
468. Meota	15	24
493. Buckland	3	12
495. Shell Lake	6	76
Town of Duck Lake	13	43
Village of Punnichy	14	23
Total Families & Single Persons	313	1172

The government used the limited job opportunity situation to their benefit. They encouraged young men to attend vocational training so they would have the skills to eventually relocate to “larger centers where there are [more job] opportunities for them.”²⁸⁰ In a memo from Talbot to JS White, Deputy Minister, Talbot described what was done to address the so-called Metis problem in the southern region:

We have encouraged and helped those who are able to do so to take work in urban centres and our vocational training program has trained and placed 39 Metis youngsters in permanent employment. There are a further 19 taking training at the present date with more being under assessment to determine suitable training.²⁸¹

²⁷⁹ Memorandum from Morris C. Shumiatcher of Premier TC Douglas' Office to All Ministers (SK), RE: Metis Affairs, August 10, 1946, R-33.1, File 859A (44) “Metis”, Folder 1 of 3, TC Douglas fonds, Provincial Archives of Saskatchewan, Regina, SK.

²⁸⁰ Ibid.

²⁸¹ Department Memo from R. Talbot, Director of Welfare to JS White, Deputy Minister, RE: Provincial Programs in Northern Saskatchewan and Provincial Programs Related to Indians, October 16, 1961, Accession R.85-308,

Providing them vocational training would increase the likelihood they would find long term positions. However, it could be said the Welfare Department had an ulterior motive because in order for many of the young men to find employment, they would need to leave their families and communities to relocate to urban areas, which would break up their communities and assist with the assimilation process.

Most of the young men who participated in the vocational training program were successful at completing their specific programs and finding employment within the trades (Table 4). Although the trades tend to be well-paying, one can argue only offering vocational training for blue collar positions was problematic. This is because it would ensure they would continue to be excluded from positions of power, influence and decision-making. Another issue was, the training did little for those over the age of thirty who were wanting a chance to learn a trade or improve their skills. These individuals had limited education and their labour was no longer in great demand because “Mechanized farm methods...eliminated much of the need for unskilled labour.”²⁸² The idea of providing training and education was good, but offering it only to young men would do little to address the overall poverty of their population. Furthermore, it does seem the vocational training was offered as a means to speed up the assimilation process. The government and society were not concerned about improving the lives of the Metis, but instead wanted to them in a subservient role until assimilation could happen. The government knew assimilation would not be easy to achieve, but if they could maintain their power and dominance of them, they could continue to manipulate and use them as a slave labour force. The racist attitudes of dominant society and their discriminatory actions prevented them from fully participating in the economy and as a result, many had to rely on welfare or other forms of relief to survive. Their inability to find long term well-paying jobs kept them dependent on the government and in a chronic state of poverty. As a result, their socio-economic-political marginalization continued as well as society’s resentment towards them. Not only were they unable to support themselves with an adequate income, they were forced to live in inadequate conditions, unable to feed their families, thus jeopardizing the health of children, adults and elders.

Collection R.933, Box 7, File III.23, Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

²⁸² Memorandum from Morris C. Shumiatcher of Premier TC Douglas’ Office to All Ministers (SK), RE: Metis Affairs, August 10, 1946, TC Douglas fonds.

Table 4: Metis Students who Attended Vocational School and Training Taken²⁸³

Community	Year	Vocational Training	Remarks
Lestock	1956-57	Auto Mechanics	Employed – Garage, Winnipeg
Crescent Lake		Auto body	Employed – Auto body shop, Alberta
Crescent Lake		Auto body	Employed – Auto body shop, Alberta
Duck Lake		Academics Gr. 12	Attending school – Saskatoon
Duck Lake		Business course	Employed – Steno, Saskatoon
Lebret		Lab. Tech, X-Ray	Employed – Moosomin Hosp.
Crooked Lake		Academic	Discontinued school after 4 weeks
Crescent Lake		Academic Gr. 12	Attending Sacred Heart Academy, Regina
Crescent Lake		Academic Gr. 11 & 12	Employed – Alberta
Crooked Lake		Sheet Metal	Employed – Regina
Crescent Lake	1958-59	Welding	Employed – Construction, Winnipeg
Crooked Lake		Welding	Employed – Construction, Winnipeg
Crooked Lake		Auto body	Employed – Regina
Crooked Lake		Auto Body	Employed – Regina
Crooked Lake		Welding	Employed – Ontario
Crescent Lake		Auto body	Employed – Regina
Lebret		Business course	Employed – Regina
Crescent Lake		Academic Gr. 10	Attending Sacred Heart Academy, Regina
Crescent Lake		Academic Gr. 11	Discontinued
Lestock		Welding	Employed
Crooked Lake		Welding	Employed
Crooked Lake		Auto body	Employed – Manitoba
Crooked Lake		Academic Gr. 9	Discontinued
Crescent Lake		Auto mechanic	Employed
Lestock	1959-60	Auto body	Employed
Lestock		Auto body	Employed
Lestock		Auto body	Employed – Regina
Lestock		Welding	Employed – Moose Jaw
Duck Lake		Academic Gr 11	Discontinued – unable to manage Gr. 10
Willow Bunch		Auto body	Employed – Swift Current
Duck Lake		Academic Gr. 10 & 11	Attending school at Duck Lake
Lebret		Auto mechanic	Training
Lebret		Business course	Discontinued
Lebret		Business course	Discontinued after 1 day working with her
Duck Lake		Academic Gr. 11	Discontinued after 3 weeks
Duck Lake		Auto body	Employed – Saskatoon
Crooked Lake	1960-61	Nurse's aide	Employed
Lebret		Academic	Training – Business course
Willow Bunch		Hair dressing	Training
Crooked Lake		Academic Gr. 10	Attending Sacred Heart Academy, Regina
Crooked Lake		Academic Gr. 10	Attending Sacred Heart Academy, Regina
Crescent Lake		Academic Gr. 10	Attending school
Crescent Lake		Academic Gr. 10	Attending school
Crooked Lake		Domestic	Training

²⁸³ Department Memo from R. Talbot, Director of Welfare to JS White, Deputy Minister, about training program expenditures (Metis Students), Jan 28, 1960, Accession R.85-308, Collection R.933, Box 7, File III.23, Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

2. Housing

One's income dictates where he will reside and the conditions of the home, both of which affect one's health. For many though, adequate living conditions were not a reality.²⁸⁴ Many Metis lived in depressed conditions, meaning their homes were essentially overcrowded poorly constructed shacks. This was especially true for those residing on the outskirts of First Nations reserves, on road allowances, or in fringe communities. Douaud explains that after the Red River and Northwest Resistances, the Metis "...gathered outside White communities in shanty towns, or along roads and railways; ...[and] were known as the Road Allowance people."²⁸⁵ These communities could be found scattered throughout the Prairies.

Not every person lived in poor conditions, some were fortunate and had "nice houses and nice gardens."²⁸⁶ However, this was not the reality for everyone and typically their houses were substandard and in need of major renovations in comparison to the mainstream population. In "A Note on the Half-Breed Problem in Manitoba," Giraud describes their residences as:

A rather elementary dwelling house corresponds to this primitive mode of life. Everywhere the small half-breed house, a mere ground floor with rarely even a tiny attic, strikes the visitor. Sometimes a stable with a thatch and mud roof shelters a few cattle. Generally, the house is built of plastered logs, but its exiguity does not preclude cleanliness. One easily recognizes the half-breed shacks by their small size, their disorderly location on the outskirts of the large towns, their frail appearance: the expression of the life of a population always in search of new resources.²⁸⁷

Hlady and Poston describe a typical 'shack' in Manitoba:

The term "shacks" in Manitoba is usually applied to one or two room dwellings of a temporary nature and usually poorly and cheaply constructed. They are rarely lined on the inside and tar paper or roofing is used as siding. A poor quality of lumber is used for their construction. Sometimes box wood and odd pieces of lumber are employed for this purpose.²⁸⁸

The conditions of their homes were less than ideal and this problem was not unique to Manitoba; those residing in Saskatchewan and Alberta resided in similar conditions. Those living in fringe

²⁸⁴ Adequate living conditions means a properly constructed home with enough room for their families.

²⁸⁵ Patrick Douaud, "Canadian Métis Identity: A Pattern of Evolution," *Anthropos*, Bd. 78 H. ½ (1983), 75.

²⁸⁶ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, February 25, 1935, Fonds glen-314, Item iw-glen-340, James Brady fonds, 81.

²⁸⁷ Giraud, "A Note on the Half-Breed Problem," 547.

²⁸⁸ Hlady and Poston, "Appendix 2: The People of Indian Ancestry in Rural Manitoba," in *A Study of the Population of Indian Ancestry Living in Manitoba*, 75.

communities or on road allowances, more often than not, lived in shacks, which were built with whatever materials they could find, including mud, logs, pallets, scraps of lumber, and whatever else they could salvage.²⁸⁹ As a result, the homes were not properly constructed, creating countless problems and jeopardizing the health of the residents.

In terms of size, the homes tended to be relatively small. In the vicinity of Birch River, MB, a two room shack, measuring 12' x 24' was occupied by fifteen people.²⁹⁰ At Wabowden, MB, a family consisting of nineteen people were living in three small rooms and at another community,

A one room, 14' x 20' log house in another community housed a couple and their seven children. Three small boys slept on the floor, a baby hung from the ceiling in a hammock, the parents slept in a standard double bed and three teenage girls (the oldest 18 years old) slept in a smaller bed at the foot of the parents' bed. A curtain was drawn across the end of the girls' bed concealing it from view.²⁹¹

Typically, road allowance and fringe community homes ranged from 10' x 20' to 15' x 30' and generally had one room. However, some did have as many as many as three rooms and it was "not uncommon to find as many as twelve people living in a one-room shack."²⁹² These homes were not sufficient to house a large number of peoples nor were they environment where one could easily maintain good health.

In the late 1940s, the Manitoba Branch of the Canadian Association of Socials Workers found "All the families live in the same type of dwelling unit...this type of house...was built from odds and ends of boards that happened to be handy. The result is a very crude and...unpainted shack, with no foundation or cellar, and in one instance no floor."²⁹³ This description is not much different than one published in the Edmonton Journal in 1934, which described the living conditions as terrible and the cabins often being "unsanitary and infested with vermin."²⁹⁴ An observation mentioned in the Lestock Metis Survey stated "each home is

²⁸⁹ Hlady and Poston, "Appendix 2: The People of Indian Ancestry in Rural Manitoba," 38; Department Memo from W. Haggett, Supervisor, Rehabilitation to K. Forster, Director, Rehabilitation, RE: R.M. of Canwood 494, April 6, 1955, Accession 85-308, R-933, Box 6, File "Canwood Metis Study, File No. III.1a," Department of Social Welfare, Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

²⁹⁰ Hlady and Poston, "Appendix 2: The People of Indian Ancestry in Rural Manitoba," 36.

²⁹¹ Ibid.

²⁹² Canadian Association of Social Workers: Manitoba Branch, *The Metis in Manitoba*, 20.

²⁹³ Ibid., 22.

²⁹⁴ Les Metis, Part II, Excerpt by W.H. Day, Edmonton Journal July 5, 1934. Background Information, Proceeding and Evidence of the Half Breed Commission, Vol. 1, T.D. Rankine, Secretary p. 1-248, 1885-1934,

untidy and often dirty yet these people claim to be busy with housework all the time.”²⁹⁵ At Fort Vermilion, in northern Alberta, “most of the whites lived in homes comparable to those found in rural communities elsewhere in the Province. Many of the Indians and Metis, however, barely make a living ... [and] their shacks [are] frequently overcrowded and dirty...”²⁹⁶ Comparing their makeshift shacks to properly constructed homes was unfair and uncalled for because it would be nearly impossible to keep a home clean when it had dirt floor, was severely overcrowded, had walls lined with cardboard, and access to clean water was limited. One also needs to keep in mind these women were taking care of their children, doing laundry, possibly trying to gather food, working outside the home and some were suffering from serious health conditions or the effects of one. Arguing their homes were inferior because they were lazy contributed to the narrative they were a dirty, inferior people who could not, or would not, adopt western ideals of cleanliness and hygiene, which was definitely untrue.

Not only were scrap materials used to construct the shacks, the people building the them were not always knowledgeable about construction. As a result, many of the doors and windows did not fit properly nor were they installed properly. This was problematic, particularly in the winter months, because the cold weather could get into the home. For instance, one home was described as having an “opening of two inches or more [that] existed between the bottom of the door and the floor and there was no storm door or porch.”²⁹⁷ When temperatures dipped into the minuses, some hung blankets over exterior doors to try keep the warmth inside while trying to eliminate drafts from entering.²⁹⁸ Windows were also problematic and like doors, often failed to fit properly; but a more serious issue was they broke relatively easy. One might not consider having ill-fitting or broken windows a major concern, but at one community in western Manitoba “The majority of the [forty] families live[d] in crude shacks, which frequently contained neither floors nor windows.”²⁹⁹ Often, the broken windows were blamed on the residents or their friends, with little consideration that maybe the poorly constructed shack shifted, causing the break. Even those fortunate enough to have the funds to purchase or repair windows did not always have a

GR1975.0075/0002A, Alberta Department of Social Services and Community Health funds, Provincial Archives of Alberta, Edmonton, AB. 1-2.

²⁹⁵ Summary of Interviews in R.M. 187 (Lestock), Department of Social Welfare. Rehabilitation Branch.

²⁹⁶ Orford-Smith and Cole, “A Winter Outbreak of Poliomyelitis in Northern Alberta,” 44.

²⁹⁷ Hlady and Poston, “Appendix 2: The People of Indian Ancestry in Rural Manitoba,” in *A Study of the Population of Indian Ancestry Living in Manitoba*, 38.

²⁹⁸ Ibid.

²⁹⁹ Canadian Association of Social Workers: Manitoba Branch, *The Metis in Manitoba*, 22.

simple time doing so. For example, those living in the bush did not have easy access to hardware stores and transporting of glass would have been an issue because the risk of breakage. For many, when a window broke, cardboard was used to replace missing panes.³⁰⁰ This makeshift repair was an acceptable short-term solution, particularly during summer months; however, cardboard was often used for extended periods of time because of financial restraints. Using materials such as cardboard would have helped to keep the elements out, but the lack of properly constructed homes could, and did, pose a health risk to residents, particularly the elderly and young children.

The most common method used to heat their homes was the wood burning stove, whether it was a store bought or an old metal barrel someone adapted.³⁰¹ Typically, a wood stove can easily produce enough heat to keep a small home warm but they can be problematic. More often than not, they did not install the wood stoves properly, meaning they were a fire hazard. Shacks did not have proper brick chimneys with liners, instead a hole was cut in the roof for the stove pipe to exit through. This too increased the risk of a fire because roofs were typically not clad in metal so sparks could easily ignite the wood, cardboard or shingles. Furthermore, there were seldom fire barriers between the stove, floor and walls, putting the structure, its residents and their belongings at risk.³⁰²

The threat of a fire was only one of many risks residents had to be concerned with, stoves could compromise one's health and locating and accessing a fuel source could also be problematic. Burning wood to heat a home could affect one's respiratory health, particularly if the stove was not installed properly. For example, breathing in wood smoke compromise one's health and can cause "allergic reactions, sneezing and coughing, chronic bronchitis, asthma, pneumonia and emphysema...burning eyes, headache, sore throat, excess phlegm, tightness in the chest and sinus problems."³⁰³ The type of fuel, such as painted wood or rail ties, could also pose problems because the fumes could be toxic or cause additional lung or throat issues. Furthermore, considering homes were built with scraps and broken windows and ill-fitting doors,

³⁰⁰ Hlady and Poston, "Appendix 2: The People of Indian Ancestry in Rural Manitoba," in *A Study of the Population of Indian Ancestry Living in Manitoba*, 38.

³⁰¹ Some Metis were fortunate enough to find heaters but these two were an issue because these "Air-tight heaters...[were] discarded by many firms...[because they were] to great a fire hazard." Ibid.

³⁰² Ibid.

³⁰³ Carlye Jones, "Woodburning Fireplace Breathing Hazards." Home Guides-SF Gate, accessed February 20, 2020. <http://homeguides.sfgate.com/woodburning-fireplace-breathing-hazards-68886.html>.

allowing the weather to get in, more wood would be required to keep the home warm. Finding ample material to burn would have been fairly easy for those in the bush; but for those residing near or in urban areas, accessing ample amounts of timber may not have been possible. Also a concern was elderly people living alone. They might not have been able to secure enough wood to last an entire prairie winter or any wood at all depending on their health. The inability to afford a woodstove and have it properly installed in combination with the inability to secure an adequate fuel source did jeopardize their health by: 1) not having an adequate heat source would mean the homes could be cold during winter months, increasingly the likelihood someone would develop a sickness or die; 2) those collecting the wood would be putting strain on their bodies, particularly their backs and shoulders; and 3) the fumes and smoke would affect the respiratory health of everyone in the home.

A. Overcrowding

Difficulties finding scrap materials or finding ample amounts of resources to use is one reason why Metis homes were too small for their often large families. Today in Canada, an adequate size home requires no more than two people per bedroom; the couple in charge of the home has their own bedroom; parents, or a single parent, have a bedroom; everyone in the home over 18 years have their own room; those under the age of eighteen years can share a bedroom with the same sex;³⁰⁴ and lastly, those under five years old can share a room with someone of the opposite sex.³⁰⁴ Some families had upwards of ten to fourteen children and often more than one family would live in a home, meaning nearly all of their homes would be considered overcrowded by today's standards. Green Lake, SK serves as a useful example, between 1954-55, homes in Saskatchewan, on average, had one individual per room; however at Green Lake, a Metis community, the number was dramatically higher, four to five persons per room.³⁰⁵

Too many people living in a residence was a significant problem because it put undue stress on the home and can negatively affect people's spiritual, emotional, mental and physical health. For example, when an individual had an infectious disease, such as TB, which is spread

³⁰⁴ Statistics Canada, "Housing Suitability of Private Households," last modified April 3, 2019, <https://www23.statcan.gc.ca/imdb/p3Var.pl?Function=DEC&Id=100731>

³⁰⁵ Minutes of Green Lake Conference, September 14-16, 1955, Accession R.85-308, R.933, Box 6, File III.30 "Green Lake Project," Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

via the air, and lived in an overcrowded home, everyone within the home was at risk of contracting the disease. This is partially why TB rates at Green Lake were higher than average.³⁰⁶ The link between housing and health is obvious when examining the reality of Archie and Belva Cardinal, who lived at the road allowance community of Rooster Town, MB:

... [they lived in] the shack ... with their eight children, aged nine months to fourteen years. Just two rooms, its six by-eight-foot kitchen contained a stove and two water barrels. The living/bed room was a bit larger, with a couch and a cot. The exterior walls were clad on the inside with cardboard. The health problems brought to school were symptomatic of the difficulties that mothers confronted in keeping their overcrowded homes clean without running water and sewer connections.³⁰⁷

Living in a barely inhabitable shack would be difficult for anyone, but it would be even more stressful trying to raise children in this environment; knowing full well the conditions were affecting their health and well-being. However, parents had few options to change the situation because, as discussed, their ability to find adequate employment was almost impossible and even if they had the money, there was no guarantee someone would rent to them. It would also be difficult, if not impossible, to build a home out of scraps to provide each of the eight children with their own bedroom. The Cardinal family was not unique, most were offered little to no help because the government and taxpayers considered them a societal burden that needed to be assimilated.

Having an adequate amount of bedrooms was not a reality for most, and it would have impacted people's mental and emotional health as well as familial relations. Having upwards of 14 people in a home suitable for two or three would affect everyone's ability to have privacy and increase every resident's stress level.³⁰⁸ It would also make getting adequate sleep nearly impossible, particularly if there were not enough beds, which is important to maintaining health. One report found "there is not privacy in a Metis home. The parents sleep separately from the children on a bedstead but in the same room. The children sleep on the floors as soon as they can

³⁰⁶ Minutes of Green Lake Conference, September 14-16, 1955, Accession R.85-308, R.933, Box 6, File III.30 "Green Lake Project," Department of Social Welfare, Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

³⁰⁷ David Burley, "Rooster Town: Winnipeg's Lost Metis Suburb," *Urban History Review* 42, no. 1 (2013), doi:10.7202/1022056ar, 15.

³⁰⁸ Today, a link has been made between substance abuse, domestic violence and overcrowded homes. Although not mentioned in the literature, it's probable these issues were problematic within some homes because of the overcrowding and the conditions of the homes.

fend for themselves.”³⁰⁹ Furthermore, the limited amount of space would have meant siblings of the opposite sex would have to sleep with one another or in very close proximity; this would not be an issue when children were young but could become problematic as the children became adolescents.

Overcrowding also caused problems for children who attended school because their ability to find a quiet place where they could do homework undisturbed was not a reality. Also, when one factors in these children most likely were not getting adequate sleep or proper nutrition, their ability to learn and retain information would be negatively impacted. The Social and Economic Research Office, recognized there was a clear link between the size of a home, the number of residents and how these factors influenced those attending school: “There is a need...for larger homes for Metis...families in order that their children may have the opportunity to perform their homework without being disturbed by other members of the families.”³¹⁰ The inability to find a quiet private place to collect one’s thoughts or engage in things like homework, would negatively impacted the children’s mental health and overall well-being.

The dire poverty some experienced was pointed out in a school study conducted by the Alberta Government. Teachers and other school staff describe what their homes and the living conditions of the Metis students. Principal Flanagan, Stony Plain Elementary and Junior High School described three families who resided together, “...19 persons, [one or more spent five years in a san], no furniture except broken down beds, chairs and table. House [an] old abandoned homestead. Deplorable.”³¹¹ He further explained another family that was related to the previous, had “5 persons, same conditions as...[previous example] except no chairs.”³¹² The Bon Accord School, Sturgeon School Division, had five pupils and they “...came from two families living in the same home – an abandoned farm. The families are related – a father and mother and their daughter’s family.”³¹³ Others schools described the children’s families as transient with no fixed address. The conditions these children were forced to live in were less than ideal and the poor state of the homes would have affected the children’s ability to

³⁰⁹ A Social Anthropological Study of the Metis Population of Northwestern Saskatchewan, Preliminary Report, R.33.1, File. XL.859b (44), 2 of 3 folders, TC Douglas fonds, Provincial Archives of Saskatchewan, Regina, SK.

³¹⁰ Social and Economic Research Office Manitoba, *A Study of the Population of Indian Ancestry*, 137.

³¹¹ Stony Plain, Metis School Study, 1960, Alberta, 76.32/1, “Metis Development,” Social Services & Community Health. Metis Development Branch, Provincial Archives of Alberta, Edmonton, AB. 1, 3.

³¹² *Ibid.*

³¹³ Spedden, Metis school study, 1960, Alberta, 76.32/1, “Metis Development,” Social Services & Community Health. Metis Development Branch, Provincial Archives of Alberta, Edmonton, AB. 1, 3.

concentrate and learn. In the 1950s, when this study was done, it is obvious racism and discrimination continued to be an ongoing problem, affecting not only the adults but their children.

Overcrowding was especially problematic when someone in the home suffered from an infectious disease such as TB. When this happened, everyone in the home was at risk, particularly the young and elderly. Compounding this issue was the fact many homes did not have indoor plumbing, meaning they did not have access to clean, safe drinking water. This is a serious concern because access to clean safe water impacts one's ability to maintain the cleanliness of the home and, more importantly, is vital for maintaining good health. WHO explains:

The quality of water, whether for used for drinking, domestic purposes, food production or recreational purposes has an important impact on health. Water of poor quality can cause disease outbreaks and it can contribute to background rates of disease manifesting themselves on different time scales.³¹⁴

Some had no option but to use lake water such as at Pine Lake. During the summer collecting the water for drinking and bathing was easy, but became much more difficult once the lake froze.³¹⁵ At Green Lake residents were forced to use river water because their “wells...[were] inadequate.”³¹⁶ Having no option of accessing clean drinking water, put the consumer at risk of developing an illness, and this is exactly what happened at Green Lake where the lack of clean drinking water, in combination with insect transmission, caused “many children to have diarrhea and dysentery,”³¹⁷ both of which can be deadly for children. What happened at Green Lake was not an isolated event. When questioned about what types of serious illnesses affected her community, Rose Fleury remembered hearing from her grandma that cholera was an issue and was caused by “dirty drinking water that’s not been sterilized, or [a] dirty pot or something that had been used for something else, and then used for water.”³¹⁸ For some, their only option to

³¹⁴ World Health Organization, “Water Quality and Health Strategy 2013-2020” accessed January 23, 2020. https://www.who.int/water_sanitation_health/dwq/water_quality_strategy.pdf?ua=1.

³¹⁵ S.C. Best and J.W. Gerrard, “Pine House (Saskatchewan) Nutrition Project,” *Canadian Medical Association Journal* 81, no. 11 (December 01, 1959): 917.

³¹⁶ Burley, “Rooster Town: Winnipeg’s Lost Metis Suburb,” 15; Minutes of Green Lake Conference, September 14-16, 1955, Department of Social Welfare. Rehabilitation Branch.

³¹⁷ Ibid.

³¹⁸ Gabriel Dumont Institute, “Rose Fleury Interview,” Compiled by Brenda Arnault, Duck Lake, SK: Gabriel Dumont Institute, March 31, 1984, [http://www.metismuseum.ca/media/document.php/01062.Fleury,%20Rose%20\(Brenda%20Arnault\).pdf](http://www.metismuseum.ca/media/document.php/01062.Fleury,%20Rose%20(Brenda%20Arnault).pdf), 14-15.

access safe water was to purchase it, such those residing on a road allowance community near Winnipeg. These individuals purchased water for “50 cents a barrel,”³¹⁹ which may have been too costly for those living poverty, leaving them no option but to risk their health by drinking unsafe drinking water.

Not having access to clean water not only can weaken one’s immune system and put them at increased risk of contracting disease and illness; it also limits their ability to clean themselves, which is important for good health. It was no secret that unclean water was contributing to the disease burden. A nutrition study conducted at Pine House found “scabies and pediculosis were common”³²⁰ and the “infections which these children had were due in part to lack of facilities for washing and bathing.”³²¹ Issues were also noted at other locales, such as Green Lake, where “inadequate sewage disposal. Whatever toilets they have are very poorly maintained. Most of the families out of the village use the surface of the ground [as a] ...pit privie {sic}.”³²² At Prince Albert, SK, it was reported the “only indoor toilet facilities [they had were]... ‘slop buckets’”³²³ Bathing and cleaning oneself promotes good health and access to clean water would impact one’s ability to bathe. Although they are often described as dirty, particularly the children, there is little mention of bathing in the literature. In addition to bathing, laundering one’s clothing would have been affected by water quality. Although one could wash his clothing with water not considered safe to drink, the water would still have to be somewhat clean, particularly if there was no soap, for washing clothes and other linens. Maintaining good health, having a clean home, taking care of one’s appearance, including bathing and laundering one’s clothes, would have been nearly impossible without access to safe clean water. And although some may assume the issues with water would improve as settlement increased across Canada, many communities, particularly those in Alberta experienced water issues well into the 1960s.³²⁴

Their living conditions, which include inadequate, overcrowded housing, limited access to safe water and sewage facilities, were poor but at least they had shelter and a place to call

³¹⁹ Canadian Association of Social Workers: Manitoba Branch, *The Metis in Manitoba*, 20.

³²⁰ Best and Gerrard, “Pine House (Saskatchewan) Nutrition Project,” 917.

³²¹ Ibid.

³²² Minutes of Green Lake Conference, September 14-16, 1955, Department of Social Welfare. Rehabilitation Branch.

³²³ Metis Population Survey – Prince Albert, File R.933, File III.17, “Lestock Metis Survey,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, AB.

³²⁴ Human Resources Development Authority (Alberta), *Metis Study Tour Report*, 2-3.

home. Not everyone was fortunate enough to have a shack or another form of shelter. During a budget debate, J.A. Gregory, MLA for the Battlefords, described the reality of the situation for some who were “homeless, propertiless {sic}, and, in most cases, destitute.”³²⁵ The reason they were in such a depressed state, he argued, was because they were neglected and ignored by the federal government:

the obligation to these native people is an obligation of the Federal Government—as, indeed, it is; but we, who represent them in the Legislature of this great province, are charged with responsibility in standing as their advocates and making representations to the proper authorities in respect of their rights. Why is it that millions of dollars have been spent – and justly and fairly spent – on the Indians of the full blood, and yet, in the same connection, their “Half-brothers” have been left to become homeless wanderers in their native land?³²⁶

Those in Saskatchewan were not the only ones to experience homelessness. At St. Paul, AB, Felix Callihoo, vice-president of the first Metis Association of Alberta, estimated about half of their population “have no homes at all. . . . many of them are living in shacks here and there, they don’t own any land, they have let their homestead rights go by, they would like to get back on the land with some degree of safety and security.”³²⁷ Racism did contribute to the elevated rates of homelessness because: 1) it prevented them from securing employment, making it impossible to afford a decent home; and 2) if they could afford to rent a home, there was no guarantee a homeowner would rent to them.

The obvious housing crisis among them was of little concern to dominant society. Racism and discrimination kept them marginalized and pushed to the outer limits of mainstream society, and only when they began to enter into the space of general society, were they granted any attention. This is because society was only concerned with protecting their own interests and well-being, not improving the conditions among those who were deemed inferior.³²⁸ Mainstream society and the various levels of governments knew they were experiencing difficulties with things such as housing; yet neither acknowledged or admitted any responsibility for their role in the situation. They did however, sometimes offer a band-aid solution. For example, in Winnipeg,

³²⁵ Excerpts from Speech of Mr. JA Gregory, MLA (The Battlefords) in the Debate on Budget, Legislative Assembly of Saskatchewan, Monday, February 28, 1939: The Metis Claims, 71.220/9230, Box 247, Oblates of Mary Immaculate fonds, Provincial Archives of Alberta, Edmonton, AB.

³²⁶ Ibid.

³²⁷ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, February 25, 1935, Fonds glen-314, Item iw-glen-340, James Brady fonds, 106.

³²⁸ Hlady and Poston, *A Study of the Population of Indian Ancestry*, 43.

welfare agencies would provide rent for “one or two-room house”³²⁹ which would have been an issue because as mentioned, their families tended to be large. One also needs to question why other “agencies elsewhere maintained their clients in four or five-room houses.”³³⁰ For those living in Winnipeg and receiving social assistance, housing was a double-edge sword: either the homes were too small or they did “not meet the minimum standards of use and occupancy enacted by Provincial Legislature.”³³¹ It is interesting why the welfare agencies paid rent for residences with obvious issues without demanding the homeowners bring the homes up to the legal standards. Apparently, these agencies thought it was okay to house Metis families in substandard housing and it is probable the agencies had an ulterior motive. Providing them small, inadequate, possibly dilapidated homes may have been done purposely to try make them leave the urban centre. If they left, agencies would no longer be responsible for them, saving money, decreasing their workload, and leaving more housing options for their non-Metis clients.

If a family, or individual, found suitable housing in the urban environment they still encountered problems. Bishop Breynat said when they tried to settle in mainstream communities, locals would drive them out. This explains why “They keep away from the white people and go further north to small places, get a piece of land, live together, 10 or 15 together, in a small house and they have no way to do better.”³³² However, those who lived in more remote areas did tend to be better off than their urban counterparts. This is because those living in close proximity to urban centres had: 1) fewer options to earn a living; 2) they were more stationary in terms of residence; 3) many lived on road allowances or in fringe communities; and 4) most, if not all, experienced racism and discrimination.³³³ In comparison, those residing in remote or northern areas had access to fishing, game, trap lines and furs. However, it cannot be assumed their life was easy and without struggle. When fish and game were not plentiful they experienced bouts of famine; and, the lack of game affected their ability to collect furs, reducing their income. The *Report of the Royal Commission Appointed to Investigate the Conditions of the Half-Breed Population of Alberta* described their reality:

³²⁹ Social and Economic Research Office Manitoba, *A Study of the Population of Indian Ancestry*, 144.

³³⁰ Ibid.

³³¹ Ibid.

³³² Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314-James Brady fonds. Item: iw-glen-341, James Brady fonds, 51.

³³³ Ewing, Douglas and Braithwaite, *Report of the Royal Commission*, 11-12.

...they have practically no educational or health services. In practically all cases they live in shacks which are often crowded and never ventilated. Food is often scarce and clothing is almost always insufficient. If illness overtakes a child or member of the group, he or she must, without proper care or food or medical attention and without any of the comforts of life, await the result.³³⁴

In Manitoba the situation was similar and a report published by the Canadian Association of Social Workers: Manitoba Branch described the locations of where they established their communities:

1) On the fringes of the settled areas and mostly on sub-marginal land which is not suitable for farming, for example, the Brokenhead district east of Richer, Marchand, St. Lazare, and some communities in the Inter-Lake area. 2) Since fishing is one of the means of livelihood frequently adopted, groups have also settled along the shores of Lake Winnipeg, Lake Manitoba and Lake Winnipegosis, such as at Selkirk, St. Laurent, Camperville and Duck Bay, and also near some of the smaller lakes and rivers. 3) Groups have often settled near the boundary of the Indian Reserves, such as the community in the Pine Falls areas not far from the Fort Alexander Reserve.... 4) small groups are scattered over the northern portion of the province, which, no doubt, contains the largest number of Metis in proportion to the population, since it is there that their chief means of subsistence – hunting, trapping, and fishing – are most readily available. Some of these groups are in fairly permanent settlements: others are nomadic. 5) Those who have settled in urban areas are usually to be found in sub-standard houses on the outskirts of the cities or towns.³³⁵

The location of their homes and their living conditions negatively impacted all areas of their health, including physical, mental and emotional. Overcrowding and substandard homes left them vulnerable to contracting infectious diseases, flus and colds, and respiratory illnesses. Poor water quality and lack of sewage meant there were ongoing infections, such as scabies and lice. For those who opted to live in rural or remote areas, they too had substandard housing, which affected their health. It did not matter where they lived, their life was not easy; marginalization prevented them from becoming ‘full’ citizens of urban and rural landscapes resulting with high unemployment; poverty; inadequate living conditions; little to no access to healthcare and education; and poor health.

³³⁴ Ewing, Douglas and Braithwaite, *Report of the Royal Commission*, 11-12.

³³⁵ Canadian Association of Social Workers: Manitoba Branch, *The Metis in Manitoba*, 4.

3. Food Security

The inability to feed oneself can, and does, impact one's health. Without adequate nutrition, an individual's immune system will weaken, leaving him vulnerable to developing health problems or contracting diseases, such as TB. A traditional Metis diet or country diet included a variety of wild game, fish, roots and berries. When ample amounts of these foods were consumed, one's immune system would be fairly strong. However, a number of factors restricted or prevented their ability to hunt and gather, including location of residence, government restrictions, increased settlement and poverty. Each of these factors inhibited their ability to acquire food for themselves and families, affecting their capability to fight off disease and sickness.

A variety of reasons made maintaining a traditional hunter-gathering lifestyle difficult. Government restrictions were imposed, restricting when, where, and how much game an individual could kill. In Alberta, the Human Resources Development Authority found "Rendering hunting and trapping in off-season illegal...forced people onto welfare."³³⁶ The impacts of the restrictions are obvious when, in the early 1930s, about "90%...live on bannock, the product of trapping during winter, and in summer, on the remnants of a country meat-market and whatever they can pick up of discarded fishes at the fishing plant. Add to this a few berries during a short season."³³⁷ It is obvious these people could not secure enough food, which is why they were collecting scraps of fish. Although they had a hard time securing food, not all did, such as those in northern Manitoba who could engage in "hunting, trapping, and fishing – [all of which were]...readily available"³³⁸ or those at Pine House, SK, who participated in trapping and fishing and "subsist[ed] for the most part on bannock and fish, supplemented by lard, a little milk and fresh meat, mainly moose and muskrat."³³⁹ Those who opted to continue hunting for their dietary needs still had to worry about their ability to secure enough food, because there were no guarantees they would be able to find enough to feed themselves.

Other factors affecting their traditional diet were residential schools, urbanization and poverty. Children who attended residential schools may not have been accustomed to eating a

³³⁶ Human Resources Development Authority (Alberta), *Metis Study Tour Report*, 5.

³³⁷ P. Quesnel, Doctor of Medicine, Memorandum to the Half-Breed Situation, Submitted at Lac La Biche, Alberta on the 19th day of August 1935, GR1975.0075/4, Alberta Department of Social Services and Community Health funds, Provincial Archives of Alberta, Edmonton, AB, 2.

³³⁸ Canadian Association of Social Workers: Manitoba Branch, *The Metis in Manitoba*, 4.

³³⁹ Best and Gerrard, "Pine House (Saskatchewan) Nutrition Project," 915.

traditional diet and may not have been taught how to hunt, trap or fish. The likelihood these individuals could secure enough food by hunting was minimal; as a result, they most likely had to rely on a store bought diet, which would be problematic considering the incomes of most. For those who resided in the urban environment, particularly those born and raised within an urban centre, they may have given up their traditional diet in exchange for store bought foods. Poverty also prevented some from participating in hunting, trapping and fishing. All of these activities require some sort of equipment, whether it be traps, a weapon and ammunition, fishing rods or nets. These items, some of which are inexpensive, would be difficult to purchase for someone with a limited income. Another consideration to take into account is not everyone lived near bodies of water, hunting grounds or an area viable for trapping, meaning they would have to travel, which might not be possible without funds to do so.

Hunting and trapping can be physically demanding activities, meaning a hunter has to be in fairly good health to track, butcher and carry the meat. Thus, if someone was disabled or suffering from poor health, chronic or acute, it would be difficult to participate, either partially or fully, in hunting. A prime example is what happened in 1928 at the Northwest Territories,

Some officers report that as a result of the influenza epidemic in 1928 many natives [and Metis] were unable during the summer and autumn to secure their customary supply of fish and meat for winter and were consequently entering upon that season badly prepared. In view of this situation the Dept. decided to permit the head of each Indian and half-breed family to take ten beaver during the period November 28, 1928 to May 15, 1929.³⁴⁰

Without allowing heads of family to trap out of season most likely would have resulted in additional sicknesses and deaths. Furthermore, there were no guarantees even a skilled outdoorsman would be able to support the dietary needs of his family by hunting, trapping and fishing. The inability to feed one's family could be deadly, as Jackson explained, "Life had been very hard when they depended entirely on their hunting, and one of them told me of a winter when there were no rabbits and they could find no game that all the young children died."³⁴¹ Also, as settlement increased, it became more difficult for them to secure an adequate amount of

³⁴⁰ Dominion of Canada, "Annual Departmental Reports 1928-29 Vol. II. (Ottawa, ON: F.A. Acland Printer to the King's Most Excellent Majesty), <https://archive.org/stream/annualdept2s192829cana#page/n9/search/immigration,773>

³⁴¹ Account of Time Up North, PR2001.0044 Box 6, From 86-100, 91, "Biography", Mary Percy Jackson Fonds, Provincial Archives of Alberta, Edmonton, AB, 1-6.

food and malnutrition became more of a concern than it had in the past.³⁴² There are countless risks associated with relying on the land and animals for subsistence, and these in combination with the changing environment, the ever increasing population, and poverty, affected their diet and health. This left them vulnerable to acute and chronic ailments and diseases, some of which were fatal.

A country diet of fresh game and fish was important because it provided the immune system vital vitamins and nutrients, helping them stay healthy. For example, a Canadian Medical Journal article reported “half-breed women are particularly liable to chronic anemia, probably from dietary deficiencies.”³⁴³ Complications from anemia could include things such as severe fatigue, complications during pregnancy, rapid or irregular heart beat and ultimately death.³⁴⁴ Some recognized their health was linked directly to their diet and to environmental factors. When asked about TB, Rose, a Metis woman, explained the disease was an issue among her husband’s family, which they blamed on a “lack of nutritional needs, like they didn’t have certain vitamins they should have when they were young.”³⁴⁵ Another man explained how previous generations were stronger because it had become common to use pesticides and fertilizers, contaminating and poisoning the food.³⁴⁶ Poverty, hunting restrictions, residential schools, urbanization and environmental factors all played a role in their worsening health.

Poor diet was also problematic for the children. In a 1935 memo about the so-called half-breed problem, Dr. Quesnel stated, “If a child is born of parents suffering diseases, he is badly handicapped for the rest of his life; if he is born of healthy parents, he is brought up in his early years on a concoction of milk, water and grease and later on bannock.”³⁴⁷ Not all parents were fortunate enough to be healthy or have the financial ability to provide an adequate diet to their children. Instead of recognizing how poverty, ability to access country foods or environmental

³⁴² Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314-James Brady fonds. Item: iw-glen-341, James Brady fonds, 14.

³⁴³ WF Abott and J.D. Adamson, “Chronic Chlorosis as an Operation Hazard (Analysis of 300 Hysterectomies),” *Canadian Medical Association Journal* 47, no.3 (1942), 202.

³⁴⁴ Mayo Clinic, “Anemia,” 2020, <https://www.mayoclinic.org/diseases-conditions/anemia/symptoms-causes/syc-20351360>.

³⁴⁵ Gabriel Dumont Institute, “Rose Fleury Interview,” 14-15.

³⁴⁶ Gabriel Dumont Institute, “Gervais, Maxime, Interview.” Compiled by Brenda Arnault. Duck Lake, SK: Gabriel Dumont Institute, April 11, 1984, [http://www.metismuseum.ca/media/document.php/01058.Gervais,%20Maxime%20\(B.%20Arnault\).pdf](http://www.metismuseum.ca/media/document.php/01058.Gervais,%20Maxime%20(B.%20Arnault).pdf). 10-11.

³⁴⁷ P. Quesnel, Doctor of Medicine, Memorandum to the Half-Breed Situation, Submitted at Lac La Biche, Alberta on the 19th day of August 1935, Alberta Department of Social Services and Community Health fonds, 4.

factors affected their diet and health, Quesnel blamed the parents, particularly mothers, of neglecting and abusing the health of their children,

How many babies have I seen sucking at the breast of a tubercular mother! How many babies' bottles have I examined that have never been washed and smelled of putrid milk! How many babies have I seen that were covered with ulcers and sores! Poor little lousy devils what are your prospects in life? An endless living hell, that is all. It is true that every day your parents will call for medicine which I am sure you will take but my advice on hygiene and sanitation will be forgotten at my office door, therefore, your medicine might as well be thrown in the lake.³⁴⁸

Like Quesnel, Dr. Mary Percy Jackson faulted parents for wasting their money on frivolous things rather than provide their children with food:

Money, to them, is something to be spent with all possible speed. In fact, so that there shall be no difficulty about this in a small settlement with only one store, they regularly make out C.O.D. orders to the mail order houses, in the hope that by the time the parcel arrives the money to pay for it will have come from somewhere! If the man happens to have caught some fur, or sold a few loads of wood, they will pick up a C.O.D. containing a radio, a guitar, or an expensive suede jacket, regardless of the fact that there is no food in the shack beyond a day or so's supply of flour. Their motto could well be, "The morrow shall take thought for the things of itself." Maybe by the time the food is all gone they will be able to borrow some money or food, or persuade the storekeeper to give them more credit, or else they will just go and visit somebody who has something to eat! This sharing of food is in the old tradition, for when all depended on meat and there could be no certainty that any hunter would always be successful, what meat was killed was shared most generously, and the old people were never forgotten. But it works out badly for anyone who happens to be slightly better off than the rest, for his relatives descend on him in droves, and he couldn't think of refusing them. Able-bodied adults see nothing wrong about sharing their parents' old age pensions, nor do the parents resent it. In fact, if one protests about it they say, "But they are our children, and they have no food." The incentives which make us work affect them hardly at all. They have no desire to work for the satisfaction of doing the job, and they are not worried by any thought of poverty, present or future.³⁴⁹

The racist and privileged attitudes of Quesnel and Jackson prevented them from acknowledging there could be underlying reasons as to how and why they were in this situation and why they had little to no control to change the situation they were in.³⁵⁰ To argue all they needed to do was

³⁴⁸ P. Quesnel, Doctor of Medicine, Memorandum to the Half-Breed Situation, Submitted at Lac La Biche, Alberta on the 19th day of August 1935, Alberta Department of Social Services and Community Health funds, 4.

³⁴⁹ Mary Percy Jackson, account of her time up north, Biography: 1949-1998, Mary Percy Jackson funds, 12.

³⁵⁰ P. Quesnel, Doctor of Medicine, Memorandum to the Half-Breed Situation, Submitted at Lac La Biche, Alberta on the 19th day of August 1935, Alberta Department of Social Services and Community Health funds, 4.

get jobs, secure food and shelter and give up sharing was simplistic and failed to recognize these things would be nearly impossible to achieve because as discussed earlier, racism and discrimination kept them from becoming full, equal members of the mainstream society, its economy and politics.

The Saskatchewan Metis Surveys describe the nutritional status of the children and whether or not those of school age had access to milk, which is important for 1) nerve and brain development; 2) building and maintaining strong healthy bones; 3) dental health; 4) energy level; and 5) preventing dehydration.³⁵¹ At Prince Albert, child nutrition was considered medium yet none of the thirty-four children had access to milk.³⁵² Nutrition of the Crescent Lake children was fair and about sixteen of the thirty school-aged children had no milk. It was also noted the children in this area were of good health but few had been immunized.³⁵³ The nutritional status of the nine children at Orkney was poor, and their health was noted as doubtful.³⁵⁴ In the Fox Farm area, child nutrition was fair and none had access to milk.³⁵⁵ Approximately twenty years later, the children were still experiencing dietary issues, such as not having enough food to eat or access to foods rich in vitamins and minerals. The Minutes from the Green Lake Conference illustrated how the lack and poor quality of food was physically impacting them:

There is a definite improvement over the last 10 years on their nutrition, but the diet is still sub-standard. Fruits are rarely consumed and milk is almost unknown except to babies. Their main beverage is tea; no special food for the babies, no vegetables except some potatoes, and cod liver oil is seldom used. Their stature is below normal as a result of malnutrition.³⁵⁶

Although there was no mention of whether or not these children were still getting meat or fish, it is apparent the quality and quantity of food was not sufficient for healthy development. This was also true at Pine Falls, where researchers found the “children existed largely on a diet of

³⁵¹ “5 Reasons your Child Should Drink Milk Everyday,” Womanitely, 2020, <https://womanitely.com/reasons-child-drink-milk/>.

³⁵² Metis Population Survey – Prince Albert, Fox Farm,” Box 6, R.933, File No. III.17, “Lestock Metis Survey,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

³⁵³ Metis Population Survey – Crescent Lake, Box 6, R.933, File No. III.19, “Lestock Metis Survey,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

³⁵⁴ Metis Population Survey – Orkney, Box 6, R.933, File No. III.19/20, “Lestock Metis Survey,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

³⁵⁵ Metis Population Survey – Prince Albert, Fox Farm, Department of Social Welfare. Rehabilitation Branch.

³⁵⁶ Minutes of Green Lake Conference, September 14-16, 1955, Department of Social Welfare. Rehabilitation Branch.

bannock, fish, and tea with sugar. The children were below normal in weight and height.”³⁵⁷ The lack of ample food is a direct result of the intergenerational cycle of poverty and poor health they were experiencing.

Principal L’Heureux of the Keg River School, acknowledged the lack of food was affecting the education of the children, “It is not enough to feed the minds of these children, but the bodies and souls have to be fed as well. We cannot teach these children properly and coax them to do their work when they are bodily starved or hungry.”³⁵⁸ Like others, such as Jackson and Quesnel, he too blamed the parents, explaining they “wasted [their money on]...liquor or gambling”³⁵⁹ and were incapable of changing or being helped. Jackson argued one reason families did not have enough food was because “...Family Allowances has given spending money for food which many of them try to make do for the entire cost of feeding the family. It is quite obvious that a child cannot be fed for \$5 a month, nor ten children for \$57 a month, however carefully the money is spent.”³⁶⁰ She further argued the diet of the children was compromised because instead of buying healthy foods, parents were wasting their money on things like “candy, soft drinks, chewing gum, and...expensive prepared foods”³⁶¹ leaving them no choice but to buy cheap carbohydrates, such as flour, sugar and macaroni.³⁶² Rather than blame the victim, Jackson should have examined how hunting restrictions and increased settlement affected their ability to maintain a country diet.

Those who blamed parents for the lack of food failed to acknowledge they were residing in poverty, restricting their ability to provide food. Furthermore, one needs to keep in mind location of residence also played a role. As mentioned, hunting and fishing in more northern regions was easier for residents compared to those in urban centres; and, their ability to acquire store bought goods was impeded by cost. In the north and rural areas, the price of groceries was largely inflated compared to metropolitan areas. Winnipeg and Norway House serve as useful examples. If one was shopping in Winnipeg, he would be able to purchase twenty-five percent more food than if he was purchasing the same goods at Norway House because:

³⁵⁷ NA “News Notes,” *Canadian Journal of Public Health* 50.4 (1959), 177.

³⁵⁸ Keg River, Metis School Study, 1960, 76.32/1, “Metis Development 1960,” Social Services and Community Health. Metis Development Branch, Alberta Provincial Archives, Edmonton, AB, 1-3.

³⁵⁹ Ibid.

³⁶⁰ Mary Percy Jackson, account of her time up north, Biography: 1949-1998, Mary Percy Jackson fonds, 10-11.

³⁶¹ Ibid.

³⁶² Ibid.

Potatoes sold for ten cents a pound compared to five cents a pound. Only two items sold for less. Dried beans were a cent lower, 16 cents compared to 17. Split peas were eight cents a pound lower, 15 compared to 23 in Winnipeg. On an average, meats were 36 percent higher in Norway House, vegetables, cereals and cereal products 26 percent, while dried fruits, jams and fruit juices sold at prices 30 percent above those in Winnipeg.³⁶³

Elevated food costs for those who had fixed incomes and relied on store bought goods, would mean most, particularly parents, would have to purchase quantity over quality. As a result, most of the foods purchased would be processed and of little nutritional value.

The inability to consume the vitamins and minerals necessary for good health left them compromised. When the immune system is weakened by lack of nutrients, one is more susceptible to “infectious diseases [such as TB] . . . food poisoning, intestinal diseases, and systemic infectious diseases.”³⁶⁴ A poor diet can result in various chronic ailments including diabetes; cardiovascular diseases such as heart disease or stroke; cancer, including colorectal or breast; osteoporosis and fractures; and lastly issues with teeth.³⁶⁵ The inability to maintain a country diet contributed to them experiencing elevated rates of health problems, including TB, high rate of infant mortality and dental issues. It can be argued the government is partially responsible for their inability to secure food by restricting their ability to hunt. It was also a method for the government to try persuade them into the urban environment where they would hopefully assimilate. However, failing to provide them a means to support their families, particularly the young the elderly, was inhumane, uncivilized and contributed to their poor health.

4. Education

Metis children were typically not granted the same access to education in comparison to the children of lii mood blaen. In the early 1900s, it can be said there were two educational systems in Canada, one for First Nations children and one for Euro Canadian children. Neither of

³⁶³ Social and Economic Research Office Manitoba, *A Study of the Population of Indian Ancestry*, 144.

³⁶⁴ Sedigheh Farhadi and Roman S. Ovchinnikov, “The relationship between nutrition and infectious diseases: a review,” *Biomedical and Biotechnology Research Journal* 2, no.3 July-Sept 2018, file:///C:/Users/maudvd81/Desktop/BiomedBiotechnolResJ23168-6437623_175256.pdf, 168.

³⁶⁵ World Health Organization, “Diet, Nutrition and the prevention of chronic diseases Report of the joint WHO/FAO expert consultation.” *WHO Technical Report Series* No. 916 (2002), <https://www.who.int/dietphysicalactivity/publications/trs916/summary/en/>

which were fully accepting of children who did not fit into one of these categories, such as those who were Metis. It can be argued they were purposely denied equal access to education because the various levels of government (federal, provincial, territorial, municipal) refused to provide funding and continually tried to offload their financial responsibility regarding Metis education. For instance, the federal government funded Indian Residential Schools, which were designed to “remove and isolate [First Nations] children from the influence of their homes, families, traditions, and cultures, and to assimilate them into [the] dominant culture.”³⁶⁶ Additionally, the Metis did not meet the criteria of the *Indian Act* so the government did not consider them ‘legal Indians’; thus, the federal government “...believed...the responsibility for educating...Metis people lay with provincial and territorial governments.”³⁶⁷ The federal government was concerned that if they accepted responsibility for “providing funding for the education of some children [referring to the Metis] for whom the provinces and territories were responsible, it would find itself having to take responsibility for the rest.”³⁶⁸ However, the various provincial and territorial governments “were reluctant to provide services to Metis people” and as a result they did not provide “schools in Metis communities, or work to see that Metis children were admitted and welcomed [and accepted] into the public school system.”³⁶⁹

A. Residential Schools

The refusal of government and society to accept responsibility for the Metis did not mean everyone was opposed to educating the children. Some pushed to provide the children an education; however, the education they proposed was not to be focused on academics. Prior to World War II, 1939, the federal government considered them an uncivilized and dangerous population which needed to be civilized and assimilated into the general population.³⁷⁰ As a result, the federal government allowed some Indian Residential Schools to accept Metis children. However, those involved with operating the schools were selective about which children could

³⁶⁶ Canadian Broadcasting Corporation, “Prime Minister Stephen Harper’s Statement of Apology,” CBC News 2008, <http://www.cbc.ca/news/canada/story/2008/06/11/pm-statement.html>.

³⁶⁷ Truth and Reconciliation Commission of Canada, *Canada’s Residential Schools: The Metis Experience*, 2015, http://nctr.ca/assets/reports/Final%20Reports/Volume_3_Métis_English_Web.pdf. 4.

³⁶⁸ *Ibid.*

³⁶⁹ *Ibid.*

³⁷⁰ *Ibid.*

attend. For instance, those living a First Nations lifestyle, “orphan[s] or illegitimate”³⁷¹ children, and those who physically resembled First Nations, such as having darker skin, were more likely to attend compared to those who came from families living a western lifestyle or those with fairer complexions.³⁷² When a child was admitted to a Residential School and the provincial or territorial government found out, they argued this was evidence the federal government was responsible for their education; and almost immediately, the federal government would order “Indian agents...[to] remove Metis students from...[the] schools.”³⁷³ Saving monies was more important to every level of government than the education of Metis children.

The goal of Residential Schools was to assimilate and civilize the children, not to provide them an education. Mindy Christianson, Inspector of Indian Agencies-Calgary, while being questioned by the Alberta Metis Commission explained the Metis were “ignorant [and]...just like wolves at the present time.”³⁷⁴ In order to civilize them, he said the girls “... would have to be taught sewing...and also [instructed]...in looking after and keeping house”³⁷⁵ and boys would need to be taught how to farm.³⁷⁶ Although the plan was to civilize and assimilate, the goal was never to make them equal to *lii mood blaan*. This is obvious when one examines what the children were taught. Teaching them only domestic and laboring skills, would ensure they remained an unskilled labour force, to be used and manipulated when need. Furthermore, it would ensure they posed no threat to Euro Canadians employment opportunities or economic ventures.

Bishop Breynat believed a different approach needed to be taken in response to the education situation. He argued most parents were “anxious to send their children to school” but were unable to because the Indian Residential Schools were close to capacity and could not accommodate their children without additional government funding.³⁷⁷ Interestingly though, when he was asked to provide his opinion about the value of providing their children an education, his response was “I don’t think he should be given too much education. Too much is

³⁷¹ Tricia Logan, *The Lost Generation: The Silent Métis of the Residential School System* (Manitoba: Southwest Region, Manitoba Métis Federation, 2001), 13.

³⁷² *Ibid.*, 13.

³⁷³ Truth and Reconciliation Commission of Canada, *Canada’s Residential Schools*, 4.

³⁷⁴ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314-James Brady fonds. Item: iw-glen-341, James Brady fonds, 84.

³⁷⁵ *Ibid.*

³⁷⁶ *Ibid.*

³⁷⁷ *Ibid.*, 57.

bad for some of them. He needs a little help – I think just until they are 13 or 14 years old...”³⁷⁸ One could argue Breynat had an ulterior motive for wanting them to attend school, particularly Catholic Indian Residential Schools, which was to ensure the schools operated by the Catholic Church continued to receive the most funding possible from the federal government.

The children who attended Residential School were not put into an optimal learning atmosphere; instead they were placed in a hostile, racist and discriminatory environment.³⁷⁹ Some experienced bullying by the First Nations students because of their ‘mixed’ ancestry. Raphael Ironstand remembered an incident when some Cree students called him Monias³⁸⁰ and “kicked, punched, bitten, and...[pulled his] hair...out by the roots.”³⁸¹ Tillie Blondeau, who attended the Qu’Appelle school in Saskatchewan recalled not fitting in because “the Metis were different, we were outsiders. I didn’t like it there.”³⁸² Another former student described how the nuns “...were hard on the Metis people and...called us names [like]...“Indians” and “bannock-eaters.” They also said we were just drunkards and not worth anything. That’s the way we were treated when I was going to school.”³⁸³ Ultimately, the racism and discrimination these students and others experienced at Residential Schools affected their mental and emotional wellbeing, and in cases when it involved violence, their physical health was also impacted.

Students were provided the bare minimum in regard to food, clothing and shelter while at these schools. Shore and Barkwell explain hunger was a reality for all students at these schools because they did not receive enough food and what they did get was “of poor quality and monotonously the same.”³⁸⁴ At one school it was found that “28% of the girls and 69% of the boys...[were] underweight.”³⁸⁵ In some cases, hunger led students to violence; one student remembered students being so hungry they would physically fight with one another for table scraps, such as the orange peelings or the toast crusts the priests and nuns had discarded.³⁸⁶

³⁷⁸ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314-James Brady fonds. Item: iw-glen-341, James Brady fonds, 68.

³⁷⁹ Many students were abused sexually, physically, mentally and emotionally while attending residential school.

³⁸⁰ Monias is Cree for ‘white man.’ Some Metis also use this word.

³⁸¹ Truth and Reconciliation Commission of Canada, *Canada’s Residential Schools*, 52.

³⁸² Larry N. Chartrand, Tricia E. Logan and Judy D. Daniels, *Metis History and Experience and Residential Schools in Canada* (Canada: Aboriginal Healing Foundation, 2006), 78.

³⁸³ Eugene Desjarlais in Fred J. Shore and Lawrence J. Barkwell, *Past Reflects the Present: The Metis Elders’ Conference*, 142.

³⁸⁴ Barkwell and Shore, *Past Reflects the Present*, 153.

³⁸⁵ John S. Milloy, *A National Crime: The Canadian Government and the Residential School System* (Winnipeg, MB: University of Manitoba Press, 2017), 110.

³⁸⁶ Truth and Reconciliation Commission of Canada, *Canada’s Residential Schools*, 48.

Starvation led students to eat whatever “they could find...[including rabbits,] cats and wheat.”³⁸⁷ Although the goal was never to educate the children, the small amount the children were being taught would be harder for them to comprehend because insufficient nutrition affects cognition, mental concentration, perception, intuition, reasoning, and intelligence levels.³⁸⁸ In addition to their brain function being put at risk, their overall health could also be affected. Denying children access to adequate quantities of nutritious foods would weaken their immune systems, making them more susceptible to contracting diseases, such as TB and influenza, both of which were problematic at Residential Schools.

It can be argued Residential Schools were prime locations for diseases to flourish because, as mentioned, children had weakened immune systems from lack of food. This, in combination with poor ventilation and overcrowding, meant the schools were perfect places for infectious disease transmission. Dr. Ferguson, General Superintendent of the Saskatchewan Anti-Tuberculosis League, studied rates of TB among children attending boarding school. The study included 392 children, of which 210 were First Nations and the other 182 were “known to have, or by appearance seemed to have, a cross of white blood.”³⁸⁹ It was found “Active lung disease [referring to active TB] was more frequent among the crosses – 10.6% as against 4.2% of the pure bloods. Inactive lung disease was more frequent among the full-blooded Indians, being 15% as against 9.5%.”³⁹⁰ Although Ferguson did not explain why the figures were different between First Nations and ‘crosses’, one possibility is the First Nations children received rations and some form of healthcare prior to attending school, or while at school, which would explain why more of the First Nations children had inactive TB.

When a child became sick at Residential School, seldom was appropriate care provided. Often, school staff were called upon to tend to sick or injured children, not qualified physicians or nurses. In the event a licensed doctor was called, it did not necessarily mean the child would receive adequate care. A former student recalled a classmate by the name of Joe Glasgow

³⁸⁷ Milloy, *A National Crime*, 109

³⁸⁸ Emily M. Tanner and Matia Finn-Stevenson, “Nutrition and Brain Development: Social Policy Implications,” *American Journal of Orthopsychiatry* 72, no. 2 (2002); Janet Bryan, et al. “Nutrients for Cognitive Development in School-aged Children,” *Nutrition Reviews* 62, no.8 (August 2004); J. Dani, C. Burrill and B. Demmig-Adams, “The remarkable role of nutrition in learning and behaviour,” *Nutrition & Food Science* 35, no.4 (2005): <https://doi-org.berlioz.brandonu.ca/10.1108/00346650510605658>

³⁸⁹ R.G. Ferguson, “Tuberculosis among the Indians of the Great Canadian Plains” *In Trans. Fourteenth Annual Conference of the National Association for the Prevention of Tuberculosis* (London: Adlard & Son, Ltd., 1928), 23-24.

³⁹⁰ *Ibid.*

stepping on a nail and becoming sick soon afterwards. The staff contacted a local doctor, who was known as a ‘drunk’, but he failed to show up in a timely manner. Glasgow died two days later, and it was not until after he passed away, the doctor showed up.³⁹¹ It is possible Glasgow’s life may have been saved if medical care had been provided in a timely manner. Furthermore, it can be argued, if Glasgow was a non-Aboriginal child attending a mainstream provincial school, there would not have been any delay.

When a child was placed in the infirmary, he was often exposed to an environment not conducive to helping one regain health. At one Alberta school, a young girl who was ill was placed in the school’s infirmary in a “...bed that is filthy, in a room that is untidy, dirty and dilapidated...with no provision of balcony, sunshine or fresh air.”³⁹² When children required more advance treatment, such as surgery, one might assume the child was taken to a hospital, however this seldom happened. At some schools, not only were surgeries done without parental consent, but the “children were laid out on tables [at the school], and...[the doctor] removed glands, teeth, adenoids, and tonsils.”³⁹³ Evidently, those in charge of the schools, including the federal government and the various churches, viewed the children as disposable and made little to no effort to provide appropriate humane care.

Residential Schools were never intended to educate children, but instead were facilities designed to assimilate them into the dominant culture. Government officials and school staff viewed the children as disposable, which is why they were continually mistreated and abused. Removing children from their homes and placing them into facilities where they were exposed to things such as racism, violence, abuse, disease and neglect affected their mental, physical, emotional and spiritual health. Everything they were provided at these schools, such as food or medical treatment, was substandard and cost children their lives. Many of the children came from families experiencing dire poverty and inadequate housing, yet their health and well-being was better and they safer with their families because the Residential Schools were an ideal environment for one’s health to decline and diseases to flourish. The government, Churches and the dominant population, all of whom turned a blind eye to what was happening, are responsible for what occurred in this so-called school system that lasted for well over a century.

³⁹¹ Truth and Reconciliation Commission of Canada, *Canada’s Residential Schools*, 11-12.

³⁹² Milloy, *A National Crime*, 100.

³⁹³ *Ibid.*

B. Provincial Schools

Metis children who attended provincial schools also encountered problems and were never provided the same access to education as other children. A prime example is Alberta, when in the early 1930s, it was estimated “80 per cent of the half-breed children in...Alberta received no education whatever.”³⁹⁴ In 1937, the federal government implemented policies making the provincial and territorial governments responsible for Metis education.³⁹⁵ Although these two levels of government’s became responsible for funding their education, things did not improve, and racism and discrimination continued to be an ongoing issue. To understand the depth of racism on the prairies, the Black experience with education and racism in Saskatchewan serves as a useful example. When Blacks settled the vicinity of Maidstone, SK, around 1910, they had about twenty-five to thirty children needing to attend school. However, they had two concerns with the local mainstream school: 1) racism; and 2) the children had to cross a creek, which someone had already fallen in and drowned, to get to and from school.

A solution, they felt, would be to establish their own school district with a school that would be available for all children within the district, no matter what ‘colour’ they happened to be. They completed and submitted the required application to the Eldon Council only to find they were denied each time.³⁹⁶ Eventually W.H. Magee, a school inspector for the Department of Education was sent to investigate the situation and found when they designed their plan for a new school district, they included some “white farms within its boundaries.”³⁹⁷ This was why their applications were repeatedly denied, because as Shepard explains “The idea seems to have been that when the black settlers became desperate enough for a school they would themselves submit a plan for an all black district, or at least agree to a segregated one, and the problem would be solved.”³⁹⁸ Magee submitted his findings to the A.H. Ball, Deputy Minister of the Department of Education, and “black settlers...had reason to be optimistic...[because the Department] had apparently taken their side in the dispute.”³⁹⁹ However, the people of Eldon

³⁹⁴ Ewing, Douglas and Braithwaite, *Report of the Royal Commission*, 7.

³⁹⁵ Truth and Reconciliation Commission of Canada, *Canada’s Residential Schools*, 41.

³⁹⁶ Bruce R. Shepard, “The Little “White” Schoolhouse: Racism in a Saskatchewan Rural School,” *Saskatchewan History* XXXIX.3 (Autumn 1986): 83.

³⁹⁷ *Ibid.*, 85.

³⁹⁸ *Ibid.*, 86.

³⁹⁹ Shepard, “The Little “White” Schoolhouse,” 83.

refused to accept a Black school division if it contained any farms owned by mood blaen within its boundaries. Ultimately what happened was “instead of confronting this racism, and enforcing legislation, the civil servants of the Department of Education, retreated to an apparent compromise which not only legitimized the [Eldon] council’s plan, but added more black children to the segregated school.”⁴⁰⁰

There is no mention of Metis trying to establish their own school or school district. If they had attempted to do so, they likely would have face a number of difficulties. As discussed, they were a socially-politically-economically marginalized group and as a result many lived in shacks on road allowances or in fringe communities; some were transient; poverty was a reality because they had difficulties finding long term well-paying employment; many would not have extra monies to contribute to a school; and racism and discrimination were ongoing issues. They were also scattered throughout the three prairie provinces and in some locations the population would not warrant a school because there were not enough children for one. In addition to these issues was the fact most of the farms and lands were owned by mood blaen. This would have made it nearly impossible to design a school district without including properties owned by the dominant settler population within its boundaries. And, these land owners, particularly those with children, would have opposed to a Metis school and district because: 1) a Metis school could attract others to the area; and 2) they would not want their offspring sharing a classroom with Metis children. In fact, society did not want their children attending school with any non-mood blaen or the ‘wrong’ mood blaen. For example, in northern Manitoba there were schools attended by the “Indians, half-breeds, and whites accustomed to northern life styles, [and] all children attended the same schools.”⁴⁰¹ When lii mood blaen from the south began moving north with their children, “They brought with them elements of racism and feelings of superiority.”⁴⁰² They used their presumed superiority to exclude all Aboriginal children from the schools segregating them for Euro Canadian students. So, although the Blacks managed to get a school, albeit a segregated one, for their children; it can still be argued they had better access to

⁴⁰⁰ Shepard, “The Little “White” Schoolhouse,” 87.

⁴⁰¹ D.B. Sealey, “Education of the Manitoba Metis,” in *The Other Natives: the-les Metis Vol. 3*, eds. Lussier, Antoine S., Donald Bruce Sealey, and Ted J. Brassier (Winnipeg: Manitoba Métis Federation Press: Editions Bois-Brules, 1978), 21.

⁴⁰² Ibid.

education than the Metis, whose options were limited to: 1) racist mainstream schools, 2) Indian Residential Schools, or 3) not sending their children to school at all.

In some locations, rather than admit they did not want Metis children in the schools, school officials, staff and community members would argue the children were diseased and posed a threat to the health of their classmates. In 1941, J.R. Martin, Saskatchewan Superintendent of Schools commented “Metis children in one community had such severe health problems that if the government forced them to attend school, “the other children would walk out and refuse”⁴⁰³ to go back inside. Laurie Barron explained if parents provided legitimate medical documentation showing their children were healthy and disease free, school officials could, and did, prevent the children from attending school. For example, if a parent could prove his child posed no health risk to the other students, school administrators would find something else they considered unacceptable or inferior, such as their living conditions, to prevent the child from attending. Furthermore, Barron argued the reasons the children were denied an education was not because they were a health risk to others, or because their living conditions were substandard; they were denied solely because they were Metis.⁴⁰⁴ Society did not want their children exposed to minorities and would do everything possible, including lying, to keep their schools segregated.

When a child attended school and had a legitimate health concern, the situation was inflated to show they were a threat to their non-Metis peers. This is exactly what happened in 1951 at Rooster Town, a road allowance community near Winnipeg. The children were allowed to attend the local schools but some of the children went to school with impetigo, a highly infectious treatable skin disease. The local media found out and reported, “Whatever you do...don’t touch the Rooster Town children. You might get a skin disease.”⁴⁰⁵ One must question if the situation was reversed and a Euro Canadian child had impetigo, if it would have made the newspaper or if the situation would have been dealt with at the school level. The racist attitudes of those who prevented the children from attending school or argued they were diseased without recognizing the underlying reasons why, dehumanized, degraded and humiliated these children,

⁴⁰³ Saskatchewan Archives Board Education File, Add 2 file #48; Correspondence, Re: Metis, Saskatoon, University of Saskatchewan, quoted in Logan, “We Were Outsiders,” 68. As cited in Truth and Reconciliation Commission of Canada, *Canada’s Residential Schools*, 42.

⁴⁰⁴ Barron, *Walking in Indian Moccasins*, 23.

⁴⁰⁵ “Heard of Rooster Town? It’s Our Last Suburb,” *Winnipeg Tribune* as cited in Barkwell, “Rooster Town.”

their families and contributed to their poor health and prevented the children from receiving an education.

Racism was so prevalent, many schools refused to accept their children as students. In close proximity to one community in western Manitoba, there was approximately twenty-five families residing nearby and,

...there were no school facilities whatever, as the nearest white school would not accept these children. Classes are now held in the church [for them]. The present enrollment is 42, the children coming from a radius of five miles. The classroom is much too small for the needs of the community and there are at least 25 other children who receive no schooling whatever. There are several pupils, aged 12-15 years who have just started in Grade One.⁴⁰⁶

Peter Tompkins Sr., one of the leaders in the 1920s movement to “address challenges facing the Metis in Alberta including poverty, disease, illiteracy, and the lack of a common land base,”⁴⁰⁷ argued for separate schools. He explained when the children attended public school:

“...[they] were ridiculed and made fun of by the white children, made fun of and called Indian and generally ridiculed. The natives cannot stand ridicule either, any more than the white people, [and] they immediately...[develop] a hatred for going to school and everything in connection with it.”⁴⁰⁸

Joseph Dechene, a Liberal MLA for St. Albert, AB and Bishop Braithwaite made similar comments during questioning for the Ewing Commission, as the former stated, if they “went to the white schools the white children would say “You are nothing but a breed” and then the children would refuse to go because they were scorned.”⁴⁰⁹ Enid Villeneuve who attended school in Saskatchewan in the 1940s fell victim to racism while attending school, “We were often called Indians. Sometimes we were called halfbreeds and they made it sound so dirty...I didn’t like being called a halfbreed...”⁴¹⁰ Although it was acknowledge a segregated school might reduce the racism the children were experiencing, nobody offered to take responsibility and fund a Metis school, leaving the children in an environment where they were exposed to racism. This in

⁴⁰⁶ Canadian Association of Social Workers: Manitoba Branch, *The Metis in Manitoba*, 22.

⁴⁰⁷ Alberta Regional Professional Development Consortium, “Metis in Alberta Part 2: Governance and Settlements,” accessed May 03, 2019, <http://empoweringthespirit.ca/wp-content/uploads/2017/08/Métis-in-Alberta-Part-2-Governance-and-Settlements-Sept-2017.pdf>, 3.

⁴⁰⁸ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, February 25, 1935, Fonds glen-314, Item iw-glen-340, James Brady fonds, 77.

⁴⁰⁹ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314- James Brady fonds. Item: iw-glen-341, James Brady fonds, 36.

⁴¹⁰ Marlene Millar, *Meadow Lake Metis Elders* (Meadow Lake, SK: Rapid View Lions Club, 2011?), 140.

turn would not only impact their ability to learn and enjoy knowledge, but the constant ridicule would negatively impact their mental and emotional health.

School attendance was an ongoing issue and the problem was linked to place of residence. Christianson explained children raised on homesteads, with parents who farmed and ranched, did attend school and were not troublemakers.⁴¹¹ He is partially correct, children residing in permanent homes did attend school more often than those who resided on road allowances or moved frequently, but this does not mean the situation was ideal. For example, the children Christianson was speaking of were still not provided an education that was equal to the one mainstream children were provided. Irvin Beaudry recalls his experience attending school near Meadow Lake, SK,

We went to St Cyr School and when I got kicked out...I went to Grey Owl. ... There is {sic} no one-room schoolhouses anymore like there was at St Cyr. There wasn't even a teacher at the Grey Owl School. It was a correspondence school with about fifteen students taking different grades. We always had someone to supervise us though they weren't qualified teachers.⁴¹²

Christianson also failed to mention whether the children were exposed to racism and discrimination. In fact, he was a racist and this is obvious when he described those living on road allowances as just “camping around some country town, and...are a disgrace to us all. They are just breeding criminals and disease...”⁴¹³ He makes it appear as though road allowance children had the same opportunities as the children residing on homesteads, which is incorrect. As previously mentioned, road allowance children typically were not allowed to attend school because their parents did not pay municipal taxes; whereas others were prevented from attending because of the racist and discriminatory attitudes of community members, teachers and school administrators, all of whom were predominately Caucasian.

The rural municipality [RM] #247 Lestock, SK, was home to a rather large population of road allowance Metis. In total there was thirty-seven families consisting of 192 people. At Little Chicago, a road allowance community located five miles west of Lestock, there were fifteen families consisting of ninety-eight people. A mile further west of this, seven families consisting

⁴¹¹ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314-James Brady fonds. Item: iw-glen-341, James Brady fonds, 79.

⁴¹² Millar, *Meadow Lake Metis Elders*, 6.

⁴¹³ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314-James Brady fonds. Item: iw-glen-341, James Brady fonds, 79.

of thirty-five peoples squatting near the Catholic Mission School. Four miles north of Lestock were three families (fifteen peoples) and at the Lestock Village there were seven families, consisting of thirty-five persons. Along Highway 15, was a family of four living at Leross Village and a family of five residing at Kelliher village.⁴¹⁴ In a Government of Saskatchewan, department memo, it acknowledges there was an issue with education among those “concentrated in the community of Metis squatting on a stretch of road allowance commencing a mile south of Lestock and extending 7 miles west. The main concentration ...is known as Little Chicago.”⁴¹⁵ A survey of this community found “only a mere handful of persons, either children or adults in the whole community...[could] read or write.”⁴¹⁶ This would make sense when considering there were twenty-six school-aged children residing at, or near, Little Chicago, of which only about three attended school. Even more problematic was there was twenty-three children that had yet to reach school age.⁴¹⁷ The inability to read or write was an issue affecting at least two generations.

The reasons the children at Little Chicago did not attend school included distance, overcrowding and age of the children. Many of the children resided “between 5 and 8 miles from [the] Lestock Village School”⁴¹⁸, which would have been too far to walk, particularly in the winter months. Also, the Lestock Village School was at capacity meaning it was not a viable option.⁴¹⁹ One solution mentioned for the twenty-three children who had yet to reach school age was to have them attend the Virag and Popular Peak schools, both of which were “4 miles...from most of the families.”⁴²⁰ meaning the children would need to “walk or take a horse.”⁴²¹ However, there were some problems with this idea: 1) how would the children get to school safely in the winter; 2) there was no guarantee either school would have space; 3) it was possible the schools would not accept the students because they were not white; and 4) if schools were forced to accept the children, could the government ensure the children would not be exposed to racism. The best option would have been to construct a school; however, because these impoverished

⁴¹⁴ Department Memo from S.H. Morrison, Social Welfare Officer, Government of Saskatchewan to K. Forster, Director of Social Aid, Regina, Report on Metis Survey in R.M. 247, 248, 277, & 278. September 5, 1945, Department of Social Welfare. Rehabilitation Branch, 1-5.

⁴¹⁵ Ibid., 1-3.

⁴¹⁶ Ibid., 6-10.

⁴¹⁷ Ibid.

⁴¹⁸ Ibid.

⁴¹⁹ Ibid.

⁴²⁰ Ibid.

⁴²¹ Ibid., 2.

families could not afford to pay taxes, their children were denied an education, limiting their ability to break the generational cycle of poverty that plagued many families.

The children of Little Chicago and the surrounding area were significantly behind other children in terms of academics because they did not attend school. This was a concern because “the social handicap of fourteen years old Metis children being in the same grade with 6 year old whites would perhaps be insurmountable.”⁴²² However, one could argue that at this point in time there were a number of one room school houses scattered throughout the prairies, educating children of all ages. Therefore, it should have been possible to educate the children and youth regardless of their age. In regard to this situation, S.H. Morrison, Social Welfare Officer, sent a memo to K. Forster, Director of Social Aid, explaining, “I think we are forced to the conclusion that no existing school can serve the great majority of these [Metis] families, with the possible exception of the school that is being set up by the Department of Education at Touchwood Siding.”⁴²³ The problems with this recommendation was Touchwood Siding was approximately 15 kms further away than the schools at Virag and Popular Peak, meaning families, most of whom were living on road allowances, would need to relocate if they wanted their children to be educated. Another issue was the population of Little Chicago fluctuated and more families were “moving in rather than leaving.”⁴²⁴ Residents were not opposed to a new school in the area, in fact the Metis were “eager for a school”⁴²⁵; and, in general, the dominant population were in “favour...of a Metis school.”⁴²⁶ It is obvious the Metis wanted a school so their children could be educated; whereas the mainstream population had ulterior motives for support the creation of a segregated school, including their children would not have to attend school with them and constructing a school at Touchwood Hills would encourage those with school-aged children to relocate.

The children residing north of Lestock attended the Marlow School, which was approximately three to four miles away. There was no issue with the children attending, according to Harry Poling, Chairman of Marlow School, but their attendance was “not very

⁴²² Department Memo from S.H. Morrison, Social Welfare Officer, Government of Saskatchewan to K. Forster, Director of Social Aid, Regina, Report on Metis Survey in R.M. 247, 248, 277, & 278. September 5, 1945, Department of Social Welfare. Rehabilitation Branch, 6-10.

⁴²³ Ibid.

⁴²³ Ibid.

⁴²⁴ Ibid.

⁴²⁵ Ibid.

⁴²⁶ Ibid.

regular.”⁴²⁷ The children from Leross Village and Kelliher Village were “encouraged to attend Touchwood Hills School and few if any...[were] more than 2 ½ miles from it.”⁴²⁸ At the neighbouring municipality of Touchwood (RM #248), five families (twenty-five people) resided just south of Punnichy, on the road allowance near the Gordon reserve.⁴²⁹ The children from three of these families were transported to the local school at Punnichy by van, whereas the children from the other two families received no education.⁴³⁰ West of Punnichy, were five families (twenty-five people) scattered in the vicinity of Quintin but no mention of whether the children attended school.⁴³¹ Fifteen resided at Touchwood Siding and they were to have “access to a school which...[was] being established by the Department of Education for the workers at the coal dock there and others.”⁴³² In a letter to N.C. Moir, Superintendent of Schools, Morrison explained the children at “Touchwood Hills S.E. are...encouraged to go to school. One family is suspected of being diseased and a doctor’s certificate is being required before admittance is granted.”⁴³³ It is difficult to say if in fact the child in question was legitimately ill or if the school was using this as a means to prevent the child from attending. Also, one must question why officials were considering a school at Touchwood Siding when, as mentioned, their population was larger at Little Chicago in the neighboring municipality.

Some of children who resided near Lebret attended the Indian Residential School and others went to the local school where they apparently were “accepted in the school without prejudice”⁴³⁴ and on average reached grade six.⁴³⁵ In the neighbouring community of Fort Qu’Appelle, the principal explained there were too “many children, [and] not enough room. The Metis children are too slow [and we have] insufficient time to give [them] proper attention.”⁴³⁶ On July 29, 1943, Reverend Duplain and E.J. Brant, Superintendent of Schools, travelled

⁴²⁷ Department Memo from S.H. Morrison, Social Welfare Officer, Government of Saskatchewan to K. Forster, Director of Social Aid, Regina, Report on Metis Survey in R.M. 247, 248, 277, & 278. September 5, 1945, Department of Social Welfare. Rehabilitation Branch, 1-5.

⁴²⁸ Ibid., 1-3.

⁴²⁹ Ibid., 1-5.

⁴³⁰ Ibid., 1-3.

⁴³¹ Ibid., 1-5.

⁴³² Ibid., 1-3.

⁴³³ Correspondence from S.H. Morrison to N.C. Moir, Supt. Of Schools, Govan, SK, August 29, 1945, Box 6, R.933, File No. III.II, “Lebret Metis Survey,” Department of Social Welfare. Rehabilitation Branch, Department, Provincial Archives of Saskatchewan, Regina, SK.

⁴³⁴ Summary of Interviews in R.M. 187 (Lestock), Department of Social Welfare. Rehabilitation Branch

⁴³⁵ Ibid.

⁴³⁶ Summary of Interviews in R.M. 187 (Lestock), Department of Social Welfare. Rehabilitation Branch.

through the Qu'Appelle Valley to visit families and talk to them about their children not attending school. At one home, there were four children between the ages of seven- and 18-years of age and not one had ever attended school. Another woman, her husband was enlisted in the army, lived approximately four-and-a-half miles from the closest school, which was too great a distant for her seven-year-old to travel. She also had three children not of school age who most likely would not attend school either because of the distance. One man who lived four-and-a-half miles from school had eight children ranging in age from two to sixteen years, of which only three children attended school, and they only attended part-time.⁴³⁷ Duplain and Brant spoke with upwards of a dozen families and all were similar, most lived on road allowances and it was too far for their children to attend school.

Duplain and Brant found there were a number of reasons for the lack of school enrollment and attendance. Metis parents “lack[ed] means of conveyance [and] claim...the present schools are too far.”⁴³⁸ Some parents said they were told, most likely by local school officials and lii mood blaen in the area, their children were not welcome at the schools and not to send them. This was probably true because, as the men found out, “[Metis] children are not wanted in the Tipperary School, Kenlis School and Pheasant Plains School.”⁴³⁹ In fact, parents said they would stop sending their children to school if Metis children were allowed to attend.⁴⁴⁰ The men admitted this was “a very narrow and bigoted attitude,” and said the people were justified because when “we examine the matter more closely from the point of view of health and cleanliness”⁴⁴¹ the parents had a valid point. Saying the children were unclean was an excuse, not a valid reason to deny them an education. Most schools had access to water and they could have asked the children wash their hands and faces if needed. The men did not specifically say what was wrong with the health of the children, but if they had an infectious disease or another medical condition, some sort of medical assistance should have been offered. It is doubtful, the Superintendent of Schools and the Reverend, followed up on these claims or offered any form of

⁴³⁷ E.J. Brant, Supt. Of Schools. Government of the Province, Department of Education: Special Report [Balcarres, SK, Jul 30, 1943] – To Dr. J.H. McKechnie, Deputy Minister of Education, Regina, SK, Box 6, R.933, File 12a, Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

⁴³⁸ Ibid.

⁴³⁹ Ibid.

⁴⁴⁰ Ibid.

⁴⁴¹ Ibid.

aide to the children or their families; instead, they supported the bigots in their quest to keep the children out of the local school.

In the municipality of Willow Bunch (RM #42), there were seventy Metis families and all the children had access to school, yet attendance was still an issue. At Willow Bunch only 34.4% of the children were attending school and at St. Victor's the number dropped to about 15%.⁴⁴² Although so few children attended school, the survey does not indicate why there was an issue with attendance. Interestingly, those residing in the RM of Emerald (#278), were considered less troublesome in comparison to those living at other municipalities. There were roughly ten to twenty families and it was reported they had little First Nations blood and the surveyor linked this to the fact they were well-off compared to those residing on the road allowance because they farmed and paid taxes.⁴⁴³ Apparently, if one decided to work, they automatically became more civilized. However, there is no information about whether or not *lii mood blaen* in the area accepted and viewed these families as equals or maintained the same racist opinions of the majority.

The Crooked Lake Survey covered the RM of Grayson (RM #183). In 1948, in the District of Marieval, there were twenty-two families, all of whom were "squatting on the north bank of the valley on the road allowance and in the hills."⁴⁴⁴ Among the twenty-two families were fifty children consisting of thirty-five who were of school age and fifteen who were too young to attend.⁴⁴⁵ In a letter from D.E. Chalmers, Director of Public Assistance to J.S. White, Deputy Minister, dated November 13, 1950, in regard to a proposed school for Crooked Lake, Chalmers explained:

The nearest school is approximately seven miles away which is well outside the 3 ½ mile limit for compulsory schooling. As a result, the Catholic Church built a one-room log and mud structure several years ago and have been endeavoring to

⁴⁴² Metis Population Survey, Willow Bunch No. 42. April 15, 1946, Box 6, R.933, File No. III.16, "Lestock Metis Survey," Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

⁴⁴³ Department Memo from S.H. Morrison, Social Welfare Officer, Government of Saskatchewan to K. Forster, Director of Social Aid, Regina, Report on Metis Survey in R.M. 247, 248, 277, & 278. September 5, 1945, Department of Social Welfare. Rehabilitation Branch, 1-5.

⁴⁴⁴ From D.E. Chalmers, Director Public Assistance to J.S. White, Deputy Minister, Nov 13, 1950. Proposed School for Crooked Lake, Box 6, Accession No. R.85-308, Collection R.933, File. III.25a, "Crooked Lake Report," Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

⁴⁴⁵ Ibid.; Report on the Marieval District, January 7, 1948, Box 6, Accession No. R.85-308, Collection R.933, File. III.25a, "Crooked Lake Report," Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

educate these people. This structure will accommodate 15 children and as there are 37 enrolled.⁴⁴⁶

It is obvious this school was too small for all children to attend, meaning most would not be educated. This would result with the children following in the footsteps of their parents in regard to education. Ten families, consisting of twenty-one adults, twenty school aged children and six children too young for school were questioned about their educational attainment and among the heads of family “7 had no education, 1 had grade VIII, 1 grade IV.”⁴⁴⁷ It is difficult to say why these heads of family did not complete school, whether it was a personal choice, family obligations, limited access, or racism and discrimination; and whatever the reason, their children would also experience issues with education.

In the letter to White, Chalmers failed to mention the Catholic Church that constructed the log school house also operated the Indian Residential School.⁴⁴⁸ Although this may not have been important to those in positions of authorities, it is important to recognize the goal of Residential School was never to educate the children but, as mentioned previously, was to Christianize and assimilate the children into mainstream society, which are probably the primary reasons the Church was involved with the education of Metis children. Chalmers also told White “it is evident that the facilities are entirely inadequate”⁴⁴⁹ and it is possible he was not only speaking about the size of the school. In 1952, Forster informed K. Crittal, Local Secretary of the Crooked Lake School, the school was in need of “Washing facilities...[including] basins, stand, soap dispenser, paper towels, and a pail for waste water to be provided. Dustbane or some sweeping compound to be used on floors when sweeping. A first aid kit to be provided and toilet tissue to be provided for the toilets.”⁴⁵⁰ It is interesting the school failed to have these items, particularly for the children that were so often labelled unclean. One would assume the school would take this opportunity to teach the children how to maintain a standard of cleanliness. However, what most likely what happened was those in charge refused to provide

⁴⁴⁶ Report on the Marieval District, January 7, 1948, Department of Social Welfare. Rehabilitation Branch.

⁴⁴⁷ Ibid.

⁴⁴⁸ Ibid.

⁴⁴⁹ The log school house was built 9 years earlier. From D.E. Chalmers, Director Public Assistance to J.S. White, Deputy Minister, Nov 13, 1950. Proposed School for Crooked Lake, Department of Social Welfare. Rehabilitation Branch.

⁴⁵⁰ From K. Forster, Director, Rehabilitation Branch to K. Criddle, Jun 25, 1952, Box 6, Accession No. R.85-308, Collection R.933, III.25c, “Crooked Lake Report,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

the basic necessities for the students solely because they were Metis; thus showing their lack of concern for the children, their health and their overall well-being.

The education situation in the vicinity of Crescent Lake⁴⁵¹ produced similar results to the Lestock Survey. School attendance was nearly non-existent. When examining how many children between the ages of six and fifteen years had access to school it is obvious there was a major problem: at Crescent Lake there were thirty children, of which, none were attending school; and of the twenty children living at Saltcoats, four had no access to a school; none of the twenty-two children at Cana were attending school; and at Orkney, there were seven children without access.⁴⁵² In these municipalities, not only were children not attending elementary school, there was not one adolescent attending high school.⁴⁵³ The most likely reason teenagers were not attending high school was because they had not attended elementary school or they had to work to help support their families. Whatever the reason, the lack of education, in combination with racism, would keep them and future generations in a cycle of poverty and poor health.

Interestingly, in the Canwood region, school attendance was quite good. For example, at Victoire, children “attend quite frequently” and it was noted they were “above average ability [and had]...no difficulty and get along well with other pupils.”⁴⁵⁴ Pascal, North Central, Pratt’s Lake, North Hawkeye, Mont Nebo, South Sandy Lake, Park Valley, and Algrove all reported attendance was fine and more surprisingly, most of these locations stated the children were no different in regard to other children in terms of intelligence and they were getting along well with the non-Aboriginal children.⁴⁵⁵ The only concern mentioned in regard to Metis students was their inability to afford school supplies and textbooks.⁴⁵⁶

As mentioned, attendance in the Canwood region was much better than in other regions and one might think this was because parents wanted their children to be educated in the western sense; however, this is not correct. Officials in the region used family allowance cheques as a means to force parents to make their children attend to school. If the children failed to attend, parents would not receive a cheque and there was a reason officials were forcing parents to send

⁴⁵¹ The Crescent Lake Survey included the municipalities: 213 Saltcoats, 214 Cana, 243 Wallace and 244 Orkney.

⁴⁵² Metis Population Survey – Orkney, Department of Social Welfare. Rehabilitation Branch.

⁴⁵³ Ibid.

⁴⁵⁴ Department of Social Welfare. Rehabilitation Branch, “Metis Study: Community Data – Pascal, SK, Jun 29, 1955,” Provincial Archives of Saskatchewan, Regina, SK.

⁴⁵⁵ Analysis of Survey of Metis Living in Rural Municipality No. 494 Canwood, Nov 21, 1955, Department of Social Welfare. Rehabilitation Branch.

⁴⁵⁶ Ibid.

their children to school. In 1956, the Rehabilitation Branch of the Saskatchewan Government “met with the municipal council to discuss the Metis situation in the R.M. [of Canwood].”⁴⁵⁷ At this meeting, Forster, Director of the Rehabilitation Branch:

...pointed out the possibilities for training of younger members under Federal-Provincial vocational training schemes and how application could be made for training through employment offices. It was agreed that the Family Allowance plan was keeping more children in school and this gave encouragement to the possibilities of children being able to accept further training which would ultimately place them in employment *away* [emphasis added] from the Metis communities.⁴⁵⁸

Although Forster’s plan may seem like it would benefit them, the underlying goal was to break up their communities and assimilate them into mainstream society, ridding society of the so-called ‘problem’. Also, Forster assumed when they completed vocational training, they would be able to find apprenticeship positions. This most likely would not have happened because of racism and discrimination, and they would continue to be employed as unskilled labour.

The idea of using family allowance to promote attendance was also brought up in Alberta. Raymond Brubaker, teacher, in a letter to the Department of Education, supported the idea of withholding family allowance if a child did not attend school and expressed his ideas for how to improve education among them. He argued the primary reasons the children were not attending was because of their lifestyle, specifically trapping, and the parents dislike of school. He argued trapping prevented them from living at one location, when trapping they were not close to schools and trapping was not financial feasible, their incomes were low.⁴⁵⁹ He fails to discuss why parents disliked school, but it would be understandable why some would not want their children to experience what they did as students. His proposed plan would involve separating the children from their parents “I am certain that many other families of similar experience and background would open their homes the trapper’s children or arrangements would be made by the families themselves which would be best of all.”⁴⁶⁰ He also felt parents would be more apt to support the plan if the curriculum was “more meaningful [and for those in

⁴⁵⁷ K. Forster, Feb 8, 1956, Accession R.85-308, Collection R.933, File No. III.1.b, “Canwood Metis Study,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK, 2.

⁴⁵⁸ Ibid.

⁴⁵⁹ Raymond A. Brubaker: Letter to Department of Education, Edmonton, Alberta, June 20, 1960, 76.32, box 1/1, “Metis Correspondence, 1960,” Social Services & Community Health, Metis Development Branch, Provincial Archives of Alberta, Edmonton, AB, 1.

⁴⁶⁰ Ibid., 2.

grades one through three]...would begin with nouns such as fish, milk, tree, beaver, trap, tent, camp, fire, etc...Besides making the learning process meaningful...would create enjoyment in accomplishment and make school seem profitable to the parents.”⁴⁶¹ It is interesting there is no mention whatsoever how racism within the school system was going to be addressed or the fact the government would be manipulating and controlling the actions of them through the use of family allowance. Furthermore, what Brubaker was proposing would threaten the children’s knowledge of their culture, the relationship with their parents and their connection to the land.

Even as late as the 1950s, school attendance remained an ongoing issue. In 1959, the Social and Economic Research Office found parents were not opposed to education but there were obvious barriers affecting their children’s ability to attend school and be successful. They found when questioning 201 Metis and First Nations who were “born and educated in rural Manitoba” and were currently living in Winnipeg, 17% stopped attending school due to family obligations, such as having to help at home, illness or a death. About 7% of students had childhood diseases or illnesses and some became pregnant. For others, economics was an issue: 7% stopped attending because of poverty and 18% quit to find employment. In the event a school had too many pupils, the older children were told to stay home (6%). Approximately 16% stopped attending because of boredom, not liking school, or they were failing.⁴⁶² This same study asked the participants what level of schooling their parents had and 69% of the parents had *never* gone to school.⁴⁶³ When comparing the Metis to First Nations, the latter had lower educational attainment. First Nations men were more than twice as likely to go beyond grade nine compared to Metis men, 18% versus 8% respectfully. When examining the women, 67% of First Nations women went to grade seven or beyond and about 7% completed grade twelve; however, the figures for Metis women were significantly lower, 49% and not one had completed grade twelve.⁴⁶⁴ Obviously there were significant problems preventing the Metis from achieving academic success, affecting generation after generation.

Educational attainment was an issue for them across the Prairie Provinces. The Alberta Human Resources Development Authority [AHRDA] reported:

⁴⁶¹ Raymond A. Brubaker: Letter to Department of Education, Edmonton, Alberta, June 20, 1960, 76.32, box 1/1, “Metis Correspondence, 1960,” Social Services & Community Health, Metis Development Branch, Provincial Archives of Alberta, Edmonton, AB, 1.

⁴⁶² Social and Economic Research Office Manitoba, *A Study of the Population of Indian Ancestry*, 128-30.

⁴⁶³ *Ibid.* 128

⁴⁶⁴ Boek and Boek, *A Study of the Population of Indian Ancestry*, 48-49.

There is a general appalling lack of education and training for jobs [among the Metis] ... There is an alarming drop-out rate. Few boys get beyond the grade eight level. Drop-out begins at grades five and six. The average education of the people visited is deemed to be at the grade four level at the most.⁴⁶⁵

They found one reason students were dropping out was because racism and the ignorance of the teachers, who often “maintained little or no contact with the members of the local communities in which they teach.”⁴⁶⁶ If the teachers became involved with the communities in which they worked, and tried to understand the cultural background of the students, it is possible students would have remained in school longer. However, it appears the teachers shared the same beliefs as the non-Metis community members, who thought “the Metis simply...are not interested in the education and general welfare of their children.”⁴⁶⁷ Although some parents may not have cared if their children were educated: most would have and they would not have wanted their children to go into an environment where they were going to be ridicule and bullied. Also, because poverty and despair were a reality for most, many parents had their older children work or take care of their younger siblings so they could work. If these parents had opportunity to earn a decent wage and could provide their children with an adequate home and ample food, most probably would have sent their children to school; but, this was not their reality and they did what they needed to do to survive.

In the 1960s, a Metis School Study was conducted in Alberta by Social Services and Community Health Development Branch [SSCHDB], in which questionnaires were sent to almost every school in the province and filled out by teachers, principals or religious personnel. School officials were to report how many Metis pupils were in attendance and provide comments and suggestions. This study defined.

“Metis...[as] a person (a) other than a treaty Indian, but wholly or partly of Indian ancestry, and (b) adhering to standards of conduct and systems of values—cultural, economic, social, moral, ethical, etc.—different from generally accepted white standards and values, and probably (c) in depressed economic circumstances, below what would be regard in your community as a minimum acceptable level for whites.”⁴⁶⁸

⁴⁶⁵ Human Resources Development Authority (Alberta), “Metis Study Tour Report,” 1-2.

⁴⁶⁶ Ibid.

⁴⁶⁷ Ibid., 5-6.

⁴⁶⁸ Metis School Study, 1960, 76.32, box 1/1, “Metis – Correspondence, 1960,” Social Services & Community Health, Metis Development Branch, Provincial Archives of Alberta, Edmonton, AB.

This definition was problematic as it assumed the Metis were inferior to *lii mood blaen*, which was not correct.

The comments provided by many of the teaching staff⁴⁶⁹ who participated in the study, shared the same views as the SSCHDB, which was they were an inferior population. When filling out the surveys some focused specifically on the personality traits of the students and their families. Comments ranged from “...these people must learn to develop some responsibility,”⁴⁷⁰ to “Metis children or people are inclined to be expressive more of heart or sentiment like or dislike more than the average white person. Partly as a consequence they are influenced considerably by drinks, smoke and promiscuity,”⁴⁷¹ to other derogatory statements such as “my...experience made me realize that the worst aspects of the two groups [First Nations and whites] are caught on too quickly by both groups but little of the good points from either group are passed on.”⁴⁷² Assuming those who made these comments believed what said, than its highly probable they also treated these children differently than their non-Metis peers, affecting their school experience while also influencing the attitudes and perceptions of the white students.

Like in Saskatchewan two decades earlier, the Alberta Metis School Study also reported attendance was a problem. At the Holy Cross School, Jasper Place Separate School #45, Principal Cural reported, “these people must learn to develop some responsibility on their own. A close check should be kept on whether the children attend class regularly or not – they are usually very negligent in this matter.”⁴⁷³ At the Spedden School, in the Smoke Lake Division #39, attendance was poor because those in the area did not have “permanent homes [so they] move with the seasons [and] this has an effect on the children’s education.”⁴⁷⁴ Sister Rita Marguerite, the principal at the St. Theresa School, Wabaska District #5113 explained approximately “50% of our Metis are well adapted to our way of life. The rest not so much and there is much absenteeism from school among the latter.”⁴⁷⁵ Apparently, she thought those who

⁴⁶⁹ It is possible some teachers did not feel this way but went along with the majority to maintain respectful relationships with the community and avoid losing their positions.

⁴⁷⁰ Holy Cross, Metis School Study, 1960, Alberta, 76.32, box 1/1, “Metis – Correspondence, 1960,” Social Services & Community Health, Metis Development Branch, Provincial Archives of Alberta, Edmonton, AB, 3.

⁴⁷¹ Fort Vermilion, Metis School Study, 1960, Alberta, 76.32, box 1/1, “Metis – Correspondence, 1960,” Social Services & Community Health, Metis Development Branch, Provincial Archives of Alberta, Edmonton, AB, 3.

⁴⁷² Keg River, Metis School Study, 1960, Social Services and Community Health. Metis Development Branch, 3.

⁴⁷³ Holy Cross, Metis School Study, 1960, Social Services and Community Health. Metis Development Branch, 1, 3.

⁴⁷⁴ Spedden, Metis School Study, 1960, Social Services and Community Health. Metis Development Branch, 1, 3.

⁴⁷⁵ St. Theresa, Metis School Study, 1960, 76.32, box 1/1, “Metis – Correspondence, 1960,” Social Services & Community Health, Metis Development Branch, Provincial Archives of Alberta, Edmonton, AB, 1, 3.

attended school were civilized and this is most likely why she believed a “boarding school exclusively for Metis might be a solution.”⁴⁷⁶ This of course would force the children to attend classes and supposedly civilize and assimilate them into mainstream society. At a school in the Peace River District, the principal also remarked the people were transient and as a result, few were enrolled.⁴⁷⁷ Principal Wortman, A.H. Dakin School in the Edson Division, reported the children attending his school had no permanent addresses, which was directly linked to their attendance and the serious adjustment problems the children experienced.⁴⁷⁸ Its understandable school staff would be concerned about attendance because it would affect academic performance. However, most of these educated people were more concerned about attendance than why the families were transient and experiencing hardships; and some felt the best or only way to address the problem was to segregate and assimilate.

The participants of Alberta Metis School Study described parents as irresponsible for not ensuring their children were enrolled and attending school regularly. Some said segregated schools or classes would be beneficial to address their educational needs, such as principal Gingorich of Pelican Mountain School. He wanted “to see (among other things) these schools consisting of Metis children equipped with tools and {sic} facilities for such practical studies as shop, home ec. [economics], Etc.”⁴⁷⁹ Segregated schools he explained, would allow the children to escape the hardships their parents experienced in regards to employment and poverty.⁴⁸⁰ However, his idea of educating the children in the trades and domestic skills was not new; and as discussed, teaching the children these skills would limited employment opportunities to manual labour positions, which were low-paying and had little to no opportunity for advancement. This in turn would contribute to the ongoing cycle of poverty they had experienced for decades. Another principal, Popowich, of Fort Chipewyan School, thought a “revised program of studies suited for these children, [including] text books based on their own experiences and meaningful to them, [as well as] vocabulary that they understood would be a very great help in teaching the

⁴⁷⁶ St. Theresa, Metis School Study, 1960, 76.32, box 1/1, “Metis – Correspondence, 1960,” Social Services & Community Health, Metis Development Branch, , 3.

⁴⁷⁷ Berwyn, Metis School Study, 1960, 76.32, box 1/1, “Metis – Correspondence, 1960,” Social Services & Community Health, Metis Development Branch, Provincial Archives of Alberta, Edmonton, AB, 1, 3.

⁴⁷⁸ Dakin, Metis School Study, 1960, 76.32, box 1/1, “Metis – Correspondence, 1960,” Social Services & Community Health, Metis Development Branch, Provincial Archives of Alberta, Edmonton, AB, 1, 3.

⁴⁷⁹ Pelican Mountain, Metis School Study, 1960, 76.32, box 1/1, “Metis – Correspondence, 1960,” Social Services & Community Health, Metis Development Branch, Provincial Archives of Alberta, Edmonton, AB, 1, 3.

⁴⁸⁰ Ibid.

Metis children.”⁴⁸¹ This type of program most likely would have caught the students attention and held their interest, but it would not have provided the children an education equal, or greater to, their peers. Therefore, when these students finished school and joined the workforce, they would not be qualified, by society’s standards, for white-collar, and possibly blue collar, positions. Offering Metis specific programing or segregated schools would have done little to improve the futures of pupils but it offered methods to rid schools, and classrooms, of the so-called ‘Metis problem’ and ensured the educational system was reserved for Euro Canadian children.

The education system repeatedly failed the children impacting their ability to maintain an adequate standard of health. The failure of the various levels of government (federal, provincial, municipal) to provide and accept responsibility for their education compromised their health for generations. For example, when attending Residential School, the children were removed from their families, communities, culture, language and traditions and placed into an environment where they were not provided adequate quantities of nutritious foods, clothing or suitable education. Furthermore, they were exposed to life threatening diseases such as influenza and TB and adequate medical treatments and interventions were not provided. Those in charge of the educational system, and those working within it, neglected the basic needs of these children, treating them as disposable.

Education is directly linked to an individual’s overall health and well-being. Higher educational attainment “predicts employment and income, which influences where someone can live and if they can afford health care. Education is not just about what is learned in the classroom; it is also about the doors it unlocks to future well-being.”⁴⁸² When one examines the history of education and employment among the Metis an obvious cycle existed. Lack of education (and racism) kept them from gaining well-paying employment. Thus, they tended to be transient, travelling from job to job or travelling for other economic pursuits, such as trapping; this in turn, prevented the children from attending school regularly. This cycle continued

⁴⁸¹ Fort Chipewyan, Metis School Study, 1960, 76.32, box 1/1, “Metis – Correspondence, 1960,” Social Services & Community Health, Metis Development Branch, Provincial Archives of Alberta, Edmonton, AB, 1, 3.

⁴⁸² Natalie McGill, “Educational attainment linked to health throughout lifespan: Exploring social determinants of health, *The Nation’s Health: A Publication of the American Public Health Association* 46, no.6 (August 2016): 1-19, <http://thenationshealth.aphapublications.org/content/46/6/1.3>

generation after generation, making it difficult for them to achieve a standard of health comparable to general society.

5. Access to Healthcare

Access to healthcare was not always an option for the Metis and this was primarily due to the various levels of government refusing to accept responsibility for their healthcare. As a result, some communities were left without healthcare facilities. At Pine House, Alberta "...a small isolated community of 200 people...some 40 miles west and 10 miles north of La Ronge. The population is largely Metis...[and] the nearest general hospital is 200 miles away."⁴⁸³ When Jackson arrived at Keg River, in 1928,

...the nearest medical care available in the Paddle Prairie area was...the local medicine man, a resident of Keg River. Equipped with a strange mixture of medicinal recipes, some unknown to science to this day but most bearing little medicinal value and assisted by his patient's faith in his healing capacities, inspiring a respect and possibly a fear in his legendary and potent powers were all that held the demon spirits and disease at bay in this area.⁴⁸⁴

The distances to access healthcare meant most of her patients "had never had any medical care except from their Medicine Man."⁴⁸⁵ At Fort Chipewyan, in the 1930s, there was no hospital; however the local physician who, when needed, would operate on patients in a "private dining room or house."⁴⁸⁶ Bishop Breynat of the Catholic Church, recognized they needed assistance and explained those living in the vicinity of Fort Chipewyan "should be given...facilities for hospitalization to improve their condition."⁴⁸⁷ However, he made it clear the Church, "can't support them or help them very much...[nor can we] afford to do very much"⁴⁸⁸ in regard to providing a hospital. Clearly, the Catholic Church, which wanted to educate and Christianize children, refused to accept any responsibility for their healthcare needs.

⁴⁸³ Best and Gerrard "Pine House (Saskatchewan) Nutrition Project," 915.

⁴⁸⁴ Health Care, Biography 1949-1998, PR2001.0044, Box 6, Files 86-100, Folder 90 "Metis Colony 1961-87," Edmonton, AB. Mary Percy Jackson fonds, Provincial Archives of Alberta, 1.

⁴⁸⁵ Geriatric Conference Speech, May 8, 1981, PR2001.0044/0002, File 17, "Speeches Correspondence/Radio Talks 1954-56," Mary Percy Jackson fonds, Provincial Archives of Alberta, Edmonton, AB, 1.

⁴⁸⁶ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314-James Brady fonds. Item: iw-glen-341, James Brady fonds, 63.

⁴⁸⁷ Ibid., 55.

⁴⁸⁸ Ibid.

When healthcare was available, fear sometimes prevented them from accepting help for their ailments. In the municipality of Canwood, SK, it was reported some “people are afraid to go to the doctor or hospital because they have no card and [they] go only when absolutely necessary.”⁴⁸⁹ Another family reported “admittance to the hospital [was] very difficult.”⁴⁹⁰ Some from around the region of Grouard region in Alberta would hide when told about having to “see the doctor...would disappear into the bush.”⁴⁹¹ They hid because “someone...told them that it was a strange doctor and they were to be sterilized.”⁴⁹² There is no evidence to support the doctor visiting their community for the sole purpose of sterilizing them; however, it is plausible some had become sterile because of sexually transmitted infections. They may not have understood how the infections could impact reproduction and they may have blamed physicians, which in turn made them fearful of visiting them.

Other individuals had good reason to fear certain medical professionals. One woman recalled how a certain physician, known as the Butcher by the Metis, treated the people worse than animals. She recalled:

I used to try and get them [girls who would party] to go [to the hospital] for their check-ups. But most of the cases... For instance, the doctor, the Indian health doctor that used to come up, he was such a racist pig, at that time. Well, the people called him the butcher, because he used to come up and pull teeth and that too, and he wouldn't even freeze your mouth - he'd just yank them out. There was one fellow that worked in the fish plant steady. He was quiet, you know, sort of religious, and so he never drank. And he had cut himself with a knife at the fish plant when he was working and they flew him down to P.A. [Prince Albert, SK] and he went to this doctor. And he sewed it up without freezing it and all the time he's getting after this guy. He says, "Yeah, you were probably out fighting and drunk. That's why you got cut." And he was very hurt when he came back that anyone would accuse him of being drunk and fighting because, you know, no way he would do that, because he was quite religious. And different things like this this doctor used to do. So they would have to be half dead before they would go the doctor, because this was the only doctor that they had to go to.⁴⁹³

⁴⁸⁹ Metis Study: Family Data, Hawkeye, Department of Social Welfare. Rehabilitation Branch, 3.

⁴⁹⁰ Ibid.

⁴⁹¹ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314-James Brady fonds. Item: iw-glen-341, James Brady fonds, 8.

⁴⁹² Ibid.

⁴⁹³ Gabriel Dumont Institute. “Verna Richards Interview.” Compiled by Murray Dobbin, Saskatoon, SK: Gabriel Dumont Institute, July 12, 1984, <http://www.metismuseum.ca/media/document.php/06837.Verna%20Richards.pdf>, 23.

Another woman who had a cavity put Ambroid on the tooth, which supposedly would burn the root, rather than visit the Butcher to have it treated.⁴⁹⁴

One of the main barriers preventing them from accessing healthcare was poverty. Prior to universal healthcare, people were responsible to pay for the services of a physician. In *Traditional Metis Medicines and Remedies*, Paquin explains "...doctors who treated Métis...particularly during the depression years when people relied heavily on relief payments, were not paid for their services. Payment in goods, however, was sometimes arranged."⁴⁹⁵ Some doctors however did charge for their services. One physician "who was called out to treat a Metis man for pneumonia" at Lestock, SK "charged \$80.00 for the trip and treatment."⁴⁹⁶ Although this may not sound like a great deal of money, for the poor the ability to afford \$80.00 could mean the difference between life and death. Another individual recalled "a Metis patient once offered my father [a doctor] a bear cub in payment for his wife's maternity care."⁴⁹⁷ Some believed they wanted everything for nothing, which was not the case, when they could afford to pay for services, whether with cash or goods, they did so. However, because they were socially-politically-economically marginalized, it made it difficult for them to afford healthcare. Furthermore, even if they could afford healthcare, it cannot be assumed they were able to access it because they still encountered issues associated with racism and discrimination.

Those in need of medical attention had to travel to the doctor because physicians did not make house calls unless the person was deathly ill and lived in close proximity.⁴⁹⁸ This was problematic for those who lived in remote communities or the bush, as some of these locales were too far to travel too, some did not have road access, and some were not accessible year round. In 1907, E. Stewart, Dominion Commissioner of Forestry, described how:

"...the sick and afflicted in the Mackenzie River country. The distance by the ordinary travel route between Athabasca Landing which itself about one hundred miles north of Edmonton and Fort McPherson, near the Artic Sea is 1,531 {sic}

⁴⁹⁴ Gabriel Dumont Institute. "Verna Richards Interview." Compiled by Murray Dobbin, Saskatoon, SK: Gabriel Dumont Institute, July 12, 1984, <http://www.metismuseum.ca/media/document.php/06837.Verna%20Richards.pdf>, 23.

⁴⁹⁵ Todd Paquin, "Traditional Metis Medicines and Remedies," Gabriel Dumont Institute, 2003, <http://www.metismuseum.ca/media/document.php/00721.Medicines%20and%20Healing.pdf>, 6.

⁴⁹⁶ *Ibid.*, 6.

⁴⁹⁷ C.S. Houston, "Life in Yorkton before medicare came along," *Canadian Medical Association Journal* 140, no.10 (May 15, 1989): 1199.

⁴⁹⁸ Paquin, "Tradition Metis Medicines and Remedies," 6.

miles, and over that whole distance the inhabitants – Indians, half-breeds and whites – are without a single physician.⁴⁹⁹

Those in this vast region who required surgery had one of two options: 1) do nothing and live with the condition or ailment, or 2) travel south to Edmonton, a distance that could be upwards of 1,500 miles, and have the surgery. The second option was out of reach for most because not only was travel expensive, it would require an “absence from home for about twelve months.”⁵⁰⁰

Accessing healthcare in other areas of Alberta was not much better:

The [Metis]... have not the means to go to a doctor. There are no travelling nurses, and many of these people are away back in the bush, and they have no money to go to the hospital...In the majority of cases they cannot get into see a doctor, they are too far away for one thing and they have not the money for another.⁵⁰¹

Ewing, Douglas and Braithwaite recognized the difficulties they were experiencing and determined even if “one...Metis is ill, it is difficult and often practically impossible to send in medical assistance to the patient and it is equally difficult or impossible to get the patient to the doctor.”⁵⁰² The difficulties related to travelling, the length of time to receive treatment, and the financial burden associated with healthcare, prevented some from accessing healthcare and caused others an untimely, and most likely, painful death.

When describing some of difficulties preventing them from travelling for medical care, Peter Tomkins, a representative of the Metis, told the Alberta Metis Commission:

There is a doctor at High Prairie but the distances are great for [the Metis] ...to go to a doctor. To come into Grouard alone it is 25 miles, and if patients want to be treated they have to come over a road of 25 miles that is impassable in the winter time...we get rain for two months in the year in the summer time so it is almost impossible for many of these people to get in to see a doctor, even if they wanted to {sic}.⁵⁰³

⁴⁹⁹ “Physicians are Needed,” *The Voice*, July 05, 1907, <http://digitalcollections.lib.umanitoba.ca/islandora/object/uofm%3A2747257?solr%5Bquery%5D=%28health%29%20AND%20%28%22halfbreed%22%29&solr%5Bparams%5D%5BdefType%5D=edismax&solr%5Bparams%5D%5Bsort%5D=score%20desc&solr%5Bparams%5D%5Bfacet%5D=true&solr%5Bpar>, 9.

⁵⁰⁰ “Physicians are Needed,” *The Voice*, July 05, 1907, 9.

⁵⁰¹ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, February 25, 1935, Fonds glen-314, Item iw-glen-340, James Brady fonds, 46.

⁵⁰² Ewing, Douglas and Braithwaite, *Report on the Royal Commission* 10.

⁵⁰³ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, February 25, 1935, Fonds glen-314, Item iw-glen-340, James Brady fonds, 84-85.

Although travel could be extremely difficult, Tomkins knew it was not impossible and argued livestock would receive better treatment than the Metis. The Chairman replied:

I wonder if that is a fair comparison Mr. Tomkins. If an epidemic broke out in any section of the Province among the horses and cattle and hogs, I suppose it would be the duty of the Province, of the Government of the Province, to send experts to endeavor to check it? ...And if an epidemic broke out among the people, if it could not be looked after by the local physicians, they would undoubtedly send assistance. ... The same kind of assistance you say they would send for horses and cattle...⁵⁰⁴

Offering his thoughts, Reverend Day remarked it was “necessary to take into consideration to what extent [the] ...would co-operate with the Government in the matter of medical assistance and attention.”⁵⁰⁵ It is doubtful they, or any population, would refuse medical assistance during an epidemic. Day’s comment clearly faults the victim while justifying the federal and provincial governments deliberate neglect of the people and their health concerns.

Travel was not always simple for nurses, such as the one who worked at the First Aid Station at Green Lake, SK. This nurse was apparently “doing very good work but is hampered in attending necessary calls in the district by lack of transportation.”⁵⁰⁶ When available, she would use a taxi but this was problematic because it was not always available when there was an emergency or someone required her services.⁵⁰⁷ In Saskatchewan, the Department of Public Health began to provide some nurses with vehicles so they could service more remote locations, and to “demonstrate the possibilities of such a scheme and then have the municipalities take over the work at their own expense.”⁵⁰⁸ No data was provided as to whether or not providing the vehicles improved services, but it is obvious the provincial government’s plan was to off-load their financial responsibility for the nurses and vehicles to the various municipalities, which in turn would most likely mean healthcare for road allowance residents would become non-existent.

By the 1940s, some were fortunate because physicians and nurses travelled to, or relatively close to, their communities. In Manitoba, Phyllis Martin, a nurse employed by the Red

⁵⁰⁴ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, February 25, 1935, Fonds glen-314, Item iw-glen-340, James Brady fonds, 84-85.

⁵⁰⁵ Ibid.

⁵⁰⁶ Discussion of Green Lake Project by Representatives of Various Departments, August 10, 1955, Accession R.85-308, R-933, File III.30 “Green Lake Project,” Department of Social Welfare, Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK, 2.

⁵⁰⁷ Ibid.

⁵⁰⁸ F.C. Middleton, “Health and Sickness Insurance in Saskatchewan,” *Canadian Public Health Journal* 21, no.12 (1930): 602

Cross travelled between The Pas and Churchill, a distance of 350 miles, treating those along the route. Her mode of travel was:

...a converted railway baggage car, fitted with the necessary first [aid] and medical supplies. Winter and summer, [she]...works among the scattered Metis and Indian families in her district. Among her duties are caring for the sick and injured, teaching health practices and principles and acting at times as economic advisor. Last fall she planned a diphtheria immunization program, then traversed the whole district three times to carry it out. Earlier she carried the...task of administering two doses of anti-polio vaccine to all the children served by the Red Cross car.⁵⁰⁹

This service would have been of great importance to those who resided along Martin's route because not only did she tend to the medical needs of the people she also vaccinated the children providing them protection, if exposed, to certain infectious diseases. The improvements to transportation, such as easier access to vehicles, may have made it easier for healthcare workers to service more distant communities; however, this did not necessarily mean there was a vast improvement, or difference, in the health services they received.

In 1944, "free hospitalization...[became] available for individuals living on social assistance or diagnosed with tuberculosis, mental illness, or venereal disease"⁵¹⁰ and three years later in 1947, the Hospitalization Insurance Plan was implemented in Saskatchewan. This plan was "based on five principles: prepayment, universal coverage, quality of service, public administration and acceptability of both those providing the service and those receiving it. Premiums are set at \$5 annually for individuals and \$30 annually for families."⁵¹¹ This was the "first public, universal hospital insurance system in Canada" and it provided "free inpatient services at any hospital in Saskatchewan" if a referral was issued by a person's physician.⁵¹² One can assume if a university healthcare plan was in effect, their ability to access healthcare improved, which was not the case.

In a survey of two communities, people were asked about their health. Some reported they had used hospital services for things such as epileptic fits, TB, operations for ulcers, and a

⁵⁰⁹ "Women Today," *Peace River Record Gazette*, Peace River, AB: March 21, 1957, <https://access.newspaperarchive.com/ca/alberta/peace-river/peace-river-record-gazette/1957/03-21/page-8/metis-polio?page=5&ndt=by&py=1900&pey=1960>, 8.

⁵¹⁰ Tiki-Toki, "History of Health in Saskatchewan; An Interactive Timeline," accessed January 15, 2020. <https://www.tiki-toki.com/timeline/entry/865674/History-of-Health-in-Saskatchewan-An-Interactive-Timeline/>.

⁵¹¹ Ibid.

⁵¹² Ibid.

child who had a couple of operations for unknown ruptures.⁵¹³ However, some reported they had not accessed services, such as one man, who most likely had TB and had an “order to have a lung collapsed [and] part of his shoulder and some ribs removed.”⁵¹⁴ Another “Complains of soreness in right knee. Had it dislocated in 1948 and [it was] not properly attended to. Left knee pains due to strain,”⁵¹⁵ another older gentlemen “dislocated [his] shoulder” and he too did not get medical assistance when the accident happened and his “dislocation [is] now permanent.”⁵¹⁶ Another common response was they could not get to the hospital because they were too far away. The remarks of these people were not unique; surveys done in other communities had similar findings, with some receiving hospital services while others had difficulties accessing care or did not bother seeking care. The implementation of the Hospitalization Insurance Plan was good for those requiring hospital care but it failed to address general health needs, such as dental and optometrist care, which were common complaints among issues among adults and children. It also did little for those who feared the medical system, and those who lived too far from hospital to utilize the services.⁵¹⁷

6. Sex & Gender

When examining health, one must consider sex and gender a social determinants of health. Unlike sex, which is the “unchanging biology of being male or female,” gender can be defined as “the roles and expectations attributed to men and women in a given society, roles which change over time, place, and life stage.”⁵¹⁸ Metis women experience different health problems because of things like income and biology compared to their male counterparts. One woman recalled “We lost a lot of babies and a lot of women died in giving birth, in labour.”⁵¹⁹

⁵¹³ Metis Study: Family Data, Park Valley, R-933, File III.7, Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK, 3.

⁵¹⁴ Ibid., 3-4.

⁵¹⁵ Metis Study: Family Data, Polwarth,” R-933, File III.5 “Hawkeye Metis Study, Redacted,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK, 3.

⁵¹⁶ Metis Study: Family Data, R-933, File III.20 “Metis Surveys, Redacted,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina.

⁵¹⁷ Metis Study: Family Data, Polwarth,” Department of Social Welfare. Rehabilitation Branch, 3.

⁵¹⁸ Susan P. Phillips, “Defining and measuring gender: A social determinant of health whose time has come,” *International Journal for Equity in Health* 4.11 (2005),

<https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-4-11>

⁵¹⁹ Gabriel Dumont Institute. “Alfred Durocher Interview,” Compiled by Victoria Racette, Saskatoon, SK: Gabriel Dumont Institute, March 07, 1984, 28-29,

[http://www.metismuseum.ca/media/document.php/01065.Durocher,%20Alfred%20\(V.%20Racette\).pdf](http://www.metismuseum.ca/media/document.php/01065.Durocher,%20Alfred%20(V.%20Racette).pdf), 20.

Although no reasons were provided, some interviewed for the Gabriel Dumont Institute, described being children and their mothers being dead.⁵²⁰ If these women had young children, it can be assumed many were under the age of thirty-five, meaning they were dying from things such as pregnancy related issues, infectious diseases, accidents or other health ailments.

Little literature was found specific to Metis women and health between 1900 and 1960. However, what does exist describes a hard life full of challenges:

The work of maintaining the family is divided between the parents. It is the woman's job to cook, sew, wash, collect wood, pick berries, and rear the children. The man must supply the food and clothing, but since these are extremely simple his obligations are not as great as his wife's {sic}. As long as there is some wildlife, tea, flour and lard to eat, and tobacco to smoke, his duty has been done. Then he may loaf, or visit as the mood pleases him. Should there be extra money he might spend it to buy drink or to gamble.⁵²¹

It would have been mentally, emotionally and physically exhausting tending to nearly all the needs of the family. The exhaustion would have been compounded for single mothers living on the road allowance. They bore all the responsibilities, including trying to house the family, finding food and clothing and attempting to maintain the health of the children. This would have been difficult considering many did not attend school so they were not vaccinated and their access to healthcare was limited.

When children developed health problems or contracted diseases such as TB, it was the mothers who tended to their needs. One study describes the protective nature of Metis women in regard to their children, "[she] will sit for hours at the side of her sick child be it at home or in the hospital. Sometimes she will not let her child go to a distant sanatorium because she fears it might die and never be seen again."⁵²² Mothers of sick children, particularly those with an infectious disease, must have worried about not only their sick children, but the health of their other children and their own health.

Furthermore, even if these women did not get sick from their children their health was

⁵²⁰ Gabriel Dumont Institute, "Desjarlais, Bob, Interview." Fort Qu'Appelle: Gabriel Dumont Institute, May 15, 2002, <http://www.metismuseum.ca/media/document.php/05847.Bob%20Desjarlais.pdf>; Gabriel Dumont Institute, 36; "Dumont, Aime, Interview." Compiled by Victoria Racette. Duck Lake, SK: Gabriel Dumont Institute, April 05, 1984. [http://www.metismuseum.ca/media/document.php/01068.Dumont,%20Aime%20\(Victoria%20Racette\).pdf](http://www.metismuseum.ca/media/document.php/01068.Dumont,%20Aime%20(Victoria%20Racette).pdf), 9.

⁵²¹ "A Social Anthropological Study of the Metis Population of Northwestern Saskatchewan, Preliminary Report, R.33.1, File. XL.859b (44), 2 of 3 folders, TC Douglas fonds, Provincial Archives of Saskatchewan, Regina, SK.

⁵²² Ibid.

still being compromised because “long-term or chronic stress...can ravage the immune system,”⁵²³ increasing the likelihood they would experience a health disparity.

7. Summary

This section explored some of the SDH, such as income, housing, food security, and education. Each of these were linked to one another, creating an ongoing cycle of poverty and poor health, which was directly linked to racism and dehumanization. For most Metis, the only employment they could find was seasonal or temporary, unskilled, entry level, low-paying, manual labouring positions. This made it difficult for them to afford decent housing, nutritional foods and access education. Instead of acknowledging racism and discrimination were responsible for preventing them from becoming active participants of the mainstream workforce; dominant society, including government officials, blamed them, arguing they were less intelligent, lazy, not reliable and “His business transactions were of the simple character. He lived from day to day. He had no training in modern business and was not accustomed to take the long view of life.”⁵²⁴ Failing to become full participants of the economy resulted with many having to rely on relief to support themselves and families. However, as discussed, social assistance was also problematic; people were denied benefits without valid reasons, others were forced to work in order to receive benefits, and some officials used the social assistance program to manipulate and control the people. The lack of an adequate income not only affected their ability to afford safe housing and secure food, it also compromised their health.

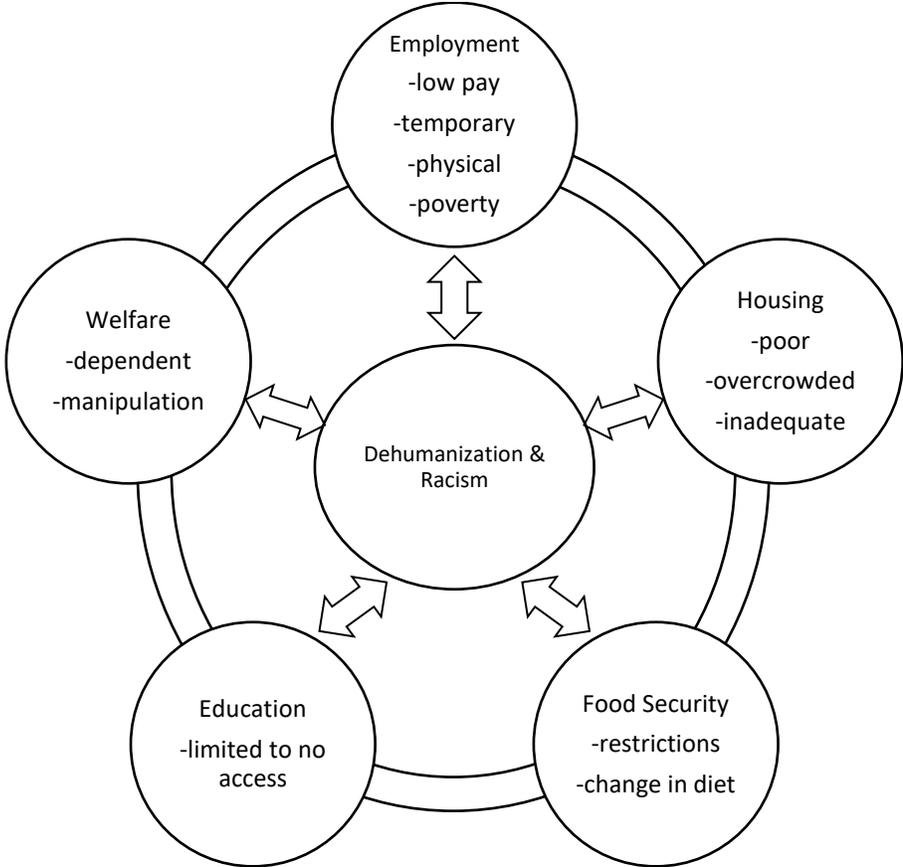
Employers did everything in their power to keep the long-term, better paying positions reserved for members of the general society. One method used to keep them from becoming equal members of the workforce was to implement employment standards. For example, it was common knowledge educational attainment among them was low, so an employer could easily maintain a ‘white’ workforce by making a high school education a job requirement. Even when legislation was put into place in Saskatchewan to ensure workers received a specific amount of pay and hours per week, employers ignored the rules and continue to pay them less. The government did not address the situation because it benefited the employers and kept the Metis

⁵²³ American Psychological Association, “Stress Weakens Immune System,” accessed January 22, 2021, <https://www.apa.org/research/action/immune>.

⁵²⁴ Ewing, Douglas and Braithwaite, *Report of the Royal Commission*, 3-4.

from collecting social assistance, ultimately saving the government money. Another reason they ignored what was happening was because they too were guilty of using them as a cheap labour source. As mentioned, welfare officials would make them work in exchange for their social assistance. Preventing them from becoming equal members of the workforce kept many in a chronic state of poverty, which the government and society used to their advantage to argue they were an inferior people.

Figure 2: Cycle of Poverty



Poverty made it difficult for them to afford the necessities of life including descent housing and food. Homes were often unhealthy and unsafe due to overcrowding, no indoor plumbing, and difficulties keeping them clean. Each of these factors increased the likelihood

they would develop health problems, such as asthma from improperly installed woodstoves; TB from residing in small, overcrowded conditions; or gastrointestinal issues from unsafe drinking water. Poverty in combination with racism also affected their ability to find decent housing. For instance, if someone could afford to rent a decent home, it did not necessarily mean a landlord would rent to them. This resulted with some having few options but to construct homes out of whatever materials they could find to put a roof over their head. This same poverty, in combination with government legislation, prevented them from acquiring enough food to eat, weakening their immune system making them vulnerable to sickness and disease.

The lack of education provided to the children contributed to their poverty and the disease burden. The children were denied equal access to education because of racism. A prime example was Euro Canadian parents threatening to pull their children out of school if Metis children were to attend. Sadly, it was not only the parents who were racist, but also their children who bullied and name called the children. Those who had to attend residential schools were also victimized by racist government officials, teachers and other school staff, and by some of the First Nations students. Not only were they degraded and victimized, they were forced into a disease infested environment, exposing them to infectious diseases such as TB. The limited education provided to the children did little to better their lives. Denying them an education would mean they would not have the necessarily skills to become successful in the job market⁵²⁵ and they would remain socially-politically-economically marginalized, which in turn would continue to compromise their health well into the future.

One right denied to Metis peoples in the first half of the twentieth century was equal access to healthcare. Most of their communities did not have any healthcare facilities nor permanent healthcare professionals, albeit a physician or nurse. This was particularly true for those in the north and this would make sense considering the difficulties with travel. However, it cannot be assumed those residing in southern regions or urban areas had the same access to the healthcare system or its professionals. There were a number of reasons for this including: fear based on previous experiences, or the experiences of others, kept some away; some could not afford the services; and the racist attitudes of nurses and doctors made those seeking help so uncomfortable they would rather deal with their ailment than seek care. Although universal healthcare was eventually introduced, it did little to improve their overall health status because

⁵²⁵ Even if someone did have the skills to join the workforce, racism would still be an issue.

systemic racism remained an ongoing issue within the healthcare system, it did nothing for their general health and they remained socio-political-economically marginalized from society.

Ch. 4: Diseases and Health Problems

In the first half of the twentieth century, the health and well-being of the Metis was compromised. They experience higher rates of infectious disease and their ability to access healthcare was limited. Their issues with health and the healthcare system were known to all levels of government, yet all chose to turn a blind eye, allowing their health to not only remain compromised, but in some instances, worsen. Only when the health of mainstream society was threatened, did the government intervene. However, instead of attempting to create long term solutions to the problems, governments used band aid approaches, meaning they would find the simplest and cheapest way to temporarily deal with the problems. This allowed the problems to continually reoccur, negatively impacting their health and well-being. Furthermore, the various levels of government and the healthcare system refused to accept any responsibility for the problems the people experienced, and more often than not, they blamed them for their poor health. The focus of this chapter is to explore the primary health problems the Metis experience between 1900 and 1960.

One disease that was especially problematic and caused a great deal of hardship among them was TB. An in-depth examination of this disease will be provided to illustrate how it impacted them. And, although TB medications were successful at controlling the disease in dominant society, it remained an ongoing issue for them. Not only did TB cause havoc among them, other infectious diseases were problematic, including smallpox and poliomyelitis [polio]. Although a smallpox vaccination was available to most Canadians, it was not always provided to them, allowing one population to remain at risk if exposed. When outbreaks of polio occurred, rates tended to be higher among them in comparison to their non-Metis counterparts. In terms of sexually transmitted infections [STI], rates of syphilis and gonorrhea were consistently higher than mainstream society. The governments and healthcare system failure to provide timely, effective treatment to control and eliminate STI's among them, affecting people's overall health and well-being.

To determine the overall health of a population, one can examine the health of the young. This chapter examines the health of the children as well as women's health in regard to childbirth. The children's health was compromised, and not only were they in worse health than the other Canadian children, they were denied the same access to health care. Many children were not vaccinated and they experienced higher rates of infectious disease. Additionally, they were in need of dental and eye care and their nutritional needs were not being properly addressed. Failing to attend to the needs of these children allowed a cycle of poor health to develop. As a result, these children became adults with compromised health, and when they had their own families, their children experienced many of the same struggles in regard to their health.

1. Healthcare

Like most cultural groups, the Metis had individuals who were knowledgeable about how to treat those suffering from health issues, whether it be an injury, disease or pregnancy. Those with medical knowledge used natural medicines and treatments adopted from their Aboriginal relatives, such as "roots, berries and bark."⁵²⁶ However, these medications were not effective to "heal people suffering from diseases originating from contact with Europeans...[but were] remarkably effective for health problems indigenous to North America."⁵²⁷ For example, the common cold was treated with a combination of "[boiled] cedar brush, balsam bark and cherry bark...[which] help[ed] with coughs and loosen tightness in the chest. Muskeg tea...relieve[d] fever. Pine and spruce needles were [used]...for chest and sinus congestion. Chokecherry bark and roots...ease[d] sore throats, stomach pain and diarrhea."⁵²⁸ As mentioned, their traditional remedies were adequate to remediate some illnesses; however, the diseases introduced by Europeans, such as smallpox and TB, were more difficult to treat because they lacked experience with these newly introduced diseases, which "required professional medical attention."⁵²⁹

Women were particularly knowledgeable about health and well-being. One man recalled how an older woman assisted his mother during his birth; and, not only did she help deliver him,

⁵²⁶ Darren R. Prefontaine, Patrick Young and Todd Paquin, "Metis Seasonal Cycles," Gabriel Dumont Institute, accessed August 23, 2018, <http://www.metismuseum.ca/media/document.php/00742.Seasonal%20Cycles.pdf>, 7.

⁵²⁷ Ibid.

⁵²⁸ Ibid., 7.

⁵²⁹ Ibid., 5.

she delivered a number of babies in the area.⁵³⁰ This woman was not only knowledgeable about childbirth, but as the man recalled:

She was our doctor, our family doctor for years down in the valley there for not only ourselves, but also for everybody, that old lady used to go around visiting people in the wintertime and in the summer time. She didn't really come to visit the people she was there to inspect the kids, to see how the kids were doing. Honest, this is true, she used to come in the home there and if one of us sniffled or made any noise or coughed or anything, one of us had to go home with her to get some medicine, to take, and in a matter of a day or two it was gone. She knew every medicine there was in the countryside and she was the one that I never forgot.⁵³¹

On average, the families in northern Alberta had ten to fifteen children. When delivering their babies, women were helped by their “mothers or grandmothers, or sometimes without help at all”⁵³² and typically deliveries happened in the home (whether a cabin, shack or teepee) or sometimes “out under a spruce tree.”⁵³³ One may assume that without a western medical practitioner present, some died while delivering but “no one remembered any of them dying when their babies were born.”⁵³⁴ Although it is doubtful not a single woman died from complications associated to childbirth, the fact nobody could remember a single incident, means these women had great skills and knowledge about pregnancy, birth and aftercare. These women, who were not formally educated in the western sense, performed a vital role in their communities and had a wealth of knowledge about the body, health and overall well-being.

Those with knowledge of medicine and health were not always available in times of need, in which case a person would have to address his own health needs. This is exactly what happened to one young man. He was “freighting between Fort Garry and Fort Edmonton...[and] slipped when they were portaging, and the boat he was helping to carry...”⁵³⁵ fell on him and fractured three lower vertebrae in the thoracic area of his spine.⁵³⁶ There was little his coworkers could do so they “left him lying on the river bank, face down, with a boat propped over him for

⁵³⁰ Gabriel Dumont Institute. “Alfred Durocher Interview,” 20.

⁵³¹ Ibid.

⁵³² Mary Percy Jackson, account of her time up north, Biography: 1949-1998, Mary Percy Jackson fonds, 2.

⁵³³ Ibid.

⁵³⁴ Ibid.

⁵³⁵ Ibid.

⁵³⁶ Geriatric Conference Speech, May 8, 1981, Mary Percy Jackson fonds, 2-3.

shelter.”⁵³⁷ They also placed some food, water and a gun within his reach.⁵³⁸ When the men were returning from their destination, they found the injured man “had recovered, and...even managed to kill a moose.”⁵³⁹ This young man made a full recovery and rode “horseback to hunt almost until his death when he was 88.”⁵⁴⁰ Another man experienced a compound fracture just above his ankle, which became infected. It oozed pus for about eleven years and healed only when the man used his jackknife to “remove a long piece of dead bone”⁵⁴¹ from the wound. It is said this man also experienced an accident in which his spine was fractured, and he too made a full recovery. The Metis, particularly those in remote areas, continued to treat themselves and one another well into the mid-20th century because if they had not, most would not have had access to medical care.

In some cases, they developed their own methods of treating disease and other health conditions by paying attention to their actions and behaviours. For instance, in *Living Kindness: The memoirs of Madeline Bird with Agnes Sutherland*, Bird discusses the Spanish Influenza epidemic of the early 1920s, which occurred at Fort Chipewyan. Not only does she recall people dying but she also discusses how their beliefs were affected. It was thought those who “ate fish and vegetables” were less likely to develop the ‘flu’, and if they did, they were less likely to die. As a result, a common practice developed among the people of this area, which was to give their children “lots of fish and a piece of bread with black syrup [possibly molasses] in the middle,” to help with colds and flus.⁵⁴² Noticing how their diet affected their health helped them discover a way to reduce the children’s risk of contracting colds and flus.

The people were not invincible, and there were cases where the skills of the medicine people were ineffective at healing ailments or health complaints. Rose Fleury, when questioned about illnesses in her community:

...Well the only thing...I can remember Grandma was saying, because I guess it was severe at that time, it was that cholera⁵⁴³. It was a black diarrhea that they

⁵³⁷ Mary Percy Jackson, account of her time up north, Biography: 1949-1998, Mary Percy Jackson fonds.

⁵³⁸ Ibid.; Geriatric Conference Speech, May 8, 1981, Mary Percy Jackson fonds, 2-3.

⁵³⁹ Geriatric Conference Speech, May 8, 1981, Mary Percy Jackson fonds, 2-3.

⁵⁴⁰ Mary Percy Jackson, account of her time up north, Biography: 1949-1998, Mary Percy Jackson fonds.

⁵⁴¹ Ibid.

⁵⁴² Madeline Bird, *Living Kindness: The Memoirs of Metis Elder, Madeline Bird* (Yellowknife: Outcrop Ltd., 1991), 24.

⁵⁴³ “Cholera is an infectious disease that causes severe watery diarrhea, which can lead to dehydration and even death if untreated. It is caused by eating food or drinking water contaminated with a bacterium called *Vibrio cholera*.” “What is cholera?” WebMD, accessed September 23, 2019. <https://www.webmd.com/a-to-z-guides/qa/what-is-cholera>; “The disease is most common in places with poor sanitation, crowding, war, and

[Metis] got and no matter what they did...what kind of medicine they used, they couldn't stop it. And you had...diarrhea till you had nothing, I guess, and you know, it just got you and then there was nothing in your body to make you survive. And this is how come they called it the black..., they called it cholera.⁵⁴⁴

Rose's grandmother attempted to treat the sick with traditional methods but apparently was unable to do much and "...was quite perturbed about it...[and said] no matter how much I do with it, it doesn't stop."⁵⁴⁵ Alfred Durocher told an interesting story about traditional medicine. He said there was a medicine person who claimed he could treat those with TB; but those who sought his help, lost their lives. Apparently, some Metis patients "[left] the sanatorium in Prince Albert, [and] went home...[believing] "that man can cure me," but they didn't get cured. They died after. They did a lot of harm, those [medicine] people."⁵⁴⁶ This account is somewhat difficult to believe since most patients could not freely leave a san, particularly if infectious. Another factor to consider is the possibility the individual claiming to be a healer was not medicine person, but an imposter, trying to make money. Also, one needs to take in to account Durocher's experience with TB and the western healthcare system. While studying at a seminary, he became ill and a doctor was called. This physician immediately admitted him to the Prince Albert Sanatorium. It is understandable Durocher favoured the western medical system if it saved his life, but he still made a point of saying how traditional medicine people "did a lot of good too, because there's a lot of medicine that is good. And not only that,...If you believe in the medicine, even if it's no good, well, just by believing --- that's what they call faith healings - it would help you."⁵⁴⁷

There were individuals who were uneducated or had limited knowledge about health and disease. In *My Children are my Reward: The Life of Elsie Spence and Half-Breed*, Spence describes a health scare she experienced, "I was breast-feeding...I started to spit a lot of blood. I stopped feeding him...I thought I had consumption. I took the train...to see Dr. Gendreau. He told me it was my teeth [gums], that were bleeding. So he pulled my two front teeth."⁵⁴⁸ She also

famine." "Cholera," WebMD, accessed September 23, 2019. https://www.webmd.com/a-to-z-guides/cholera-faq?authent_user=AvonValley%5c13WeberMic&authent_user_sig=3b3d05a9c9786c164d1b1f77d95f9ef3&authent_session=96935dede41582cf3d57cea3e02b60be&authent_session_sig=5f2cb511dd91f45b7064efbbec6901cd#1.

⁵⁴⁴ Gabriel Dumont Institute, "Rose Fleury Interview," 14-5.

⁵⁴⁵ Ibid.

⁵⁴⁶ Gabriel Dumont Institute, "Alfred Durocher Interview," 10.

⁵⁴⁷ Ibid.

⁵⁴⁸ Alix Harpelle, *My Children are my Reward: The Life of Elsie Spence* (Winnipeg: Kromar Printing Ltd, 2003), 56.

described her son had sores on his body, which she thought were burns. However, after contacting the local Father, it was discovered he had impetigo.⁵⁴⁹ This woman had limited knowledge when it came to the health problems affecting her and her child. However, she did recognize spitting up blood was a symptom of TB. However, one must ask if this woman understood how the disease was spread. For example, if she had active TB and was in a train car, a fairly confined space, she put everyone in the car at risk of contracting the disease. She thought she could get her baby sick, but breastfeeding is not a known route of TB transmission. Spence recognized the seriousness of the situation and took steps to protect her baby and she sought out medical care. However, if she had TB, her behaviours could have put multiple peoples at risk.

In general, the older people tended to be in better health in comparison to their younger counterparts. Dr. Mary Percy Jackson, originally from England, began working in the Peace River District of Alberta in 1929, was in awe of the physical condition of the older people in the area around Keg River. She explained how prior to this she had “rarely seen old people without arthritis”⁵⁵⁰ and so active. She described the men as “rather small...and thin, and all...had a blood pressure of around 120/80. I had been taught...the normal systolic pressure in old people was about 100 plus age.”⁵⁵¹ Apparently, she found it quite surprising the old people had normal blood pressures. She further described their unprecedented good health:

...they ate a diet quite high in animal fat, and all of them smoked, I had been in Keg River for more than 20 years before I saw a myocardial infarct. I did a postmortem in 1951 on a Metis trapper who was killed by a truck...He was 73, but his aorta showed no signs of atherosclerosis, not so much as a streak in the intima. One of his brothers is still alive at 97, and another one died a couple of years ago aged 90.⁵⁵²

One could assume these individuals were healthy because they had access to full healthcare, which was incorrect. These individuals continued to live a traditional lifestyle involving hunting and a subsistence based diet, which kept them physically active and provided adequate nutrition.

⁵⁴⁹ Harpelle, *My Children are my Reward*, 56.

⁵⁵⁰ Geriatric Conference Speech, May 8, 1981, Mary Percy Jackson fonds, 3.

⁵⁵¹ Ibid.

⁵⁵² Ibid.

2. Vaccinations

Not allowing Metis children to attend school put the health of these children, as well as their families and communities, in serious jeopardy. The best method to reduce and possibly eliminate infectious diseases, such as smallpox, was by implementing a thorough vaccination program. In present day Canada, the importance of infectious disease control through vaccination was known as early as 1800. The Dominion Government used the same so-called vaccination program as the United States, which was inadequately funded and focused on inoculating the dominant population.⁵⁵³ As a result, infectious diseases persisted among the Metis population. In fact, many diseases that were no longer an issue for mainstream society continued to affect them well into the 1950s; this was because the government had still not implemented a fully inclusive vaccination program.

Manitoba took the initiative and created a vaccination program after an outbreak of smallpox at the Interlake region of Manitoba in the late 1800s. At this time, Aboriginal peoples and the Icelanders in the area were at increased risk of contracting the disease if exposed because the “generations born since 1840” were not vaccinated.⁵⁵⁴ Recognizing some populations were not protected and the imminent threat of epidemics, Manitoba enacted one of the first vaccination programs on the prairies, which included:

... all children should be vaccinated within three months after birth [for smallpox], and school trustees were instructed to insist on proof of successful vaccination before a child could attend school. These measures, together with isolation of those suffering from the disease and quarantine of contacts, were successful in greatly reducing the incidence of the disease.⁵⁵⁵

Inoculating the children would reduce the risk of future epidemics from occurring, but it cannot be assumed all provinces made vaccinations mandatory; and if they did, the programs may not have included them.

By 1941, Saskatchewan Public Health was providing free smallpox, typhoid, and pertussis [whooping cough] vaccines to physicians to immunize patients. Obviously, the province recognized vaccines could prevent outbreaks of diseases as well as reduce the severity

⁵⁵³ Suzanne Austin Alchon, *A Pest in the Land: New World Epidemics in a Global Perspective* (New Mexico: University of New Mexico Press, 2003), 122.

⁵⁵⁴ Ryan Eyford, “Quarantine Within a New Colonial Order: The 1876-1877 Lake Winnipeg Smallpox Epidemic,” *Journal of the Canadian Historical Association* 17, no.1 (2006), 68.

⁵⁵⁵ Ross Mitchell, *Medicine in Manitoba: The Story of its Beginning* (Winnipeg, MB: Manitoba Medical Association, 1954?), 69.

of a disease, if contracted, and reduce the number of deaths. Many received vaccinations at school; however, this was problematic for the Metis because not every child attended school, leaving some vulnerable to diseases if exposed. At Kellross there were forty-nine children under the age of fourteen attending school, of which six were immunized against smallpox, three for typhoid, one for whooping cough, three for scarlet fever, and three for Diphtheria.⁵⁵⁶ At Qu'Appelle (1945-46) an "immunization program was in progress and almost complete coverage was obtained."⁵⁵⁷ Two locales in the Yorkton region, Saltcoats and Peachview, refused the children from attending the local schools and as a result "not much [was] done in terms of vaccines."⁵⁵⁸ Most of the children's vaccinations needs were taken care of in the Pahonan School District in the Glen Mary Region. The town of Duck Lake reported 100% of the children had their shots, at St. Louis, 90% and in the surrounding area of Duck Lake 25%.⁵⁵⁹ Those attending school in Prince Albert were all immunized through a vaccination program.⁵⁶⁰ Those given the opportunity to attend school were not only provided an education but they were also vaccinated against infectious diseases. Whereas, those who could not attend because of distance, or were denied access because of racism, remained vulnerable to infectious diseases if exposed.

3. Tuberculosis

One of the deadliest diseases they experienced was TB. This is airborne illness, caused by *Mycobacterium tuberculosis*, has two stages: primary and active.⁵⁶¹ The primary stage of infection is when the germ enters a person's body. This happens when someone with TB coughs,

⁵⁵⁶ Metis Population Survey – Kellross – part of the Consolidated data for Little Chicago centred 1 mile south and 5 miles west of Lestock, Box 6, R.933, File No. III.2, "Lestock Metis Survey," Department of Social Welfare.

Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK. The data does not indicate what children got which shots. For example, it could be there were only 6 children in total who received one or more vaccinations.
⁵⁵⁷ Metis Survey: Town of Fort Qu'Appelle, Box 6, R.933, File No. III.14, "Lestock Metis Survey," Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

⁵⁵⁸ Metis Population Survey – Cana, Box 6, R.933, File No. III.19/20, "Lestock Metis Survey," Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

⁵⁵⁹ From Morrison, Gov't of the Province of Saskatchewan to K.F. Forester, Director of Social Aid, Jun 10, 1946. Summary of Metis Survey made in the summer and autumn of 1945 & spring of 1946, Box 6, Accession 85-308, Collection R.933. File III.20, Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

⁵⁶⁰ Metis Population Survey – Prince Albert, Department of Social Welfare. Rehabilitation Branch.

⁵⁶¹ There three types of TB: human, bovine (includes such animals as cattle, deer, bear, raccoons, coyotes, elk), and avian (bird). Typically, human and avian TB strains only affects the species it is associated with, however, bovine TB can be spread to all other mammals including humans via inhalation or ingestion. State of Michigan, "Michigan Emerging Disease Issues: Bovine Tuberculosis," accessed January 01, 2020. https://www.michigan.gov/emergingdiseases/0,4579,7-186-76711_78153---,00.html.

sneezes or speaks and the moisture emitted from their mouth and nose evaporates into the air and droplet nuclei⁵⁶² form, which are then inhaled by the non-infected person.⁵⁶³ When the bacteria enters the body, one of three things will take place: 1) the immune system will kill off the germs, 2) latent TB infection⁵⁶⁴ [LTBI] will occur, which is when the body encapsulates the germs resulting in dormancy, or 3) the disease will become active.

When a person develops active TB, he becomes infectious to others and symptoms and signs of the disease will begin to appear. Symptoms resemble those of a cold or flu and include: coughing that has persisted for upwards of three weeks, coughing up blood, fever, night sweats, chest pains and fatigue.⁵⁶⁵ TB is often associated with the lungs, which is known as pulmonary TB, however the disease can affect any other area of the body, such as the brain, genitals or skin.⁵⁶⁶ Although there are different chemotherapies and treatment regimens for the disease today, effective drug therapies and therapies were not available in the early twentieth century. At this time, Canadian physicians recognized TB was contagious like smallpox and diphtheria, but they did not focus on preventing the disease because “Most people...reacted [positively] to the tuberculin test... [and] there were so many untreated cases of tuberculosis...no one escaped infection.”⁵⁶⁷ As a result, the medical field focused on “building and maintaining bodily resistance”⁵⁶⁸ rather than trying to figure out how to deal specifically with the germ.

In the early 1900s, diagnosing TB was problematic because there was no test available to positively diagnose the disease. This was a major concern because as Ogden explained,

Far too many cases are still diagnosed late. There is no necessity for early cases of pulmonary tuberculosis to go through the hands of one practitioner after another,

⁵⁶² The nuclei can remain in the air for hours and in some instances for days. Public Health Agency of Canada, “Diagnosing Latent TB Infection,” 2008, <http://www.phac-aspc.gc.ca/tbpc-latb/fa-fi/latenttb-eng.php>; World Health Organization, “Guidelines for the Prevention of Tuberculosis in Health Care Facilities in Resource-Limited Settings.” Geneva, Switzerland: World Health Organization, 1999.

⁵⁶³ Department of Health and Human Services et al. *Guide for Primary Health Care Providers: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection* (Atlanta: Center for Disease Control, 2005), 5.

⁵⁶⁴ Those diagnosed with LTBI are not considered infectious nor will they have any symptoms. However, they do have a 5-10% chance of developing active TB, if they do not receive treatment or they are treated improperly.

⁵⁶⁵ *Merck Manual of Medical Information. 2nd Home ed.*, ed. Mark H. Beers (New York, NY: Pocketbooks, 2003), 736; Dick Menzies and Kamran Khan, “Diagnosis of Tuberculosis Infection and Disease,” in *Canadian Tuberculosis Standards 6th Edition*, eds. Richard Long and Edward Ellis (Ottawa, ON: Minister of Health, 2007), 73; Public Health Agency of Canada, “Diagnosing Latent TB Infection.”

⁵⁶⁶ *Merck Manual of Medical Information*, 736. When TB affects another area of the body (not the lungs) it is known as extra-pulmonary TB.

⁵⁶⁷ E.L. Ross, “Progress is Made in Control of Tuberculosis in Manitoba,” *Winnipeg Evening Tribune*, December 30, 1940, 17.

⁵⁶⁸ *Ibid.*

to be finally diagnosed by a third or fourth who takes sufficient time and care to go thoroughly into the history and examination.⁵⁶⁹

Lack of diagnosis was not the only problem, in some cases when a physician requested san care for a patient, the waiting list kept the patient from being admitted in a timely fashion. Staff at the Manitoba Sanatorium reported it could take up to half a year from the “time of application... [to] the actual admission of a patient.”⁵⁷⁰ The inability to properly diagnose TB and isolate patients had potentially serious implications such as: 1) those infected but not diagnosed could cause further infections; 2) when diagnosed, the individual’s infection may have worsened, which may have prevented his admittance to the san; and 3) if one considers the Metis did not always have access to medical treatment because of limited resources, the inability of doctor’s to properly diagnose TB at the initial visit, could mean life or death.

In the early 1900s, sans began to be built to treat those with TB. Some of the first TB specific facilities on the prairies were: the Manitoba Sanatorium⁵⁷¹ (located at Ninette, MB, 1910); King Edward Hospital (Winnipeg, MB, 1912); Saskatchewan Sanatorium, which would become known as the Fort Qu’Appelle Sanatorium (Fort Qu’Appelle, SK, 1917); Bowness Sanatorium (Calgary, AB, 1920); Saskatoon Sanatorium (Saskatoon, SK, 1925); St. Boniface Sanatorium (St. Vital, MB, 1931); Prince Albert Sanatorium (Prince Albert, SK, 1930); and the Aberhart Sanatorium (Edmonton, AB, 1953).⁵⁷² In addition to sans, hospitals established clinics or TB wards to treat those infected with the disease. Although facilities were created to treat the ill, not enough beds⁵⁷³ were available, and in 1919 “Only about six percent...of the tuberculosis [patients] in Canada...[could] be accommodated in Sanatoria, and while every bed available [was] ... needed ... many more...[were] still required...”⁵⁷⁴

⁵⁶⁹ W.E. Ogden, “Factors Frequently Overlooked in Early Diagnosis of Pulmonary Tuberculosis,” Edmonton, AB: Read at the meeting of the Canadian Medical Association, August 1912. <file:///D:/Dissertation/Articles/Dissertation%20Articles/Journal%20Articles/Early%20Diagnosis%20of%20TB%20CMAJ%20Nov%201912%202.11%20955-98.pdf>.

⁵⁷⁰ Health and Hospital Survey Committee of the Welfare Supervision Board: Manitoba, *Report on Tuberculosis in Manitoba*, 12.

⁵⁷¹ The Manitoba Sanatorium is generally referred to the Ninette Sanatorium because of where it was located.

⁵⁷² Saskatchewan Lung Association, “The Sanatorium Age: First Sanatoria,” accessed November 20, 2019. <http://tb.lung.ca/tbhistory/sanatoriums/first.html>.

⁵⁷³ Porter reported there was over 3,500 beds for TB patients in Canada, but “about forty-five per cent of this increase...was added during the past four years as there were 1,800 beds available at the beginning of the war [World War I]” Found in George Porter, “The Nineteenth Annual Report of the Executive Council of the Canadian Association for the Prevention of Tuberculosis,” *The Public Health Journal* 10, no.12 (1919), 555.

⁵⁷⁴ Porter, “The Nineteenth Annual Report of the Executive Council,” 555.

To understand the magnitude of the TB problem, Manitoba serves as a useful example. In 1914, there were approximately 1,800 beds available for TB patients nationwide; but in Manitoba “One-eighth of all [adult] deaths ... [in] the past five years [approx. 1911-1916] has been the toll exacted by tuberculosis. There ... [were] about 2,000 people ill in Manitoba all the time from the white plague.”⁵⁷⁵ By 1927, the number of beds designated for TB patients on prairies remained excessively low; in Manitoba there were 391 beds, Saskatchewan 455, and 50 in Alberta.⁵⁷⁶ The lack of beds resulted with the continual spreading of TB and countless deaths. In fact, the lack of beds allowed the TB situation to worsen because those not confined to a facility were putting those they came into close contact with at risk of developing the disease.

The first sans were designed to provide treatment to those considered curable; for example, they typically admitted “patients with early or minimal disease who would likely be able to return to their families and their work fairly quickly.”⁵⁷⁷ Those with more advanced cases were left with little to no treatment options. However, the idea of not providing care to those with advanced TB shifted, and hospitals and clinics began to treat those who were more likely to recover quickly, and the difficult cases were admitted the sans. Using the disease to determine where patients would be treated created a new problem. Sending more advanced cases to the sans, at certain times, caused “Ninette [to sometimes have] a long list of patients waiting for admission at a time when King Edward and St. Roch’s hospitals...[had] empty beds.”⁵⁷⁸ Another issue was the lack of free medical treatment. For example, in Saskatchewan in the late 1920s, healthcare was not fully funded by the province or municipalities and receiving care at a regular hospital could cost patients a dollar a day.⁵⁷⁹ For those living in poverty, like many Metis, the dollar a day charge would have limited, or prevented, their ability to access healthcare.

Prior to pharmaceuticals being discovered, options were limited in terms of treatment. Treatment regimens at the first sans on the prairies included plenty of bed rest, fresh air and a nutritious diet. Collapse therapies and surgical interventions were used as early as 1914 and, by

⁵⁷⁵ “Brandon Escaped Meningitis Scare During Last Year,” *Brandon Daily Sun*, January 24, 1916, 2.

⁵⁷⁶ Health and Hospital Survey Committee of the Welfare Supervision Board: Manitoba, *Report on Tuberculosis in Manitoba*, 49. The figure for Manitoba does not include the beds available at the St. Roch Hospital located in Winnipeg.

⁵⁷⁷ David B. Stewart, *Holy Ground: The Story of Ninette Sanatorium at Ninette* (Killarney, MB: J.A. Victor David Museum Inc), 13.

⁵⁷⁸ Health and Hospital Survey Committee of the Welfare Supervision Board: Manitoba, *Report on Tuberculosis in Manitoba*, 50.

⁵⁷⁹ Middleton, “Health and Sickness Insurance in Saskatchewan,” 605.

the mid-1920s became the common treatment for those with pulmonary TB. Artificial pneumothorax was one of the first collapse therapies and involved inserting a needle into the pleural space, the thin membrane containing a small amount of fluid surrounding each lung.⁵⁸⁰ Once the needle was inserted, air was injected, causing the lung to collapse. It was thought collapsing the lung would allow it to rest and heal. In some cases, when a patient received collapse therapy, the physician would also perform a phrenicotomy, which involved removing upwards of eight ribs, then temporarily or permanently paralyzing the diaphragm.⁵⁸¹ This method was used to “put the lung to rest, with the hope of inactivating the disease.”⁵⁸² In the 1930s, physicians began using plombage; thinking the lung would heal more quickly if they forced it to collapse.⁵⁸³ This surgery involved removing several ribs from “one side of the chest”, then forcing “inert substance[s] in the pleural space.”⁵⁸⁴ Substances used included things such as “air, olive or mineral oil, gauze, paraffin wax, rubber sheeting or bags and Lucite balls.”⁵⁸⁵ Two other invasive surgeries performed on pulmonary TB patients were the lobectomy, removing the affected area of the lung, and pneumonectomy, total removal of the lung. These surgeries were done to eliminate a “recurrence in the other lung or elsewhere.”⁵⁸⁶

Collapse therapies and other surgical interventions were the preferred method of treatment for those suffering from pulmonary TB. For example, in 1937, 64%, or 150 patients at the St. Boniface Sanatorium, located in Winnipeg, received surgery.⁵⁸⁷ However, as “effective anti-tuberculosis drugs were introduced, [the various types of surgeries] became largely unnecessary.”⁵⁸⁸ In 1944, the first effective TB treatment, the antibiotic streptomycin, was developed. Not long after it was offered to TB patients for a fee, which meant it was a treatment

⁵⁸⁰ William C. Shiel Jr, “Medical Definition of Pleural space,” *Medicinenet* (2018), https://www.medicinenet.com/copd_pictures_slideshow/article.htm

⁵⁸¹ Stefan Grzybowski and Edward A. Allen, “Tuberculosis: 2. History of the disease in Canada,” *Canadian Medical Association Journal* 160 (1999), https://www.collectionscanada.gc.ca/eppp-archive/100/201/300/cdn_medical_association/cmaj/vol-160/issue-7/1025.htm#:~:text=By%20the%20late%201920s%20collapse%20therapy%20became%20common,were%20being%20done%20each%20year%20to%20maintain%20collapse.

⁵⁸² Andrew Murphy and Nikos Karapasias et al. “Thoracoplasty” Radiopaedia, accessed October 02, 2019. <https://radiopaedia.org/articles/thoracoplasty>.

⁵⁸³ Deepu, “Plombage – An Obsolete Technique of Historical Importance in treating TB,” accessed October 02, 2019. <https://www.chestmedicine.org/2015/10/plombage-obsolete-technique-of.html>.

⁵⁸⁴ Grzybowski and Allen, “Tuberculosis: 2. History of the disease in Canada.”

⁵⁸⁵ *Ibid.*

⁵⁸⁶ *Ibid.*

⁵⁸⁷ Canadian Medical Association, “News Items,” *Canadian Medical Association Journal* 38, no.4 (1938), 410.

⁵⁸⁸ Grzybowski and Allen, “Tuberculosis: 2. History of the disease in Canada.”

option for the wealthy as many could not afford it; and the cost of the drug did have a significant impact on who could access to the medication. For instance, in 1948, only about 7% of TB patients in Canada were taking streptomycin; but, by 1953, the federal government agreed to provide the drug to patients for free, and the number of patients taking the drug increased to 77%, a significant increase.⁵⁸⁹

TB deaths in Canada decreased by a third from 1915 to 1939 (Table 5).⁵⁹⁰ Dr. Ross, Medical Superintendent at the Manitoba (Ninette) Sanatorium (1937-1946) reported that between 1929-1939, “there was a 29 percent reduction in the deaths among white people.”⁵⁹¹

Table 5: No. of Deaths per 100,000 (including First Nations and Metis)⁵⁹²

	Alberta	Saskatchewan	Manitoba
1927	394	388	368
1937	339	296	426
1938	280	281	349
1939	282	233	367

The decrease in mortality among this population was most likely due to two things: 1) quarantining those deemed infectious, and 2) the disease was nearing the end of its cycle in the mainstream population. Not only had the death rate decreased among Canadians, so had san admissions. In Saskatchewan between 1934-1937, the san admittance rate for members of mainstream society was less than 1 case per 1,000.⁵⁹³ However, it can be argued mortality and morbidity rates continued to remain elevated among the Metis. This argument can be supported by the fact that 1) not all sans would accept and admit them as patients, 2) some lived in areas without medical services, so they would not have been diagnosed, and 3) for some “the fear of being sent away to hospital...made them hide away”⁵⁹⁴ and when, or if, they saw a doctor “the

⁵⁸⁹ Saskatchewan Lung Association, “Time Line of TB in Canada: 1948 – Introduction of antimicrobials in treating tuberculosis patients,” accessed May 02, 2018. <http://www.lung.ca/tb/tbhistory/timeline/antibiotics.html>.; Stewart, *Holy Ground*, 100.

⁵⁹⁰ “Tuberculosis Deaths One-Third of 1915 Rate,” *Winnipeg Evening Tribune*, October 31, 1940, 2.

⁵⁹¹ “Advance Cases of Tuberculosis Show Decrease,” *Winnipeg Evening Tribune*, Winnipeg, MB: February 07, 1941, 9.

⁵⁹² Health and Hospital Survey Committee of the Welfare Supervision Board: Manitoba, *Report on Tuberculosis in Manitoba*, 49; G.J. Wherrett, “The Tuberculosis Problem in Canada,” *Canadian Medical Association Journal* 44, no.3 (1941), 295.

⁵⁹³ R.G. Ferguson, “Some Fundamentals in Tuberculosis Prevention,” *Canadian Public Health Journal* 29, no.5 (1938), 208.

⁵⁹⁴ Mary Percy Jackson, account of her time up north, Biography: 1949-1998, Mary Percy Jackson fonds.

chance of recovery was slight.”⁵⁹⁵ The lack of education about the disease in combination with racism, allowed the disease remain problematic.

No population or cultural group was safe from the disease, all were affected; however, some were hit harder than others. For example, the Metis were at risk of contracting the disease if exposed because they experienced elevated rates of poverty, limited access to healthcare, poor and overcrowded living conditions, lack of nutritional foods, unemployment, weakened immune systems, discrimination and racism. Each of these factors were directly linked to their socio-political-economic marginalization from mainstream society. Not only were they marginalized, they were blamed for spreading the disease and allowing it to persist. For instance, a prominent physician, Dr. R.G. Ferguson, General Superintendent of the Saskatchewan Anti-Tuberculosis League, claimed they were to blame for TB being problematic, particularly among First Nations. He argued that prior to the 1880s, First Nations had not experienced any issues with, or been exposed to, TB; but this changed when they came into contact with the Red River Metis.⁵⁹⁶ However, this is untrue, First Nations had been exposed to the disease since, or not long after, contact.⁵⁹⁷ Also, participation in the fur trade put First Nations in frequent and direct contact with the Metis,⁵⁹⁸ which would have resulted with exposure at some point before the 1880s.

In the early 1900s, Henry Gabeler, a veteran trader who worked in Manitoba between Shoal Lake and Lake Manitoba, estimated “Nine out of ten half-breeds die[d] with consumption.”⁵⁹⁹ He believed they had a genetic flaw, predisposing them to the disease.⁶⁰⁰ Although this is incorrect, the people were genetically the same as others, he was somewhat correct when he suggested they were experiencing higher rates of TB in comparison to First

⁵⁹⁵ Mary Percy Jackson, account of her time up north, Biography: 1949-1998, Mary Percy Jackson fonds.

⁵⁹⁶ Maureen Lux, “Perfect Subjects: Race, Tuberculosis, and the Qu’Appelle BCG Vaccine Trial,” *Canadian Bulletin of Medical History* 15, no.2 (1998), 283.

⁵⁹⁷ “There is evidence that TB existed in South America centuries before the arrival of Europeans. There is less evidence that TB existed in North America until it was introduced by European explorers and settlers. Successive waves of immigrants brought the disease to Upper and Lower Canada in the 17th century and to the West by the mid-19th century.” Patricia G. Bailey, Norman C. Delarue, Howard Njoo, “Tuberculosis,” *Canadian Encyclopedia*, updated February 17, 2015, <https://www.thecanadianencyclopedia.ca/en/article/tuberculosis>.

⁵⁹⁸ Lux, “Perfect Subjects,” 283.

⁵⁹⁹ “Consumption’s Awful Work: Veteran Trader Says Dreaded Disease is Fast Killing Half-Breeds,” *Winnipeg Evening Tribune*, November 30, 1904, digitalcollections.lib.umanitoba.ca/islandora/object/uofm:1667847 (accessed November 04, 2018), 3.

⁶⁰⁰ James W. Dashuk, *Clearing the Plains: Disease, Politics of Starvation and the Loss of Aboriginal Life* (Regina: University of Regina, 2014), 176; Maureen Lux, *Medicine that Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940* (Toronto, ON: University of Toronto Press, 2001), 7; Kelm, *Colonizing Bodies*, xvi; James A. Trostle, *Epidemiology and Culture* (Cambridge University Press, 2005), 58.

Nations. In the early 1900s, many First Nations were already residing on reserves and receiving, although limited, healthcare and rations from the federal government – none of which were offered to the Metis. Unlike Gabeler, others argued because they were a racially mixed population, this provided them some immunity to the disease because those with “mixed ancestry may have inherited a degree of disease immunity from [their] European forebears.”⁶⁰¹

Ferguson’s work found those with a mixture of First Nations and white blood had more immunity to TB. He found “that among 161 full-blood Indian children 19.92% had died of tuberculosis, while among 154 children with more or less white blood of the same age group, 12.50% died of tuberculosis”⁶⁰² to which he concluded the “Infusion of white blood by crossing has been shown to...increase resistance. It...[did] not decrease morbidity, but it...reduced mortality.”⁶⁰³ However, as discussed, humans are biologically the same so the addition of Caucasian blood would not ensure better resistance or reduced rates of morbidity and mortality.

In 1929-30, the Dominion of Canada acknowledged TB was a problem among First Nations but no real attempts were made to address the problem. For example, the government knew about the TB situation because “strong appeals for help [were coming]...from almost every reserve”⁶⁰⁴ but yet the government “refused applications for sanatorium treatment due to lack of funds for maintenance.”⁶⁰⁵ Instead of addressing the problems and providing adequate funding, the government chose to provide monies to reserves where only a few people were affected by TB.⁶⁰⁶ This was problematic because the lack of funding to address the First Nations TB situation would have impacted the Metis as well. They often lived in fringe communities bordering reserves, putting them at increased risk of contracting the disease. Furthermore, if the federal government refused to provide funding to address the elevated rates of TB among First Nations, who were a federal responsibility, they definitely would have refused to give monies to address the health concerns of the Metis.

⁶⁰¹ John S. Long, “Treaty No. 9 and Fur Trade Company Families: Northeastern Ontario’s Halfbreeds, Indians, Petitioners and Metis,” in *The “New Peoples”: Being and Becoming Metis in North America*, eds. Jacqueline Peterson and Jennifer Brown, 137-162 (Winnipeg, MB: University of Manitoba Press, 1985), 140.

⁶⁰² Ferguson, *Tuberculosis among the Indians*, 24.

⁶⁰³ *Ibid.* 46-7.

⁶⁰⁴ Dominion of Canada, *Annual Departmental Reports 1929-30 Vol. II*. (Ottawa, ON: F.A. Acland: Printer to the King’s Most Excellent Majesty, 1931) <https://archive.org/stream/annualdept2s192930cana#page/n7>, 909-911.

⁶⁰⁵ *Ibid.*

⁶⁰⁶ *Ibid.*

In the north, TB was especially problematic. Jackson described the gravity of the situation, “the greatest cause of death had been tuberculosis, which had swept through them [Metis] like the plague. In some of the homes there had been as many as twelve recent deaths from TB. Some of the middle-aged had seen all their children die of it before they themselves succumbed.”⁶⁰⁷ She further described horrific accounts, including:

Children with tuberculous hips and spines and fingers and necks, with rotten discharging sores wrapped in dirty rags, with flies crawling from them... Children cowering in dark corners away from the light because of the phlyctenular {sic} ulcers in their eyes. Feverish emaciated mothers giving their last strength to suckling babies. A father and mother with a 2-year-old dying of tuberculous meningitis, pathetically trying to keep him awake, because they had seen other children sink into coma[s] and die. It was heart-breaking. There were no wonder-drugs in those days, and no sanatorium beds were available for half-breeds or Indians. I could do little more for them than their own medicine man...less in some ways, for they had faith in him, even though he was slowly dying of a huge cavity in his own lung.⁶⁰⁸

In this region, the “the annual death rate from TB among Metis and Indians in Keg River was at least 600/100,000. That was ten times as high as the rate for Alberta at that time, and a hundred times as high as it was in Alberta last year.”⁶⁰⁹ As mentioned, they were not permitted to be admitted to the san, leaving Jackson to deal with the situation.

Jackson, who only spoke English, had a difficult time explaining to them how one became infected with TB. As the disease continued to spread, and she tried to control it by “separating the infected from the healthy.”⁶¹⁰ Another method used was to request those visiting friends and relatives to take, and sleep in, their own tent. However, she found this approach failed because they were “most hospitable people.”⁶¹¹ She also attempted to have infectious individuals use sputum cups, rather than randomly spit on the ground or on the floors of their homes. She and her husband went as far as persuading some to burn their homes and soak clothing and linens used by the dying in disinfectant. Rates of TB did decrease slightly and Jackson alluded this was not because of destroying the homes and disinfecting clothes but was probably “due to the disease running short of new victims..[and her] husband prophesied...that

⁶⁰⁷ Mary Percy Jackson, account of her time up north, Biography: 1949-1998, Mary Percy Jackson fonds.

⁶⁰⁸ Ibid.

⁶⁰⁹ Ibid.

⁶¹⁰ Ibid.

⁶¹¹ Ibid.

just as soon as there was a large enough number of children again it would flare up as badly as ever.”⁶¹² One may think Jackson reacted as any doctor would, by acknowledging there was an epidemic and taking every step possible to try and control it, which it appears she did. However, she also acknowledged she “had...the strongest of personal motives for wanting to do something about the TB situation at Keg River, for this was the environment in which my children were growing up.”⁶¹³ It is understandable a parent wants to protect their children, but if her children’s health were not at risk, it raises the question of whether or not she would have made the same attempt to stop the spread of TB among them.

In 1932, approximately fifty-eight Metis in Manitoba died from TB. This number may not seem significant; but the death rate among them was eight times that of the non-Aboriginal population.⁶¹⁴ It is probable the death rate was higher, particularly if one factors in that not every person who died from TB, or TB related causes, would have done so in a hospital setting or under the care of a physician. The severity of the TB situation among them is obvious when examining the evidence provided by those questioned by the Alberta Metis Commission. Dr. McIntyre estimated the prevalence of TB among them was about 90%, [or] possibly higher.⁶¹⁵ Another physician indicated “tuberculosis was more common among the Metis than the white population.”⁶¹⁶ Dr. Harold Orr did not provide exact figures about the prevalence of TB but reported TB of the skin was more prevalent among them in comparison to the mainstream population.⁶¹⁷ Reverend Day, when questioned about the TB situation, indicated lack of services was an issue, “I am 30 miles from a doctor and ten miles from a telephone. In the case of a Treaty Indian becoming sick, a doctor can be called, but there is no free medical treatment for the Metis, the half-breed cannot get...[medical services].”⁶¹⁸ He also said they were experiencing worse health than their First Nations counterparts because of not having access to healthcare.⁶¹⁹

⁶¹² Mary Percy Jackson, account of her time up north, Biography: 1949-1998, Mary Percy Jackson fonds.

⁶¹³ Ibid.

⁶¹⁴ Ross Mitchell, “The Development of Public Health in Manitoba,” *Canadian Public Health Journal* 26, no.2 (1935), 66.

⁶¹⁵ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314-James Brady fonds. Item: iw-glen-341, James Brady fonds, 13.

⁶¹⁶ Ewing, Douglas and Braithwaite, *Report on the Royal Commission Appointed to Investigate*, 9.

⁶¹⁷ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314-James Brady fonds. Item: iw-glen-341, James Brady fonds, 21-22.

⁶¹⁸ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, February 25, 1935, Fonds glen-314, Item iw-glen-340, James Brady fonds, 63.

⁶¹⁹ Ibid.

Not only were the early treatment options not fully effective, patients who were fortunate enough to receive care often were removed from their families and communities for extended periods. In 1937, at the Manitoba Sanatorium the average length of stay was 285 days⁶²⁰ and at the St. Boniface Sanatorium the “average length of stay for all cases was 288 days; for cases of pulmonary tuberculosis 320 days.”⁶²¹ Bernice Murray recalls spending seven months at a san when she was fifteen years old;⁶²² Doreen Sinclair was a patient at both the Prince Albert and Saskatoon Sanatoriums for a total of three-and-a-half years;⁶²³ Roy Heron spent over two years at the Prince Albert Sanatorium, his sister eight years, and his brother was also admitted for an unknown amount of time. Albert Durocher remembered when he was diagnosed, he was sent to a san immediately, but “There was no bed, they put me in the hall... [because it] was full all the time. At the end of each hall there was a bed. There was that many.”⁶²⁴ When asked about the other patients, he said they were from “around here, all white people. They didn’t have no Indians, they didn’t have no room for Indians...No half-breeds, I was the only half-breed in there.”⁶²⁵ For those residing in northern areas, admission to a san was even more problematic because:

...most of them spoke no English, and could not read or write letters. The sanatorium was 500 miles away, beyond the reach of visitors. They had never been out of the north, had never seen a railway. They had never slept undressed, between sheets, or used a bathroom, and they didn’t like our food. They had every reason to regard tuberculosis as inevitably fatal, so to them it seemed just cruelty to remove them to hospital to die among strangers. Yet for the sake of the others it had to be done, even though it felt more like condemning them to long-term imprisonment than just referring them to hospital.⁶²⁶

Removing individuals from their loved ones and community impacted their mental and emotional wellbeing as well as the bonds between family members, such as those between parent

⁶²⁰ Canadian Medical Association Journal, “News,” *Canadian Medical Association Journal* 36, no.3 (1937), 325.

⁶²¹ Canadian Medical Association Journal, “News Items,” *Canadian Medical Association Journal* 38, no. 4 (1938), 410.

⁶²² Miller, *Meadow Lake Metis Elders*, 81.

⁶²³ *Ibid.*, 109.

⁶²⁴ Gabriel Dumont Institute. “Alfred Durocher Interview,” 28-9.

⁶²⁵ *Ibid.*

⁶²⁶ Mary Percy Jackson, account of her time up north, Biography: 1949-1998, Mary Percy Jackson fonds.

and child.⁶²⁷ Also, one has to ask how would these individuals return home upon release because this was the responsibility of the patient.⁶²⁸

By the late 1940s, physicians were gaining ground in controlling TB within the mainstream population. However, it continued to be problematic among the Metis. The Manitoba Branch of the Canadian Association of Social Workers found they were “an economically and socially disadvantaged group”⁶²⁹ and this was contributing to the elevated rates of mortality. The situation in Manitoba was not unique, for example, in Alberta in areas with higher concentrations of Metis, rates of TB were higher, such as at the Peace River District.⁶³⁰ The Canadian Medical Association Journal reported “The incidence of tuberculosis was found to be much higher in the northern half of the province [Alberta], probably because of the lower standards of living in isolated areas, particularly among the Metis population.”⁶³¹ One can see the magnitude of the TB situation when considering the “Deaths among white[s] were 3.8 per 100,000 while among people with admixture of Indian blood, the rate was about thirty.”⁶³²

By the 1950s, medications, which were quite effective, were commonly prescribed to those with TB. As mentioned, in 1948, approximately 7% of patients were prescribed streptomycin; but this figured jumped to 77% when the federal government agreed, in 1953, to fund the medication.⁶³³ In 1948, “Para-aminosalicylic acid salts...and isoniazid, introduced in 1952, reduced resistance and, when used in combination with streptomycin, were close to 100%

⁶²⁷ My grandmother was readmitted to the Manitoba (Ninette) sanatorium when her second child, my aunt, was approximately 3 months old. As a result, a mother-daughter bond never developed between them. Additionally, people I have spoken with expresses their relative(s) experienced mental and emotional issues long after being discharged from a san.

⁶²⁸ When my grandma was released from the Manitoba Sanatorium at Ninette, she had no money for a train ticket to return to Winnipeg. When the staff found out they took up a collection to help her. If they had not done this, she would have to walk or hitchhike, both of which would have been dangerous to her health and safety.

⁶²⁹ Canadian Association of Social Workers: Manitoba Branch, *The Metis in Manitoba*, 4.

⁶³⁰ “Rabies Reports Many,” *Peace River Record Gazette*, July 26, 1959, <https://access-newspaperarchive-com.berlioz.brandonu.ca/ca/alberta/peace-river/peace-river-record-gazette/1956/07-26?tag=metis+polio&rtserp=tags/metis-polio?pr=30&page=3&ndt=by&py=1900&pey=1960>, 1.

⁶³¹ Canadian Medical Association Journal, “Provincial News,” *Canadian Medical Association Journal* 80, no.3 (1959), 485.

⁶³² Alberta Tuberculosis Association, “Annual Report for the year ended February 28th 1959,” Alberta: Alberta Tuberculosis Association, 1959). Found in Medical Advisory Board, Alberta Tuberculosis Association (include Annual Report), A. Sommerville, 27/59, 1959.

⁶³³ Saskatchewan Lung Association, “Time Line of TB in Canada: 1948 – Introduction of antimicrobials in treating tuberculosis patients,” accessed May 02, 2012. <http://www.lung.ca/tb/tbhistory/timeline/antibiotics.html>. Stewart, *Holy Ground*, 100.

effective.”⁶³⁴ Although these medications were effective, rates of active TB remained elevated between 1950 and 1960, among those living in Saskatchewan.

Table 6: Percentage of French & English Half-Breeds Seen with Active TB in Saskatchewan⁶³⁵

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
15%	14%	15%	20%	19%	17%	14%	15%	19%	9%	12%

The figures for those with active TB who were seen by a physician remained relatively the same throughout 1950s (Table 6). There are a number of reasons why this was: 1) their health continued to be compromised; 2) they were not receiving education as to how to protect themselves against infectious diseases; 3) they did not have access to healthcare; and 4) the socio-economic-political marginalization they were experiencing created an ideal environment for TB to thrive. For example, living in poverty prevented them from buying nutritional foods, which in turn weakened their immune systems, leaving them at risk of contracting TB if exposed and spreading it to their family and communities. This, in combination with the government refusal to accept responsibility for them, created an ideal environment for TB to remain an ongoing health concern.

4. Smallpox

One disease known to be problematic among the Metis was smallpox. This disease is caused by the variola virus and it is only spread via humans; it is not spread by animals or insects.⁶³⁶ Smallpox is an airborne virus and those who experience “prolonged face-to-face contact”⁶³⁷ with an infected person are likely to become infected. A person can also become infected by inhaling the droplets emitted from an infected person’s cough or sneeze. For instance, if an infectious person sneezes or coughs, small droplets of moisture are emitted into the air, these droplets can then be inhaled by others. A consequence of this disease is, infected

⁶³⁴ Pugsley HE, Allen EA, Cheung OT, Coulthard HS, Gale GL. “Results of the treatment of tuberculosis before and since the introduction of chemotherapy,” *Canadian Medical Association Journal* 83 (1960) 424-9.

⁶³⁵ Saskatchewan Anti-Tuberculosis League, *The Valley Echo 1950 thru 1960*.

⁶³⁶ CDC, “Transmission: How does Smallpox Spread,” <https://www.cdc.gov/smallpox/transmission/index.html>. (accessed November 22, 2018).

⁶³⁷ *Ibid*.

individuals will develop sores that scab over. These scabs and the “fluid found in the ... sores”⁶³⁸ also spread the virus. For example, if the scabs or the fluid gets onto clothing or bedding, and someone has contact with these items, he is at risk of contracting the disease.⁶³⁹

The variola virus goes through six stages. First, when an individual contracts the virus, it can take seven to nineteen days before the person will begin to feel sick or experience other symptoms associated with the disease. During this stage, also known as the incubation period, the person is not considered infectious. When symptoms begin to appear, the patient may or may not be infectious. During this stage, which takes anywhere from two to four days, an individual will begin to experience symptoms such as “high fever, head and body aches [and] sometimes vomiting.”⁶⁴⁰ The third stage of the disease is when the initial rash develops. During this phase, which takes about four days, is when a person is considered the most infectious and “small red spots on the tongue and mouth”⁶⁴¹ will start to appear. These spots will “change into sores ... [and] break open ... [spreading] large amounts of the virus into the mouth and throat.”⁶⁴² Once this happens, the sores in the mouth will breakdown and a rash will begin to appear on the outside of the body. And, within twenty-four hours the entire body will be affected, and the person’s temperature will begin to drop. On or about the fourth day, the “skin sores [will] fill with a thick, opaque fluid” and once this happens, “...the fever may rise...and remain high until scabs form over the bumps.”⁶⁴³

During the fourth stage, or the pustular stage, the individual is still infectious to others. It is during this stage, the sores on the body will turn into pustules; they will become raised, roundish shaped, firm to the touch and will feel “like peas under the skin.”⁶⁴⁴ CDC reports, “After about 5 days, the pustules [will] begin to form a crust and then scab. By the end of the second week after the rash appears, most of the sores will have scabbed over.”⁶⁴⁵ In the next phase, the scabs will begin to fall off and this phase lasts six days. Once the scabs have all fallen off, the individual will no longer be contagious. It is important to note that even today, there is

⁶³⁸ CDC, “Transmission: How does Smallpox Spread.”

⁶³⁹ Ibid.

⁶⁴⁰ CDC, “Smallpox: Signs and Symptoms,” <https://www.cdc.gov/smallpox/symptoms/index.html> (accessed November 22, 2018).

⁶⁴¹ Ibid.

⁶⁴² Ibid.

⁶⁴³ Ibid.

⁶⁴⁴ Ibid.

⁶⁴⁵ Ibid.

no proven treatment for the variola virus, and the Government of Canada has reported, “A case of smallpox anywhere in the world constitutes a global health emergency.”⁶⁴⁶

In the early twentieth century, epidemics of smallpox were becoming less frequent among the general public, but outbreaks continued to impact marginalized populations including the Metis. At the Canadian Medical Association meeting held in 1901, Dr. G.A. Kennedy of McLeod, AB presented on “Mild Smallpox, which dealt with the recent outbreak of the disease in the Northwest Territories.”⁶⁴⁷ During this outbreak, over 1,500 individuals were affected, most of whom were Metis. The centre of epidemic was within a 100-mile radius of Edmonton; where upwards of 1,000 cases of smallpox happened.⁶⁴⁸ This outbreak spread to “Onion Lake, Frog Lake, St. Paul des Metis, Lac la Biche, near Prince Albert, Touchwood, Manor, Fort Pelly, Maple Creek, Calgary, Cochrane, Macleod, Pincher Creek, Lethbridge, Magrath, Stirling, Cardston and Athabasca Landing.”⁶⁴⁹ Dr. Patterson, quarantine officer for the Dominion Government, found the “greatest number of cases...occurred amongst the French halfbreeds, [who were] unvaccinated.”⁶⁵⁰ Other groups, including Galicians, Doukhobors and Romanians experienced few, if any, cases due to being vaccinated and this was also true for treaty First Nations, where few cases were reported. Patterson, further explained:

There is a colony of Galicians east of Edmonton numbering nearly 10,000 souls. On the west and to the southwest of them is a colony of French halfbreeds. Amongst the latter there were over five hundred cases of all grades of severity. On the east of them is another colony of halfbreeds, where about one hundred cases existed. The breeds unvaccinated, the Galicians thoroughly vaccinated. The breeds passing constantly as those people do, from one colony to the other, backwards and forwards through the Galician colony, yet not one case has occurred up to date amongst the Galicians.⁶⁵¹

⁶⁴⁶ Government of Canada, “Page 21, Canadian Immunization Guide: Part 4 – Active Vaccines,” accessed November 22, 2018. <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-21-smallpox-vaccine.html>; CDC, “Smallpox: Prevention and Treatment,” accessed November 22, 2018. <https://www.cdc.gov/smallpox/prevention-treatment/index.html>.

⁶⁴⁷ “The Medical Convention,” *Manitoba Morning Free Press*, August 30, 1901, <https://access-newspaperarchive-com.berlioz.brandonu.ca/ca/manitoba/winnipeg/winnipeg-manitoba-free-press/1901/08-30/page-2/metis?plo=smallpox-tuberculosis-influenza-polio, 2>.

⁶⁴⁸ Ibid.

⁶⁴⁹ Ibid.

⁶⁵⁰ Ibid.

⁶⁵¹ Ibid.

Interestingly, instead of Kennedy being concerned about the lack of vaccinations offered to the Metis, he argued the lesson to be learned was that vaccination was key to controlling smallpox.⁶⁵²

In 1900, the Manitoba Board of Health claimed there was only one case of smallpox within the province; no epidemics of any serious diseases, such as smallpox and TB, had occurred during the year. They concluded this was because “The population is so well vaccinated that there is no fear of an [smallpox] epidemic.”⁶⁵³ Although Manitoba reported it was supposedly smallpox free at this time, some locations within the province were experiencing issues trying to control the virus. Dr. Cleghorn, a physician and public health officer from Baldur, MB, described an outbreak of smallpox among them at the district of Rock Lake, “On my first visit of inspection I found ten cases [of smallpox] in seven homes, and inside of the next nine days fourteen more developed among the suspects, making twenty-four in all. The district covered an area of eight square miles, containing eleven infected homes.”⁶⁵⁴ Not only was smallpox affecting them in Manitoba, it was also an ongoing concern for those in Saskatchewan and Alberta. In 1902, near Fort Qu’Appelle and Indian Head, SK, an outbreak occurred among them. The *Winnipeg Daily Tribune* reported “The local board of health are doing everything in their power to cope with the situation but the greatest anxiety is felt where no board of health exists.”⁶⁵⁵ The paper did not run a subsequent article discussing the outcome of this situation; what most likely what happened was the people were left to fend for themselves unless they were putting residents of the towns at risk, at which point some help was probably offered.

Dr. Bell, who surveyed the Wabaska District of northern Alberta, reported “Small-pox [was]...common among the natives and half-breeds.”⁶⁵⁶ At Brooks, AB, two Metis children

⁶⁵² “The Medical Convention,” *Manitoba Morning Free Press*, 2.

⁶⁵³ “Board of Health: Provincial Annual Report Presented,” *Morning Telegram*, April 07, 1900, <http://digitalcollections.lib.umanitoba.ca/islandora/object/uofm%3A2710641?solr%5Bquery%5D=%28health%29%20AND%20%28%22halfbreed%22%29&solr%5Bparams%5D%5BdefType%5D=edismax&solr%5Bparams%5D%5Bsort%5D=score%20desc&solr%5Bparams%5D%5Bfacet%5D=true&solr%5Bpar>, 5.

⁶⁵⁴ Cleghorn, “Management of Infectious Disease in Rural Municipalities,” 365.

⁶⁵⁵ “Outbreak of Smallpox” *Winnipeg Daily Tribune*, February 24, 1902, <http://digitalcollections.lib.umanitoba.ca/islandora/object/uofm%3A1710466?solr%5Bquery%5D=%28health%29%20AND%20%28%22halfbreed%22%29&solr%5Bparams%5D%5BdefType%5D=edismax&solr%5Bparams%5D%5Bsort%5D=score%20desc&solr%5Bparams%5D%5Bfacet%5D=true&solr%5Bpar>, 1.

⁶⁵⁶ W.W. Bell, “A Report on a Medical Survey in the Wabaska District” *Canadian Medical Association Journal* 12, no.10 (1922), 726.

contracted the virus in 1940.⁶⁵⁷ Smallpox was also problematic among those residing just south of the border. At the “Turtle Mountain Subagency at Rolla [located fourteen miles south of the Canadian border in North Dakota]” it was affecting the “half-breed Chippewa Indians.”⁶⁵⁸ In 1904, at St. Johns, ND, there were “no less than 68 cases...[among the] Indians and halfbreeds.”⁶⁵⁹ This specific outbreak was worrisome because “if the warm weathered continues and the Metis set out on their summer roving there will be great danger of the disease spreading.”⁶⁶⁰ Persons residing in Canada along the border were paying close attention to the smallpox situation, and were “rendering all possible assistance to the quarantine officials and are taking all the precautions against the spread of the disease north of the International line.”⁶⁶¹ Fortunately, the virus never made its way across the border because it would have posed a threat to the Metis of the Turtle Mountains.

By the late 1950s, smallpox numbers decreased across the prairies, in all populations. The reduction can be linked directly to vaccinations, which protected individuals from acquiring the disease if exposed. However, the vaccinations were not provided to the Metis solely to protect them from smallpox; it is much more likely they were provided with vaccinations as a means to protect dominant society. If smallpox remained an ongoing problem among them, the probability of spreading it to others was elevated because the vaccination did not protect someone for a lifetime.

5. Poliomyelitis

Poliomyelitis, typically referred to as polio, was a health concern for the Metis between the 1900 and 1960. This disease was caused by the poliovirus and as the World Health Organization explains, “Polio is a highly infectious disease... [that] invades the nervous

⁶⁵⁷ “Two Smallpox Cases Reported at Brooks,” *Medicine Hat News*, December 06, 1940, <https://access-newspaperarchive-com.berlioz.brandonu.ca/ca/alberta/medicine-hat/medicine-hat-news/1940/12-06?tag=metis+smallpox&rtserp=tags/metis?pci=2&ndt=by&py=1930&pey=1940&plo=smallpox>, 1.

⁶⁵⁸ Smith, “Smallpox among the Indians in North Dakota,” 2092.

⁶⁵⁹ “Smallpox Across Line: Sixty-Eight Cases among the Metis and Indians Reported from St. Johns, ND,” *Morning Telegram*, May 02, 1904, <http://digitalcollections.lib.umanitoba.ca/islandora/object/uofm%3A2724757?solr%5Bquery%5D=%28metis%29%20AND%20%28%22smallpox%22%29&solr%5Bparams%5D%5BdefType%5D=edismax&solr%5Bparams%5D%5Bsort%5D=score%20desc&solr%5Bparams%5D%5Bfacet%5D=true&solr%5Bparam>, 5.

⁶⁶⁰ “Smallpox Across Line: Sixty-Eight Cases among the Metis and Indians Reported from St. Johns, ND,” *Morning Telegram*, May 02, 1904, 5.

⁶⁶¹ *Ibid.*

system...and can cause total paralysis in a matter of hours.”⁶⁶² Similar to smallpox, polio is contracted through “faecal-oral route or, less frequently, by a common vehicle (for example, contaminated water or food)... [which then] multiplies in the intestine.”⁶⁶³ CDC describes this virus as “very contagious”⁶⁶⁴ and explains,

The virus lives in an infected person’s throat and intestines. It enters the body through the mouth and spreads through contact with the feces...of an infected person.... You can get infected with poliovirus if you have feces on your hands and...touch your mouth. Also, you can get infected if you put ... objects like toys that are contaminated with feces...[in your mouth].⁶⁶⁵

As the virus spreads through the body, it can “invade [the] person’s brain and spinal cord”⁶⁶⁶ and cause full or partial paralysis. Unlike smallpox, which is airborne, it is less likely someone will become infected with polio via the airborne route.⁶⁶⁷ Once infected, some people will experience symptoms for approximately two to five days, which can include one or more of the following: “sore throat, fever, tiredness, nausea, headache and stomach pain.”⁶⁶⁸ Some individuals will experience life-threatening symptoms, involving the brain and spinal cord. For example, some might experience, “Paresthesia (feeling of pins and needles in the legs); Meningitis (infection of the covering of the spinal cord and/or brain)... Paralysis (can’t move parts of the body) or weakness in the arms, legs, or both.”⁶⁶⁹ It can also result in death if a person’s respiratory system becomes paralyzed and he can no longer breathe on his own.

In 1927, Alberta experienced a polio epidemic with 355 cases reported. At this time, “there were no facilities at hand to take care of any large number of cases that might result from such an outbreak from this new and strange disease.”⁶⁷⁰ Around this time, Dr. Mewburn of Edmonton reported “All races and creeds seem to be susceptible to the disease except the full-blooded North American Indian.” However, the theory of those with Aboriginal blood being

⁶⁶² World Health Organization, “Poliomyelitis,” accessed November 25, 2018. <http://www.who.int/news-room/fact-sheets/detail/poliomyelitis>.

⁶⁶³ Ibid.

⁶⁶⁴ Center for Disease Control and Protection, “Global Health: What is Polio,” accessed November 25, 2018. <https://www.cdc.gov/polio/about/>.

⁶⁶⁵ Ibid.

⁶⁶⁶ Ibid.

⁶⁶⁷ World Health Organization, “Poliomyelitis.”

⁶⁶⁸ Center for Disease Control and Protection, “Global Health: What is Polio.”

⁶⁶⁹ Ibid.

⁶⁷⁰ F.H.H. Mewburn, “Some Experiences with the Aftercare of Poliomyelitis,” *Canadian Medical Association Journal* 61 (1949), 286.

resistant was proven false when a Metis individual received a positive diagnosis.⁶⁷¹ Although there is not a great deal of data to fully describe their polio experience, what does exist clearly shows they were not immune to this disease.

Sporadic outbreaks of polio happened quite often in Manitoba. In 1941 there were 1,011 reported cases of polio in the province, of which twenty succumb to the disease. Ten years later there were 841 confirmed cases and twenty-five deaths and the following year, 1953, there was almost 2,400 cases and eighty-nine deaths.⁶⁷² During the Manitoba polio epidemic of the mid-1930s, the *Winnipeg Free Press* reported there were three new cases of polio; two were Metis children, “Ferman Merasty, a three-year-old boy...and Lorraine Hooker, 19 months,”⁶⁷³ both of whom were partially paralyzed.⁶⁷⁴ Dr. C. Donovan, an epidemiologist with the Manitoba Department of Health and Public Welfare, in his article “Epidemiological Features” describes how the first reported case of polio found in the area of Boissevain, was a sixteen-year-old Metis boy who resided about 10 kms south of town.⁶⁷⁵ There were also anecdotally reported cases of polio at their community in the Turtle Mountains, which is just south of Boissevain. It is interesting that identifying information regarding youths was provided to the public about who tested positive for polio. One could argue this was done so the townspeople and local farming community could try protect their children. For example, if the sixteen-year-old attended school, parents could keep their children home, or what would most likely happen is, parents protested until the boy was suspended for a medical reason.

In the 1950s, an outbreak of polio occurred in the Yukon and “Among the 46 whites who contracted poliomyelitis, 22 were Metis.”⁶⁷⁶ The figure may not seem out of the ordinary; however, the population of the Yukon at the time was just over 9,000 people. There are no statistics about how many Metis were in the region at the time but there were 1,700 First Nations, 2,000 military personnel and 5,200 civilians. If one assumes the number of Metis was similar to the First Nations population, the latter would represent approximately 19% of the

⁶⁷¹ Mewburn, “Some Experiences with the Aftercare of Poliomyelitis,” 286.

⁶⁷² M.R. Elliot and R.D. Defries, “The Manitoba Department of Health and Public Welfare,” *Canadian Journal of Public Health* 49, no.11 (1958), 460.

⁶⁷³ “Province has 1st Polio Death,” *Winnipeg Free Press*, September 04, 1959), <https://access.newspaperarchive.com/ca/manitoba/winnipeg/winnipeg-free-press/1959/09-04/page-3/metis-polio?page=2&ndt=by&py=1900&pey=1960>, 1.

⁶⁷⁴ *Ibid.*

⁶⁷⁵ C.R. Donovan, “Epidemiological Features,” *Canadian Public Health Journal* 28, no.8 (1937), 368.

⁶⁷⁶ Adamson, Malcolm and Lossing, “Poliomyelitis in the Yukon,” 337.

population; and, although they only represented a small portion of the Yukon's population, they accounted for almost half of those diagnosed with polio.⁶⁷⁷

By the 1950s, when healthcare was more accessible, polio outbreaks continued to be an ongoing problem for them. At Fort Vermilion, Alberta, in 1953, the rate of polio among Aboriginal peoples was elevated. During this outbreak twenty-one people were infected, of which six were First Nation, six were non-Aboriginal, and the remaining nine were Metis. The rate was most likely higher among them because of the poor social conditions they were experiencing: "Many Metis...barely make a living, depending mostly on hunting and trapping in the winter and casual laboring in the summer; their shacks are frequently overcrowded and dirty, and their diet often lacks both variety and vitamins."⁶⁷⁸ Each of these factors negatively affected their health, putting them at risk of contracting diseases like polio. Although vaccinations were fairly common by the 1950s and it was easier to access healthcare, they continued to experience elevated rates of polio. One method never tried by the government, which would have improved their health, was to find long term solutions to improving their social conditions.

6. Sexually Transmitted Infections

There are countless types of sexually transmitted infections [STI], including syphilis, gonorrhea, herpes, and chlamydia. These diseases affect both genders and every population, no matter what the cultural background, race, or income level. Most STI's are passed from one individual to another via sexual contact and are caused by "bacteria, parasites, and viruses."⁶⁷⁹ The most common STI's among the Metis were syphilis and gonorrhea, both of which were treatable with oral medications, particularly antibiotics.

Syphilis is a bacterial infection and is spread from one person to another via sexual contact. This infection has four stages: primary, secondary, latent and tertiary. During the primary stage an individual will notice sores appearing on the body, particularly around the site where the bacteria entered the body, such as the vagina. The sores "are usually (but not always) firm, round, and painless" and the individual may not notice them.⁶⁸⁰ Interestingly, the sores will

⁶⁷⁷ Adamson, Malcolm and Lossing, "Poliomyelitis in the Yukon," 337.

⁶⁷⁸ Orford-Smith, Chir and Cole, "A Winter Outbreak of Poliomyelitis in Northern Alberta," 44.

⁶⁷⁹ "Sexually Transmitted Diseases" MedlinePlus, 2017, <https://medlineplus.gov/sexuallytransmitteddiseases.html>.

⁶⁸⁰ Centers for Disease Control and Prevention "Syphilis Fact Sheet." Accessed June 2017. <https://www.cdc.gov/STI/syphilis/STIfact-syphilis.htm>

remain on the body for 3-6 weeks and will gradually heal and disappear, even if the person does not receive treatment. If an individual does not receive treatment, the infection will graduate to the second stage.⁶⁸¹ During the secondary stage, symptoms will worsen:

During the secondary stage, [someone]... may have skin rashes and/or mucous membrane lesions. Mucous membrane lesions are sores in your mouth, vagina, or anus. This stage usually starts with a rash on one or more areas of [the]...body. The rash can show up when ...[the] primary sore is healing or several weeks after the sore has healed. The rash can look like rough, red, or reddish brown spots on the palms of ...[the] hands and/or the bottoms of [the]... feet. The rash usually won't itch and it is sometimes so faint that [the individual]... won't notice.⁶⁸²

A person can also experience other symptoms including “fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue.”⁶⁸³ If the person does not receive any treatment during the secondary stage, the infection will proceed to the following stage.

During third stage, referred to as the latent stage, the individual will have “no visible signs or symptoms of syphilis.”⁶⁸⁴ A person in the latent stage of infection can still pass the infection to others and will “continue to have syphilis...for years without any signs or symptoms.”⁶⁸⁵ The tertiary stage is when the infection begins to affect the organ systems, which “include the heart and blood vessels...the brain and nervous system.”⁶⁸⁶ The tertiary stage occurs 10-30 years after initial infection.⁶⁸⁷ If a person was not able to get treatment, the infection could travel, during any stage of infection, to a person's brain and nervous system, neurosyphilis, or to their eyes, known as ocular syphilis. Those with neurosyphilis could experience one or more of the following: “severe headache; difficulty coordinating muscle movements; paralysis...numbness; and dementia.”⁶⁸⁸ When a patient developed ocular syphilis he would experience changes in vision, and in some cases, blindness could occur.⁶⁸⁹

Early diagnosis was important as to avoid further complications from developing, and this was especially true for pregnant women. A pregnant woman could pass the infection to the

⁶⁸¹ Centers for Disease Control and Prevention “Syphilis Fact Sheet.”

⁶⁸² Ibid.

⁶⁸³ Ibid.

⁶⁸⁴ Ibid.

⁶⁸⁵ Ibid.

⁶⁸⁶ Ibid.

⁶⁸⁷ Ibid.

⁶⁸⁸ Ibid.

⁶⁸⁹ Ibid.

unborn child and result in low birth weight, early delivery or a stillbirth.⁶⁹⁰ If by chance the baby was born, he may or may not have obvious symptoms of syphilis. However, if the baby did not receive immediate treatment, he could “develop serious problems within a few week...[including] cataracts, deafness, or seizures” or ultimately the baby could die.⁶⁹¹ Obviously, early detection and treatment were pivotal at stopping the infection from worsening.

Like syphilis, gonorrhea is also a bacterial infection and is treatable with antibiotics. Those infected may or may not experience any symptoms, making it difficult for someone to know if he might be infected. Symptoms for men can include one or more of the following: “a burning sensation when urinating; a white, yellow, or green discharge from the penis; painful or swollen testicles.”⁶⁹² Women with gonorrhea often do not experience any symptoms, and if they do, they are often mild and sometimes can be “mistaken for a bladder or vaginal infection.”⁶⁹³ Symptoms among women may include: “painful or [a] burning sensation when urinating; increased vaginal discharge; [and] vaginal bleeding between periods.”⁶⁹⁴ Although the symptoms are not serious health threats for those with gonorrhea, the infection can cause permanent damage if left untreated. In men, the infection can cause a “painful condition in the tubes attached to the testicles”⁶⁹⁵ and in some cases can prevent a man from “being able to father a child.”⁶⁹⁶ Women with gonorrhea can develop pelvic inflammatory disease, which can cause the “formation of scar tissues [to develop] that blocks fallopian tubes.”⁶⁹⁷ Other complications they could experience include ectopic pregnancies, becoming infertile or develop “long-term pelvic/abdominal pain.”⁶⁹⁸ Additionally, an infected pregnant woman can pass the infection to her child during delivery. If gonorrhea is not treated it can spread to a person’s joints or to the blood, which can be life threatening.⁶⁹⁹ STI’s could result with serious complications developing, including death. Failing to educate, test and provide treatment to those affected was a major issue

⁶⁹⁰ Centers for Disease Control and Prevention “Syphilis Fact Sheet.”

⁶⁹¹ Ibid.

⁶⁹² Centres for Disease Control “Gonorrhea Fact Sheet,” Reviewed July 2017. US Department of Health & Human Services. <https://www.cdc.gov/STI/gonorrhea/STIfact-gonorrhea.htm>

⁶⁹³ Ibid.

⁶⁹⁴ Ibid.

⁶⁹⁵ Ibid.

⁶⁹⁶ Ibid.

⁶⁹⁷ Ibid.

⁶⁹⁸ Ibid.

⁶⁹⁹ Ibid.

between 1900 and 1960 and allowed some STI's, such as syphilis and gonorrhea, to remain problematic among certain populations, like the Metis.

It is obvious STIs were an issue for them when one examines the evidence provided to the Alberta Metis Commission. Dr. Orr explained in the early 1920s,

...there were all kind of stories circulating about the prevalence of syphilis among the half-breeds, of their being infected with syphilis. ...Reports came in from the Mounted Police and others, and it was decided that we should go and investigate. We arranged with the Mounted Police to round up all the ones they were certain had venereal disease, syphilis. There were about 150 to 200 brought in, all over the north country. These reports had come in about the Metis in Lac Le Biche {sic} district being affected with syphilis. ...we proceeded to Lac Le Biche {sic} and made examinations, took blood tests. We found one family of syphilitics.⁷⁰⁰

Although syphilis was not a concern at Lac La Biche, James Brady, speaking on behalf of the Metis, estimated "at least fifty per cent of the [adult male] half breeds in...[Lac La Biche were]...afflicted with venereal disease."⁷⁰¹ Malcolm Norris, another Metis representative, claimed in some areas rate could be as high as seventy five percent.⁷⁰² However, one physician, in contrast to the claims of Norris and Brady, reported the disease was "not much more prevalent among the Metis than among the white men...[nor was] the percentage of this disease [referring to VD]...excessively high."⁷⁰³ Orr agreed, stating STIs were only "slightly higher in the Metis population"⁷⁰⁴ in comparison to their white counterparts. The data does not provide a definite answer about who was correct, the representatives or the physicians. It does however, raise the question of whether doctors downplayed the STI situation; because acknowledging the rates were 50-75% higher would show federal and provincial governments, as well as the healthcare system, were failing to provide them adequate healthcare services.

The STI situation among them was not unknown or kept secret. On his trip through the Wabaska district, Dr. Bell visited Calling Lake, Sandy Lake, and Stony Point to vaccinate them and the First Nations. He found "many [of them were]... infected with venereal disease."⁷⁰⁵ His

⁷⁰⁰ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314- James Brady fonds. Item: iw-glen-341, James Brady fonds, 22.

⁷⁰¹ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, February 25, 1935, Fonds glen-314, Item iw-glen-340, James Brady fonds, 48.

⁷⁰² Ibid., 48.

⁷⁰³ Ewing, Douglas and Braithwaite, *Report on the Royal Commission Appointed to Investigate*, 9.

⁷⁰⁴ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314, Item: iw-glen-341, James Brady fonds, 28.

⁷⁰⁵ Bell, "A Report on a Medical Survey in the Wabaska District," 726.

findings were not unique, others also reported increased rates of STI's among them, such as Reverend Day, who was concerned about the elevated rates and the fact that those infected were not receiving medical care.⁷⁰⁶ Tomkins argued the Aboriginal STI situation was directly linked to the white men who were "brought in from the town...[when] the railroads went in."⁷⁰⁷ He said these men showed up already having STIs, then had sexual relations with the women, infecting them in the process. Compounding to the problem was the fact, the people had no physicians in their communities, meaning those infected would not be diagnosed or receive treatment.⁷⁰⁸ This would allow the effects of the diseases to worsen and contribute to the ongoing STI problem.

Those wanting medical care had to travel to a larger urban centre for treatment. However, this was not always an option, particularly for those living in poverty or without transportation. And for some, seeking healthcare jeopardized their income:

Albert Andrews is in hospital in Edmonton undergoing treatment for syphilis which he states he contracted from his wife, she is still living in Grouard but is not getting any aid from the Government as the Corporal told her to get to work and earn her living. While her husband was with her they were getting \$5.00 a month for flour and lard but when he went to town for treatment this was cut off as she is thoroughly able to look after herself.⁷⁰⁹

If it was common to stop monthly assistance, it would be of major concern because people suffering from STI's or other health problems may not have sought out treatment fearing their spouses and children would be left destitute. This would mean these individuals remained in their communities and depending on their infections (i.e. STIs, TB) and behaviours (promiscuity) may have caused others to become infected.

In general, rates of syphilis were elevated among them in comparison to other populations, specifically at Grouard, AB. The Wassermann test⁷¹⁰ was done on 170 individuals, including Aboriginal people and two Chinese people, to determine the presence of syphilis. Of those tested, thirteen tested positive of which twelve were Metis and one was First Nations.⁷¹¹

⁷⁰⁶ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, February 25, 1935, Fonds glen-314, Item iw-glen-340, James Brady fonds, 63-64.

⁷⁰⁷ Ibid., 83.

⁷⁰⁸ Ibid.

⁷⁰⁹ W.W. Bell, Health and Social Development: Half-Breed Commission Reference Copies, Provincial Archives of Alberta (CC No. GR1975.0075, Box 1 (Files 1-19), Folder 10 "Extracts from the Report for Grouard District," Edmonton, AB. 1.

⁷¹⁰ The Wasserman test is a blood test to test if an individual is positive for syphilis.

⁷¹¹ Harold Orr Letter to Deputy Minister, Department of Municipal Affairs, December 27, 1935: Half Breed Commission Vol.II Copy of TC Rankine Secretary p. 548-746: 1933-1935, GR1975.0075, Box 1 (Files 1-19),

Although the tests were done at no charge, one cannot assume free treatment was also provided if one tested positive. Orr explained an infected First Nation individual, who was a federal concern, would be “looked after by the Department of Indian Affairs, Ottawa.”⁷¹² However, when discussing the twelve Metis, he said they were “destitute [and] the treatment I suppose will have to be paid for by the Municipality.”⁷¹³ Suggesting they *may* be treated by the municipality did not mean treatment was guaranteed. It was not law that municipalities had to provide healthcare services, they could refuse. And, considering it was the Metis who would need the care, its probable the municipalities would not fund treatment because many of them did not pay municipal taxes.

In a piece of correspondence by Tomkins to an unknown recipient, he indicated he wanted a physician to travel to Grouard to treat those with syphilis. Orr, after hearing about this, disagreed with Tomkins request and explained to Alberta’s Deputy Minister of Health, Dr. Bow, “We have syphilitic patients being treated in all parts of the province but in every instance they visit the doctor, often travelling considerable distances. These patients are all able-bodied and the journey can do them no harm.”⁷¹⁴ Orr requested the Royal Canadian Mounted Police [RCMP] investigate. In their response to Tomkins concerns, an officer reported, “during the early part of 1934 I noticed a car load of people coming from Grouard in a car operated by Regis Boulenger upon being interviewed I learned that the occupants were paying for the round trip, some of the occupants were going to High Prairie for treatment and others for business...”⁷¹⁵ Apparently they were doing what Orr thought they should do, which was travel to a doctor, not make the physician visit them in their home community. However, the RCMP officer stated:

I informed the owner of the auto that he would have to obtain a Livery License which he did, others were also checked up who brought people to High Prairie from Grouard via auto, and they were all told if they accepted payment for carrying passengers in their autos they would have to obtain livery licenses.”⁷¹⁶

This officer also acknowledged “...some of the parties brought over were also able to buy beer, so that they cannot say that they were destitute. I am also given to understand that whenever a

Folder 4 “Letter to Deputy Minister, Department of Municipal Affairs, December 27, 1935,” Alberta Department of Social Services and Community Health funds, Provincial Archives of Alberta, Edmonton, AB.

⁷¹² Ibid.

⁷¹³ Ibid.

⁷¹⁴ Ibid., 1.

⁷¹⁵ Ibid., 2.

⁷¹⁶ Ibid.

dance is held it is an easy matter to obtain transportation.”⁷¹⁷ It is obvious the their health was not the primary concern of this officer. Although he did not indicate why he questioned Boulenger and the others, it is probable he did this simply because he saw a carload of Metis. Orr’s request to have them travel to visit physicians obviously failed to recognize or acknowledge the difficulties they could encounter, particularly those associated to racism and discrimination.

Syphilis and venereal diseases were not the only problematic STI’s among them, gonorrhea was also an issue. Dr. McIntyre argued gonorrhea was “much more prevalent than syphilis, much more.”⁷¹⁸ When being questioned by the Alberta Metis Commission, he explained when gonorrhea was evident in the [fallopian] tubes, surgical interventions were needed. He explained, “very often the infection will spread up the urethra, and in the female to the tubes, inflammation of that type will develop until it means there has to be surgical interference. In the male you can get cases of stricture, bladder trouble, inflammation of the bladder and so on.”⁷¹⁹ The surgeries to treat gonorrhea were not without risk, such as patients were more apt to develop rheumatism, which if not treated usually became chronic.⁷²⁰ McIntyre told the Commission, “You might get gonorrhea killing a man; I remember a case, sudden death, and there was a post-mortem, the man had contracted gonorrhea but he died of valve trouble. I remember it, the point being the heart condition was the cause of death but the heart condition was venereal.”⁷²¹ Easily accessible health care and early intervention could have reduced the risk of secondary medical conditions from developing. However, most at this time had few options in regard to medical assistance leaving them vulnerable to developing complications, secondary health problems, or new health concerns.

McIntyre recognized treatment was not being provided to them, like it was to their First Nation counterparts. To eliminate venereal disease from their population he argued, “It is absolutely necessary if any good is to be accomplished, that the Indian Department work in

⁷¹⁷ Harold Orr Letter to Deputy Minister, Department of Municipal Affairs, December 27, 1935: Half Breed Commission Vol.II Copy of TC Rankine Secretary p. 548-746: 1933-1935, GR1975.0075, Box 1 (Files 1-19), Folder 4 “Letter to Deputy Minister, Department of Municipal Affairs, December 27, 1935,” Alberta Department of Social Services and Community Health fonds, Provincial Archives of Alberta, Edmonton, AB.

⁷¹⁸ Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314, Item: iw-glen-341, James Brady fonds, 10.

⁷¹⁹ Ibid., 10-11.

⁷²⁰ Ibid., 11.

⁷²¹ Ibid., 16.

conjunction with the Department handling the Metis.”⁷²² When asked if the close proximity between them and First Nations played a role in the elevated infection rates, he said it would be “impossible to treat the one and ignore the other, if you are to expect good results.”⁷²³ The close relationship between Aboriginal peoples most likely allowed venereal disease to be continually be spread from person to person, thus McIntyre’s suggestion to treat both populations would have been effective at reducing the number of infections.

When Orr was asked how to decrease or eliminate venereal disease among them, he explained,

...there is a good deal being done right today, to lessen the dangers of this disease and reduce it, in the oncoming generations. Take it from year to year, and by education and other means everything is being done to combat the evil. There are facilities today for treatment that did not exist years ago, and the public are being educated to see that it is of the utmost importance to secure early treatment.⁷²⁴

Orr’s recommendation is simplistic and likely would have reduced the number of cases for the mainstream population, but not for marginalized populations, such as the Metis. Additionally, his racist and sexist attitude are obvious when he blamed the women, arguing they were at fault because some earned “their living by prostitution, and that is of course, as is well known, a very prolific source of contamination.”⁷²⁵ Although he made a strong allegation against the women as being largely responsible for the VD situation, he failed to address some key questions, including: 1) why did some Metis women have to engage in prostitution to earn a living; 2) what role did colonialism play; and, 3) were non-Metis men responsible for spreading the infection to the women? These are important questions because it can be argued Orr placed the blame on the victim, rather than acknowledging the role of colonialism.

The various levels of government and the healthcare system’s failure to address the STI situation among them was negligent and threatened their health and wellbeing. Eliminating STIs would require education, testing and treating those who were infected; however, the government’s refusal to do so, it can be argued, was a method to try, whether intentional or not, to eliminate them. Allowing STIs to persist in their communities threatened lives and, in some

⁷²² Evidence and Proceedings of the Half-Breed Commission, Edmonton, AB, March 2, 1935, Fonds glen-314, Item: iw-glen-341, James Brady fonds, 17.

⁷²³ Ibid.

⁷²⁴ Ibid., 26-27.

⁷²⁵ Ibid.

cases, risked their ability to reproduce. Furthermore, the various levels of governments and the healthcare system's failure to acknowledge the role of settlers in the STI situation was problematic because it removed responsibility from dominant society, particularly the Euro Canadian men, and instead faulted the victims. This in turn supported the stereotypes about them being inferior, diseased and promiscuous into the consciousness of mainstream society.

7. Women's & Children's Health

Colonialism, in combination with the western medical system, affected traditional Metis childbirth practices. Historically, the women typically supported one another, particularly when someone was pregnant. They would provide support throughout the pregnancy, including assisting during delivery and offering help once the child was born. Millie Beaudry-Nydegger experience serves as a useful example,

I had no idea I was about to have a baby. After having cramps all night I realized that the baby might be coming. John went to find the horses but he couldn't find them. ...he came back to see how I was but I was still belly aching. John left again to look for the horses. Not long after I could hear a team coming down the road. It turned out to be Sam Landry and his wife Jesse. ... John had stopped by and told them what was happening. The old lady Landry was with them too. ... John carried me to the back of the wagon and laid me on the hay. The old lady prepared a bed for me and my daughter Marie was born two hours later. She was born in September but wasn't due until October. She was so small and was born without eyebrows or eyelashes and no fingernails or toe nails. That old lady Landry kept her covered and told me to keep her covered at all times for at least a month and she'd be fine. She was right.⁷²⁶

Obviously 'old lady' Landry was well versed in childbirth and knew immediately what to do. Not only did she know how to prepare a clean, comfortable area for the birth to take place, she had advice for the new mother once the child arrived.

The women experienced elevated numbers of maternal deaths compared to their non-Aboriginal counterparts. In the survey "Maternal Deaths in Manitoba" by the Department of Health and Public Welfare of Manitoba, it was found "Race seemed to play a considerable part" in maternal deaths. The survey did not provide much in regard to statistical information about

⁷²⁶ Millar, *Meadow Lake Metis Elders*, 14.

them but noted the “half-breeds...had a high maternal death rate”⁷²⁷ and that between 1933-37, there were 294 maternal deaths reported in Manitoba, of which six were Metis women.⁷²⁸ There are a number of reasons why this figure is low and most likely incorrect, including 1) many of the women were still delivering their babies at home, not in a hospital, meaning the deaths may not have been reported; 2) if a woman’s death was reported, a secondary cause of death, such as a hemorrhage, may have been listed as a cause of death; and 3) it is possible hospitals did not record whether or not patients were Metis, particularly those who were more white in appearance. Dorian argued many women died young because of “closely spaced pregnancies.”⁷²⁹ Although this may be partially true, one still needs to consider the role of poverty, poor housing conditions, lack of nutrition, existing health problems, and limited access to physicians, all of which would negatively influence a woman’s health and cause complications during pregnancy and delivery.

Women who lived past their fertile period often lived to reach an old age.⁷³⁰ Those who reached their eighties and nineties appear to have done so with little medical interventions. Their resilience and strength is obvious in the stories of their deaths, such as one woman, who at the age of ninety-three-years was diagnosed with a rat ulcer. Over the course of next ten years, her ulcer “destroyed her eye, [and] ulcerated into her temporal artery.”⁷³¹ Her granddaughter who was helping her, could no longer keep the ulcer clean and it became infested with maggots. However, she continued to perform her chores, such as hand cutting hay for her horse and she only became “bedridden...shortly before her death” at the age of 103.⁷³² Another woman, who was ninety-six-years-old, never experienced any major health issues until the “last week of her life.”⁷³³ In the month prior to her death, she “was going back and forth everyday {sic} to birch swamp across the Keg [River], to make birch syrup.”⁷³⁴ This may not sound like a difficult task

⁷²⁷ Noel R. Rawson, “Maternal Deaths in Manitoba: The Findings of the Pregnancy Survey Conducted By the Department of Health and Public Welfare of Manitoba from May 1, 1938 to April 30, 1940,” *Canadian Public Health Journal* 32, no.2 (1941), 59.

⁷²⁸ F.W. Jackson, N.R. Rawson and E. Couture, “Maternal Mortality in Manitoba 1933-1937,” *Canadian Public Health Journal* 31, no.7 (1940), 312.

⁷²⁹ Leah Dorion, “Metis Family Life,” Gabriel Dumont Institute (2003)

<http://www.metismuseum.ca/media/document.php/01262.VM%20-%20Family%20Structures.pdf>, 22-23.

⁷³⁰ Dorion, “Metis Family Life,” 22-23.

⁷³¹ Geriatric Conference Speech, Mary Percy Jackson fonds, 3.

⁷³² Ibid.

⁷³³ Ibid., 3-4.

⁷³⁴ Ibid., 2-3.

but to get across the river, the woman had to walk across a log to from one bank to the other, with the river being twenty feet below.⁷³⁵ Mrs. Pringle, lived in Winnipeg and died of TB in 1907 and;

... was found dead yesterday in a room at the corner of Rupert and Main streets. The furniture of the room consisted of two beds and a small table. There was no stove in the room, no lamp and no chairs. Beyond the light of the garish street the Pringle family had sat nightly in darkness. Apparently, the only heat enjoyed by them was that which penetrated the walls from the adjoining tenements. And in this hovel the woman had lain for weeks slowly dying of consumption.⁷³⁶

These account are examples of the strength and resilience the women possessed. A strength that helped them cope with major health issues with little to no western medical interventions.

One method of gauging the health of a population is to examine infant mortality rates.⁷³⁷ Among them, infant mortality rates were continually elevated in comparison to other populations. From the late 1800s to the early 1900s, at Batoche, SK, Dorian reported infant mortality rates were high among those younger than five years of age and most families lost “about four [infants].”⁷³⁸ From 1938 to 1940, the infant mortality rate among those living in Manitoba was 13.2 per 1,000 live births. This figure was significantly higher in comparison to other groups such as the First Nations, who had a rate of 7.5, British 2.6, French 2.1, Northern European 4.8, German 3.1, Jewish 3.3, and Central Europeans 3.3.⁷³⁹ In the early to mid-1930s at Grouard, SK, a predominately Metis community, Bell found “Of the sixteen deaths...ten are infants or children under ten, eight were under five.”⁷⁴⁰ In the 1940s-1950s, infant mortality continued to be an issue and the Manitoba Branch of the Canadian Association of Social Workers reported “the Metis...[were] an economically and socially disadvantaged group”⁷⁴¹ and that “...in numerous surveys...infant mortality...[rates were] startlingly higher among Indians than among the white population of Canada, and common observation confirms that in this the

⁷³⁵ Geriatric Conference Speech, Mary Percy Jackson fonds, 2-3.

⁷³⁶ NA, “Woman Found Dead in City Room,” *Manitoba Free Press*, October 31, 1907, <https://access-newspaperarchive-com.berlioz.brandonu.ca/ca/manitoba/winnipeg/winnipeg-free-press/1907/10-31/page-8/halfbreed-whooping?ndt=by&py=1900&pey=1960&pr=30>, 8.

⁷³⁷ DD Reidpath and P Allotey, “Infant mortality rate as an indicator of population health,” *Journal of Epidemiology Community Health* 57.5 (May 2003). doi: 10.1136/jech.57.5.344. PMID: 12700217; PMID: PMC1732453.

⁷³⁸ Dorian, “Metis Family Life,” 22-3.

⁷³⁹ Rawson, “Maternal Deaths in Manitoba: The Findings of the Pregnancy Survey,” 69.

⁷⁴⁰ Bell, Health and Social Development: Half-Breed Commission Reference Copies, Provincial Archives of Alberta, “Extracts from the Report for Grouard District,” Edmonton, AB. 2.

⁷⁴¹ Canadian Association of Social Workers: Manitoba Branch, *The Metis in Manitoba*, 22.

Métis shares the position of the Indian.”⁷⁴² In 1953, at Green Lake, SK, the numbers were also alarming. The infant mortality rate among those under the age of one year was 134 deaths per 1,000. This was four times higher than the Saskatchewan provincial average of 33.⁷⁴³ The increased rates of infant mortality among them indicates they were not a healthy population and this was linked directly to their marginalization; and, although healthcare had improved, it had little impact on their health, particularly the very young.

There are countless reasons why the infants and children died prematurely, including not having a fully developed immune system, lack of accessible healthcare and poverty. In Saskatchewan, some children were examined by a public health nurse at school and these examinations describe some of the health problems the children were experiencing, especially among those residing in more northern or rural areas. There was a total of forty-one children attending school at Crooked Lake and of these, thirty-three were examined by the nurse who found their health was not ideal. Using a letter grade to score the children’s health status, eleven received B’s, seventeen C’s, and five got D’s. Almost half the children needed the services of a dentist to have their teeth corrected and she recommended nine of the students see a physician to have their tonsils and adenoids examined. She also concluded ten children needed glasses and twenty-one of the thirty-three children were lacking in their general appearance.⁷⁴⁴ This nurse was also told by a teacher “pediculosis and personal hygiene”⁷⁴⁵ were issues. Interestingly, on the form the nurse did not refer any of the children to a family physician. Two years later, in 1954, little improvement occurred among the students at this school. The nurse examined forty-four children of which six were given A’s for their health status, twenty-three B’s, eight C’s, and six D’s. Twenty-one students needed dental services and seven required glasses. The nurse also indicated ten children needed a tonsils and adenoids medical exam. An obvious difference noted between this survey and the previous one was, this nurse’s reported only two of the children

⁷⁴² Canadian Association of Social Workers: Manitoba Branch, *The Metis in Manitoba*, 22.

⁷⁴³ Minutes of Green Lake Conference, September 14-16, 1955, Department of Social Welfare. Rehabilitation Branch.

⁷⁴⁴ May 28 & 29, 1952, Public Health Nursing Work Sheet for Compiling Annual School Report for Public Health nurses and Regional Medical Health Officers,” Accession R.85-308, R-933, File III.25c, “Crooked Lake Project,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK, 2.

⁷⁴⁵ From Elizabeth Smith, Director, Nursing Services to K. Forester, Director, Rehabilitation Branch, Aug 30, 1954: Public Health Nursing Work Sheet for Compiling Annual School Report for Public Health Nurses and Regional Medical Health Officers,” Accession R.85-308, R-933, File III.25d, Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

needed to work on their overall appearance, a reduction from the previous report.⁷⁴⁶ The survey of the children at the Fox Lake School was incomplete but it was recorded that “scabbies {sic}, impetigo, pediculosis, skin disease and parasites” were issues.⁷⁴⁷

When comparing the segregated school at Crooked Lake to a public school at Prince Albert, we can see a significant difference with their health status. At the Prince Albert school, seventy Metis children were under the age of six and ninety-four were between the ages of six- and fourteen-years, for a total of 164 children. Most were rated as having medium nutritional status, with a couple being classified as poor. When the public health nurse visited some of their homes, she found most had milk but most families tended to use canned milk.⁷⁴⁸ There were some cases of “scabies, pediculosis, impetigo and other skin diseases or parasites which often break out in epidemic form.”⁷⁴⁹ And, all the children were tested for TB during city wide surveys. Furthermore, when outbreaks or epidemics occurred, they were “closely watched and controlled with as much speed as possible.”⁷⁵⁰ This was probably done to ensure the mainstream children were not affected. Although the children at Prince Albert had some health issues, they were in better health in comparison to those living outside the city. It can be argued these children received more in terms of healthcare and other services at Prince Albert because of their close contact with mainstream society, particularly the children of the dominant population. Failing to offer some services to them would have risked the health of the mainstream children.

The surveys performed at the Metis Settlements in Saskatchewan provide a clear picture of the health and well-being of the children. In the Yorkton region, specifically at Crescent Lake, there were twenty-four children between the ages of six- and fourteen-years, none of whom attended school. Their nutrition was described as fair and sixteen had no access to milk. Few in the community had been vaccinated, and this was probably directly linked to the children not attending school. It was also noted the community required a visit from both the public health nurse and a doctor.⁷⁵¹ At Saltcoats, there were twenty-three families of which thirty-eight were

⁷⁴⁶ From Elizabeth Smith, Director, Nursing Services to K. Forester, Director, Rehabilitation Branch, Aug 30, 1954: Public Health Nursing Work Sheet for Compiling Annual School Report for Public Health Nurses and Regional Medical Health Officers,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

⁷⁴⁷ Metis Population Survey – Prince Albert, Fox Farm, Department of Social Welfare. Rehabilitation Branch.

⁷⁴⁸ Ibid.

⁷⁴⁹ Ibid.

⁷⁵⁰ Ibid.

⁷⁵¹ Metis Population Survey: Crescent Lake, Department of Social Welfare. Rehabilitation Branch.

children between the ages of zero- and fifteen-years. These children were considered to have good health and good clothing. Of the twenty children who were of school age, four did not have access to school. Interestingly, of the twenty-three families only about thirteen were tested for TB even though one or two people from the community had been admitted to a san.⁷⁵² Like Crescent Lake, this community also required a visit by a physician or nurse.⁷⁵³ Those residing at Orkney were also needing assistance. Of the four families, two were residing in shacks. Seven children out of nine were of school age but did not have access to a school to attend. Those conducting the survey stated “All children should doubtless be taken from their parents and their education provided for because the parents on account of blindness and other reasons cannot care for them.”⁷⁵⁴ Nutrition was rated as poor and their health was considered doubtful. It was recommended those living in Orkney receive “complete medical examination[s]” and their homes be burnt down and replaced.⁷⁵⁵ In the municipality of Kinistino, SK, residents were supposedly TB and smallpox free and this can be contributed to most being vaccinated.⁷⁵⁶

The children also experienced issues with their teeth, which if not taken care of can lead to other health complications. As mentioned, a number of school children were in need of dental care. When examining dental health, the older generation had better teeth than the young. Jackson noted that among parents and grandparents most had good teeth. She also argued the change in dental was recent because “the teeth of men called for compulsory military training during the war were remarkably good. About 80% of them had no caries at all, and less than 10% had numerous bad teeth.”⁷⁵⁷ However, the children’s teeth were in much worse condition with “Many of the small children’s baby teeth...decaying before they have all erupted, and some of them have nothing left but rotten stumps by the time the second teeth start to come in.”⁷⁵⁸ The dental health of the teenagers was better in comparison to the children but was still considerably worse than the older peoples, “on average [they] have lost more teeth before they are twenty than their grandparents and great-grandparents had lost when they died.”⁷⁵⁹ Jackson contributed their

⁷⁵² Metis Population Survey: Crescent Lake, Department of Social Welfare. Rehabilitation Branch.

⁷⁵³ Ibid.

⁷⁵⁴ Ibid.

⁷⁵⁵ Metis Population Survey – Orkney, Department of Social Welfare. Rehabilitation Branch.

⁷⁵⁶ From Morrison, Gov’t of the Province of Saskatchewan to K.F. Forester, Director of Social Aid, Jun 10, 1946, Department of Social Welfare. Rehabilitation Branch.

⁷⁵⁷ Mary Percy Jackson, account of her time up north, Biography: 1949-1998, Mary Percy Jackson fonds, 10-11.

⁷⁵⁸ Ibid.

⁷⁵⁹ Ibid.

worsening dental health to their changing diet, which was linked to poverty. Their diet changed from country foods to processed foods, such as “Flour, sugar, macaroni.”⁷⁶⁰ The dental situation was known to government officials in the three prairie provinces. At a meeting held in 1949, to discuss the so-called Metis problem in Manitoba, Saskatchewan and Alberta, it was acknowledged one of the problems contributing to their poor dental health was the “lack of funds to provide dental care.”⁷⁶¹ Not only was funding an issue, access was an issue. For instance, the closest dentist to Green Lake, SK was at Meadow Lake, a distance of forty-eight kilometres, which would have been problematic for those with no transportation or without means to pay for transportation.⁷⁶²

Overall the children, those between six- and fourteen-years of age, and infants experienced worse health in comparison to their non-Aboriginal peers. Rates of infectious disease were elevated, not all were fully vaccinated or had received any vaccinations, their nutritional levels were not always adequate, and many were in need of dental and vision care. These factors compromised their health and affected their overall well-being. For example, if a child is not provided an adequate diet, their immune system will be compromised, limiting his ability to fight off infectious diseases if exposed. Experiencing poor health in childhood can cause health problems and conditions later in life. It can be argued this did happen because poor health remained an ongoing issue among the Metis and it continues to be an issue today.

8. Summary

This chapter has examined the health and well-being of the Metis. Historically, they had specialists who dealt with those needing medical attention for illnesses, diseases or things like pregnancies. To care and treat those experiencing poor health or other health related issues, specialists relied on their knowledge of the environment, previous experiences, and traditional knowledge. Some gained their knowledge by paying attention to how their environment and diet affected their health, such as those at Fort Chipewyan. They recognized feeding the children fish

⁷⁶⁰ Mary Percy Jackson, account of her time up north, Biography: 1949-1998, Mary Percy Jackson fonds, 10-11.

⁷⁶¹ Metis, Jul 13, 1949, R-933, File III.28 “Crescent Lake Project Reports, Redacted,” Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

⁷⁶² Minutes of Green Lake Conference, September 14-16, 1955, Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

helped reduce the risk of them developing colds and flus.⁷⁶³ Although skilled and knowledgeable, their expertise was no match for certain diseases, such as those introduced by Europeans. ‘New’ diseases, including TB and smallpox, required the skilled professionals (doctors) and institutions (hospitals and sanatoriums) of western society. Although there were no guarantees western specialists could provide a cure for any disease or illness, access to medicine and healthcare institutions gave them an advantage.

Preventing children from attending school not only affected their access to an education, it jeopardized their health because it prevented them from getting vaccinated. As discussed, children received vaccinations at school, and refusing them from attending meant they were not protected against life threatening diseases such as measles. Vaccinations are important for stopping the spread of diseases and to protect individuals from contracting diseases if exposed. This luxury was not offered to the children and, in fact, it was a double-edged sword for the children. For example, if a child became ill, they would be prevented from going to school and if they were not vaccinated, this could be used to keep them from school. Rates of infectious disease among the Metis were elevated and the school system and those involved with it, including school officials and parents, were responsible for compromising the health of countless generations of Metis peoples and treating them as a disposable population.

It can be said the TB epidemic in Canada lasted from the 1930s until the early 1950s. However, for the Metis, the epidemic was worse because it lasted much longer and those who acquired the disease were more likely to die in comparison to their Euro Canadian counterparts. They were also more vulnerable to developing the disease if exposed because of their socio-political-economic marginalization. As discussed, there was a persist cycle of poverty and poor health and this in turn weakened their immune system. They also lived in overcrowded, poorly built homes, which sometimes did not have access to fresh water. This was an ideal environment for the disease to spread from one person to another. These factors in combination with the fact they had difficulties accessing healthcare is why the epidemic persisted for a longer time period. Additionally, some believed they were diseased because they could not adapt or adopt western ways. Quesnel explained:

Their appalling ignorance makes them unfit to understand the first item of our laws of hygiene and sanitation. This same ignorance which has persisted amongst

⁷⁶³ Madeline Bird, *Living Kindness: The Memoirs of Metis Elder, Madeline Bird* (Yellowknife: Outcrop Ltd., 1991), 24.

them for centuries, has made them indolent and given them a sub-normal mentality, all of these deficiencies are conducive to laziness, laziness predisposes to poverty, and poverty is an ignorant, indolent race, means filth and filth brings disease. Is it not the cause of tuberculosis? Not necessarily this form of tuberculosis which brings death within a short period, but also this dreadful form of tuberculosis which is latent and which is so dangerous for those who are in the same household as the poor sufferer. Filth also brings certain skin diseases which are rampant amongst them. Poverty is responsible for a restricted diet and as they have no disposition for farming, they are even too indolent and lazy to spade up a garden, therefore 90% of them live on bannock, the product of trapping during the winter, and in the summer, on the remnants of a country meat-market and whatever they can pick up of discarded fishes at the fishing plants. Add to this a few berries during a short season.⁷⁶⁴

When he made this comment it was known among those in the TB field that the disease was directly linked to poverty. However, instead of simply arguing they experienced elevated rates because they were poor, he had to degrade and dehumanize them and make it appear they were at fault. Comments, such as the one made by Quesnel, did little to improve the situation and they also made it more difficult for those suffering with the disease to access healthcare.

Like TB, smallpox was also problematic, and it too affected them for a longer time period than it did other populations. This was because the other populations received vaccinations, protecting them from the highly infectious disease. One could attempt to justify the government not vaccinating them by arguing 1) their children did not attend school, which is where many received their shots; and 2) they did not go to the doctor. Both of these arguments are weak because racism and poverty prevented most of the children from attending school and it also made it difficult for them to access healthcare. Interestingly, when someone had TB and posed a risk to the general population, health interventions typically occurred. However, this was not necessary with smallpox because mainstream population was vaccinated, so an infected person would pose little risk to them. This would mean the government and healthcare system could continue to ignore their needs and deny them services. This raises the question if the government and healthcare system purposely denied them vaccines as a means to eliminate them.

Between 1900 and 1960, STIs were problematic among both the men and women. Many argued the rates were elevated because they were promiscuous, which some may have been but it

⁷⁶⁴ P. Quesnel, Doctor of Medicine, Memorandum to the Half-Breed Situation, Submitted at Lac La Biche, Alberta on the 19th day of August 1935, GR1975.0075/4, Alberta Department of Social Services and Community Health fonds, Provincial Archives of Alberta, Edmonton, AB, 2.

cannot be assumed all were. In the historical literature the Metis and STIs were synonymous with one another and there are countless reports of them being infected. Society and officials (government, church and healthcare) used the STI situation to dehumanize and degrade them and make it a Metis-caused problem. For example, Quesnel, who cared little for them, theorized their living conditions and behaviours were to blame:

They live [in] tents...fumigated by a smoking stove, they sleep with their clothes on and as they have no beds, the ground serves as their resting place. In the winter two or three families live in a small shack plastered with mud from which they are driven out early in spring by innumerable insects. As they are practically all too poor to buy clothes, they mostly live in rags and many of them do not know the meaning of the word bath...These deficiencies plus the close contact of both sexes leads to immorality and thence to venereal diseases... Without hesitation I will say 90% [live in these conditions]. The half-breeds are a wandering people and the proximity of the Indian reserve and of our village does not help them. I know that the young half-breed girls from the age of thirteen years up has paid and is paying too dearly for these associations. I am right when I say there are 88 children born out of wedlock against 20 amongst the white population and that does not include the children born only a few weeks after marriage.⁷⁶⁵

Living conditions are not a known risk factor of STIs, nor is hygiene or clothing. Interesting he makes a point of saying they live in close proximity to the First Nations reserve and the way he expressed it, makes it appear as though this is a reason why rates of VD are elevated. What he fails to mention is, how many men from his community contributed to the STI situation? The STI situation is an excellent example of how the government and healthcare system faulted the victim and removed all blame from dominant society. Furthermore, arguing they were to blame provided them a means to justify not providing the Metis with testing or treatment. This in turn, would allow the situation to continue and most likely worsen. It would also put lives at risk and jeopardized people's ability to reproduce.

Metis children, on average, experienced more health problems in comparison to their non-Metis counterparts. Their health problems were directly linked to their poor socio-economic status. Poverty, in combination with racism, prevented many from having the ability to afford descent housing with safe clean drinking water. Not having access to a safe water source would affect their ability to bathe, clean their clothes, brush their teeth and keep properly hydrate, all of

⁷⁶⁵ P. Quesnel, Doctor of Medicine, Memorandum to the Half-Breed Situation, Submitted at Lac La Biche, Alberta on the 19th day of August 1935. Found in Reference Copy GR1975.0075/4. Pg. 2-3.

which are important to health. The inability to purchase or hunt for nutritional foods also affected the children, as mentioned at Green Lake the children were smaller in stature because they did not have an adequate diet.⁷⁶⁶ Lack of funds would mean parents would not have the ability to take their children to the dentist or the eye doctor. Nor would they be able to purchase glasses if needed. Some believed the parents were unfit or incapable of raising children and thought the children would be better off at residential schools or removed from their parents' custody. Individuals who raised this argument failed to, either consciously or unconsciously, recognize racism was the root of the problem. However, to recognize racism was the cause would mean society and the various levels of government would have to acknowledge they were ultimately to blame for the children's poor health.

The Metis experienced worse health than members of the general population because colonialism caused an intergenerational cycle of poverty and poor health. The government, its institutions, officials and dominant society all refused to acknowledge they played a role in their poor health. Instead, they continually faulted the victim. One solution they frequently mentioned to address and rectify, not only their health issues, but also their socio-political-economic marginalization, was the need for them to adopt western ways. However, it could be said even if a person fully assimilated, racism would prevent them from becoming a full member of society. Thus, they would continue to be marginalized and the cycle of poverty and poor health would persist.

⁷⁶⁶ Minutes of Green Lake Conference, September 14-16, 1955, Department of Social Welfare. Rehabilitation Branch.

Chapter 5: Conclusion

The dire poverty and poor health the Metis experienced between 1900-1960, was directly linked to colonialism and racism. These two factors prevented them from becoming full members the economy, the political arena and society. Jim Sinclair, a Metis political activist, describes his experiences and being labelled a non-citizen: "...when I went to get a job we [referring to the Metis] were not recognized as people. We were not even recognized...and every time I asked for some changes...in terms of legislation ...[the government] would say "We can't because you people don't really exist"."⁷⁶⁷ They were forced to live on the periphery of society in a persistent state of poor health with few to no options to improve their situation. Instead of trying to help, the government, its institutions and society continued to degrade them. This in turn provided Euro Canadians the opportunity to manipulate and exploit them causing an intergenerational cycle of poverty and poor health to develop (Figure 3). Within the cycle, everything was intrinsically linked and rooted in colonialism, which caused a ripple effect. It was difficult to secure permanent, full time, well-paying employment, which made it difficult to afford safe housing, send their children to school, and secure enough nutritious food, all of which negatively impacted their health. The government and society used their poor health to further degrade and demoralize them, arguing they were experiencing poor health because they were genetically physically, mentally, and culturally inferior.

The manipulated language used to describe them within the literature contributed to their poor health. Many of the labels used to describe them, such as lazy, dirty and promiscuous, became engrained into the conscious of the mainstream population. Those accountable, whether they did it purposefully or not, are responsible for degrading, dehumanizing, racializing and supporting the notion of Euro Canadian superiority. This greatly contributed to their marginalization, while at the same time, played a significant role in the cycle of poverty and poor health. Euro Canadians used pseudo-evidence, such as the negative stereotypes and their supposed inferiority to prevent them from achieving a basic standard of living, which affected their health. One also has to recognize the actions of those working within the healthcare system, particularly doctors and healthcare officials, also contributed to poor health by manipulating

⁷⁶⁷ Gabriel Dumont Institute, "Sinclair, Jim, Durocher, Jim, and Laliberte, Ron Interview (06)." Gabriel Dumont Institute, 2004, [http://www.metismuseum.ca/media/document.php/06096.S,%20D,%20and%20L%20\(06\).pdf](http://www.metismuseum.ca/media/document.php/06096.S,%20D,%20and%20L%20(06).pdf), 2.

language and racializing them.⁷⁶⁸ Literature produced in the late 1800s through the early-to-mid 1900s, pertaining to the Metis, more often than not, failed to recognize how colonialism influenced their reality. This made it difficult for society to understand or acknowledge they were partially responsible for compromised health of the Metis. Instead they relied on the vast quantities of pseudo-evidence to argue the Metis were responsible for the disparities they were experiencing.

The social and economic conditions the Metis experienced during this period made it impossible for them to achieve equality in regard to health with *lii mood blaen* and this is obvious when examining the TB situation. In the early part of the 20th century, every population was affected by the disease; however, some populations, such as the Metis, were hit much harder than others. They experienced elevated rates for a longer period of time than the dominant population. For instance, as physicians began to understand the disease, such as how it was spread and how to treat it, the death rate dropped between 1929-1939, particularly in Manitoba.⁷⁶⁹ However, only the mainstream population experienced a reduction in mortality, dropping by 29% over the ten-year period.⁷⁷⁰ This was a dramatic drop, especially when considering there were no effective chemotherapies at the time. In 1937, the death rate for the non-Aboriginal population in Saskatchewan was 1 per 100,000; however, when one examines the mortality rate for Metis and First Nations the number jumps significantly to 296 per 100,000. Saskatchewan was not unique; mortality rates for Metis and their First Nations counterparts were also elevated in Alberta and Manitoba, 339 and 426 respectfully.⁷⁷¹ One should not assume if they were treated equally, the rates of infectious disease would be similar to the general population.

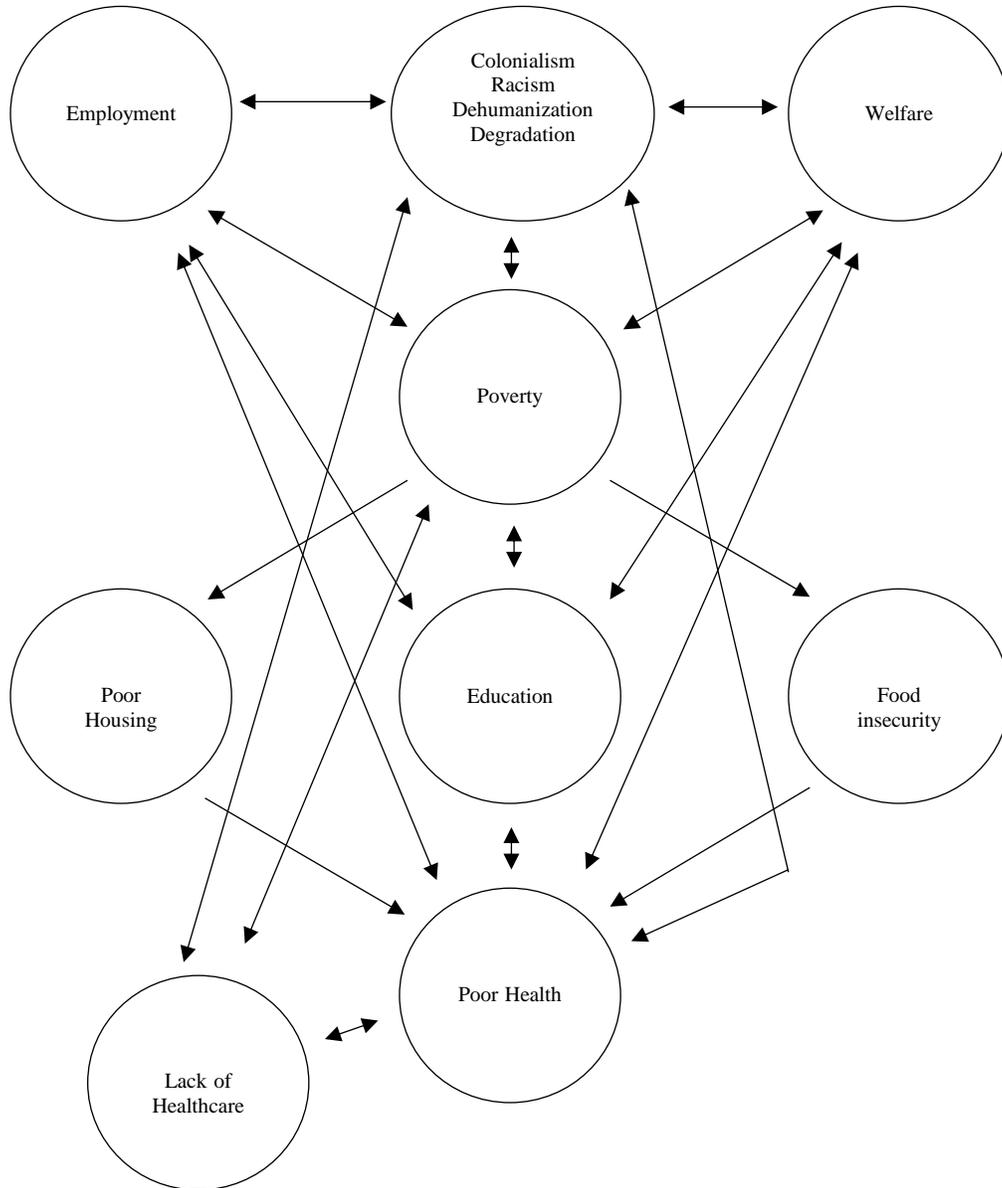
⁷⁶⁸ Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (Athens: University of Georgia Press, 2017), <https://search-ebshost.com.berlioz.brandonu.ca/login.aspx?direct=true&db=nlebk&AN=2232509&site=ehost-live>. Owen's work examines how physicians racialized, degraded, and dehumanized black women by manipulating their language and findings, which also occurred and continues to occur in Canada with the healthcare system, and those working within it, and the Metis.

⁷⁶⁹ "Advance Cases of Tuberculosis Show Decrease," *Winnipeg Evening Tribune*, February 07, 1941, 9.

⁷⁷⁰ *Ibid.*

⁷⁷¹ Health and Hospital Survey Committee of the Welfare Supervision Board: Manitoba, *Report on Tuberculosis in Manitoba*, 49; Wherrett, "The Tuberculosis Problem in Canada," 295.

Figure 3: Cycle of Poverty and Poor Health



Overall, the health of all Canadians improved between 1900-1960 because of medical advances (ie. vaccinations, pharmaceuticals, surgeries, etc.) and services became easier to access. However, for the Metis, their health improved at a much slower rate because they did not have the same access to services as lii mood blaana. For example, when sanas first opened, they only

accepted Euro Canadian patients. By the late 1940s, if a Metis person was granted san care, it did not mean they would have access to the same treatment options because of racism and their socio-economic-political marginalization. My grandmother experience serves as a useful example. When streptomycin was deemed an effective treatment option she was in the san. A doctor approached her and told her about the drug and how it could ‘cure’ her. She was elated until he told her it would be a hundred dollars. At this point in time, her family, like many other Metis families were socially and economically marginalized and poverty was a reality. When she told the physician she had no money, he told her she would likely be dead within six months. Her brother managed to find the funds but one must ask how many of her Metis counterparts could not, and succumb to the disease?⁷⁷² Or had more invasive treatments? So although they were eventually provided some access to healthcare, the treatments they were offered were sometimes impossible to access.

In order to improve their health, the system would have to become equitable and include “the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.”⁷⁷³ A healthcare system based on equality can only work if one is part of an egalitarian society, which was not the case in Canada (Figure 4). Samir Shaheen-Hussain, assistant professor, Faculty of Medicine, McGill University, explains “in a society that produces inequalities, including one where the health care system fails those it is intended to care for, an equity-based approach must take precedence.”⁷⁷⁴ When one examines the social determinants of health among them and their inability to access healthcare services, it is evident they were experiencing inequalities compared to Euro Canadians. One could argue their health could have been improved by simply improving their social conditions; however, employment, housing, food security, and education were improved, it most likely would not have made a significant difference. This is because racism would continue to be a significant issue.

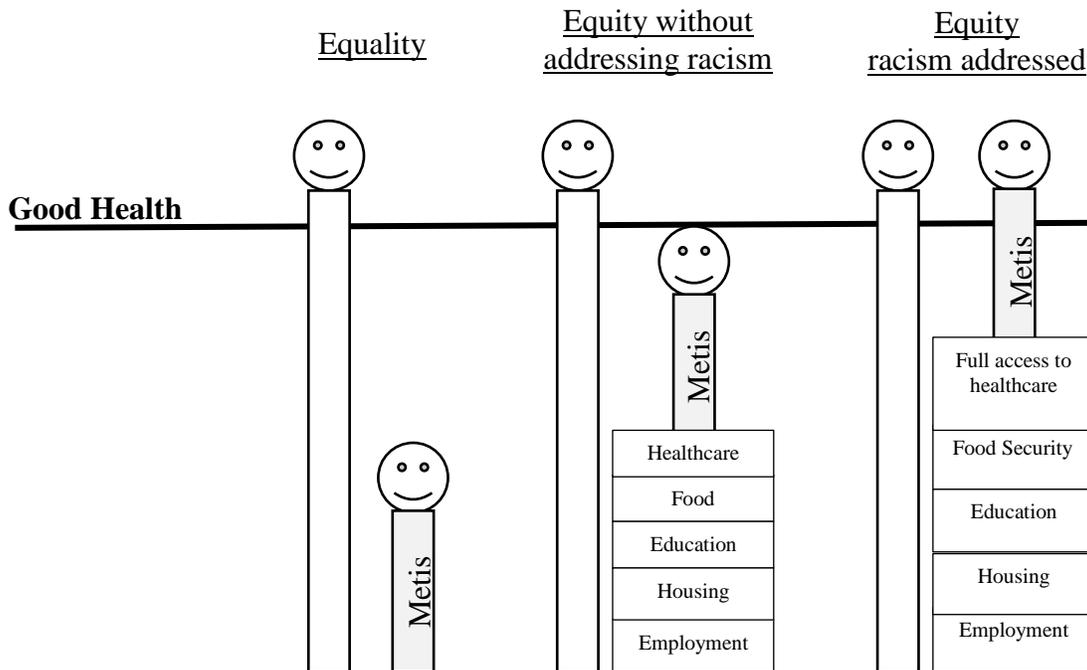
⁷⁷² In the version of the narrative I’ve heard of about this, my great uncle obtained the money through illegal means.

⁷⁷³ Paula Dressel, “Racial Equality or Racial Inequality? The Difference it Makes,” Race Matters Institute. April 2, 2014, <https://viablefuturescenter.org/racemattersinstitute/2014/04/02/racial-equality-or-racial-equity-the-difference-it-makes/>; WHO, “Health Equity in the Western Pacific,” WHO, 2021, <https://www.who.int/westernpacific/health-topics/equity>

⁷⁷⁴ Samir Shaheen-Hussain, *Fighting for a Hand to Hold: Confronting Medical Colonialism against Indigenous Children in Canada* (Montreal: McGill University Press, 2020), 59.

The government was not concerned with making the healthcare system equitable, particularly for them. It can be said the healthcare system in Canada was designed to provide services to one population, Euro Canadians. The Metis received much less care in comparison to the dominant population nor were they provided the same health services as First Nations. In fact, the federal government was adamant they were not responsible for them and “the stand taken by the [Indian] Dept. is that we cannot authorize the expenditures of public funds on behalf of persons who are not Indian wards of the government.”⁷⁷⁵ When services were provided there was generally an ulterior motive, which more often than not was to protect the general public. The government and society were never concerned about their health and well-being because they considered them a disposable population and it did not matter if they died off from infectious diseases or other issues.

Figure 4: Equity vs. Equality



⁷⁷⁵ Barron, *Walking in Indian Moccasins*, 23.

By 1900, racism was firmly rooted within the healthcare system, the various levels of government and within the consciousness of the mainstream population. The healthcare system and the government continually refused to address their poor health. Rather than acknowledge their roles, they justified their inaction by continuing to degrade, dehumanize and argue that they were an inferior people. They claimed it was the Metis who were ultimately responsible for not only their poor health, but also the social-economic problems they were experiencing. Rather than try to find solutions to the issues they were experiencing, academics, scholars, physicians, government and church officials argued the best method of dealing with them was to encourage them to fully assimilate. If an individual wanted to assimilate, they would be giving up their identity, way of life and everything they knew about themselves and their reality; replacing it with the values, culture, worldview, and language of *lii mood blaani*. Although assimilation was encouraged it cannot be assumed society would automatically accept them and they would no longer be socio-politically-economically marginalized. As long as racism thrived, complete assimilation would not be possible, and encouraging them to assimilate would keep them marginalized and on the periphery of society.

Their health between 1910 and 1960 is an important part of history that continues to remain invisible because of the lack of literature pertaining to the topic. Scholars and academics researching their health and well-being, particularly the contemporary situation, argue that their compromised health is directly linked to colonialism, which is absolutely correct. However, few provide much, if any, discussion of this time period, leaving a major gap in the narrative. Furthermore, by ignoring this era, they fail to fully explain the relationship the Metis had with the healthcare system, those working within it, their views of health and well-being, and how they understood and were affected by diseases and health conditions, all of which are important to understanding the contemporary health situation among them.

Researchers neglect this time period because data collection is extremely difficult and collecting and compiling the data for this study is one of the most difficult things I have done. I believe it is imperative for you, the reader, and those of you wanting to research the health of the twentieth-century Metis, to understand how difficult and frustrating it was to find information to complete this study. The first step with any research is to explore the existing literature, the groundwork, and determine what has been done, by whom and the findings. This can be somewhat easy depending on the topic. For example, if I wanted to explore diabetes and First

Nations, I could go to any library and find countless books and search the internet and most likely have hundreds, if not thousands of hits. However, this was not possible with this topic because the groundwork had yet to be laid, which is why there is not a single piece of literature, up until this study, focusing on their health during this time period.

To find a starting point, I thought about the stories I heard from family members and other Metis peoples, all of which share common themes about poor health, disease, poverty, racism, etc. I felt if there were so many commonalities within the stories, there had to be some information somewhere. My first step was to explore the libraries and this might sound rather simple until one considers the issues with terminology. As discussed, between 1900 and 1960, they were called half-breeds, mixed-bloods, cross bloods, those with 'white' ancestry and in medical records they are often classified as 'white'. Making the situation more complicated was various terms were also used for some diseases, such as TB, which was referred to as consumption, scrofula, phthisis, etc. As a result, searching library catalogues, databases, and journal articles was time consuming and produced few results. This was also true for online searches, countless searches were done using the various terms and little to nothing was found. It was at this point when I started to question whether or not this topic was actually doable; but I was determined to keep trying.

After exhausting the libraries and internet, my next step was to find out what was available at the archives, a new environment I had never explored before. I admit I was naïve about archival research and believed it would be easier than it was. I thought I would be able to look up Metis it would give me a list of all the documents pertaining to them in subject categories; then I would be able to access the documents without much issue. I was so wrong. To begin the archival research process, I searched the various archives from home first, which was cheaper and saved time. Interestingly one might assume terminology would not still be an issue, but it haunted me throughout the entire research process. For example, if one looks up Metis at the archives, they will find very little exists. I also ran into another problem; when I located items of interest I would email the archivist, explain who I was and ask how I would go about accessing them. However, I was repeatedly told the records were restricted and it was highly doubtful I would be granted permission to access them. This was especially true at the Archives of Manitoba, where I found very little information. My luck started to change when I visited the Provincial Archives of Alberta in Edmonton. I knew before going I was not going to be able to

access restricted materials but the staff were awesome, helping me find documents I would have never found on my own. However, this was still not a great deal of information, definitely not enough to complete this study and write a dissertation. Then it happened, a glimmer of hope, I found the Metis School Study, an actual Metis specific document I had never seen or heard of before. The next day, the archivist asked if I had heard of Mary Percy Jackson and her journals, another valuable resource with a fair amount of information. These sources as well as some others gave me the confidence: 1) there would be more information available, I just had to figure out where to find it and how to access it; and 2) my research topic was doable.

After returning from Edmonton, I decided to start searching the Provincial Archives of Saskatchewan website. This was not the most user-friendly website but I managed to find some materials and again emailed the archivist. By the end of September 2019, I had been in contact with the staff and was finding some materials I believed would have information about their health. Then it happened, I experienced a miracle. On October 11, 2019, Dr. Darrell Racine, a colleague and friend, and I were attending a conference at First Nations University in Regina. Darrell, his brother Tom, and myself were sitting having coffee and chatting when a man, Robert Doucette who knew Tom and Darrell, walked over and sat down with us. He and I were introduced and we all started chatting. He eventually was told what my research topic was and I was informed he was great at navigating the archives and had donated countless documents to PAS, many of which made this study possible. We all then went our separate ways to attend various workshops.

Later in the day, Robert approached me and asked me if I wanted to skip the conference and go to the archives with him so he could show me around and teach me some things. I jumped on the offer and immediately agreed. On our way to the archives we talked about our families, their histories, my PhD research and where he acquired the documents he eventually donated to the archives. When we got into the archives, he was like a kid in a candy store, his eyes lit up and he was all over the place with me trying to follow him and keep up. He explained how to find what I was looking for and was more than willing to answer all of my questions I had about finding resources, what resources might be best and those that would be of no use. For example, one might not know the most important documents about the Metis are located in the records of the Rehabilitation Branch of the Department of Social Welfare or if they are wanting government documents pertaining to the Metis, to look at the TC Douglas fonds. At one point I remember

mentioning the *Valley Echo*, a publication put out by the Fort Qu'Appelle Sanatorium, to him. He quickly left the room we were in and almost immediately reappeared and told me to follow him, which I did. He took me into a different room, which was lined with bookcases, and showed me exactly where I could find all the *Valley Echo* publications. We spent about an hour at the archives and then I dropped him off and went back to the conference.

In early December, I received permission to access a number of restricted records, many of which Robert had recommended. I still experienced difficulties accessing some items because of restrictions, including san records and public health documents, which hopefully one day will be available for future studies. Robert will never know how much I appreciate his help and he was my miracle because without him, I am almost certain I would not have found some of the documents critical to completing this study. This work is significant because those wanting to research Metis health, now have a starting point to work from.

Funding will also play an important role in future studies that focus on Metis health during this time period. As discussed, the gap in the literature is large and the data collection process was difficult and time consuming. Compounding the problem is the issue of restricted records and the inability to access them. Without access to documents, such as public health and san records, the narrative will always contain gaps. This missing information is important because it will provide the clues to improve the social conditions and contemporary health problems of the Metis. Furthermore, providing a counter-narrative to the often manipulated historical literature will provide a Metis version of history that not only addresses the lies but shows there was little they could do to overcome the cycle of poverty and poor health.

This study examined the health of the prairie Metis between 1900 and 1960 and found the ongoing marginalization of the Metis left them in a cycle of poverty and poor health, which persisted throughout this time period. This paper has examined the social-economic situation among them as well as their health problems. It is evident, racism, which was the root cause of their socio-economic marginalization, made it impossible for them to maintain a quality of health comparable to mainstream society. Society and the government used their poor health as a means to continue to degrade them and ignore their health needs. They also refused to acknowledge they were ultimately responsible for the problems plaguing the Metis. Their racist attitudes, beliefs and actions ensured the Metis were pushed to the outermost margins of society and as a result were prevented from fully participating in society, its economy, politics, and accessing its

institutions. This in turn, created a continual cycle of poverty and poor health among them and the only solutions they were offered were temporary band-aid solutions, which resulted with countless generations experiencing poor health.

1. Future Considerations

When analyzing the data for this study other health related areas needing research were revealed. One area needing to be addressed is whether or not history impacts contemporary health, especially if history influences, or plays a significant role, in whether or not contemporary Metis seek care when they experience a complication with their health. For example, it can be argued the memories of what happened to their relatives remains vivid in the minds of some, such as an admission to a san, and this could possibly influence decisions to seek care. Researching this area would allow one to determine, if in fact, adequate health education was provided. If not, this could mean their knowledge and understanding of poor health and disease is based on intergenerational information that may not be entirely true. This could 1) influence his decision to seek care, and 2) possibility leave him vulnerable to contracting or developing certain disease because of not understanding how to protect himself.

Another topic needing attention is how confining them to institutions such as sans, hospitals and psychiatric institutions affected their mental health and the family. Those who were admitted a facility, where they were unable to leave, was similar to what happen to children who were confined within Residential Schools. They were locked away for an indeterminate amount of time, not knowing if they would walk out or, in the case of TB, succumb to the disease. These individuals were removed from their families and communities. The bonds between family members, be it mother and child, siblings, or spouses were sometimes never established or were broken beyond repair. For example, if a mother was sent away for treatment when she had a small child and did not return for a number of years, the bond between the two would be harmed and possibly be unrepairable. These things caused intergenerational trauma, at least in my family they have, that persists to this day. This cycle is difficult, if not impossible, to break if one does not understand what happened during this time period.

More research is required in regard to their rights to reproduce. As mentioned, officials told some women their social assistance benefits would be at risk if they had more children.⁷⁷⁶ It is possible this did not only happen to women; the reproduction rights of men may have also been threatened. An account from a woman whose grandfather was put into the Manitoba Sanatorium in the 1940s serves as a useful example. She was adamant her grandfather never had TB and was admitted to the san as a means to separate him from his wife:

...from listening to all the older people, [the local doctor] was always trying to convince the half-breeds...they had enough children and they should do something about it. You know because 10 kids was too many, 12 kids was too many...so I'm wondering if [the doctor] thought well if I put that old prick away for...[a] new form of birth control.⁷⁷⁷

There were also anecdotally reported instances of women, particularly those who were pregnant at the time of admission to a san or those who had been discharged but still receiving treatment, being strongly encouraged by physicians to have medical abortions. It could be said their pregnancies would negatively affect their health, making treatment more difficult or cause their TB to become active again. It is possible government officials and those in healthcare were trying to exterminate without going as far as sterilizing the women.

This study did not address children apprehension but some materials suggest there was a possibility family and child service agencies used the poor health and age of Metis parents as a reason to remove their children, particularly in the 1950s when the Sixties Scoop began. School officials, welfare workers, and governments knew they were experiencing poor health in comparison to dominant society.⁷⁷⁸ Thus, it would have been relatively simple to argue the children were being neglected because their sick parents were unable to properly provide and care for them. It is also possible children of single parents were placed in care when the parents were admitted to a facility for an extended period of time. Research in this area could also address how a parent's poor health affected the child, his views of what constitutes good health, and how to deal with illness.

⁷⁷⁶ Green Lake Community, August 12, 1955, Accession: R.85-308, R.933, Box 6, File Green Lake Project, File III.30 "Green Lake Project," Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

⁷⁷⁷ Velvet Maud, "Narratives of Illness and Contagion as a Strategy to Prevent Tuberculosis among the Metis in Southern Manitoba," (Master's thesis, University of Saskatchewan, 2008), 76.

⁷⁷⁸ Metis Survey: Town of Fort Qu'Appelle, Box 6, R.933, File No. III.14, "Lestock Metis Survey," Department of Social Welfare. Rehabilitation Branch, Provincial Archives of Saskatchewan, Regina, SK.

The incidence of chronic diseases, such as cancer or heart disease, among them needs to be examined during this time period. It is highly probable they experience elevated rates of chronic disease because 1) the transition from semi-nomadic lifestyle to a stationary lifestyle would affect their ability to secure country foods and their physical activity levels most likely decreased, both of which would affect their immune system; 2) inhaling smoke from properly installed woodstoves is known to cause respiratory issues; and 3) the cycle of poverty and poor health.⁷⁷⁹ Mortality rates for those suffering from chronic diseases were most likely elevated because of not having equal access to the healthcare system and the lack of health education. Understanding how they experienced chronic disease in the past could help contemporary healthcare providers and policy makers design programs and treatment plans specifically for them that may be more beneficial.

Research of these topics is crucial if the gap in the literature is to be filled. By addressing topics such as these, a better understanding of their health will emerge. This in turn can help address the contemporary health situation. Colonialism continues to influence their health. By recognizing and acknowledging the impact on health, policy makers, government officials and those working in healthcare can work in unison with Metis peoples to design more effective programs and services. Future research on the topic will contribute to a narrative that enables us to understand the challenges our ancestors experienced and the strength and resilience they had to overcome almost insurmountable obstacles.

⁷⁷⁹ Jones, "Woodburning Fireplace Breathing Hazards."

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