

The Political Economy of Indian Health and Disease in the Canadian Northwest

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in Partial Fulfillment of the Requirements  
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Department of History  
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**The Political Economy of Indian Health and Disease in the Canadian Northwest**

**BY**

**James W. Daschuk**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University of  
Manitoba in partial fulfillment of the requirement of the degree**

**of**

**DOCTOR OF PHILOSOPHY**

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## Abstract

The dissertation identifies the origins of the present disparity of health conditions between Indian communities and mainstream society in western Canada. It examines the relationship between economics and health of Indian populations in the Canadian northwest from the early eighteenth century to the end of the nineteenth century. It documents the development of the fur trade in relation to changes in the geographical distribution of aboriginal societies resulting from the differential impact of introduced European diseases. For a period of one hundred and fifty years, infections that came as a consequence of trade were the primary source of mortality due to illness among First Nations. In addition, social pathologies resulting from European trade strategies affected the well being of communities in the northwest. Climate and environment contributed to the differential success of many groups integrated into the global economy through the fur trade.

Canada's acquisition of the northwest changed this pattern. Its commitment to the terms of Treaties opened the west for agricultural development and settlement. The Dominion's development strategy, the National Policy, coincided with the extinction of the bison, undermining the ability of plains Indians to compel the government to deliver on their Treaty commitments. To facilitate the implementation of its economic and political order, the Dominion used its famine relief strategy as a means to subjugate them. By the early 1880s, tuberculosis emerged as a full blown epidemic among the Indians of the plains. The spread of tuberculosis through the Indian population of the plains was the result of the protracted period of malnutrition. Punitive measures imposed after the brief armed resistance to Dominion hegemony further weakened the population already largely infected with the disease. Severe mortality

weakened the population already largely infected with the disease. Severe mortality resulted from the spread of acute infectious disease among the compromised population. Within fifteen years of signing Treaties many plains populations declined to their demographic nadir.

## Acknowledgments

The dissertation would not have been completed without the support and patience of a number of people. I thank the faculty and staff of the History Department at the University of Manitoba for putting up with me for so long. Jack Bumsted set me on this task more than a dozen years ago by pointing me to work as a research assistant with Kue Young at the Faculty of Medicine in Winnipeg while I was still working on my Master's thesis. I am grateful for their help in starting me on what at times has seemed like an odyssey. Karen Morrow, Mae Kawata, and Carol Adam assisted me in overcoming a myriad of bureaucratic hurdles, either in person or at the end of innumerable long distance phone calls. Barry Ferguson provided me with both moral support and sound advice in his role as Graduate Chair of the History Department. My advisor, Doug Sprague, filled out what must have seemed like countless extension forms and allowed me to complete the project as I saw fit. In our long professional relationship, he contributed to the way I thought but he never told me what to think.

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I would not have completed this project without the professional and personal support of my dear friend, Renée Fossett. In addition to providing me with editorial suggestions for the first chapters, Renée taught me what little I know about the importance of climate in history. Although we rarely agreed on content, I have learned as much from her as from any of my formal teachers. I owe a debt to many other of my Graduate School colleagues, including the late Karen Weiderkher, whose acerbic wit is still missed. Louis Dion, of the Department of Indian Affairs in Winnipeg, provided me

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## Terminology

The use of terminology to designate the identity of First Nations people remains a contentious issue. Where possible, the study has identified individuals by their names or more commonly by their band or ethnic affiliation. The term "Indian" is used as an umbrella designation to encompass members of various groups of individual First Nations. Because the term "aboriginal" comprises groups such as the Métis and the Inuit, it is not used as a synonym for First Nations in the text. Ethnic designations appear in the document as they were used in the sources. Many of the terms used in the study are not what the groups would use to identify themselves. Although the terminology used in the text may frustrate some readers, ethnic designation within First Nations communities themselves is not static.

Quotations have been transcribed from the sources as exactly as possible. Because of this, many spelling and punctuation errors appear uncorrected in the text.

## Table of Contents

|  |      |
|--|------|
| Abstract .....   | i    |
| Acknowledgments .....  | iii  |
| Terminology .....  | vi   |
| Table of Contents .....  | vii  |
| Illustrations .....  | viii |
| Tables .....   | ix   |
| Chapter 1: Introduction .....  | 1    |
| Chapter 2: The Early Fur Trade: Territorial Dislocation and Disease. ....  | 23   |
| Chapter 3: "As my Debtors are all Dead": The Early Competition Era and The Extension of Trade and Disease, 1740-1782. ....             | 76   |
| Chapter 4: "We would do as we thought proper": Despair and Death during the Fur Trade Wars, 1783-1821. ....                            | 121  |
| Chapter 5: "Ruled with an Iron Rod": Hunger, Disease, and the Northern Fur Trade during Hudson's Bay Company Monopoly, 1821-1869. .... | 182  |
| Chapter 6: The Expansion of the Settlement Frontier and the Erosion of Health in the Plains, 1821-1869. ....                           | 222  |
| Chapter 7: Canada, the Northwest and the Treaty Period, 1869-1876. ....  | 263  |
| Chapter 8: "They Would not be Allowed to Die Like Dogs," Treaties, Famine and Epidemic Transition on the Plains, 1876-1882. ....       | 319  |
| Chapter 9: "Beggars should not be choosers." Control, Resistance and Subjugation, 1883-1885. ....                                      | 385  |
| Chapter 10: The Nadir of Indian Health, 1886-1891 .....  | 429  |
| Chapter 11: Conclusion .....   | 464  |
| Bibliography .....   | 472  |

## Illustrations

| Figure   | Page  |
|--|-------|
| 1. The Battiste Good Winter Count, 1734 - 35. ....                                   | 57    |
| 2. Trading Posts, 1774-1821. ....  | 120   |
| 3. Directions for the Treatment of Smallpox. ....                                    | 292   |
| 4. Crowfoot and His Children, 1884. ....   | 436   |
| 5. Deaths recorded at Sandy Lake, Assissippi Indian Mission, 1875-1894, by Age. .... | 438 A |
| 6. Deaths recorded in La Ronge area, 1856-1889, by Age. ....                         | 438 B |
| 7. General Death Rate Associated with Tuberculosis Epidemic Among Plains Indians. .  | 454 A |
| 8. Students who Died at the Qu'Appelle Indian Residential School, 1884-1892. ....    | 456   |
| 9. Charcoal in Detention. ....   | 462   |

## Tables

| Table  | Page  |
|--|-------|
| 1. Extract of Matthew Cocking's Diary, 1722. ....                                | 93-94 |
| 2. Edward Smith's Abstract of Indian Population for the Mackenzie District. .... | 199   |
| 3. Mortality from the smallpox epidemic of 1869-70 by ethnic group. ....         | 271   |

## Chapter 1: Introduction

Canadians can be justly proud of the yearly pronouncements by the United Nations world human development index that they consistently rank among the top three countries in the world with regard to their quality of life. A startling exception to this record are the dismal health and economic conditions within Canada's First Nations population. As mainstream Canadians have come to expect some of the highest standards of health care in the world as a right of citizenship, the experience of First Nations communities is closer to that of third world populations than to those of the rest of Canada. Matthew Coon Come, the National Chief of the Assembly of First Nations, stated that if the criteria used by in the United Nations index were applied to First Nations communities, they would rank as low as sixty-fourth in the world.<sup>1</sup> The gap between the health of mainstream Canadians and members of First Nations communities is such that members of the latter have a life expectancy of between eight and ten years shorter than the general Canadian population. The present study argues that the root of the imbalance in health conditions between the two populations can be found in the alienation of First Nations from their land and resource base.

The displacement of indigenous peoples from their traditional and adopted economic niches occurred at different times among the various First Nations of the Canadian Northwest. By the end of the nineteenth century, populations of the plains and of the western subarctic were, either as a consequence of forced or chosen economic specialization in the fur trade economy, in a precarious environmental and social situation. In the marginal lands of the far northwest, the territorial displacement of Athapaskan populations into ecological regions that could not provide a reliable

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<sup>1</sup>Speech by Chief Matthew Coon Come in Fort McMurray, October 26, 2000. (Ottawa: Assembly of First Nations, 2000), press release.

subsistence base, was the product of the protracted period of unrestrained extraction known as the fur trade competition era. There, game depletion and cyclical patterns of starvation stressed the aboriginal inhabitants to the breaking point by the beginning of the nineteenth century. On the plains, economic focus on the bison hunt, which served to feed the northern fur trade, provided First Nations with almost a century of affluence before their precipitous decline in the last quarter of the century.

Though the extinction of the bison was a major factor in the hardship of the plains inhabitants, their suffering was exacerbated by efforts of the Dominion government to control and manipulate them to suit the nation's development programme based on agriculture and European settlement. For the aboriginal populations of the prairies, state-sponsored exclusion from the new economic paradigm contributed not only to a regional famine but to the emergence of tuberculosis as the primary cause of morbidity and mortality by the 1880s. By the 1890s, infection rates were so high among reserve populations of the plains that government officials and medical practitioners came to the false conclusion that Indian people were racially susceptible to tuberculosis and that the disease was hereditary in nature. From that time, First Nations communities continued to suffer higher rates of disease, a consequence of the poverty resulting from their exclusion from the mainstream economy. For the vast majority of both urban and reserve populations, conditions of poverty and economic marginalisation remain to the present.

Recent studies in the medical history of First Nations people have focussed on racism as the primary factor in the decline of Indian populations in western Canada after the acquisition of the territory by the Dominion. Maureen Lux, in her investigation of health trends among the indigenous people of the plains from 1880 to 1940,

stressed that racism, and the development of policies by the Canadian government that developed from that position were the primary causes of the precipitous decline of health among reserve populations.<sup>2</sup> Mary-Ellen Kelm used race as the basis of declining health conditions among First Nations people in British Columbia in the early twentieth century.<sup>3</sup> Racism on the part of Canadian authorities during the early decades of their stewardship of the populations that entered into treaties with the Dominion government undoubtedly contributed to the decline of health conditions among reserve populations. However, the alienation of First Nations communities from a viable economic base had a more direct link to their decline of health. This study focusses on the interaction of health conditions among the Indian population of the Canadian Northwest and their participation in the increasingly global trade from the eighteenth century to the end of the nineteenth century, when First Nations on the plains were essentially barred from participating in the development of agrarian capitalism though state-sanctioned intervention.<sup>4</sup>

Prior to their economic marginalisation, which occurred at various times throughout the nineteenth century, the epidemiology of First Nations communities in the Canadian northwest roughly corresponded to the model established by Alfred Crosby. The Crosby model claims that introduced Old World pathogens were the primary

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<sup>2</sup>Maureen Lux, *Medicine that Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940* (Toronto: University of Toronto Press, 2001), 4.

<sup>3</sup>Mary-Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-50* (Vancouver, University of British Columbia Press, 1998), xix.

<sup>4</sup>The most succinct discussion of the role of the Canadian state in subverting First Nations' adoption of commercial agriculture was provided by Sarah Carter in *Lost Harvests: Prairie Indian Reserve Farmers and Government Policy* (Montreal: McGill-Queen's University Press, 1990).

determinants of the demographic history of the indigenous populations of the Americas for as long as one hundred and fifty years after their full exposure to them.<sup>5</sup> The scale of the demographic impact of introduced diseases, particularly of "Virgin Soil Epidemics," when diseases spread among previously unexposed populations contributed to the collapse of large scale societies in the New World, remains a contentious, if not the primary, debate in the early history of the encounter between people of the Old World and the New.

Although some studies have attempted to reconstruct the demographic collapse of First Nations in the territory that became western Canada,<sup>6</sup> the paucity of accurate records and the comparatively light population densities of the band societies in the northwest in comparison to the large-scale societies to the south have conspired to undermine any serious attempts to reconstruct the size of indigenous populations at the time of their first exposure to the most lethal of Old World pathogens, smallpox. In western Canada, even the occurrence of the "Virgin Soil" outbreak of smallpox in the northwest is not well understood. Although the early 1780s is widely accepted as the time of the first outbreak of the disease on the northern plains, this study identifies an epidemic of the disease across the prairies in the 1730s, more than a generation earlier.

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<sup>5</sup>Alfred Crosby, "Virgin Soil Epidemics as a Factor in the Aboriginal Depopulation of America." in *Germes, Seeds & Animals: Studies in Ecological History*. (London: M.E. Sharpe, 1994), 99.

<sup>6</sup>Jody Decker, "*We Shall Never Again Be the Same People*," *The Diffusion and Cumulative Impact of Acute Infectious Diseases Affecting the Natives on the Northern Plains of the Western Interior of Canada* (Ph. D. diss. York University, 1989).



## Scope of the Study

*The Political Economy of Indian Health and Disease in the Canadian Northwest* considers the interaction of disease and the spread of the fur trade economy through the interior of western Canada from the Red River area west to the Rocky Mountains and north to the edge of the tundra. The region roughly corresponds to the area encompassed by the Northern Department of the Hudson's Bay Company and the Mackenzie watershed known as the Athabasca country. The southern extremity of the study is the Missouri River, the territory once controlled by the sedentary horticultural societies of the Mandan, Hidatsa and the Arikara, from which the vast majority of epidemic disease, particularly smallpox, spread northward into what became Canadian territory.

Due to the size of the geographical area under consideration and the longitudinal nature of the study, it is based to a significant extent on published and unpublished secondary literature. It is intended to be a large-scale general history of health and disease in relation to economic conditions among the First Nations of the northwest. It answers the call by Theodore Binnema in, *Common and Contested Ground: A Human and Environmental History of the Northwestern Plains* for studies that have a wider focus than the history of a particular ethnicity and what he called the "culturalist preoccupations" of most twentieth century scholarship on the tribal peoples of North America.<sup>7</sup>

Because the present study focusses on the inextricable link between economics and health over a vast geographical area and is not intended to outline the specific

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<sup>7</sup>Theodore Binnema, *Common and Contested Ground: A Human and Environmental History of the North American Plains* (Norman: University of Oklahoma Press, 2001), xiii.

histories of each of the numerous First Nations who inhabit, or once inhabited, the northwest. One goal of the study is to illustrate that the linkage between economic factors and biology was often the primary force in the shaping of the ethnic map of the Canadian west. The two related historical forces serve to explain why some groups expanded, as was the case with the Plains Cree, and why others declined to the point of near oblivion, as was the case with the Assiniboine-Nakota and the Gros Ventre-Atsina.

The expansion of some First Nations at the expense of others was largely the outcome of disease during the fur trade era, often the result of differential integration of societies into the global economy. Although they were not the sole source of infection, trade networks served to a very large extent as vectors of disease during the period of introduced infectious pathogens. The demographic result of the interaction of biological and economic variables was that many of the First Nations that entered into treaties with the Dominion on the prairies were the inheritors of the area, rather than the indigenous and longstanding owners of the territory.

Another aim of the study is to demonstrate the motivation on the part of the Plains Cree who forced the inclusion of medical and food relief into the terms of Treaty 6, signed at Forts Carlton and Pitt in 1876. The terrible suffering of the group, and of other First Nations on the western plains during the smallpox epidemic of 1869-70 that killed as many as 3,500 people, prompted demands on the part of the Cree for the delivery of medical care from the Dominion which assumed responsibility for them. The inclusion of the clause that guaranteed food assistance in times of crisis was also a conscious strategy on the part of Cree negotiators to mitigate the effect of the inevitable disappearance of the bison. Though Canada accepted the legal

responsibility of these terms with the signing of the Treaty, the study will show that the Dominion ignored its commitments, particularly with regard to famine relief. The government provided limited assistance to First Nations in the aftermath of the extinction of the bison, but the motivation of the state was control of the Indian population rather than the alleviation of a humanitarian crisis and the fulfilment of their treaty responsibility. Resistance on the part of the reserve population to what they considered to be the failure of the government to deliver on its treaty commitments met with harsh punishment, especially after the return of the Conservative government under John A. Macdonald in 1879. The failure of the government to adequately deal with the regional food crisis, and draconian measures imposed after the brief and limited armed resistance in the spring of 1885, resulted not only in a decade long famine for many First Nations on the prairies but also in the emergence of tuberculosis among the malnourished and immune compromised population.

### Methodology

The medical history of First Nations people in the northwest is inextricably linked to the economic and political development of the region. The political economy approach offers the most explanatory power in uncovering the long-term changes in health conditions among the First Nations in the west. It explains the differential success of specific ethnic groups through the fur trade period and the general decline of plains populations following Canada's acquisition of the northwest.

The political economy approach to the history of health and disease in the Canadian northwest presented here is a response to writers James Waldram, Ann Herring, and Kue Young's call for such a study in their 1995 publication, *Aboriginal*

*Health in Canada: Historical, Cultural, and Epidemiological Perspectives*.<sup>8</sup> In their conclusion, the authors stressed that, “the political economy of health seems most appropriate, given the status of the Aboriginal peoples as indigenous, colonized minorities in their homeland.”<sup>9</sup>

The investigation of social and economic forces in relation to health has been applied effectively in the context of other colonial societies. The Nobel laureate, Amartya Sen, in his pioneering work on the economics of famine in south Asia, stressed that regional hunger had more to do with the politics of food distribution than the simple scarcity of food.<sup>10</sup> In the mid-1980s, Meredith Thursen challenged the notion that chronic malnutrition among the populations of Africa and the myriad of health problems resulting from it was simply the result of environmental crises such as the Sahel drought.<sup>11</sup> Rather, she stressed that poverty in Africa was not “an innate or inherent problem but a product of colonial history, present dependence, and changed social relations of production.”<sup>12</sup> She critiqued colonial medicine that espoused a “natural history of disease” in which African people declined in health because of poor hygiene and their lack of immunity to introduced diseases and poor diet. In doing so,

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<sup>8</sup>James Waldram, Ann Herring, and Kue Young, *Aboriginal Health in Canada: Historical, Cultural, and Epidemiological Perspectives* (Toronto: University of Toronto Press, 1995), 270.

<sup>9</sup>*Ibid.*

<sup>10</sup>Amartya Sen, *Poverty and Famines: An Essay on Entitlement and Deprivation* (Oxford: Oxford University Press, 1981), 1; and “Food, Economics, and Entitlements.” in *The Political Economy of Hunger: Selected Essays*, eds. Jean Dreze, Amartya Sen, and Athar Hussain (Oxford: Oxford University Press, 1995), 50-68.

<sup>11</sup>*The Political Ecology of Disease in Tanzania* (New Brunswick, N.J.: Rutgers University Press, 1984), xii.

<sup>12</sup>*Ibid.*, 5.

she developed the concept of the "unnatural history of disease" through the investigation of the economic, social, and political roots of disease.<sup>13</sup> In a study of tuberculosis among African miners in South Africa, Randall Packard came to essentially the same conclusion, noting that the emergence of the disease was the product of the particularly pathological intersection of political, economic and biological forces.<sup>14</sup>

In the late 1980s, Gregory Campbell applied the same technique to the deterioration of health conditions among the Cheyenne of Montana.<sup>15</sup> Campbell used the concept of the "unnatural history of disease" to show that social, political and economic forces were inseparable from health conditions, and that the emergence of new diseases such as Acquired Immune Deficiency Syndrome (AIDS), substance abuse, and Type II Diabetes Mellitus were often the result of enforced social change in the years following the Second World War.<sup>16</sup> In an article entitled, "Health Patterns and Underdevelopment on the Northern Cheyenne Reservation," Campbell again stressed that physical decline was the "direct result of the political and economic control held by the Indian office," which deprived the group of its primary means of subsistence and access to the resources required for good health.<sup>17</sup>

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<sup>13</sup>Ibid., 10.

<sup>14</sup>*White Plague-Black Labor: Tuberculosis and the Political Economy of Health and Disease in South Africa* (Berkeley: University of California Press, 1989), 19.

<sup>15</sup>*The Political Economy of Ill-Health: Changing Northern Cheyenne Health Patterns and Economic Underdevelopment* (Ph. D. diss, University of Oklahoma, 1987).

<sup>16</sup>"The Changing Dimension of Native American Health: A Critical Understanding of Contemporary Native American Health Issues," in *Native American Resurgence and Renewal: A Reader and Bibliography*, ed. Robert N. Wells (Metuchen, N.J.: Scarecrow Press, 1994), 97-106.

<sup>17</sup>"Health Patterns and Economic Underdevelopment on the Cheyenne Reservation," in *The Political Economy of North American Indians*, ed. John H. Moore

Although the utility of the political economy model to the understanding of social and economic conditions among aboriginal peoples in Canada is widely acknowledged by the medical community and social scientists,<sup>18</sup> the approach has been under utilized within the historical community. Early archival studies such as Charles Bishop's *The Northern Ojibwa and the Fur Trade: An Historical and Ecological Study* made specific reference to the development of economic dependency on the global trade in furs.<sup>19</sup> Since the 1980s, investigations grounded in economic relationships, such as the study presented here, have become increasingly rare as the field known as ethnohistory has become the predominant methodology in the history of First Nations in western Canada. Rather than focussing on the economic and social relationships between aboriginal people and the expanding sphere of Europeans, practitioners of ethnohistoric method have tended to concentrate their efforts on the motivations and actions of small groups, either at the band level or at the level of specific ethnicities. While this approach has been successful in casting aboriginal groups as active agents in their dealings and the survival of their cultural identities, the method has largely avoided the issue of the general decline of First Nations communities that resulted from the imposition of Canadian hegemony. While the persistence of cultural traits despite the long assault on them by the state is a testament to the resilience of First Nations

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(Norman: University of Oklahoma Press, 1993), 63.

<sup>18</sup>In their sociological study of First Nations conditions, Vic Satzewich and Terry Wotherspoon noted that "a political economy analysis of Canada's aboriginal people must be grounded in the consideration of native peoples' struggles for subsistence and survival under changing material circumstances." *First Nations: Race, Class, and Gender Relations* (Scarborough: Nelson Canada, 1993), 13.

<sup>19</sup>*The Northern Ojibwa and the Fur Trade: An Historical and Ecological Study, Culture and Communities: A Series of Monographs* (Toronto: Holt, Rinehart and Winston Canada, 1974), 196.

people, it is not the focus of the study presented here. Rather, it considers epidemiological changes in relation to the development of the fur trade and the decline of health conditions for those who entered treaties with Canada in the 1870s. In considering the changes in epidemiology from the fur trade through the Canadian period, the study identifies the regional trends in the health of First Nations populations through the Canadian northwest.

In the aboriginal historiography of Western Canada, the rift between scholars with an economic focus and those who concentrate on cultural traits has been most evident on the crucial question of whether Algonkian-speaking peoples expanded into western Canada, a consequence of their integration into the global economy. Those who have stressed the importance of economic relations have generally accepted the view that eastern people moved west during the fur trade era. Studies that centre on ethnicity and the persistence of cultural traits have largely opposed this view, arguing that Algonkians were well-ensconced in the west prior to the expansion of the capitalist economy into the region.

The controversy over the westward expansion of Algonkian-speakers into the northwest is voluminous, but can be summarized as follows. The expansionist approach, pioneered by anthropologist David Mandelbaum in the 1940s<sup>20</sup> and developed by scholars such as Arthur Ray and Charles Bishop,<sup>21</sup> argues that groups that acquired European trade goods, particularly fire arms, expanded into areas

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<sup>20</sup>*The Plains Cree: An Ethnographic, Historical, and Comparative Study* (Regina: Canadian Plains Research Centre, 1979).

<sup>21</sup>*Indians in the Fur Trade: Their Role as Trappers, Hunters, and Middlemen in the Lands Southwest of Hudson's Bay, 1660-1870* (Toronto: University of Toronto Press, 1974); Charles Bishop *The Northern Ojibwa and the Fur Trade: An Historical and Ecological Study* (Toronto: Holt, Rinehart and Winston of Canada, 1974).