# From Past to Present: Understanding First Nations Health Patterns in a Historical Context

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## ABSTRACT

By many measures of health, Canada's First Nations compare very poorly to the non-Native population as a whole. The need to explain, and to correct, this disparity has led public health researchers to consider a wide variety of community characteristics. One area that is as yet under-utilized, but may yield important insights into the complex question of First Nations health, is history. This paper presents an overview of the potential uses of historical methods in the study of the health of First Nations communities in Manitoba. It also introduces the major historical data sources available to public health researchers involved in such research. There are three main benefits to the inclusion of history in public health research. First, we may learn about the impact of health changes on Aboriginal groups in the past. Second, we may better understand the origins of present-day health concerns, many of which emerged out of the events of the recent or not so recent past. Finally, we may gain important insights into the nature of the disease process, and the diseases themselves, by employing the past as a laboratory. The addition of an historical approach can enhance health research directed towards First Nations communities in Manitoba.


**MeSH terms:** history; health; First Nations; Manitoba; community health

*La traduction du résumé se trouve à la fin de l'article.*

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The study of public health has emerged as a diverse branch of medical research, adopting, where needed, a broad range of approaches and data sources from other disciplines. One such discipline with much to offer is history, for, when it comes to health, the past often has something to say about the present. This paper provides a brief introduction to the study of the health history of First Nations people in Manitoba. It offers several reasons for incorporating an historical approach into the study of population health. It also provides an overview of the major sources of data to which researchers in the province can turn in order to piece together these historic patterns on the community scale.

In a recent analysis of the health of Manitoba's First Nations, Martens et al.[1] documented the wide disparity between the health status of Registered First Nations people and that of Manitobans as a whole. The latter, we learn, are far healthier than the former. For instance, First Nations people have a premature mortality rate that is twice that of all Manitobans, and have over four times the rate of treatment for diabetes. Hypertension is more common among First Nations people, while their rate of hospitalization is over three times greater and their life expectancy several years less. These are key indicators that a health crisis exists among Manitoba's First Nations, a crisis that must be addressed.

Even so, this troubling situation represents a considerable improvement over the past, the result of decades of concerted effort to close a gap that was, until recently, staggering in its magnitude.[2,3] A century ago, First Nations people in Manitoba died by the scores of tuberculosis, even as conditions improved among non-Natives and the disease lessened its grip. Two centuries ago, they struggled to recover from devastating smallpox that caused entire bands to vanish, even as it left the Europeans among them untouched. It is only by turning our attention back three hundred years into the past that we can glimpse an era during which Aboriginal people and Europeans stood on equal footing in terms of health. If the afflictions and disorders have changed over time, and if the gap has recently declined, it has nonetheless been an enduring legacy of the colonial process.

The effort to understand and to correct this inequality is complex, reflecting the wide variety and diverse origins of the health challenges that threaten Manitoba's Aboriginal people. Many disciplines contribute to this ongoing struggle; no longer is this considered solely within the purview of the traditional medical sciences. As researchers from the social sciences and humanities are increasingly drawn into the battle, it is becoming clear that history, too, has something to offer. Not only does it provide a much needed sense of perspective, an awareness that, indeed, great strides are possible, but it can also contribute substantively to our understanding of the origins of many of the present health concerns.

## Why study the past?

The study of the history of Manitoba's First Nations offers several key benefits for enhancing our knowledge of the province's past and present. First, historical research can yield insights into the past health of these people. As a general guide, we may divide the historical period into broad eras based on the prevalent health concerns for First Nations people (Table I). Following the pre-contact era, characterized perhaps by chronic parasitical infections and environmental threats,[4] the arrival of non-Natives (initially fur traders and explorers) helped to infrequently introduce new infections to the First Nations, including acute diseases such as smallpox and influenza. The latter era featured long periods of relatively good health punctuated by rare, though often severe, epidemics. Following the 1820s, transport and settlement conditions changed in North America, opening up the interior of the continent to a myriad of acute infections.[5] Inter-epidemic periods declined substantially for most groups, as did the potential for rebounding from epidemic depopulation. Towards the end of the nineteenth century, shifts in lifestyle and declines in available food resources saw tuberculosis emerge as a dominant health threat to the First Nations people, although acute respiratory infections and malnutrition were also a frequent cause of death.[3,6,7] Finally, following the Second World War, many communities underwent a variation on the epidemiologic transition in which infectious diseases declined substantially due to government intervention, replaced generally by chronic diseases of the modern lifestyle, including diabetes, cardiovascular disorders and cancer.[8] Despite continued high accidental and violent death rates, the post-war era has seen a pronounced decline in First Nations mortality rates, yielding accelerated population increases overall.[3]

**TABLE I**

**Historical Eras of Disease Among Manitoba's First Nations**

| Period | Dominant Health Challenges | Examples |
|---|---|---|
| To early 1700s | Indigenous threats | Parasitic infections, environmental hazards |
| Early 1700s to ca. 1820s | Acute infectious (early) | Infrequent – colds, influenza, smallpox |
| 1820s to 1870s | Acute infectious (late) | Increasingly frequent with a wider variety of infections |
| 1870s to 1940s | Chronic infectious | Tuberculosis |
| 1940s to present | Disease of lifestyle | Obesity, diabetes, cancer |

While these eras may reflect the general situation at a given time in the past, a fundamental characteristic of the health history of the First Nations people in Manitoba has been the diversity of their experiences. From the start, these health consequences were not felt equally everywhere and by all communities. Thus, during the era of acute epidemics, bands who lived in closer proximity to major transportation routes, or who were in more frequent communication with non-Natives, tended to be exposed more frequently than those who remained more isolated.[5] Likewise, those groups living on the plains to the south suffered more severely, and earlier, from epidemic tuberculosis as their food resources disappeared in the late 1800s, than did the people of the north, whose lifestyle remained intact until considerably later. The same complexity of pattern was evident during the twentieth century, reinforced by the rapid cultural change that some underwent earlier than others. For instance, the First Nations people living within the Norway House area, which lay on main transportation routes, experienced a pronounced change in lifestyle earlier than the people living at nearby, relatively isolated, Island Lake. By the 1920s, the Norway House people were consuming a great deal more Euro-Canadian foods, were more likely to be living in permanent log structures, were more sedentary and more often participated in the wage economy than those at Island Lake; no doubt this was reflected in the higher death rates observed among the Norway House people.[9,10] Only as the century progressed and changes in transport technology slowly eroded their isolation, introducing outside influences, did the Island Lake people begin to undergo the same profound changes, a pattern that has been repeated at different times across Canada (Figure 1).[6,11] In keeping with the diversity of past health experiences for First Nations people, Moffat and Herring have identified the need for additional studies that focus on individual communities, a scale of historical inquiry that has heretofore been very rare when compared to the regional or national scale.[7]

A second benefit provided by historical research is that it can complement contemporary enquiries by addressing the roots of some of the most pernicious or persistent health problems in Canada today.[7] This follows Kunitz's advisement that "mortality and morbidity in populations can be best understood as products of the way people live, and for this both the local history of the population and the natural history of particular diseases are important."[12] For example, injuries from accidents and violence have become one of the most serious health problems among native North Americans during the post Second World War period. Rates of suicide, homicide and violence, linked to declining economic conditions, social stress and substance abuse, have become almost universally higher among First Nations people than among the general population.[13] Interaction with the justice system, virtually non-existent in some First Nations communities as recently as forty years ago, has become epidemic.[14] Likewise, from being rare or non-existent prior to the War, Type II diabetes has emerged as a major threat to the well-being of First Nations people.[1,13] Although the exact relationship among them is not yet clear, heredity, obesity, physical activity, diet and metabolic factors have been identified as potential risk factors in this form of diabetes. In both cases, the rise of these health challenges can be linked in part to the disastrous changes

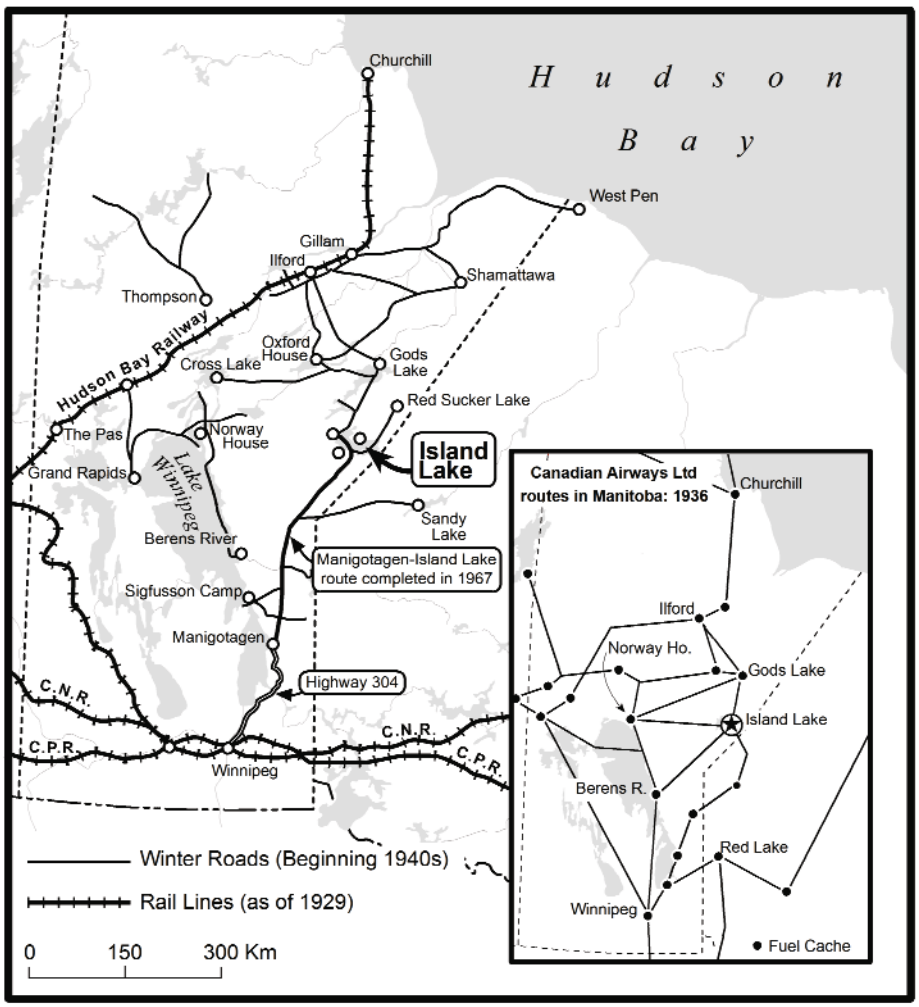


**Figure 1.** Early transport connections to Island Lake

that have occurred in many communities over the last half century. In turn, we can see in these changes the legacy of three centuries of contact, and, more importantly, a century or more of colonialism and its attack on Native culture and lifestyles. For these challenges, the struggle to regain the health of the communities may hinge as much on undoing this colonial legacy as it does on implementing treatment programs.

Similarly, the past may also play a role in the present-day distribution of infectious disease. Researchers have identified significant variations in the provincial rates of tuberculosis (TB) among Registered First Nations people in Canada, with the lowest rates found in the eastern provinces (7/100,000), and higher rates in British Columbia (52/100,000), the Prairie Provinces (79/100,000), and the Territories (97/100,000).[15] It has been suggested that these geographical differences vary inversely with the timing of initial contact with non-Natives,[16] and are thus a legacy of the colonial process. Although provocative, this theory requires additional testing against the detailed historical record, as well as further refinement in order to identify intra-provincial variations in the timing and extent of initial infection.*

Equally important, past events may help shape the current attitudes of First Nations people towards medical treatment, in turn influencing their behaviour. Medical interventions for TB during the early part of the twentieth century were often heavy-handed, and many of the policies favoured by the federal government, including the support of residential schools and changes in lifestyle associated with reserve life, promoted the spread of the disease among Aboriginal populations.[17-19] In the words of one elder from Island Lake:

Once someone caught the TB that person never got well. When people with TB got sent out to the sanatoriums they never came back. There aren't many people who survived this disease. Even if they survived the disease they weren't totally well, because the operation they endured was more than they could take.†

Negative experiences such as these, passed down from one generation to the next, have fostered resentment towards the medical system, and have tended to limit the effectiveness of otherwise well-thought-out elimination strategies.‡ In order to overcome this legacy, educational and treatment programs might benefit by addressing and incorporating the history of the disease within target communities, while acknowledging the past role played by the medical system in creating an environment of fear and suspicion.

Finally, historical research can provide additional understanding about the nature of human disease, and our responses to it. In this respect the past may serve, as it were, as a form of laboratory. With the recently revived interest in smallpox, for instance, the history of the First Nations people of Manitoba is instructive about both the consequences of this disease when introduced into a population entirely lacking in immunity, as well as the efficacy of early mass vaccination strategies in preventing its diffusion when applied by non-medical personnel.[5,20-24] In a similar vein, current concerns about the possible appearance of a strain of very severe pandemic influenza have drawn the attention

* For instance, an ongoing, CIHR-funded research project examining TB among the western Canadian First Nations from 1700 to the 1940s has identified relatively early (early 1700s) descriptions of TB as well as significant variations in the trajectory of the disease among groups living in the plains and parkland/forest parts of the region.

† This statement was elicited during one of a series of interviews with elders living in three of the Island Lake First Nations (St. Theresa's Point, Garden Hill and Wassagamack). These interviews were carried out on the author's behalf by Mary Jane Monias during the summer of 2002.

‡ Thus, David Jenkins, with reference to TB, postulated that "…the history of a group's experience with a disease might be a potent determinant of its current perceptions of that disease."[25] Similarly, Donald Jenkins, in a study of TB among First Nations people in BC, concluded that the shame of potentially being positive for infection and a fear of harmful treatment, derived from past experience, overshadowed modern benign treatments and led people to avoid attending x-ray clinics or following through on chemotherapy treatments to conclusion when prescribed.[26]

of mainstream medical researchers to the Spanish Flu of 1918-19.[27] The historical documents from Manitoba provide not only detailed descriptions of the impact of influenza among the First Nations people,[28] but have also enabled researchers to model the disease's diffusion.[29]

### Dealing with data

In fact, studies of First Nations health in Manitoba may draw on a rich and varied historical record that dates back to the late seventeenth century. For the earliest period, we have access to documents left by the fur traders, explorers, and missionaries. Foremost of these is the vast body of journals, letters and reports of the Hudson's Bay Company* (HBC), housed in the Provincial Archives of Manitoba (PAM), which have been lauded as "an excellent source of information regarding diseases and the general health of the Indians".[21] The HBC's fur trading operations in Manitoba continued from the seventeenth century well into the twentieth, and have been used extensively in health studies.[5,21,30] Missionary and other church records, created by several denominations beginning in the early nineteenth century, have also proven valuable for health research, providing not only descriptions of disease and health conditions, but also records of vital events to be employed in analyzing First Nations mortality and its causes.† Last, oral testimony, although as yet underused in Manitoba, promises insights into the full impact of health and disease that are not available in non-Native records.‡

The choice of data sources expands for the period following 1870, as the Canadian government became increasingly involved in the lives of Manitoba's First Nations, hindered only by an unwillingness to direct adequate resources to the emerging health crises prior to the 1940s. For example, the annual published Sessional Papers§ include tabular population data of varying detail and general information regarding the state of each agency and reserve, as well as crucial reports by the Chief Medical Officer. Archival holdings for the Department of Indian Affairs related to western Canada are found in the RG10 Black Series, housed in the National Archives in Ottawa, and contain frequent references to Native health. The NWMP/RCMP patrol records and reports of the doctors accompanying the treaty parties are especially valuable sources of data for more isolated communities. At the same time, concern over the health crises, particularly with respect to TB and nutritional disorders, also prompted a number of research reports that outlined the extent of the problem in particular communities.[9,36-39] Such surveys are extremely useful in that they provide a snapshot of conditions in a First Nations community at a given time, one that can be compared across time and against other communities.

Finally, First Nations health care expanded during the post-War years, as far greater resources became available and a more robust bureaucracy developed.[2] The result was the collection of increasingly more systematized health data that now lend themselves to more advanced analysis. In particular, researchers interested in the more recent period may turn to the records of the Medical Services Branch (now First Nations and Inuit Health Branch), which provide much more targeted medical records. Within the last 25 years, the Manitoba Centre for Health Policy‖ has maintained and updated a database of administrative health data pertaining to Manitoba that facilitates health research. The potential for altering historical research on First Nations health in Manitoba through the use of such records is profound, at least for the recent past, as they allow for a level of systematic and statistical analysis that is generally impossible using traditional historical sources.

## DISCUSSION

The troubling and persistent divide in health status between First Nations people in Manitoba and the rest of the population is consistent with the remainder of Canada. It is also consistent across the past three centuries in the province, although great strides have been made during the last 50 years towards closing this gap. To continue these strides, to diminish this divide, new approaches are needed, and the incorporation of historical perspectives into mainstream health research should further this goal. Ultimately, an improved appreciation of questions of historical health, on the part of the First Nations people of Manitoba as well as the broader population, can contribute to our goal of understanding and addressing this divide, while enabling policy-makers to develop and administer appropriate health services for First Nations people in Manitoba. In this respect, there is much to learn about the present from the past.

* On-line finding aids are found at www.gov.mb.ca/chc/archives/hbca/.

† An excellent example of the use of Methodist missionary records is Moffat and Herring's study of infant mortality at Fisher River.[7] Ewart employed both HBC and Anglican missionary data in his study of mortality at York Factory between 1714 and 1946.[31]

‡ Although actively collecting oral testimony would provide the most appropriate data, there are also general published collections that can yield health data.[32,33] There are several recent works from other provinces t``hat make excellent use of oral history or testimony to study First Nations health, notably by Harris and Boyd.[34,35]

§ Available on-line at www.nlc-bnc.ca/2/23/index-e.html.

‖ www.umanitoba.ca/centres/mchp/

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## RÉSUMÉ

Comme le confirment de nombreuses mesures, l'état de santé des Premières nations du Canada est très inférieur à celui de la population non autochtone dans son ensemble. Voulant expliquer et corriger cette disparité, des chercheurs du domaine de la santé publique ont étudié un vaste éventail de caractéristiques communautaires. L'histoire est un aspect encore sous-étudié, mais qui pourrait éclairer la question complexe de la santé des Premières nations. Nous présentons ici un aperçu des utilisations éventuelles de méthodes historiques pour étudier la santé des collectivités des Premières nations du Manitoba. Nous indiquons aussi les principales sources de données historiques dont disposent les chercheurs en santé publique qui effectuent ce genre de recherches. Il y a trois grands avantages à inclure l'histoire dans la recherche en santé publique. Premièrement, l'histoire peut nous apprendre quel a été l'impact des changements liés à la santé sur les groupes autochtones dans le passé. Deuxièmement, elle permet de mieux comprendre l'origine des préoccupations actuelles relatives à la santé, dont beaucoup découlent d'événements de notre passé récent ou plus ancien. Troisièmement, le laboratoire du passé peut jeter un éclairage très nécessaire sur la nature des maladies et de leur déroulement. L'ajout d'une démarche historique peut donc améliorer la recherche sur la santé des collectivités des Premières nations du Manitoba.