

# **Exhibit P-112**

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S.K.



MINISTER OF NATIONAL HEALTH AND WELFARE  
OTTAWA, CANADA

April 1, 1955

The Right Honourable Louis St. Laurent, Q.C.  
Prime Minister of Canada,  
Ottawa

Sir:

My colleague, the Minister of Northern Affairs and National Resources, has forwarded to me copies of letters written to you by the Rt. Rev. Donald Marsh, Anglican Bishop of the Arctic.

Upon receipt of the first letter from Bishop Marsh with the article attached entitled "Cry the Beloved Eskimo", my Deputy Minister of Health forwarded to the Deputy Minister of Northern Affairs, comments on this letter and article, and as Bishop Marsh is a member of the Advisory Committee on Eskimo Affairs, it was expected that the Bishop would raise for discussion some of the points he raised in his first letter to you, but this was not the case.

I will attempt to comment on the points raised in the correspondence referred to above, and to Bishop Marsh's most recent letter dated March 8.

Eskimo patients requiring treatment may be divided into two classes, those suffering from tuberculosis and requiring isolation and treatment in sanatorium, and those requiring various other types of medical attention, some of which can be supplied in smaller hospitals, with serious cases requiring the services only available in the large medical centres.

In the Arctic areas where the Eskimos are found scattered from the northeast to the northwest of Canada, we

have Nursing Stations in seven settlements and employ four medical officers. Eskimos requiring medical treatment are served by these people in these areas. In other areas where neither doctor nor nurse is available, the Hudson's Bay Post Managers, R.C.M. Police, or missionaries are supplied, by this department, with a stock of drugs and dressings and first aid supplies.

Eskimos requiring more treatment than can be given by the above-mentioned, are sent by any means available, to the next closest point where further medical care can be obtained. In the western Arctic this would be to Aklavik, farther east the patient is, of necessity, sent to Yellowknife or Edmonton, still farther east patients are sent to the military hospital at Churchill, and for the rest of the eastern Arctic, are routed through Goose Bay, while those Eskimos who live on the Hudson's Bay Coast of Ungava, are sent south to our Moose Factory Hospital.

Those patients from the western Arctic who are sent to Edmonton have full medical facilities available there. Those that reach Churchill and require further treatment must be sent to Winnipeg. Patients requiring treatment not obtainable at Moose Factory, are sent to Toronto, either to the Toronto General Hospital or to the Sick Children's, while those reaching Goose Bay, if their treatment cannot be carried out in the R.C.A.F. hospital there, are sent to a Montreal hospital.

As Bishop Marsh mentions, it is quite possible that often there are only one or two Eskimos in one of these hospitals, and, naturally, they are lonely and would welcome visits from a clergyman if he could speak their language. Officials of our department continually attempt to have all necessary information regarding the patient's condition forwarded with him, but in the complicated travel routes it is quite possible that occasionally this information is not forwarded. Every effort is being made to improve this this phase of patient movement.

As regards the T.B. Eskimos, these are discovered and diagnosed by X-Ray surveys along the Arctic Coast and through the Arctic Islands. It is planned that for the coming season there will be at least six X-ray parties,

consisting of a doctor, and, in some cases, a dentist an X-ray technician, and with some of the parties, a male public health nurse visiting as many as possible of the Eskimo camps scattered throughout the entire length of the Arctic. Every effort is going to be made to remove every Eskimo who has infectious disease from his family, for the protection of that family as well as to attempt to cure the patient. Every effort is being made to bring these long-term patients to centres where there will be considerable numbers of other Eskimos from their own areas. Those from the western Arctic coast who can be treated in the Aklavik area, will be left in Aklavik hospitals, the balance of the patients and those from the more central region of the Arctic, will be sent to our Charles Camsell Hospital in Edmonton. Those from the areas north and west of Churchill will be sent to our Clearwater Lake Sanatorium, north of The Pas. Of these patients, those that require bone, joint or chest surgery, will be concentrated in our Brandon Sanatorium, where splendid special equipment is available for this type of treatment.

In the eastern Hudson's Bay area, patients will be sent to Moose Factory Hospital and any overflow will be sent to the Hamilton Sanatorium. All those patients from the remainder of the eastern Arctic will be treated in the Hamilton Sanatorium, where there are, at present, seventy-five Eskimo patients under treatment.

May I include a quotation from the annual report of the Medical Superintendent of the Hamilton Sanatorium:

"Many have questioned the advisability of bringing patients from the far North to the southern part of Ontario for treatment. Personally, I think that the decision to do so is a very sound one. As a nation we are moving into the north country in increasing numbers, a trend which will continue whether we like it or not. We are, therefore, virtually obligated to do what we can to give those who are indigenous to the area a greater knowledge of our mode of life, and, at the same time, give them all the advantages of our methods of treating and controlling disease.

It is more practicable at the moment to bring patients here from the North country than to establish treatment centres there. We find that the Eskimo is an excellent patient and that he adapts himself well. We feel, further, that in a few generations he will probably be able to take his place on an equal basis with the people of Southern Canada."

The Director of Indian and Eskimo Health Services informs me that he recently visited the Eskimo patients at Hamilton. He was high in his praise of the professional care being given these patients, which includes all modern forms of treatment, necessary surgery, occupational therapy, and wonderfully sympathetic educational facilities. The Mountain Sanatorium has engaged four extra teachers and every Eskimo in the institution is getting as much instruction as his physical condition will allow. Many Service Clubs and welfare organizations in the city of Hamilton are taking a very active interest in these Eskimo patients and recently the British United Press was given permission to do a pictorial story on these patients. It is interesting to note also that the Directress of Nursing at this institution has employed and is training two Eskimo girls on the staff of that institution.

Very rapid development has occurred in the extension of this service, and we feel that there has been in the past and still is in the future, need for much improvement.

The question of building small scattered isolated hospitals for the north has been posed to the department many times by Church authorities, both of the Anglican and Roman Catholic Churches. We have had experience in attempting to operate these small units and in repeatedly visiting small hospitals operated by mission authorities, which leads us to believe, in fact to be certain, that it is both uneconomical to the taxpayers of Canada and is not in the best interests of the patients we treat, to operate such units.

In our opinion the welfare of a sick person must come before other considerations. It is utterly impossible to maintain high medical and hospital standards in small isolated units. I asked the opinion of an outstanding authority on tuberculosis as to the relative chance of recovery for the average patient if treated in a small northern hospital as compared with his chance of recovery in a modern, fully equipped

and staffed institution. His opinion was that, all other things being equal, chances of recovery would be three or four times greater in one of the larger sanatoria. We undertook to see if we could find any figures to substantiate this impression. My officers examined our records for five Northwest Territories hospitals as compared with our Charles Camsell Indian Hospital in Edmonton. They find that deaths per 100 discharges from the five northern hospitals averaged 29.3, as apposed to 13.2 for the Charles Camsell Indian Hospital. Admittedly some of the cases in the northern hospitals were terminal but, on the other hand is the fact that a large proportion of the cases sent to Edmonton were for surgery, with a correspondingly high surgical risk.

At the present time there are approximately 450 Eskimos being treated in southern hospitals and 150 in the mission hospitals of the Northwest Territories. These 600 people who are under treatment will certainly tend to reduce the incidence of tuberculosis and its spread among the Eskimos. This is borne out by the fact that at Coppermine in 1953 the survey found a total of eleven cases suffering from tuberculosis. In the spring of 1954 only one case requiring treatment was found. Taking total cases examined, the case rate in 1953 was 3%, while in 1954 it had dropped to 1/4 of 1% in this area.

In 1954 X-ray surveys were conducted in the Aklavik area, in the central Arctic ranging out from Cambridge Bay and Coppermine, throughout the Keewatin District, ranging from Fox Basin to Igloolik and Repulse Bay; north from Moose Factory to Great Whale River and the Belcher Islands, along the Labrador Coast and Ungava Bay and on the Eastern Arctic patrol. In all, approximately 5000, or 50% of the Eskimo population were X-rayed last year. This is a challenging figure when one considers the difficulties encountered.

We do make an effort to see that Eskimos are kept together, and still greater efforts will be made to do this. It is not always possible as occasionally patients must be sent to one of the general hospitals, such as the Royal Victoria Hospital, Montreal, Sick Children's Hospital in Toronto, or St. Boniface General Hospital in Winnipeg, for treatment not available elsewhere.

We do believe that it would be of distinct value if social service workers could be attached to the institutions where there are large groups of Eskimos hospitalized. These workers could make a special endeavour to see that Eskimo families in the north are kept informed of their relatives who have been sent south. This would make for much better relations as well as keeping the patient more contented.

To further answer the argument of hospitals in the north versus centralization in southern hospitals, there is the fact that it would take 15 or 20 such small institutions across the north. These would require a bed capacity of 10 or 15 beds each to handle the patient load.

Patients in hospitals, if a hundred miles or so away from their point of origin are actually as much removed from their families as they are in Quebec City, Hamilton or Edmonton. The change from an igloo or skin tent to a hospital bed is just as marked whether that bed be on Holman Island or the city of Edmonton, and the patient discharged requires just the same readjustment to go back to his rigorous Arctic life.

It is the contention of my officials that once you move an Eskimo from his native environment to a hospital bed, the change is absolute and the location of the bed makes very little difference. If the hospital bed is to be located at a distance greater than can be travelled by dog team, a few extra hours in an aircraft cannot make much difference to the patient, or to his family as regards visiting.

Some of the incidents written down under "Cry the Beloved Eskimo" may have happened. They are certainly put in the worst light possible, but the same things can and do happen to our white population in any part of Canada. The mother that has tuberculosis must either make the decision to see her child in the graveyard or to accept treatment and have the child isolated from her. There is nothing surer than a mother with tuberculosis will see her baby dead from T. B. meningitis if it is left with her. Kind hearted and well intentioned people in the north are continually posing major problems for sanatoria superintendents and for their limited facilities, when they allow an infant to accompany its sick infected mother south. The child has to be taken away from the mother at the sanatorium and removed from the

possibility of infection in the sanatorium. We have about five such infants now which, at a very considerable expense, we are trying to get back and placed with relatives.

It is true that up until recently we did not have a good method of keeping the nomadic families in the Arctic notified regularly regarding their relatives who were in southern hospitals or sanatoria. This has now been reorganized and every institution treating Eskimos now gives reports to the department here in Ottawa every three months, and these reports are turned over to Northern Affairs and to the R.C.M. Police for forwarding by any means possible, to the areas from which the patients came.

As regards the contention of Bishop Marsh that Eskimos have been brought out from the north and their names and addresses have been lost, I cannot find a single case to substantiate this statement. Bishop Marsh states that the acknowledged number is over forty. If he can tell us of a single case, I will promise to have it thoroughly investigated.

We are dealing with difficult problems and we do need the goodwill and co-operation of many. This department will always be willing to consider any suggestions for improvement of the service we are trying to render under which anyone who is informed will admit, are extremely difficult conditions.

I must apologize, Sir, for the length of this report, but the charges which Bishop Marsh has made are serious, and I feel it advisable to get the facts of the matter on record.

Yours sincerely,



Paul Martin