UNIVERSITY OF VICTORIA

BIAS AND MEDICAL REPORTING IN THE DEPARTMENT OF INDIAN AFFAIRS ANNUAL REPORTS FOR THE FRASER AGENCY

A PAPER SUBMITTED IN PARTIAL FULFILLMENT

OF THE REQUIREMENTS FOR THE STÓ:LŌ FIELD COURSE

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BIAS AND MEDICAL REPORTING IN THE DEPARTMENT OF INDIAN AFFAIRS ANNUAL REPORTS FOR THE FRASER AGENCY

The thesis of this essay is that bias insinuated itself into community health assessments in annual reports about the Stó:lō and Aboriginal people generally, which were published by Canada's Department of Indian Affairs (DIA). Therefore, although in some respects useful, these reports cannot be read at face value. The reports under discussion are those between 1871 (when British Columbia joined Confederation) and the Spanish influenza epidemic of 1918-19. Reports thereafter become very brief and offer little material on medical issues that pertain to the Stó:lō.

The revelation of bias may be so obvious that it scarcely deserves mention, for historians rarely encounter the luxury of bias-free sources. Yet, like the proverbial fish unaware of its watery surroundings, many of us remain blind to what others regard as obvious because it is such an integral part of our intellectual or cultural environment. It is hoped that this discussion will provide guidance and a useful context from which to evaluate the DIA reports.

The Ambiguous Nature of Bias

In these reports, the biases appear to be several, although they are so knotted up in a tangled skein that they are difficult to analyze separately. They are: 1) cultural bias, 2) racial bias, 3) religious bias, 4) institutional bias, and 5) class bias.

Agents who worked for the federal and provincial governments were part of a culture that believed Aboriginal people would benefit from assimilating into white society, a bias that in the nineteenth century was almost universal. The colonial and Dominion governments therefore enjoined its Indian agents to integrate Aboriginal people into mainstream Euro-Canadian life. Presumably the Department of Indian Affairs would not continue to employ agents who were unable to carry out its mandate to "improve" Aboriginal communities. Although intentions may have been noble (and sometimes they were not), we now recognize such efforts to have been problematic.

One of numerous examples of cultural bias can be found in the 1864 DIA report, in which deputy superintendent of Indian affairs, William Spragge, wrote to superintendent of Indian affairs Alexander Campbell,

> It will be observed, with some satisfaction by many, in addition to those who profess to take a deep interest in the Indian race, that the introduction of civilization among them, so far from threatening their gradual extinction as a people, is producing results of an opposite description. This is assignable to various causes, one of the most perceptible of which, is the increased comforts, tending to a more general exemption from sickness and disease, which are secured to them by their location upon farms, where, in substantial habitations, and with diet in sufficient quantity, and usually of good quality, they escape from the privations incident to their condition when attempting to live mainly by the chase after the inroads of civilization had impaired the value of their hunting-grounds.[1]

Spragge's account is bereft of self-doubt. He and his colleagues believed that the mission they had undertaken not only promoted the welfare and spiritual salvation of a disadvantaged people but would rescue them from extinction. Such a goal, they clearly believed, embraced the noblest of ethical motives. And, at the time, these policies appeared to be effective.

Later in his report to Campbell, Superintendent Spragge made additional comments that would trouble later generations but which he and his colleagues would have regarded as nothing more or less than the obvious truth: "The naturally indolent character of too many of Indian blood disposes them to accept offers to farm on shares, which fostering their disinclination for constant labor admits of their subsisting,

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1. Canada, *Report from the Indian Department of the Province of Canada, for the Half-Year Ended 30th June 1964* (Quebec, 1865), 3 These reports were later published by various departments in the Canadian government, such as Secretary of State, Interior, Immigration, or Indian Affairs. For the sake of brevity and continuity, all these reports are cited hereinafter as *Indian Affairs Annual Report.*

A discussion of the early organization and philosophy of the Department of Indian Affairs can be found in Hugh Shewell, *'Enough to Keep Them Alive': Indian Welfare in Canada, 1873–1965* (Toronto: University of Toronto Press, 2004), 36–40.

although miserably, while leading a life of idleness." Such a life style, continued Spragge, "engenders habits opposed to temperate and virtuous living." And "No true civilization can prevail apart from labor."[2] These cultural assumptions, partly based on religious values, comprised the watery environment wherein these bureaucratic fish manoeuvered.

Religion ties into cultural bias, of which it is a part. Europeans believed that converting non-Christians to Christianity was mandated by the Gospels. Proselytizing was therefore very much a part of the colonial project, although early fur traders sometimes resented missionaries' intrusion into matters pertaining to marriages between Natives and non-Natives and the use of alcohol as a trade item. Missionaries also sometimes made themselves unpopular because they took up the cause of Aboriginal land-claims, a controversial matter even, or especially, during the late nineteenth century.[3] Although the missionaries' work was presumably motivated by piety and good will, their methods and their message were condescending to Native Canadians and others who did not embrace their moral certitude.

Racial bias also played a role in assessing Aboriginal people in British Columbia. Late in the nineteenth century Charles Darwin's theory of evolution became popularized and widely misconstrued to mean that certain races of human beings (namely, northern Europeans) were genetically superior to others. This view could have harsh

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2. *Indian Affairs Annual Report, 1865*, 3.

3. For a discussion of missionizing among the Tsimshian, see Susan Neylan, *The Heavens Are Changing: Nineteenth-Century Protestant Missions and Tsimshian Christianity* (Montreal & Kingston: McGill-Queen's University Press, 2003). Victoria resident Dr. John Sebastian Helmcken was especially critical of missionary William Duncan because of his personality and because of his role in supporting Aboriginal land claims; see Dorothy Blakey Smith, ed., *The Reminiscences of Doctor John Sebastian Helmcken* (Vancouver: University of British Columbia Press, 1975), 106, 237–38.

consequences for those deemed genetically inferior, such as the poor, the mentally ill, or Aboriginal peoples. Missionaries and others, however, who sought to improve Aboriginal spirituality and quality of life were critical of any concept that suggested a hard-wired, genetic determinism in human biology because it seemed to deny the existence of free will and of a compassionate personal God.[4] Almost everyone who worked with Aboriginal people believed that their attributes were not fixed and could be improved. Even John Sebastian Helmcken, a Victoria physician and legislator, and a racist by any definition, wrote in his memoirs that ". . . they are Indians still. The breed remains, and will require a great deal of crossing to make a superior race."[5] That is, race was not immutable. Spragge himself wrote in 1873 that, "The fact cannot be disguised that in too many quarters an intolerance of Indians as a race is continually manifested, and the limited number of acres which a humane care of them demands, are begrudged them."[6]

Any discussion of racial bias, however, is bound to be controversial owing to the myriad views about what constitutes racism. Linguistic conservatives would argue that broadening the meaning of "racism" to include not just genetic determinism but also a

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4. The Church and evolution is an intensely complicated subject that defies facile generalizations. For a useful introduction see Martin E. Marty, *The Irony of It All, 1893–1919*, Modern American Religion (Chicago: University of Chicago Press, 1986), paticularly the opening pages to his chapter "Only Trying to Save the Bible."

5. Smith, *Helmcken*, 329. And yet, lamenting what he then believed was the demise of the Indian, Helmcken also wrote: "Who represents the honest fidelity of the unsophisticated Indian? Where, then, is our boasted civilization? Is it not in many instances an exaggeration of what we blame in the Indian the natural man? Man is still a savage--a professed Christian one; but he has bent and warped Christian philosophy to suit his savagery, but not changed his savagery to suit the philosophy" (331).

6. *Indian Affairs Annual Report, 1873*, 5.

wide range of cultural issues inflates the currency of discourse and obscures other equally lethal forms of bigotry such as religious and class prejudice. For the sake of clarity, racism in this essay refers less to cultural or economic prejudice than to the biological pretext for bigotry.

Indeed, University of Victoria historian Patricia Roy points out in *White Man's Province: British Columbia Politicians and Chinese and Japanese Immigrants, 1858-1914* that "Skin colour . . . was less relevant in determining attitudes than the phrase 'white man's province' suggests. Antipathy to immigrants was sometimes as much a matter of 'class' as of 'race.'"[7] These same issues pertain to Euro-Canadian attitudes about Aboriginal peoples and require cautious and constrained use of emotionally loaded words such as "racism" and "genocide."

Institutional bias in DIA reporting is inferred from this writer's experience in working with large government bureaucracies and cannot be proven. One could reasonably argue, however, that the first commandment of many workers is to protect their jobs. That is, it seems likely that agents unable to show their superiors that they had improved Aboriginal living conditions placed their careers at risk. These agents would therefore put a positive slant on their observations of Native life, even when describing conditions that might otherwise be regarded as negative.

Lastly, class bias can be inferred from the way agents describe lower class persons who did not live up to middle-class standards of respectability. Prospectors and miners, many of whom moved from the United States to British Columbia during its several gold rushes, were widely regarded as lawless riff-raff and land grabbers.

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7. Patricia Roy, *A White Man's Province: British Columbia Politicians and Chinese and Japanese Immigrants, 1858–1914* (Vancouver: University of British Columbia Press, 1989), x. See also the discussion of "racism" in Patricia Roy, *The Oriental Question: Consolidating a White Man's Province, 1914–41* (Vancouver: UBC Press, 2003), 7–11.

Prostitutes and perveyors of alcohol were similarly regarded. And whites (and Chinese) were just as vulnerable to such charges as Indians.

All of these biases overlap. There are no sharp lines dividing them, so one can easily argue that a "cultural" bias belongs in the "economic" category. These categories, then, are less definitions than points of reference. And being so inextricably tangled up with each other, they remain difficult to tease apart and examine individually.

For example, the annual DIA report for 1901 asserts of the Sliammon Band, north of Stó:lō territory, on the mainland across from Texada Island, that "The health of these Indians on the whole has been good, and excepting an epidemic of measles, *which caused the death of eight children* [in a population of 102], no sickness of a serious nature occurred among them."[8] Modern readers might wonder how "good" the health of a community could be when almost 8 percent of its inhabitants--all of them children--died within a year.

Possibly the Indian agent was placing the best interpretation on what his superiors might otherwise construe as the agent's failure to improve Native living conditions. It is also possible that the agent was being callous or racially bigoted when he described this Native community as "healthy"--that is, as healthy as one could expect for a racially inferior people. Or the agent may have believed that the Native community really *was* healthy, despite the anomaly of eight children having died from measles. After all, in the early twentieth century child mortality remained high even in Euro-Canadian communities. The lack of definitive information in this example makes it difficult to differentiate the biases or even to determine conclusively if bias was present at all. Finally, one can only guess how the Aboriginal community might have regarded the loss of their eight children to a disease that had not existed among them before the arrival of Europeans.

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8. *Indian Affairs Annual Report, 1901*, 241. Emphasis added.

How to define bias, then, also ties into culturally based perceptions of what was healthy and reasonable to expect in a given community. Agents' views of cleanliness on reserves may have been examples of cultural bias influenced by religion. Or were they examples of religious bias influenced by culture?

In any event, nineteenth- and twentieth-century Indian agents in Canada who reported ruefully on Native standards of hygiene reveal a bias that reflected John Wesley's enduring aphorism that "Cleanliness is, indeed, next to godliness."[9] The eighteenth-century British clergyman had merely recited in a sermon what he believed to be an obvious truth of the Bible. The bias that cleanliness is of itself a desirable quality--"next to godliness"--seemed vindicated by the development of germ theory and epidemiology in the eighteenth and nineteenth centuries.[10] Concerns with cleanliness and orderliness dominate the medical reports of DIA agents who, it must be added, were often not physicians or health-care practitioners.

Geographical Implications in Bias

It may seem odd that bias has any relation to geography, but when DIA agents applied their profile of desirable cultural traits to the various bands of British Columbia they came away with different impressions. That is, regardless of what motivated their biases, Indian agents and their supervisors regarded Aboriginal communities as having distinguishing qualities, and they perceived these qualities to be at least partly influenced by local geographical conditions, such as the availability of arable land or proximity to urban centres.

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9. Paul F. Boller, Jr. and John George, *They Never Said It: A Book of Fake Quotes, Misquotes, & Misleading Attributions* (New York: Oxford University Press, 1989), 7.

10. Ironically, the present-day medical establishment is concerned that the North American obsession with cleanliness is reducing our immunity to a variety of illnesses.

For example, in describing Indians of the Kwaw-kewlth Agency[11] on southern Quadra Island (not part of Stó:lō territory but regarded by the DIA as Coast Salish), a supervisor in 1888 described these people as being "the most degraded in the Province." And, "as a consequence of the diseases attendant upon the immoralities continued through the former generations for many years back, [they] are physically, mentally, and morally degenerate." The writer of this report noted that the Indians in this agency did not attempt to cultivate the land but a few lines later wrote of "the reserves consisting for most part of barren rocks."[12] These people had an abundant source of food in the ocean, almost literally at their doorstep, exempting them from the arduous labour sometimes required for subsistence living. The writer seemed to believe that the Natives' easy lives enervated them, making them physically and morally flaccid--a clear statement of the work ethic and cultural or religious bias influenced by geography.

A strikingly different attitude about Native communities comes from a DIA report published in 1890: "The Indians of the Fraser River Agency [and part of Stó:lō territory] are in a most prosperous condition, and are annually surrounding themselves with the comforts of civilized life, in fact many of their houses and premises now compare favourably with those of well to do white men."[13] Such a contrast to earlier comments on the Kwaw-kewlth Agency cannot be based purely on racism but likely reflects some objective criteria, such as geography and living conditions, albeit interpreted subjectively.

There is another geographical aspect to bias and the development of medical reporting that affected the Stó:lō and other Aboriginal people. Hugh Shewell, professor

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11. Populated by the Kwakwa̱ka̱'wakw nation.

12. *Indian Affairs Annual Report, 1888*, lxxxiv-lxxxv.

13. *Indian Affairs Annual Report, 1890*, xxxi.

of social work at York University, points out in *'Enough to Keep Them Alive': Indian Welfare in Canada, 1873-1965* that British Columbia operated somewhat independently in administering Indian affairs after it became a province in 1871. The province had never matured economically in the same manner as eastern Canada, which had enjoyed a mercantile economy. Rather the monopoly held by the Hudson's Bay Company in British Columbia limited this experience, and the colony was in any case inundated by gold miners and adventurers in the 1850s who brought with them a desire for land.[14]

Further, the provisions of the Royal Proclamation of 1763, prohibiting settler encroachment on Indian lands, did not then seem to include British Columbia. The result was constant competition over access to arable land by both Natives, who were encouraged (some would say forced) into agriculture by federal policies, and settlers, who demanded land for their own use. Although not directly a medical issue, access to arable land was related to nutrition and quality of life issues that had a bearing on Native health.

The Fraser River Valley south of Fort Hope and to the coast included some of the most arable land in British Columbia, a mountainous and heavily forested province where limited agricultural land was at a premium. This same region corresponded more or less to the traditional territory of the Stó:lō people, who had for generations lived along the shores of the Fraser River and its tributaries. That the Fraser was navigable up to the swift waters of Lady Franklin Rock, just north of Yale, meant that this region (excepting Victoria) included the first urban areas in British Columbia. Competition for land, then, became especially keen, and Native peoples and white settlers often lived in close proximity, especially around New Westminster, Fort Langley, and later, Vancouver.

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14. Shewell, *'Enough to Keep Them Alive,'* 27–28.

In 1871 agents in the Indian Department regarded British Columbia as having a large Native population, about 45,000 persons scattered across the province on some forty reserves varying in size from one hundred to two hundred acres.[15] According to the 1871 annual report, contemporary observers referred to the Stó:lō as being part of the Cowichan Nation, and their territory as extending from Yale to the coast, thence to the Gulf Islands and southeastern Vancouver Island.[16] The Stó:lō do not now regard any part of Vancouver Island as part of their ancestral home, so regardless of what early Dominion authorities may have thought, this essay limits Stó:lō territory to the lower mainland of British Columbia. Federal Indian agents reckoned the total Cowichan population to be about 7,000 persons and did not break down the population figures for subdistricts such as the lower Fraser Valley. Within this region government estimations of work habits, productivity, and general suitability for assimilation seemed positive. According to the annual report,

> It appears they have made considerable progress in agriculture; and in allusion to the Indians of Fraser River, Dr. [Israel Wood] Powell [B.C. superintendent of Indian affairs, 1872-89] says they are useful aids to the settlers, that in general they are good workers, and in view of the scarcity and high price of white labor, their presence is essential to the development of that section of the Province. He refers to his having attended an Indian Industrial Exhibition at Cowichan, Vancouver's Island, inaugurated three or four years since for the special benefit of the traders of that nationality. He observed "good samples of wheat and of root crops, but especially the exhibition of needle work, knitted work, and crochet-work of the native woman was surprising and creditable; and the competition for these and various descriptions of goods, seed grain and agricultural implements

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15. *Indian Affairs Annual Report, 1871*, 37–38.

16. Patricia E. Roy and John Herd Thompson, *British Columbia: Land of Promises* (Don Mills, Ont.: Oxford University Press, 2005), 13, presents a map from 1927, "Indian Races of British Columbia," showing Cowichan territory on both sides of the Strait of Georgia and along the lower Fraser Valley. See also Kate Blomfield, *et al.*, *A Stó:Lō Coast Salish Historical Atlas* (Vancouver, B.C.; Seattle: Douglas & McIntyre; University of Washington Press, 2001), 130–31.

was very active."[17]

This report could not have been written about coastal Natives, who lived on rocky land adjacent to the sea and remote from Euro-Canadian settlements. Again, geography was relevant to point of view.

Native access to settler infrastructure and institutions, however, would have both benefits and drawbacks to indigenous populations. On the one hand, access would make jobs and, seemingly, medical care more available than would be the case for those who lived on remoter reserves. But reserves near white settlements also meant that Native communities came under closer scrutiny, which some traditionalists may have found meddlesome. Access to alcohol and prostitution, the bane of white settlements, was also a problem that provoked frequent comment in Indian agent reports. Throughout the DIA reports, agents excoriate not just Native abusers of alcohol but particularly those "degenerates" in the white and Chinese communities who made it available, for they were seen as thwarting progress, "progress" in those days being regarded as almost a divine mandate.

Contracting contagious illnesses was another drawback to which both Natives and whites were vulnerable. Since first contact in 1774, Indian communities in the Pacific Northwest had suffered badly from recurring smallpox epidemics. The last such epidemic occurred in 1862.

Measuring Stó:lō Public Health

Although smallpox remained a recurring problem in both Aboriginal and Euro-Canadian populations after 1862, vaccinations rendered the recurring scourges that wiped out entire communities a vestige of the past. Measuring the health of Aboriginal peoples in nineteenth-century British Columbia, however, was difficult. Owing to limited time, rugged terrain, uncooperative weather, and an almost non-existent trans-

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17. *Indian Affairs Annual Report, 1871*, 7.

portation infrastructure, agents seldom visited distant Native communities, and their estimation in 1871 that British Columbia contained 45,000 Indians was an educated guess. When agents did visit Aboriginal villages, their reporting on public health was by modern standards imprecise or incomplete. Researchers who seek to assess health in Stó:lō communities by using the DIA reports will therefore likely encounter much frustration.

When Lieutenant Colonel Israel Wood Powell, a B.C. physician and member of the legislature, accepted appointment as the province's first superintendent of Indian affairs (1872-1889), his first preoccupation was not Native public health but rather the controversial land question. In accepting his new post, Powell embarked on a protracted battle with Joseph William Trutch over land for Indians. Between 1871 and 1876 Trutch served as lieutenant governor and commissioner of lands and works and from early on in his career aggressively promoted settlers' land interests, even when they collided with Native claims. Although Powell shared many of the usual biases about the need to Christianize the Natives and wrote of "the superiority of the Christian race,"[18] he also in many respects admired Aboriginal people, valued them as an important economic asset to British Columbia, and supported their claims to land.[19] Powell believed that the allotments Trutch proposed were vastly inadequate and that Native access to arable land was critical if civilizing indigenous people were to succeed. Judging from Powell's emphasis, all matters, including Native public health, would be resolved only by concluding the land dispute in favour of the Indians.[20]

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18. *Indian Affairs Annual Report, 1875*, 50.

19. *Indian Affairs Annual Report, 1875*, 47. Powell reckoned that exports from British Columbia (cranberries, fish, furs) that were contributed by Indians in 1875 amounted to $549,364. In 1874 the figure was $423,754.

Powell was so absorbed in his battle with Trutch that he did not file his (lengthy) first report to the superintendent general of Indian affairs until January 1873. And in 1875 Powell did not visit the Native communities on the mainland because to do so, he said, without having first resolved the land question risked provoking the Indians.[21] Therefore scant medical information exists in the DIA reports, particularly during the early years of Confederation in B.C., for any of the province's Aboriginal community, including the Stó:lō.

According to an abstract presented on Powell's behalf to Ottawa, he believed, however, that the Cowichan (which would have included the Stó:lō, according to contemporary views) "have made considerable progress in agriculture," and that "they are useful aids to the settlers, that in general they are good workers, and in view of the scarcity and high price of white labor, their presence is essential to the development of that section of the Province."[22] In other words, Aboriginal bands that comprised the Stó:lō seemed to be assimilating well into mainstream Euro-Canadian culture. This bit of information, combined with a remark from Indian commissioner James Lenihan in 1875 that the population of Christian Indians was growing, whereas "amongst those who still remain pagan there is a marked decrease," would seem to indicate that integrating Natives into mainstream white culture was the best way to protect them from illness. The obvious question is: Did it? Because material from the annual DIA reports is

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20. *Indian Affairs Annual Report, 1873*, 5. "And further," wrote Powell, "that by limiting, as heretofore, the land to each family to a minimum quantity, agriculture can be nothing else than a mere farce, and it is in vain to tell those people to support their families by farming, unless land enough be allotted to each, out of which to make a farm."

21. *Indian Affairs Annual Report, 1875*, 44.

22. *Indian Affairs Annual Report, 1872*, 7.

ambiguous, answering this question is difficult. Perhaps the fairest answer, albeit not very satisfying and based on incomplete information, is that sometimes it helped, and sometimes it did not.

Although a large part of the white establishment believed that integrating Indians into Euro-Canadian culture was desirable and beneficial for them, this view was not universal, and it is uncertain whether assimilating with whites necessarily benefitted Native public health. Indeed, Lenihan's interjected question mark in his remark in 1875 that "Unfortunately for the poor Indian, his contact with civilization (?) has in too many cases brought him nothing but misery and the lowest depths of depredation, and this is constantly going on to a fearful extent" suggests at least residual misgivings.[23]

Lenihan's and other reports to the Department of Indian Affairs make it clear that alcohol was a problem among Natives, encouraged by whites, Chinese, and those with mixed Native/white ancestry. Alcohol abuse was particularly onerous near urban centres, which meant Fort Langley, New Westminster, and Vancouver--all part of Stó:lō territory. Although alcohol abuse was seen then as a moral or character issue rather than a medical one, it still had clear medical implications.

Prostitution was another moral issue with health-related outcomes, such as syphilis and gonorrhea. Lenihan identified syphilis in 1875 as one of the most persistent and troublesome illnesses, along with scrofula and phthisis (now rarely used terms to describe two forms of tuberculosis) and urged the appointment of a medical officer. Adding to these problems, wrote Lenihan, was that New Westminster and Burrard Inlet were port cities, which funnelled illness to the mainland.[24]

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23. *Indian Affairs Annual Report, 1875*, 55.

24. *Indian Affairs Annual Report, 1875*, 55–56. See also Lenihan's entry in *Indian*

In 1878 Indian commissioner Powell wrote that,

> Owing to the prevalence of phthisis, syphilis, and all kinds of strumous diseases[25] among the Indians of Vancouver[26] and the Coast, professional advice and medicines are always in urgent request. . . . The houses . . . erected in the City [of Victoria] for rental to Indians are mere shanties, wretched and unhealthy from the fact that a large number of them are put up with a limited space, and so badly and cheaply constructed that little or no protection from the elements is afforded the miserable occupants.[27]

Although Powell was thinking of Victoria when he wrote his report, it is likely that living conditions at New Westminster were similar. Although urban poverty would make Aboriginal people vulnerable to a number of illnesses, one might think that living in towns would at least make their access to medical care easier than for those who lived on rural reserves. In fact, Lawrence Vankoughnet, deputy superintendent general

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Affairs Annual Report, 1878, 73: "The White population of new Westminster is not over one thousand, and there are now ten (10) wholesale and retail establishments, with about 1,500 Chinamen and 1,000 Indians, and only two policemen. . . . The Chinese as a class, drink very little but some of them sell and distribute alcohol amongst the Indians. The Half-breeds do most in this way, and unfortunately there is much drunkeness. Similar complaints have reached me from other sections."

On a chart listing medical cases in the Fraser Agency for his 1878 report (p. 81) Lenihan included fevers--102, fractures--8, phthisis--43, pneumonia--22, rheumatism--37, scrofula--42, and syphilis--22. One should keep in mind that phthisis and scrofula were two forms of tuberculosis. Lenihan did not visit reserves in 1878, so the figures came to him second hand.

25. Strumous diseases--illnesses involving glandular swelling, such as goiter or hyperthyroidism.

26. Powell may have meant Vancouver Island, which would have been part of his superintendency. Vancouver, which came under the variously named Fraser River or New Westminster Indian Agency, was not incorporated until 1886. The small logging community that became Vancouver was until then known as Granville, and the general area as Burrard Inlet.

27. *Indian Affairs Annual Report, 1878*, 70.

of Indian affairs, lamented in a letter to David Mills, superintendent general of Indian affairs that "It is pitiable to hear of such cities as Victoria and New Westminster objecting to bear the expense of caring for Indians attacked with diseases of an infectious type within their precincts." Vankoughnet believed that Aboriginal people have "surely an equal claim with other classes of the community on the practical sympathy of the local authorities."[28]

The question of Native public health and access to health care thus became an enduring problem. In New Westminster some forty years later, Native groups complained that access to health care was inadequate. At a meeting held by the Royal Commission on Indian Affairs in Coquitlam in January 1915, one Native witness alleged that the doctor in nearby New Westminster who had been assigned to the Coquitlam band did not come to the reserve in response to reported illnesses. Rather the doctor asked that patients be brought to him at the hospital in New Westminster, which involved a trip by boat--if the patient were well enough to travel.[29] Residents at the Langley reserve had similar objections, saying that when they took patients to the same doctor in New Westminster, "most of the time we don't find him there. There will be a lot of other people waiting for the Doctor and they seem to get the first chance . . . and we would have to leave without seeing him."[30]

Near Chilliwack, by 1915 a small town, residents on local reserves also complained about the government physician, a Dr. Henderson, whom some accused of being unresponsive to requests for medical help. Henderson was assigned to attend to

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28. *Indian Affairs Annual Report, 1877*, 16.

29. Canada, "Meeting with the Coquitlam Band or Tribe of Indians at Coquitlam on Friday, January 18th, 1915," in *Royal Commission on Indian Affairs for the Province of B.C.*, 114–15.

30. Ibid., 125.

some 450 Native persons between Popkum and Upper Sumas (about twelve miles apart) for $400 a year, although he probably also had a conventional medical practice that included paying, non-Native patients. The federal government expected Henderson to pay for the medications he dispensed to his patients and to pay for his own transportation costs, which in his case were negligible because he used his own horse and buggy. According to testimony for the Royal Commission at Swoohalie Reserve by Cultus Lake, Henderson denied professional services to those whom he thought *could* pay but would not.[31]

Judging the character of Henderson and his colleagues' alleged inattentiveness is difficult. The evidence against him is anecdotal and seeks to promote its own point of view. Some observers might plausibly argue that the medical profession discriminated against Aboriginal people and therefore rendered them inferior care. After all, discrimination was widespread. But it might also be true that, like Dr. Powell of Victoria, at least a few medical professionals were idealists who worked hard to care for Native communities but were overwhelmed by bureaucratic inertia, poor funding, widespread public indifference or disdain, and perhaps their own flawed assumptions about medicine and Native public health. One should note, however, that having patients visit their doctor, rather than the other way around, was a more effective use of a doctor's time. In dispersed rural communities, when horse and buggy were still common con-

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31. Canada, "Meeting with Swoohalie Band or Tribe of Indians at Cultus Lake, Friday, January 15th, 1915," in *Royal Commission on Indian Affairs for the Province of B.C.*, 217–21. Dr. Henderson denied that he charged Indians for medical services, saying that the government did not permit him to do so. Henderson did say that he was allowed to accept voluntary donations. His testimony, moreover, complicates the intimation that he was somehow inattentive or negligent in addressing Native health. See his testimony at Canada, "Meeting with the Skulkayn Band or Tribe of Indians at Chilliwack, January 14th, 1915," in *Royal Commission on Indian Affairs*, 206–07.

veyances, a doctor responding to a request from a single patient could take most of an afternoon.

What is clear, however, is that living conditions, health, and medical care for Aboriginal people living in or near urban centres were often poor. In North Vancouver, for example, just outside Stó:lō territory but within the New Westminster Agency, the city sought to remove the Mission Indian Reserve in the centre of town and along the shore of Burrard Inlet because the municipality wanted access to the shoreline to build a commercial wharf. The city council and its supporters believed this plan would generate income and invigorate the downtown area.

The city also regarded the reserve as a health hazard owing to widespread tuberculosis and poor living conditions. According to testimony from North Vancouver mayor G. S. Hanes and public health officials, living conditions on the reserve were execrable because it did not fall under municipal by-laws and therefore lacked drainage and sewage connections. Most of the toilets were outhouses. And unlike the incorporated area of North Vancouver, the reserve also had no trash pick-up. Some residents on the reserve tried to contain their trash and garbage; others threw it on the ground.[32]

Despite obvious challenges confronting the reserve, such as lack of municipal support and poor health, when the Royal Commission presented Mayor Hanes with alternatives to the city acquiring the reserve for itself (rather than forcing the residents to move), Hanes said, "I don't know that their conditions would be any better than they are now. They have ample opportunity now to better their conditions, but they do not

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32. Canada, "Meeting with the City Council and Board of Trade at North Vancouver on the 19th June 1913," in *Royal Commission on Indian Affairs for the Province of B.C.*, 1–20.

seem to avail themselves of the opportunity."[33]

The DIA report for 1912 tended to confirm the enduring poor quality of life on urban reserves:

> Coming to the bands at the coast, the reports of the various medical officers are all marked by a notable change. Here there are not only the local bands of the Lower Fraser Valley, and Coasts of Puget Sound engaged in the fisheries and other local occupations, surrounding the populous towns and cities there, but there are also many members of the inland bands who go to the coast especially during the fishing season. Hence the monthly reports of the medical officers are filled with references to office visits and cases in the hospital, indicating much acute disease. This is illustrated by the contents of a single month's report, containing cases of tonsillitis, la grippe, rheumatism, hysteria, phthisis, injury, bronchitis, typhoid, sarcoma and appendicitis. However directly *these diseases are related to the conditions usually associated with life in the larger centres of population*, the experience of the medical officers throughout this agency points to the slow, if somewhat difficult, progress of evolution into a higher standard of social life, and individual endeavour. The results of such contact are common to all cases where rural or aboriginal communities come into contact with the energy and virtues as well as unfortunately the vices of civilization.[34]

One notes that however grim the recitation of illness, the report still ends with a sense of both optimism (the reference to "progress") and inevitability, tending to distance the DIA agent from responsibility for prevailing conditions. This would be another example of bureaucratic bias; no matter how bad things may seem, there is always the prospect of a positive outcome. Add to that bias the change noted by the agent at the beginning of his remarks and one gets a glimpse into the difficulty of making unqualified generalities about Native public health. Conditions changed within reserves, from one reserve to another, from region to region, over time, and according to the predilections of observers, be they Native or Euro-Canadian.

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33. Ibid., 11.

34. *Indian Affairs Annual Report, 1912*, 290. Emphasis added.

At the Langley Reserve, for example, a petition from a Mrs. Joseph Gabriel complained about filthy water from the Fraser River, their main source of drinking water. The river, she said, was muddy and contained dead livestock. Moreover, people living farther up the Fraser had "toilet houses and sewer pipes running down to the river."[35] It is hard to imagine that disease would not run rampant in such an environment. And yet, the Indian agent for the Fraser Reserve had reported in 1912 that "With the exception of a few trifling ailments, their health has been remarkably good during the past year. Sanitary precautions are well observed in their villages."[36]

Similarly positive reports about the Langley Reserve and others along the lower Fraser River continued for the next two or three years. In fact, living conditions generally seemed good in these communities, and the agent reported on the fine quality of Native homes and their attention to public hygiene. What is significant is that there was little mention of tuberculosis on the reserves (although this was a problem at the residential schools). Conditions on rural reserves, then, did seem to be somewhat better than in towns, tending to confirm the widespread belief that rural poverty is less grinding than its urban cousin.

A final observation is that the evident increase in Native illness in the New Westminster Agency occurred about the same time as when Aboriginal people, and the Stó:lō in particular, were integrating themselves more into the work force and moving around to find jobs in canneries, fisheries, on the railways, as crewmen on ships, and in the hop fields of the lower Fraser Valley and in the state of Washington. This movement from place to place and the crowded, unsanitary living conditions associated with migrant labour increased Aboriginal vulnerability to illness and presented DIA agents

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35. Canada, "Meeting with the Langley Band or Tribe of Indians on Saturday, January 9th, 1915," in *Royal Commission on Indian Affairs in the Province of B.C.*, 132–33.

36. *Indian Affairs Annual Report, 1912*, 283.

with a conundrum. On the one hand they seemed to applaud the prospect of increased Native financial independence; on the other hand, the prospect of significant income seduced Aboriginal workers from their farms, which DIA policy had strongly promoted as key to Native success in Euro-Canadian culture.

But the larger issue of bias remains, leaving researchers to ruminate on how to evaluate the disparate perceptions of Mrs. Gabriel and the local Indian agent. Dead animals in one's drinking water sounds odious but it is natural and not necessarily dangerous if the number of incidents is low. Bodies of water are homes to myriad animals that are born, die, defecate, and rot in their watery environments. Would Mrs. Gabriel's objections have been less intense if the dead animal had been, say, a deer or a large sturgeon? More important, how often did she see dead livestock in the river? Similarly, low levels of sewage might not be a health problem if discharges were far enough away, so that the Indian agent could honestly report that "Sanitary precautions are well observed in their villages."[37] Of course, the larger, unstated issue presented by Mrs. Gabriel is that human beings ought to have access to drinking water that is certifiably safe. To what extent this was possible in rural British Columbia in 1915 remains unclear, as is whether officials would have dealt differently with the matter had the persons in question been Euro-Canadians rather than Indians. To complicate matters, Euro-Canadians of course did not fall under DIA jurisdiction.

With the onset of World War I in 1914 DIA reports become much briefer, presumably because the federal government realigned it priorities, leaving less funding and fewer agents to attend to Aboriginal affairs. Canada's deputy superintendent general of Indian affairs, Duncan Campbell Scott, however, reported that

> It is gratifying to be able to say that on the whole the health of the Indians of this inspectorate has been all that could be expected during the past year. Although

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37. One is reminded of the recurring debate over the discharge of "effluent" (untreated sewage) into the Strait of Juan de Fuca from Victoria's Clover Point.

> various epidemics, such as measles and whooping-cough, have been prevalent among the white children on the coast, the Indians have happily escaped contracting these diseases, which as a rule, have such disastrous results among them.[38]

This report was filed before the influenza epidemic starting in the autumn of 1918.

But in 1919 Scott wrote that, "Notwithstanding a few more or less serious setbacks and hinderences," including flu, a poor fishing season on the Fraser, and the depressed price of beans around Lytton, progress among the various Indian agencies, including New Westminster and the Stó:lō community, was "most encouraging."[39] In 1922, commenting on the last census, in 1917, Scott reported that the Native population across Canada had stabilized at about one hundred thousand, "although census statistics show a slight increase from year to year, dispelling the common misconception that they were dying out."[40] Whether Scott's belief was accurate or wishful thinking is for other historians to dispute.[41]

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38. *Indian Affairs Annual Report, 1918*, 38.

39. *Indian Affairs Annual Report, 1919*, 52.

40. *Indian Affairs Annual Report, 1921–1922*, 32.

41. Duncan Campbell Scott (1862-1947), a skilled pianist and poet who became deputy superintendent of Indian Affairs in 1913, was criticized by York University professor of social work Hugh Shewell for having "created the most odious and lasting characteristic of the Indian Affairs bureaucracy: the denial of Indians as subjects and their transformation into faceless, amorphous objects of policy." See Shewell, *'Enough to Keep Them Alive,'* 94–95. Shewell's harsh characterization of Scott is hard to reconcile with the latter's effusive praise of Indian service to Canada during World War I, of which Scott wrote, "The Indian soldiers gave an excellent account of themselves at the front, and their officers have commended them most highly for their courage, intelligence, efficiency, stamina and discipline. In daring and intrepidity they were second to none and their performance is a ringing rebuttal to the familiar assertion that the red man has deteriorated." See *Indian Affairs Annual Report, 1919*, 13.

Conclusion

It was in the interest of the Department of Indian Affairs to place the best possible interpretation on its efforts to assist Aboriginal populations. This inbred bureaucratic bias doubtless accounts for qualifiers embedded in reports attempting to mitigate the perception of illness and other setbacks over the years and to highlight successes. This bias does not necessarily discredit DIA observations about Stó:lō life along the Fraser River, but Indian agent reports must be read with care. The main value of these reports is not what they might say about this or that Aboriginal community at a given moment but rather how these communities compared to each other geographically and over time. That is, these reports were not intended to convey a definitive point of view about Native public health but rather a general impression of Native well being. And the main criterion for well being was not public health but rather success in agriculture. Discussions about medical issues were but strokes in a larger sketch.

Judging from the content and character of the DIA reports, decision makers in Ottawa were concerned primarily with getting Aboriginal people on their feet economically so they would no longer be a drain on public funds. Humanitarian concerns likely also played a role, but the space and detail devoted to expenses suggests that the bottom line was fiscal. To read the medical reports by themselves, therefore, amplifies their importance beyond their context in the DIA annual reports. Indeed, "medical reports" is a misnomer. The medical portions of the DIA reports are sporadic and haphazard, varying from year to year and from place to place, giving an inconsistent and unreliable account of Native public health at a specific time and place. Sometimes these medical reports would be no more than one or two sentences, repeated over several years, suggesting little change. Sometimes tuberculosis in a community would be reported one year but not the next, although it is doubtful that this chronic and almost incurable illness had simply disappeared between visits by the Indian agent.

This issue of reliability and consistency brings up the question of compiling a disease chronology of the Stó:lō community. Although such an endeavour would not be impossible, the effort would be out of proportion to the results, which would likely be disappointing.

The issue can be illustrated by imagining a map of Stó:lō territory, with each Native and non-Native community depicted by a dozen or more coloured lights representing the diseases to which people in the area were generally vulnerable. Because of sporadic reporting (or in certain years, none at all) and shifting criteria some of these lights would malfunction or flash differently than others. Whereas one would expect the tuberculosis lights to remain more or less steady over many communities and settlements, others would flicker and flash according to the intensity and duration of the myriad illnesses they represented. This is the effect that is conveyed by DIA medical evaluations of Stó:lō (and other) communities. Even if it were possible to track these flashing lights linearly, for the statistics to be evaluated in a meaningful context we would need to include similar information from non-Native communities with the same demographic profile, that is, farmers and others who had income and life-style features in common with the Stó:lō.

Despite questions of objectivity and accuracy in the DIA reports, one can stand back and form impressions about how communities fared over the years. Reserves near urban centres tended to be problematic. According to agents' descriptions of housing, hygiene, work ethic, and the like, reserves along the Fraser River seemed generally to fare well despite recurring floods that wiped out livestock and crops. Again, access to arable land and Aboriginal willingness to farm was the criterion of successful assimilation, not health. Land along the Harrison River was poor, and an agent in the 1880s described residents of the Keitsey Reserve, near New Westminster, as "unprogressive

and given to idleness,"[42] although early twentieth-century reports for the Keitsey reserve were more positive. Whether this change was because of different conditions or different perspectives is difficult to say, but disparate reports on different communities by the same agent suggests a degree of objectivity, even if filtered through Euro-Canadian values.

Another aspect of the Department of Indian Affairs reports that is instructive, and probably controversial, is that this agency seemed anxious to promote Native welfare, albeit on its own terms. Some historians will dispute this conclusion. Mary-Ellen Kelm, for example, believes that DIA policies were repressive and undermined the health of the Aboriginal community.[43]

In some ways the DIA *was* repressive, as when it suppressed Native languages, religion, the potlatch, the Tamanawas dance, and other cultural practices. Despite these unnecessary and repressive measures, which provoked generations of resentment among Aboriginal people, there is room to assert that in some ways the DIA promoted policies that would ultimately be helpful to Aboriginal communities if they were to compete successfully with their non-Native neighbours. The introduction of a work ethic and modern standards of hygiene appear to have been among such cultural innovations and seem to have been embraced by the nineteenth-century Stó:lō. The introduction of well-ventilated, single-family housing also likely inhibited the transmission of tuberculosis and other airborne diseases, although this was not true in every case, as the Spanish influenza made clear after World War I.

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42. *Indian Affairs Annual Report, 1888*, lxxxvi. See also *Indian Affairs Annual Report, 1877*, 17; *Indian Affairs Annual Report, 1884*, lxix, 103; *Indian Affairs Annual Report, 1891*, 202.

43. See Mary-Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900–50* (Vancouver: UBC Press, 1998).

DIA officials at the time would have said that the gradually increasing Aboriginal population vindicated their policies. Figures in DIA reports, even if possibly fudged, seem to bear this out but need further research by disinterested scholars. Kelm asserted in an article about the 1918 influenza epidemic that "For three years, from 1917 to 1919, the Department of Indian Affairs reported that there were exactly the same number of births and deaths each year on reserves across the province."[44]

At the beginning of the DIA report for 1919, however, one reads that "A quinquennial [every fifth year] census is taken of the Indian population, the last census having been taken in 1917, prior to which a census was taken annually. The records of the department indicate that there is a slow but steady increase in the Indian population from year to year."[45] Kelm suggests indifference or deception, but funding and manpower requirements for World War I may be a more innocent explanation for problematic figures associated with the flu and the absence of a census until 1924.[46]

As for the DIA's census figures, they may indeed reflect a gradual increase in Native population during the late nineteenth century (particularly after the smallpox epidemic of 1862) despite regional illnesses, although this contradicts the prevailing wisdom then and now. That, at least, is what DIA officials wanted to believe. To believe otherwise would impugn their own efforts. Judging from the largely positive reports by agents along the Fraser River, it would be reasonable to challenge the prevailing assumption of diminishing population in Stó:lō territory during the late nineteenth and early twentieth centuries. Such a study could help to answer the question of

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44. Mary-Ellen Kelm, "British Columbia First Nations and the Influenza Pandemic of 1918–19," *BC Studies*, no. 122 (Summer 1999): 24.

45. *Indian Affairs Annual Report, 1919*, 7.

46. One could argue that the war started in 1914, not 1917. The conscription crisis in Canada, however, started in May 1917.

whether life-style standards the DIA encouraged (or enforced) actually helped the Stó:lō population resist high-mortality illnesses such as tuberculosis. Stó:lō mortality figures, however, would have to be compared with mortality figures from a nearby white population with a similar demographic profile.

There are related questions that merit further research, in some cases already intimated in the above essay:

- Was the quality of medical care available to Indians the same as what was available to non-Indians?
- How did income or social status affect that quality or availability?
- Were standards of cleanliness that the white establishment tried to impose really effective in preventing illness?
- How did living conditions generally, such as employment, housing, and nutrition affect Native health?
- How did contemporary medical literature report on Native public health--or did it?
- Was white racism the engine that promoted cleanliness and orderliness among Aboriginal people, or was it a middle-class or "bourgeois" ethic that operated independently of racial thinking?

The DIA reports suggest answers to some of these questions, but owing to bias and incomplete information, every answer (as much as it *is* an answer) requires corroboration from other sources. In the end, some of these questions may be unanswerable, or answerable in ways that are qualified, lack sharp focus, or challenge established points of view.

Although it would be satisfying to end with a tidy conclusion, the ambiguous nature of bias combined with the complex variables associated with epidemiology make such an outcome unlikely. Bias does colour DIA medical reporting on various levels

but does not necessarily preclude the usefulness of the material, which provides a necessary first step in trying to understand Stó:lō public health. In some respects, these biases enrich the documentation and provide a cultural vantage point from which to survey the historical landscape.

Stepping back from medical reporting and looking more broadly at the DIA reports should encourage us to rethink assumptions some scholars now take for granted. An unfortunate irony is that as historians we often fail to appreciate earlier generations on their own terms and impose on them our own biases and values, which colour our understanding of the past--even as we impugn our ancestors for having done the same.

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