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Frank James Tester, Paule McNicoll et Quyen Tran

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Résumé de l'article

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Frank James Tester*, Paule McNicoll**, Quyen Tran***

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Durant l'hiver 1962-1963, une épidémie de tuberculose se déclara à Eskimo Point, communauté inuit située sur la côte ouest de la baie d'Hudson, dans l'Arctique canadien. Cette épidémie résultait, entre autres, de conditions de vie déplorables, les pires qui aient jamais été attestées dans l'histoire de l'Arctique canadien. Cet événement est un révélateur des intersections entre les attitudes sociales, la logique économique du système de bien-être social de l'époque et la difficile transition que vivaient les Inuit, qui délaissaient alors la vie nomade des tentes et des igloos pour s'établir dans des communautés dispersées le long des côtes de l'Arctique canadien. Il s'agit ici d'un exemple de «violence structurelle» où les règlements, les politiques et les institutions sociales occasionnent des dommages physiques et psychologiques à des personnes dépourvues du pouvoir et/ou des ressources qui leur seraient nécessaires pour pouvoir modifier les systèmes sociaux et leurs conditions de vie. Tant les communautés que les individus sont affectés. Dans l'étude des conditions de logement passées et actuelles des Inuit, nous suggérons d'avoir recours au concept de violence structurelle pour démontrer l'importance, lorsque l'on parle de problèmes de santé publique, de les assimiler à une violation des droits humains reconnus au niveau international.

Abstract: Structural violence and the 1962-1963 tuberculosis epidemic in Eskimo Point, N.W.T.

In the winter of 1962-1963, an epidemic of tuberculosis broke out in Eskimo Point, an Inuit community on the west coast of Hudson Bay in the Canadian Arctic. The outbreak was made possible by bad living conditions, among the worst ever documented in the history of the Canadian Arctic. The epidemic reveals the intersection of social attitudes, the economic logic of a postwar Canadian welfare state, and the difficult transition being made by Inuit moving from tents, igloos, and land-based camps to settlements along the Arctic coast. It is a case of "structural violence" where rules, policies, and social institutions operate in ways that cause physical and psychological harm to people lacking the power and/or resources necessary to

* School of Social Work, University of British Columbia, 2080 West Mall, Vancouver, British Columbia V6T 1Z2, Canada. Frank.Tester@ubc.ca

** School of Social Work, University of British Columbia, 2080 West Mall, Vancouver, British Columbia V6T 1Z2, Canada. Paule.McNicoll@ubc.ca

*** School of Architecture and Landscape Architecture, University of British Columbia, 402 - 6333 Memorial Road, Vancouver, British Columbia V6T 1Z2, Canada. qquyent@gmail.com

changing the social systems and conditions in which they live. Both individuals and entire communities are affected. With regard to past—and present—Inuit housing conditions, we invoke the concept of structural violence to stress the importance of identifying and speaking about public health problems as a violation of internationally recognised human rights.

Introduction

On February 18, 1963, Dr. O.J. Rath, Regional Superintendent of Canada's Indian and Northern Health Service (INHS) for Keewatin District (Kivalliq), reported that Inuit in Eskimo Point (Arviat), Northwest Territories (now in Nunavut) had since the previous November been coming down in rapidly increasing numbers with an unknown illness (Rath 1963). By February 16, chest X-rays taken in January and read at Clearwater Lake Sanatorium in Manitoba confirmed that the illness was tuberculosis. By May 1963, 32% of the population had been evacuated to southern sanatoria for treatment. Two Inuit had died (Moore 1964b). The treatment costs borne by the INHS were claimed to be about \$500,000 (approximately \$3.8 M in 2012 dollars) (Phillips 1963). This was in addition to assistance to families left behind and long-term support for those left so debilitated they could not return to an active life.

Much has been written about this epidemic, the archival record being extensive. However, at least as interesting are details about the material and social circumstances, particularly housing conditions and the attitudes and values underlying Inuit housing policy. In this article, we re-examine these circumstances and how they contributed to the outbreak of a disease that the INHS had believed finally under control (Grygier 1994; Moore 1964b). We conclude by commenting on the relevance of this experience to current ways of dealing with living conditions in Nunavut and matters of public health and human rights.

We use the concept of “structural violence,” first articulated in the 1960s by Johann Galtung (1969) and subsequently by Paul Farmer (2005) and others, to describe the effects of public policies, regulations, and institutions on the disempowerment of certain populations. This concept can refer to “political-economic forces, international terms of trade and unequal access to resources, services, rights, and security that limit life chances” (Bourgeois 2009: 19). The result is physical and psychological harm to individuals who lack power over their destiny and who are deprived of resources essential to coping, flourishing, and even surviving. Structural violence occurred with the failure to provide safe, secure, and appropriate housing while Inuit were making a difficult transition from land-based camps to Arctic settlements in the 1950s and 1960s. This concept also includes the normalisation of social suffering; victims are held responsible for the fate that befalls them (i.e., it's human nature, or it's their own fault). As a guide for analysis, it directs us to focus on the web of relations within which suffering is created.

The concept of structural violence is not without problems. Some authors have described it as a “black box,” mentioning its ubiquity (Kirmayer 2004), lack of elaboration (Bourgeois and Scheper-Hughes 2004; Wacquant 2004) and the need, if the concept is to be more than opaque, for minute and complex examinations of the “micrologics of power” (Green 2004: 319). In discussing the concept, Wacquant (2004) warns about the danger of anachronism and moral condemnation of negative events or forces that were acceptable when they occurred. However, as we note in the case of Inuit housing, legitimate questions can be raised about Canadian government policy because the United Nations Declaration of Human Rights already existed at that time.

Farmer (2005) argues that, for Indigenous peoples worldwide, the most debilitating health problems result not merely from disease but also from a violation of human rights and basic entitlements to which national governments and the international community have assented in declarations and covenants. Farmer suggests that public health problems are often a product of policies known to have negative health implications, including death and debilitation, for populations at which they are directed. In this sense, people do not simply become ill. They are “made to be ill.” Policies and programs resulting in violence are humanly-created social structures; hence the term “structural violence.” In what follows, we examine how ideological convictions and economic logic intersect in the making of public policies and the practices shaping the events under consideration.

Dissecting an epidemic

The disastrous outbreak of tuberculosis at Eskimo Point led to a debate that was arguably one of the most intense struggles in the history of public health in Canada, pitting officials in the Northern Administration Branch of the Department of Northern Affairs and National Resources (NANR) against physicians in the INHS (renamed the Medical Services Branch in 1963) with a passion for public health and pointed prose. It was accompanied by changes in personnel and a dramatic change in housing and public education policies directed at Inuit. State actors moved from practices that were neglectful to interventions informed by a social conscience seen to be progressive and humanitarian. At the same time, these interventions were also paternalistic and amounted to an exercise in planned culture change (Thomas and Thompson 1972).

A few physicians, investigating what happened, identified some of the structural origins of the epidemic. Others—Dr. Percy Moore, head of the INHS among them—were more inclined to see before them a medical battle with a bacillus that had made a home in Inuit bodies. While acknowledging the role of environmental conditions, Moore (1963: 3) opined: “We shouldn’t lay all the blame on overcrowding. After all, many of the other Eskimos in the Canadian North are just as badly off. Why didn’t they succumb to tuberculosis last winter?” While not dismissing the contributions of poor housing and overcrowding, in his address to the June 1963 annual meeting of the Canadian Tuberculosis Association, Moore focused on the role of measles and mumps

epidemics in the spring of 1962, and of German measles in January of 1963. He showed pictures of Inuit homes and invited the audience to draw their own conclusions.

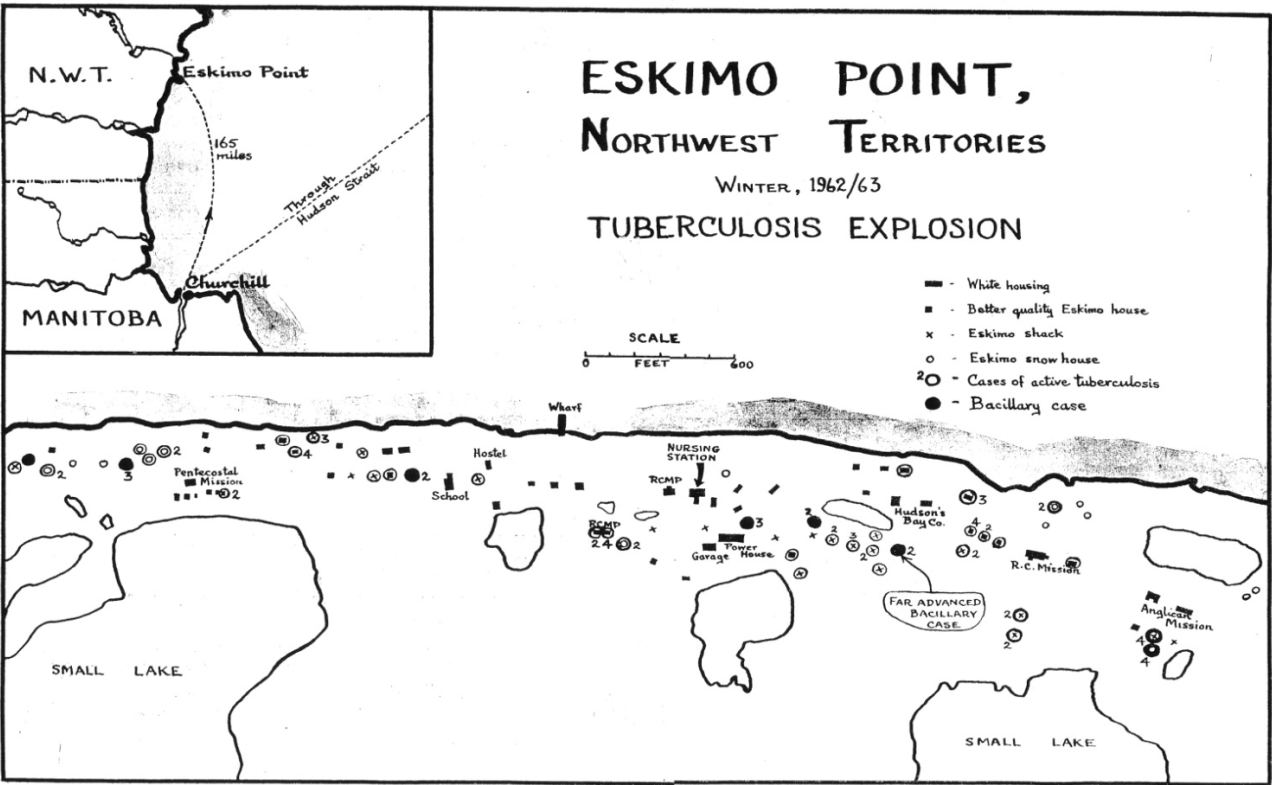


Figure 1. Percy Moore’s map of Eskimo Point (source: Moore 1963: 12-13).

To identify the origin of the disease and its spread, Moore included in his presentation a map of the community. It was remarkable in detail and for the information it contained. He noted that the greatest concentration of cases occurred at the eastern end of the settlement, clustered around the home of a “young Eskimo housewife of 20, recently married, with no children of her own” (*ibid.*: 6). Moore added: “Knowing the hospitable natures of the Eskimos, their love for children and their habit of visiting from house to house, is it not likely that she might be the ‘spreader’ in this epidemic?” (*ibid.*). In Moore’s opinion, the woman’s behaviour was clearly responsible for much of what happened. In his summary comments, he returned to “the body” as the source of the problem and was largely concerned with the epidemiology of the disease. (*ibid.*: 9). While Moore’s paper illustrates an effort to apply a medical model to the epidemic, his community map suggests a different focus.

The map located and classified every dwelling in the settlement. Setting aside bacillary cases—as the type of dwelling in which they occurred cannot be determined from the map—the breakdown of active cases by type of dwelling suggests that most cases occurred in shack housing, followed by the wood frame housing provided by the Northern Administration Branch and, finally, igloos. While the risk associated with living in an igloo is almost the same as living in a wood frame house, it is reasonable to assume that the information did not accurately convey the reduced risk associated with igloos as dwellings. Traditionally, a household would never use a single igloo for a full

winter season, but within the confines of a settlement there were limited opportunities to rebuild an igloo. Sanitary and health conditions after many months of occupation would be less than ideal. A close reading of the map suggests that living conditions in shack housing contributed significantly to the development and spread of the disease and that igloos were no more “primitive” in this regard than the wood frame houses.

Table 1. Eskimo Point, winter 1962-1963: Active cases of tuberculosis by type of dwelling.

Type of dwelling	Number of dwellings	Number of active cases	Ratio: cases/dwelling
Shack housing	20	28	1.40
Wood frame housing	33	27	0.81
Snow house (igloo)	15	12	0.80

Health and the housing of Inuit

Housing policies were designed to provide Inuit with homes as they moved to Arctic settlements, and in their making they reveal multiple considerations and relationships. The first comprehensive program for Inuit housing was implemented in 1959. Archival evidence suggests that the 1959 housing policy was primarily the initiative of Ben Sivertz, who initially had been Chief of the Arctic Division of the Northern Administration and Lands Branch and then, in April of 1957, became Director of what had become the Northern Administration Branch of NANR. The policy clearly had the support of his Deputy Minister, Gordon Robertson.

Sivertz’s policy was “rent-to-own.” It was premised on the idea that Inuit were not to be given anything that might encourage them to become dependent on the State. In 1961, in response to mounting criticism about the size and quality of Inuit housing—as well as the number of Inuit still living in shacks—and in response to specific complaints about living conditions in Eskimo Point from Dr. Butler, an INHS physician, he presented the logic behind his policy. It was based on questionable assumptions about human nature and about what Inuit could afford, rather than what they needed:

But health is not the only problem. Through a sudden housing programme, coupled with the excellent work of your medical staff like Dr. Butler and his colleagues, we could achieve, as far as humanly possible, a race of healthy human beings in the Arctic. But they could be unhealthy in another sense. They could rapidly become parasites waiting for the Government not only to provide houses but to provide everything else. They could be a people unable to understand equations between efforts and rewards. We could, in a season, create “an Eskimo problem” that would be with our successors for generations to come. (Sivertz 1961: 1-2).

In 1959, two types of home were available to Inuit. The few Inuit employed by NANR were entitled to a model known as the “512.” It cost \$10,000 to \$12,000

depending on the location. As the policy was being implemented, in response to an enquiry from Dr. Percy Moore as to whether the department could supply housing to Inuit working for the INHS, Sivertz described the other model available as a rigid frame unit of 256 square feet “designed for Eskimos not employed by the Department but who live off the land. This building is paid for on a rental purchase agreement” (Saulnier 1963: 1). In the following years, prior to the outbreak of tuberculosis at Eskimo Point, other models were made available, including the 288-square-foot, one-roomed *illukallak* or “matchbox,” as it was known among Inuit.

These units were available to Inuit who could afford them. Sivertz estimated that 1,000 Inuit families would be able to purchase a minimum house costing \$1,500, with a \$1,000 subsidy. The balance of \$500 was to be paid off by a combination of construction work and cash to be contributed over a period of up to 10 years. Due to inflation and transportation costs, the price of this unit and other models put forward in the next few years escalated to as much as \$2,500. Sivertz estimated that an additional 500 families would require these units as welfare housing. The plan was to deliver the units over the following six or seven years. Sivertz also noted that proper sanitation was essential and that Treasury Board staff had given tentative approval to subsidizing water and sewer services in the North. The territorial government received a federal subsidy to operate a trucking system to deliver water and remove waste. Inuit were to pay \$5 to \$7 a month for the services. For families receiving social assistance, the costs were to be covered by welfare funds.

Was this realistic? Could Inuit—even the few with some cash income—afford to pay \$500 to \$1,000 for a house? By the late 1950s, the fox fur trade in the eastern Arctic had been in serious decline for a decade and was not recovering. The costs of trapping were hardly worth the rewards. Inuit were increasingly moving to coastal settlements where their children were required to attend school and where, perhaps far from one’s land-based camp and access to seal or other meat, a dog team would be difficult to feed and maintain. Some well-paid jobs came with construction of the DEW (Distant Early Warning) Line in 1956-1957. By 1959, they were gone. The only jobs available were menial ones: cleaning the few settlement buildings, collecting garbage and sewage, clerking for the Hudson’s Bay Company, and the opportunity from time to time, for those who spoke English, to do some interpretation. A few Inuit had jobs as special constables with the RCMP.¹ Employment was sporadic. Inuit were largely dependent upon family allowances and social assistance. In 1961, social assistance payments in Eskimo Point were reported to be \$7 a month per person (Sivertz 1961). It was not unusual to earn a total of \$400 a year among those able to find sporadic employment. Inuit were expected to pay \$10 a month toward the cost of a home. Services (electricity, heating fuel, water and sewage services) cost as much as \$50-60 a month (Saulnier 1963).

¹ RCMP stands for Royal Canadian Mounted Police.

Even Inuit on social assistance were expected to pay from their welfare payments, lest they lose a sense of responsibility for their own survival. “For indigents, (these measures) involve the payment of 80% of the cash outlay for adequate housing. We believe that it would be quite wrong to try to go farther than that 80% for the added few dollars the Government might give them could well be taking away values of incalculable importance” (Saulnier 1963: 1). Sivertz and other officials were not the only ones who held such views. Well-known Arctic anthropologist Diamond Jenness felt similarly when replying to the most vocal critic of Inuit housing policy, Dr. John Willis:

To invest heavily in costly housing, however necessary for Eskimo health, seems to me to be placing the wrong horse in the lead, except in such places as Frobisher, Inuvik, etc. where there is sufficient employment at this moment to give the Eskimos the income they need to live in those houses. To keep them in these houses, at Government expense, would chain them down and make them permanent welfare cases, shattering their morale more than it has been already, and destroying their souls. Wage-employment first, and good housing along with it, but not the latter without the former. A sickly population living in snow houses, with high infant mortality but high morale, is better than a demoralized, degraded population of indigents in fine palaces (Jenness 1962: 3).

It is likely that nothing undermined the morale of Inuit more than the fate of their children. Housing conditions contributed not only to the persistence of tuberculosis among adults, but also to the deaths of Inuit children from a long list of other diseases, including enteric diseases, pneumonia, and respiratory problems originating with the shack housing and grossly inadequate government houses. Inuit infant mortality rates were among the world’s highest: 240/1,000 in 1958 and 194/1,000 in 1962, versus a Canadian average of 27/1,000. The Inuit neonatal death rate was 50/1,000 in 1962, versus 18.7/1,000 for Canada. The tuberculosis death rate for Inuit was 73/100,000, the all Canada rate being 4.2/100,000 (Moore 1964a).

Battling the bureaucracy for Inuit health

The struggle over Inuit housing was intense. Despite their efforts, frustrated INHS physicians had little impact on housing policy until the tuberculosis epidemic at Eskimo Point in the winter of 1962-1963. The relationship between Inuit health and housing fuelled growing concern as increasing numbers of Inuit relocated to settlements in the mid-1950s. With no alternatives and finding Arctic dumps to be a wealth of material left behind after construction of the DEW Line, they built shack housing, as may be seen in photos presented in the publication *Eskimo Mortality and Housing* (Department of National Health and Welfare 1960). This photographic record shows traditional Inuit tents, sod homes, igloos, shack housing, and rigid frame houses developed in 1958 by the Arctic Division, with assistance from the National Research Council of Canada. It appears from the archival record to have been the “brain-child” of INHS public health officer, John Willis (Tester 2006).

Willis, hired in 1955, made several trips north aboard the *C.D. Howe* as part of its annual patrol of the eastern Arctic. He was appalled by what he saw. Willis kept a photographic record and used it in an attempt to persuade the Northern Administration Branch to provide housing that met basic health and occupancy standards. While the text of *Eskimo Mortality and Housing* was being considered, Willis continued his campaign against the Branch's housing policy for Inuit and against the attitudes, values, and assumptions upon which it was based. In June of 1960 he produced a report, *Northern Housing and Health*, calling on the government to recognise Inuit as first-class citizens by treating them as such and by providing "decent housing, comparable with that enjoyed by other Canadians" (Willis 1960: 2). He continued: "Making high sounding statements at conferences and writing glowing accounts in the press about the attributes of these "first Canadians" will not erase the fact that many of them are not housed as well as many Canadian cattle" (*ibid.*). Within the civil service, such strong criticism of the policies and practices of another department was unheard of.

In his text, Willis went on to outline minimum standards for northern housing, citing the American Public Health Association. He wrote that the rigid frame house was unlikely to meet the needs of Inuit families and the air-space requirements outlined in the public health legislation of the Northwest Territories. He reviewed Inuit health status in relation to housing, using death certificates to show that half of all deaths of Inuit infants were due to acute respiratory diseases. He mounted a critique of the rigid frame house, a dwelling that was to be celebrated by the Northern Administration Branch in its re-vamped version of *Eskimo Mortality and Housing*, to be published the following spring. Noting that the Branch expected Inuit to purchase their homes in 10 years, Willis asked how many other Canadians paid for theirs in 10 years. He also suggested that an apartment-style dwelling might better meet Inuit needs, presenting a model and working out the cost structure. It was an impressive, comprehensive, and innovative report.

His critique of northern housing policy could not go unchallenged. Sivertz set out to "put the lid" on Willis' criticisms. He acknowledged that multi-unit dwellings made some sense for the new townsite being planned for Frobisher Bay. He reiterated his position that what Inuit received by way of housing should be related to their ability to pay. Sivertz's views were thoroughly conditioned by the fear of creating a relationship of dependency between Inuit and the State. He viewed housing as a market commodity rather than as a social need. He informed Willis that those above him held similar views and that Inuit were not being treated differently from other Canadians in terms of the logic of the marketplace. Inuit, he stated, suffered from the same deprivations as other Canadians:

We agree that all of the standards you have set out for northern housing are desirable, but again we approach this from the point of view of what is financially possible for the government and what is financially reasonable for the people who are to be housed. In the south of Canada there are hundreds of thousands of people who do not have even the minimum standards you have suggested and, while this is something that must be overcome

over a period of time, it would be difficult for us to convince the Treasury Board that it should be overcome first in the northern part of the country, where the costs of living are so much higher (Sivertz 1960: 3).

While many other Canadians were also poorly accommodated, nowhere else in the country was substandard housing associated with such poor standards of public health. Conditions in Arctic Canada were unique. Inuit were the poorest of the poor and merited special and extraordinary attention. Sivertz and the Arctic administration, with the only significant dissent coming from Henry Larsen, head of the Arctic division of the RCMP, were determined to bring Inuit from what they regarded as a primitive hunting culture into modern Canadian culture and society within one generation.

Rapid culture change led to a brutal upheaval among Inuit of the eastern Arctic with personal and collective implications. The DEW Line introduced many Inuit to alcohol for the first time. Inuit were given a legal right to drink—beer only—in 1962. Studies undertaken in Frobisher Bay (Iqaluit) and Inuvik documented the many personal problems of Inuit in the face of rapid social and cultural change (Honigmann and Honigmann 1965, 1970). Inuit, among other things, were dealing with the introduction of compulsory and sometimes residential schooling for children, the collapse of the trapping economy, the lack of opportunities to earn badly needed cash, the loss of their dogs, and the disappearance of a centuries-old way of life (Tester 2010). Resistance sometimes took the form of covert behaviour that undermined, for example, the authority of new hunting laws and rules about how to live in the new homes (Kulchyski and Tester 2007). But fearful of Qablunaat authority, many Inuit, until the mid to late 1960s, lost their voice.

Willis was not the only INHS physician thoroughly riled by conditions in the eastern Arctic. Dr. G.C. Butler, a medical health officer, was given a tour of Keewatin District in February of 1961 as part of an introduction to the medical services in settlements under the supervision of the Churchill Health Centre. Butler did not mince words when describing conditions at Eskimo Point and Whale Cove:

In all my travels, I have only seen one group of people whose housing was as bad as the shacks at Whale Cove, namely the nomadic Fulani cattle tribe of N. Nigeria, but their small grass huts were only used as shelter from the mid-day sun, and had not to be lived in. The Eskimo family, on the other hand, has to stay indoors most of the day [...]. Canada, a country with the second highest standard of living in the world, can boast of having some of the worst housing in the world—and this is not an Irishman's exaggeration (Butler 1961: 5).

The INHS had plans to build a nursing station at Eskimo Point in the summer of 1962 at a cost of approximately \$100,000. Butler, convinced that a nursing station would do less for Inuit health than decent housing, suggested handing the money back to the government and requesting that it be used to erect 30 homes at Eskimo Point. Butler went on to suggest that a decent house include a stove for heating—guarded to prevent children from being burned—a 40-gallon drum for melting ice and a two-

gallon container for drinking water, as well as a sink with a drain and a bucket with a toilet seat. Sewage was not being properly handled in any of the settlements he visited.

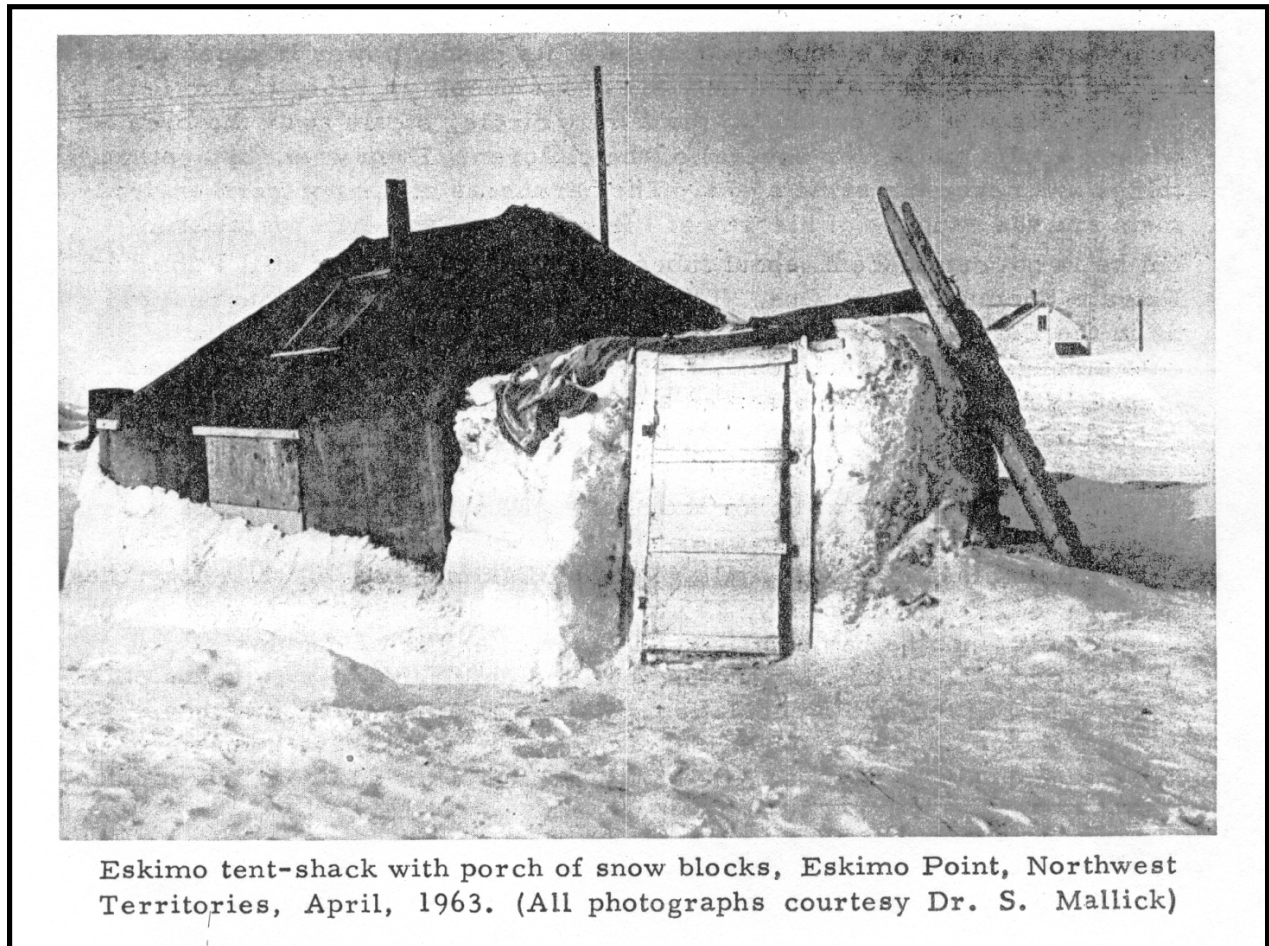


Figure 3. Inuit shack housing at Eskimo Point (source: Moore 1963: 3).

Butler's observations were backed by a very public exposé of conditions in the community. In November of 1962, just as the tuberculosis epidemic was developing, the *Winnipeg Free Press* published an article by Paul Tulloch entitled "Hope and Despair at Eskimo Point." Tulloch was scathing in his description. His comparison with conditions in Third World countries harkened back to earlier observations made by Dr. John Willis, who had compared the shacks in which Inuit were living to the slums of Calcutta. Willis, having previously worked in India for the Department of External Affairs, knew what he was talking about.

Tulloch's article was replete with colonial clichés: "[...] a village where despair is slowly evolving into hope, a cold crucible where dedicated people, aided by government funds, are forging a new race of people out of the most malleable material, the Padleirmiut (sic) children." Once again, Inuit were blamed for their own fate. He suggested that, as a result of the "wasting influence of civilization," Inuit were letting the dirt (in the community) accumulate, creating breeding grounds for impetigo and other skin diseases. He derided government plans for economic development (fishing

and whaling), and he wrote about snow-covered tents and foul-smelling igloos heated to the point of melting by primus stoves, and of Inuit resistance to attempts to teach them English. The article condemned the State both for attempting to modernise Inuit and for not doing enough while leaving them to live in abject poverty and misery (Tulloch 1962: 21).

George Carty, Acting Director of the Northern Administration Branch of NANR, drew up a response for the Deputy Minister. Carty's defensive nine-page report on departmental activities was an attempt to find alternative explanations for Tulloch's critical observations. A finger was pointed at the airstrip (the responsibility of the Department of Transport). It was inadequate. It was also irrelevant to explaining housing conditions, as building supplies were shipped to the community from the port of Churchill, Manitoba. The Hudson's Bay Company was blamed for closing the nearby post at Padlei, with the result that inland Inuit were migrating to the coast. Presumably, there would otherwise have been fewer Inuit living in Eskimo Point and better living conditions. It was also suggested that the disappearance of caribou herds contributed to Inuit migration to the settlement. This was written while the RCMP and the principal of the Eskimo Point school were reporting large herds of caribou nearby (Kulchyski and Tester 2007; Walsh 1960). Inuit in the settlement were described as "primitive" and, consequently, a challenge to work with. The housing provided was described in glowing terms:

Some families have already been supplied with prefabricated houses. The newest model of house contains oil-fired cooking ranges, toilets, baths, sinks and electricity. Each year additional houses are supplied. Families can now purchase their homes by paying a small sum. The balance is in the form of a subsidy by the Government. Payments are based on the individual's ability to pay (Carty 1962: 3).

The additional houses supplied every year were not enough to meet housing needs. Few Inuit could afford the electricity or the fuel required to melt enough ice to fill the tub. The homes, two to three hundred square feet in size, accommodated as many as eight to ten people. Of the 26 families living in the settlement in March of 1960, only five men had full-time jobs. Mortgage payments were not always based on ability to pay. If someone could not keep up with paying \$10 a month, payments could be forgiven for a period of up to six months. Few could afford a house, given the combination of living costs (food, fuel—including enough to melt ice for water—and, increasingly, store-bought clothing) and insecure or limited income. A limited number of units went to families on social assistance. These units did not address the need. In 1962, Eskimo Point, a community of about 240 people, received six welfare units and plans were made to ship another five in the summer of 1963. Inuit who had jobs would often quit to pursue what was important to them for cultural, spiritual, and social reasons, i.e., hunting, trapping, and life on the land. Even with subsidies, a \$1,500 plywood box was beyond the reach of most Inuit families.

A constructive solution would have been to ensure that every Inuit family had a decent house, one that met basic standards for healthy living, an objective that

Robertson, as Deputy Minister, was clearly not willing to pursue, given his conclusion to the debate: “[...] the Branch is doing all that can reasonably be done within the limits of the facts of the situation, the manpower and the finances available” (Carty 1962: 9). Robertson attempted to provide a rational explanation for what, in fact, were structures—policies and programs steeped in attitudes, values, and ideological assumptions that, according to all the available evidence, were creating economic and personal hardship for Inuit.

The aftermath

Percy Moore’s June 7, 1963 presentation to the Annual Meeting of the Canadian Tuberculosis Association might well have had a focus other than a minimal nod to the problem of housing, followed by a very detailed epidemiological analysis of the Eskimo Point tuberculosis epidemic. Other physicians from the Medical Services Branch tackled the problem head on. Between April 1 and 11, 1963, a party led by Dr. S. Mallick from Norway House Indian Hospital X-rayed Inuit in Coral Harbour, Rankin Inlet, Whale Cove, and Eskimo Point. Mallick painted a grim picture of Eskimo Point in a report to the Regional Superintendent of the Medical Services Branch of the Department of National Health and Welfare (NHW) located in Winnipeg:

There seems to be absolutely no control over sanitation problems at Eskimo Point. The garbage and waste material is scattered all over, as it is the custom to dump this just outside the shacks. The people are still living in igloos and tents, which are perpetually damp, with water dripping from the ceilings and full of filth and dirt. The houses supplied by Northern Affairs are no more than plywood shacks, with hardly any insulation, and the snow melting on the roofs drips through the ceilings. These plywood boxes have one small window up in one corner. The water supply is obtained by melting down chunks of ice. The ice is full of dirt, especially when piled up outside the igloo waiting to be melted down, where it is further contaminated by the family dogs (Mallick 1963: 2-3).

While the X-ray team was busy in the community, Medical Services asked Dr. J. Kirkbride from Sioux Lookout, Ontario, to do a survey of living conditions. The condition of Inuit homes was assessed by two nurses working in the settlement and by Dr. Kirkbride, who visited a sample of 23 dwellings. Of 64 homes, 6 were in good condition, 23 in poor condition, and 24 in very poor condition. Only 8% had a bathroom, only 53% had a wooden floor, and 28% had lighting that was satisfactory only during the day. He rounded off these depressing statistics in a flurry of prose with pathetic content:

These raw statistics indicate the living conditions at Eskimo Point are appalling, yet they cannot fully convey the extreme degree of squalor and human misery that is apparent to an observer on the spot. Consider the house of Etak. This [is] the worst house in the settlement. Perhaps in (sic) is the worst in North America. It is built of scrap wood, cardboard, canvas, and sacking. The flat roof is covered in part with sacking, in part with canvas. Old clothes, blankets, and rubbish litter the roof and environs. It is almost buried in snow. The dingy interior is reached through a low door. There are no windows. A primus stove is used for

cooking; there is no other source of heat. The temperature inside the house approximates to that outside driving (sic) most of the day and night at this time of year. When I visited the home on 13 April 1963, the snow on the roof was melting. Water dripped onto all parts of the living area. Etak, an old deaf man, lay on his wooden bed, covered by blankets and caribou skins. They were saturated with water, which could be wrung out of the blankets. The earth floor was cold and wet, littered with garbage. In one corner lay a pile of caribou meat. Water from the roof had ruined a bag of flour. A sawn off oil drum, inverted, served as a table. There were no chairs or other furniture. The cooking pots were dirty, half full of greasy residue. There was no drinking or washing water, no ice, at hand. There were no washbasins, no soap, nor towels. The sewage can was on the floor, the contents semi frozen. There is little doubt that this man would be physically more comfortable living unprotected in the streets of Calcutta (Kirkbride 1963: 4-5).

The tuberculosis epidemic at Eskimo Point led to many changes at the Northern Administration Branch and in its policies. On April 8, 1963, the Conservative government of John Diefenbaker was replaced by the minority Liberal government of Lester Pearson. Arthur Laing became the Minister of Northern Affairs and National Resources. Willis, not to be deterred, carried on with his campaign for better housing. On April 4, 1963, he sent Sivertz a detailed memo comparing the cost of housing dairy cattle in the Province of Ontario to the amount the Northern Administration Branch was willing to spend on housing Inuit families (Willis 1963). It was a comparison in which Inuit fared badly.

Sivertz had no chance to reply. Shortly thereafter, he was replaced as Director of the Northern Administration Branch and was named Commissioner of the Northwest Territories. R.A.J. Phillips, who replaced Sivertz as Director of the Northern Administration Branch, put together a submission to the Treasury Board for funds for 30 additional units of housing for Eskimo Point (Phillips 1963). These—no different from the inadequately designed ones already being provided—were shipped to the community in the summer of 1963. Willis was soon to resign in disgust. He returned to India and a position with External Affairs. But changes came to housing policy. In 1965, the first Inuit social housing program included new and somewhat better designs. Housing was allocated on the basis of need rather than ability to pay.

Amendments to the *National Housing Act* in 1964 greatly extended federal assistance to public housing projects and, for a brief time, challenged the idea that the market could ever meet the housing needs of Canadians (Oberlander and Fallick 1992). For a few years, the provision of Inuit housing paralleled this sentiment. The 1965 Inuit social housing initiative was accompanied by an extensive program of adult education funded by the Central Mortgage and Housing Corporation (CMHC – later renamed the Canada Mortgage and Housing Corporation). It was designed to introduce Inuit to every conceivable aspect of occupying, operating, and collectively managing housing stock, consistent with Canadian ideas about home ownership. This further accelerated culture change. The program provided different units for different family structures and set rents at a rate of 20% of household income up to a maximum of \$100 a month. Given a limited fuel subsidy, the costs of heating, and the seasonal and inconsistent nature of Inuit incomes, these homes were still unaffordable (Collings 2005). In 1969,

responsibility for Inuit housing was handed to the Government of the Northwest Territories. In 1973, the Northwest Territories Housing Corporation (NTHC) was created to access CMHC funds for public housing rental units, to manage the social housing stock and, once again, to encourage home ownership.

Discussion

The Central Mortgage and Housing Corporation (CMHC) was created in 1946 to coordinate and deliver Canada's housing programs. Once wartime housing needs had been addressed, and despite considerable community activism aimed at creating more social housing and cooperatives, the CMHC predominantly sought to encourage development of private-sector housing. As Sivertz and the Northern Administration Branch were developing an approach to Inuit housing, the CMHC board made it clear to its reform-minded president, Stewart Bates, that public housing was not to be used as "an instrument of social policy to remedy the conditions of the poor who live in bad housing" but, rather, should provide only "a bare minimum of housing for the occupants" (Bacher 1993: 214). These sentiments were echoed by the tone within which Inuit housing policy was developed.

Inuit housing policy at the time could also be considered a violation of human rights. On December 10, 1948, the *Universal Declaration of Human Rights* was adopted by 58 members of the United Nations, including Canada. Article 25:1 of the Declaration reads in part: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, *housing* and medical care and necessary social services [...]" (United Nations General Assembly 1948). Why was no connection made between what Inuit were experiencing and a United Nations document championed by Canada, and even drafted in large measure by a Canadian lawyer (Ishay 2004)? Fortunately, a human rights approach to policy would slowly emerge in Canada, at least in regard to people with disabilities, Aboriginal people, and members of visible minorities. (Crichton et al. 1997; Rioux and Valentine 2006). In the 1960s, not one public health official raised the issue as a violation of a declaration that Canada had proudly signed. Today, as was true of the 1950s and 1960s, Inuit housing is far from adequate in meeting the health and shelter needs of Canada's northern citizens.

Conclusion

The tuberculosis epidemic at Eskimo Point in the winter of 1962-1963 illustrates what every public health physician knows all too well. Such problems are social diseases with a medical aspect. Physicians with the INHS and, later, the Medical Services Branch of the Department of National Health and Welfare were more than vocal about the relationship between tuberculosis and housing conditions. They resorted to a flurry of photographs, fine rhetoric, and number crunching in an attempt to influence the policies and practices of the Northern Administration Branch. They

succeeded only when the full impact of the circumstances created by the Branch's housing policies could no longer be ignored and when the costs incurred by the epidemic surpassed those that would have existed if decent housing had been provided in the first place.

The epidemic had structural causes: policies, systems, and practices put in place by an administration fearful of undercutting the work ethic (in a region and at a time when virtually no work was to be had). The social, mental, and physical health implications left many Inuit debilitated, some dead, and others incapable of looking after themselves. The conditions confronting Inuit played virtually no role in shaping Inuit housing policies and practices. Inuit, coaxed into settlements by economic and social circumstances, were denied one of life's basic necessities: shelter. The result was one of the world's highest rates of infant mortality and a tuberculosis epidemic that sent over 30% of the population of Eskimo Point south for treatment. "Structural violence" is not too harsh a term.

Considering the political climate of the late 1950s and the fact that Canada was in the middle of a recession, might the Treasury Board or Cabinet have been receptive to a submission from the Deputy Minister to address the extreme Inuit housing needs? It is hard to say. The rationalisations given for the housing policy under which Inuit suffered and died suggest that Ben Sivertz and his Deputy Minister Gordon Robertson were operating under classical liberal assumptions about individual responsibility, human nature, and the central importance of a work ethic. Sivertz, Robertson, and others in the Arctic administration may have been heavily influenced by what they had come to appreciate as the dominant approach to Canadian housing policy and, subsequently, by what they thought they could implement in meeting Inuit housing needs. At the same time, given that Inuit housing was financed from the Eskimo Loan Fund and from the departmental budget, Central Mortgage and Housing Canada (CMHC) policies and financing were not limiting considerations. Nevertheless, in a number of documents, Sivertz justified Inuit housing policy by referring obliquely to Canadian housing policy.

Physicians concerned about public health, tuberculosis, and infant mortality rates were more than willing to address the structural realities affecting Inuit lives. They did so with considerable audacity and nerve. However, they missed an aspect of considerable importance. Inuit housing policy at the time violated human rights. The Inuit tuberculosis epidemic of 1962-1963 illustrates, in dramatic fashion, not only the relationship of environmental conditions to tuberculosis as a well-documented public health problem, but also the violence done to Inuit by structures of governance and a material logic not of their making. Most importantly, with regard to past and present housing conditions, it suggests that identifying and speaking to public health problems as violations of human rights is a necessary and, as yet, relatively unpractised discourse.

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