

Prairie Indians and the 1918 Influenza Epidemic

Maureen Lux

Introduction

The historiography of Indian-White relations in Canada is often predicated on the assumption that European newcomers inadvertently began the conquest of Indian societies by spreading imported European diseases. Non-immune Indian people succumbed physically to the biological invasion and in turn succumbed to the cultural and economic invasion. Indeed, the demographic decline from disease must not be underestimated. But an examination of the impact of the 1918 influenza epidemic among some prairie Indian groups suggests that their comparatively high death rate was not the result of a so-called "biological invasion" of non-immune people. Poor living conditions, poor nutrition and lack of access to medical care could account for the increased deaths. Neither did the epidemic lead to cultural loss; Indian culture proved capable of forming a response to the epidemic.

Early Contact

In the early contact period Indian societies in Huronia and the North West coast suffered mortality rates of between 30 and 50 percent as the result of initial epidemic cycles.¹ Where was that impact felt? Calvin Martin has argued that the impact was ultimately spiritual or ideological. Ideological structures necessary to order the Indian's world were undermined by incurable disease.² Bruce Trigger, however, has argued that traditional methods were spurred on by the presence of epidemic disease; whichever cure was in use when the epidemic waned was perceived to be successful.³ Similar reactions were found among Euro-Canadian societies during the influenza epidemic.

John Grant, among others, has argued that Indian culture and religion had been "softened up" sufficiently in the aftermath of epidemic disease to allow cultural and economic assimilation.⁴ This interpretation is representative of a strong current in the historiography of Indian-White relations that is more often grounded in historical guilt rather than in careful study. Indeed, recent research on prairie Indian-White relations

has suggested that Indian resistance to economic and political intrusions was often concerted and intense.⁵

Indians and Influenza

Influenza is a highly contagious viral infection that has become commonplace and familiar. Influenza alone rarely kills. Side effects such as pneumonia, bronchitis and a host of opportunistic diseases attack the weakened influenza victim. Before the advent of antibiotics in the 1940s, influenza deaths were most often caused by pneumonia. Few were spared the effects of the influenza epidemic that swept the world at the close of the First World War. The medical profession, scientists and governments were at a loss to explain the apparently familiar disease that killed between 50 and 100 million people worldwide.⁶ In 1918 the cause was believed to be a bacillus. Koch and Jenner's work on bacillus and germs in the 1890s provided the medical profession with a false trail when studying influenza. The viral nature of influenza was not discovered until 1933.

An army doctor described a "typical case" of influenza-pneumonia:

. . . extreme weakness, severe headaches and backaches, aching of the limbs and pain in the abdominal muscles from coughing. As time went on coughing became more productive, quantities of blood stained expectoration or nearly pure dark blood . . . the face and fingers cyanosed, active delirium came on . . . the tongue dry and brown, the whole surface of the body blue, the temperature rapidly fell and the patient died from failure of the respiratory system.⁷

There was, and is, no cure for influenza. The only treatment was complete bed rest, fluids and able nursing care. Only the most fortunate were able to take to their beds for two weeks to make a complete recovery. Working people and the poor who could not afford this luxury were the hardest hit by the disease.⁸

Prairie Indians were familiar with epidemic influenza. In 1890 a serious influenza epidemic struck. Although not as well documented as the 1918 epidemic, the 1890 influenza epidemic took its toll on the prairies. In the Duck Lake Agency the 1890 death rate was 99 per 1,000 (compared to the 1888 death rate of only 20 per 1,000).⁹ Log houses with dirt floors and a cook stove for heat were scant protection from February's intense cold and deep snow. The Indians had nothing to eat but rations, which were never generous.¹⁰ Influenza was widespread in Canada and on the prairies in 1890.

A crude estimate of the mortality rate among Canadian Indians from the 1918 influenza epidemic was 4,000 deaths, or 37.7 deaths per 1,000 population.¹¹ The death rate in Saskatchewan for non-Indians was 6.5 per 1,000.¹²

Compounding the problem for Indian people was inadequate medical attendance and unhealthy living conditions. In Saskatchewan on the Red Pheasant and Stoney Reserves in the Battleford Agency, Field Matron Mrs. Weaver provided patient care. She gave salts, cough mixture, aspirin, chest rubs and castor oil. Influenza was in nearly every house and eighteen deaths occurred on Red Pheasant and three on Stoney Reserve by the end of November 1918.¹³ Mrs. Weaver cooked and served 225 meals, gave medicine to fifty-two people and made seventy-seven calls in the month of January 1919 alone.

The greatest need on the reserves, as in any community during the epidemic, was rudimentary nursing care and food for the sick. This alone was usually enough to keep deaths at a minimum. Frank G. Fish, a student of medicine at the University of Alberta, spent one week in 1918 on the Hobbema Reserve in Alberta. He treated cases of small-pox and influenza, and small-pox complicated by influenza. The conditions on the reserve were conducive to disease: he commonly found eight or nine adults in a one-room shack with no ventilation. Families were without food, and influenza patients were moved from home to home where food was available, "and hence practically every case develops pneumonia and death ensues."¹⁴ Fish recommended that the government take control of the situation and provide medical services to organize an emergency hospital for influenza patients.

At the Battleford Agency influenza struck every reserve and was responsible for the largest number of deaths reported for many years.¹⁵ No farm work was done during the month of January because few able-bodied men escaped the sickness. After the epidemic had passed, Agent Rowland began noting deaths and births in his reports. For the period April 1919 to March 1920 the death rate in the Battleford Agency was 31.4 per 1,000 population, based on a population of 954.¹⁶ That death rate was nearly four times the 1919 provincial rate of 7.9 per 1,000 population.¹⁷

The experience at some Indian industrial and boarding schools was horrendous. Principal J.F. Woodsworth at the Industrial School at Red Deer, Alberta, exasperated after five students had died from influenza in a two-day period, explained:

For sickness, conditions at this school are nothing less than criminal. We have no isolation ward and no hospital equipment of

any kind. The dead, the dying, the sick and the convalescent were all together. I think that as soon as possible the Department should put this school in shape to fulfil its function as an educational institution. At present it is a disgrace.¹⁸

Indian schools, poorly funded, overcrowded and often inadequately heated, achieved what influenza alone could not. The schools brought vulnerable children together and exposed them to the virus.

The Response from Indian Affairs

Dr. P.H. Bryce, Chief Medical Inspector of the Indian Department from 1904-1921, wrote a scathing attack on the administration and direction of the Department of Indian Affairs.¹⁹ Dr. Bryce had reported as early as 1907 that the conditions of schools were terrible and the incidence of disease was exceedingly high. The Department was primarily concerned with cutting costs; Indian health care was expensive and therefore given low priority. Because of the war, parliamentary appropriations for Indian Affairs fell steadily in the three years preceding the influenza epidemic.²⁰ The Deputy Superintendent of Indian Affairs, Duncan Campbell Scott, in a circular to Indian agents in 1913, stressed the need for restraint and accountability. Indians were expected to pay for their own medical expenses.²¹

The same notions of health care and disease that informed health departments across the country applied to Indian Affairs. Health care was seen as a personal responsibility, and disease, if not caused by the poor, was at least perceived to be spread by them. Emphasis was placed on sanitation and personal hygiene in Indian agents' and field matrons' advice to Indian women.

By 1918 it seemed apparent that Indian people would eventually die out – either directly through disease, or, if Indian Affairs was successful, indirectly through assimilation. High disease and death rates only confirmed their conclusions.

Duncan Campbell Scott thought the Indians were a "weird and waning race," destined to disappear.²² Diamond Jenness, the pre-eminent Canadian archaeologist and anthropologist, writing as late as 1932, reinforced this conclusion in reference to the Athapaskan people of the Mackenzie Valley:

The trading posts that destroyed their economic independence destroyed also their weak moral and mental fibre, dissipating any resistance they might have offered to the tuberculosis that now

seems endemic and the epidemics of influenza and other diseases that periodically sweep through their ranks.²³

It was hardly inevitable that Indian people would die in such great numbers from influenza in 1918. Proper medical care, of the kind found in Saskatchewan cities at the time, plus proper nourishment and adequate housing for the sick and healthy could have lessened the worst effects. But Indian health was never a high priority for Indian Affairs.

In 1918 J.D. MacLean, Assistant Deputy of the Department of Indian Affairs admitted that there were no vital statistics kept on Indians under their charge. In 1917 only the total number of births and deaths were reported from each agency, and those were not printed. The cause of death had never been noted.

Royal North West Mounted Police (RNWMP) were dispatched to reserves to enforce strict quarantines, preventing Indians from leaving reserves during the epidemic. They found themselves engaged in relief work for Indians. In a confidential letter to Newton Rowell, President of the Privy Council, the comptroller for the RNWMP pointed out that Indian agents had little sympathy for their charges, "and the work of looking after these unfortunate people who contracted influenza has been left almost entirely with our force and a few outside volunteers."²⁴

On the Saddle Lake Reserve in Alberta, RNWMP Corporal J.H. Birks reported that patient care was carried out by Sister Nantel of the Sacred Heart Mission. The Indian agent would not aid in relief efforts, or provide his car, forcing the Sister to make rounds in a horse and buggy. The greatest need was again food for whole families who were stricken at the same time. The agent finally provided a supply of flour, bacon and rice:

He and his family are very much afraid of the influenza and want nothing to do with those coming in contact with it. Recently the sister stopped at the Agency and asked for lunch. They would not invite her into the house but brought food and tea to her outside. She had to stay on the sidewalk outside the Agency Office and owing to the wind blowing manure and dirt into her food was unable to eat it.²⁵

Indian Responses to Influenza

Indian people accepted the Euro-Canadian medical care that was available. In many cases that care consisted of a medicine cabinet in the agency office. Medicines were dispensed to the ill by either the agent, the school teacher or some other responsible person. Other traditional

medicines found on the Plains were no doubt used. For example, the Blackfoot used a steam made from the leaves of the *artemisia campestris* (sagebrush) for respiratory disorders; an infusion of the bark of the *cornus stolonifera* was given for chest colds; or a general tonic for severe cough was made from an infusion of the *geum triflorum* (clover); and many more.²⁶

Another traditional Indian response to the epidemic was the Sun Dance. The Sun Dance camp was a time for great social activity and courtship. The Sun Dance was one of many dances that took place at the Sun Dance camp. It is a Plains Indian rite of prayer, fasting and celebration held in summer to placate the Sun and other spirits. It is a vowed ceremony; the vow to sponsor a Sun Dance was made in a time of crisis and was performed in June or July. The Blackfoot ceremony was usually sponsored by a virtuous woman.²⁷ The Cree Sun Dance, or Thirst Dance, was pledged by a man.²⁸ Indian Affairs declared Sun Dance camps illegal under section 149 of the *Indian Act*. The offending aspects of the Sun Dance ritual, according to Indian Affairs, were the practices of mutilating young men and gift giving.

In preparation for the Sun Dance, a circular dance lodge made of poplar boughs was constructed. Dancing, fasting and prayers continued for four days and nights. Gift-giving was an important aspect of the rite. Mandlebaum observed two Sun Dances among Plains Cree, by the Calling River people, at Qu'Appelle, in 1934, and by the River People Band near Battleford in 1935.²⁹ He observed mutilation of the kind objected to by Indian Affairs. Skewers were passed through the breast of men who vowed to do so and lines attached from the skewers to the centre poles. The men then danced around the lodge tugging at the lines in an effort to tear the skewers loose from their flesh.³⁰

The Sun Dance, or more properly, the practices of gift-giving and mutilation, were made illegal in 1884, and again in 1895 by amendments to the *Indian Act*. The Sun Dance, like many forms of Indian spirituality, was seen by Indian Affairs as the epitome of cultural backwardness. Like the potlatch ceremony among west coast Indians, the Sun Dance represented the communal Indian culture that was anathema to "civilized" Canadians. Departmental policy was aimed specifically at discouraging such displays:

Our aim is to civilize them and not to perpetuate weird performances characteristic of savage life. . . . They are a waste of time and means and tend to retard education and progress in all that is best in civilized life.³¹

By 1913 Indian Affairs noted that Indian dancers were earning money

by dancing at country fairs and stampedes. No doubt Indians and fair operators were glad for the opportunity. Indian Affairs claimed the dancing interfered with farm work on the reserves, and presented an uncultured view of Canada abroad.³²

The threat of fines and jail terms had been used since at least 1902 to discourage the Sun Dance and other ceremonial dances. Dances were regularly held despite the threats. The *Indian Act* was again amended to attempt to stop the dancing. In 1914 it became an offence to leave the reserve to dance without permission of the agent. Any person who paid for that purpose was also liable for a twenty-five-dollar fine or one month in jail, or both.³³ In early 1918 another amendment made it illegal for Indians to dance at exhibitions. Clearly, legislation could not put an end to the Sun Dance.

In early March, Duncan Campbell Scott received a petition from the chief and councillors of the Onion Lake Band in Saskatchewan requesting permission to hold a Sun Dance:

We are writing you to ask permission to let us have a Sundance on our Indian Reserve at Onion Lake this coming summer. We have been in very poor circumstances this last five years on account of the Great War and also on account of the Great Epidemic that has swept over our country. So I am asked to write to solicit[sic] your authority and give us permission to have our Sundance for two days. Thanking you in anticipation. I am the man that wants to make the Sundance.³⁴

The petitioners need not have thanked Scott since permission was refused. Scott replied that he could not give authority to hold any dance that would contravene provisions of section 149 of the *Indian Act* or subsection 2 as amended.

The Onion Lake petitioners again requested permission for the dance on 18 June. After another refusal the dance went ahead as planned. Agent Sibbald of the Onion Lake Reserve wired the RNWMP to prevent the dance. Tense moments followed when Chief Robert defied the police. According to Sibbald the Chief "went as far as to say that the Sergeant might put a bullet through his brains if he liked that was the only thing that would stop him." Outgunned, the Indians dispersed.³⁵

Similar incidents occurred throughout the province in the summer of 1919 at Piapot Reserve near Regina, and at Big River Reserve near Prince Albert. At Big River, Prince Albert RNWMP were sent to suppress the ceremony; they were told that "owing to the Indians having had a great deal of sickness last winter and the fact that the war was over, they thought

they would have a dance with music to celebrate their rejoicing that the sickness and war were over."³⁶

For many Indians, as with other Canadians, the influenza epidemic and the war were inextricably linked. The armistice promised an end to deprivation and suffering from the war and the 'flu. It signalled general excitement and celebration despite the epidemic. Not surprisingly, November was the worst month for influenza deaths as previously careful people gathered together to celebrate, reinvigorating the epidemic.³⁷

A Sun Dance at the Blackfoot Reserve at Gleichen, Alberta, was allowed to proceed with police Corporal E.E. Harper in attendance. The dance and its significance was described to him through an interpreter. During the year, if any Indian was seriously ill a woman relative might vow that if the sick person recovered she would put on a Sun Dance the following summer. She led the ceremony and began her four-day fast as soon as the camp was settled. During every day of the fast there were four to five hours of prayer. Corporal Harper admitted there was nothing inherently illegal in the dance. Gift-giving was limited to used clothing being distributed to the old and destitute.³⁸

Despite the concerted efforts of Indian Affairs, enforced by the police, Indians continued to worship and pray at Sun Dances. In 1921 the Blackfoot Chief Weasel Calf, described to police the necessity and significance of the Sun Dance:

They only wanted to live in peace and they met this way once a year in a friendly way to pray to the Unseen God of the Sun for their sick, for good crops and that they might be happy. In this, he said, they were only carrying out what had been taught them by their fathers and which had been the custom of this tribe for the past 500 years.³⁹

Around the world, other groups of Indigenous people reacted to the influenza epidemic in a similar way. For instance, in Rhodesia's Victoria Lake region Natives responded to the passing of the epidemic with widespread thanksgiving ceremonies. Clearly, established Indigenous notions and practices were capable of framing a response to the epidemic.⁴⁰

Conclusion

Indians in Saskatchewan and Alberta were as vulnerable to influenza as other Canadians in 1918, and perhaps more so. While White Canadians took to their beds with patent drugs and alcohol, Indian medicine and spirituality provided a response that was steeped in tradition and

significance. Cultural and institutional obstacles to proper care and compassion, and general debility created a horrendous situation. Unfortunately, the death rate from influenza and its side effects among the Indians was very high.

The response to epidemic influenza was rooted in Indian tradition that was alive and well in 1918, despite the best efforts of Indian Affairs. Ironically, expressions of Indian spirituality that were supposedly banned provided Indians with the solace and comfort necessary to conceptualize epidemic disease. Far from destroying Indian culture, the influenza epidemic, and its passing, elicited a traditional Indian response to an uncontrollable situation.

Early 20th-century notions of racial superiority and an incomplete understanding of epidemiology led some supposedly informed observers (and Diamond Jenness is but one example) to conclude that disease destroyed society's moral and cultural weaklings. More recent historiography has stressed the inevitability of Indian physical and cultural loss in Indian-White relations. But ultimately the impact of epidemic disease is upon the living. The foregoing suggests that among some prairie Indian groups, epidemic disease did not present an ideological or spiritual crisis. Indeed, Euro-Canadian medicine was accepted when available but at the same time traditional Indian practices were brought to bear to meet the emergency.

Notes

- 1 Bruce Trigger, "Ontario Native People and the Epidemics of 1634-1640," in *Indians, Animals, and the Fur Trade: A Critique of Keepers of the Game* (Athens: University of Georgia Press, 1981), edited by S. Krech, p. 24.; R.P. Boyd, "Demographic History, 1774-1874" in *Handbook of North American Indians*, vol. 7, *Northwest Coast*, edited by W. Suttles (Washington: Smithsonian, 1990), p. 138.
- 2 Calvin Martin, *Keepers of the Game: Indian Animal Relationships and the Fur Trade* (Berkeley: University of California Press, 1978), p. 53.
- 3 Trigger, p. 31.
- 4 John Webster Grant, *Moon of Wintertime: Missionaries and the Indians of Canada in Encounter since 1534* (Toronto: University of Toronto Press, 1984), p. 21.
- 5 John Tobias, "Canada's Subjugation of the Plains Cree, 1879-1885" in *Out of the Background* (Toronto: Copp Clark Pitman, 1988), edited by R. Fisher and K. Coates, p. 210.
- 6 K. David Patterson, *Pandemic Influenza, 1700-1900: A Study in Historical Epidemiology* (New Jersey: Row and Littlefield, 1986), p. 1. The widely cited estimate of mortality from the 1918 epidemic, 21 million, is too low because neither Africa nor China were taken into account.

- 7 E.A. Robertson, M.D., Capt. CAMC, "Clinical Notes on the Influenza Epidemic Occurring in the Quebec Garrison." *Canadian Medical Association Journal* 9 (Feb. 1919): 156.
- 8 M.K. Lux, "The Impact of the 1918 Influenza Epidemic in Saskatchewan." M.A. thesis, University of Saskatchewan, 1989, p. 86.
- 9 Canada, House of Commons (hereafter CHC), *Sessional Papers*, vol. 15, no. 18 (1891), pp. 149-51; CHC, *Sessional Papers* vol. 13, no. 16 (1889), pp. 83-86. Based on a population of 642 in 1888 with 13 deaths, and a population of 696 in 1890 with 69 deaths. The exact mortality from influenza is impossible to know. However, the Agent for Duck Lake noted in his monthly report for February that he was busy with nothing but the epidemic, and that five people had died from influenza in February alone. National Archives of Canada (hereafter NAC), RG 10, vol. 3793, file 46,008, R.S. McKenzie Duck Lake Agency, Monthly Reports.
- 10 NAC, RG 10, vol.3793, file 46,008, Duck Lake Agency Monthly Reports.
- 11 E. Brian Titley, *A Narrow Vision: Duncan Campbell Scott and the Administration of Indian Affairs in Canada* (Vancouver: University of British Columbia Press, 1986), p. 57.
- 12 Saskatchewan Bureau of Public Health (hereafter SBPH), *Annual Reports, 1918-1919*, p. 126.
- 13 Glenbow Archives, Battleford Indian Agency, "Report of the Field Matron on Red Pheasant and Stoney Reservations for October, 1918."
- 14 NAC, RG 18, vol. 568, file 12-1919, F. Fish, University of Alberta, 1 December 1918.
- 15 Glenbow Archives, Battleford Agency, "Agent's Monthly Report, 14 January 1919."
- 16 NAC, RG 10, vol. 4069, file 427,063, "Indians in the Prairie Provinces, 1918."
- 17 SBPH, *Annual Reports, 1919-1920*, p. 102.
- 18 NAC, RG 10, vol. 3921, file 116,818-1B, Woodsworth to Secretary, Department of Indian Affairs, 25 November 1918.
- 19 P.H. Bryce, M.A., M.D., "The Story of A National Crime" (Ottawa: James Hope and Sons, Ltd., 1922).
- 20 Titley, p. 38. In 1915, the appropriation was \$2,195,319.20. In 1916 that figure fell to \$1,980,552.17, and in 1917 to \$1,749,031.51. The 1915 level was not reached again until 1920.
- 21 Titley, p. 38.
- 22 Titley, p. 202.
- 23 Diamond Jenness, *Indians in Canada*, 7th ed. (Toronto: University of Toronto Press, 1977), p. 263.
- 24 NAC, RG 18 RCMP, vol. 568, file 15-1919, Influenza - Indians Saskatchewan and Alberta, 1919. Comptroller RNWMP to N.W. Rowell, M.P. President of the Privy Council, 14 January 1919.
- 25 NAC, RG 18, vol. 568, file 15-1919, Influenza Indians, J.H. Birks to Officer Commanding RNWMP, Edmonton, 20 November 1918.

- 26 John Hellson, *Ethnobotany of the Blackfoot Indians*, Canadian Ethnology Service Papers 19 (Ottawa, 1974) pp. 71-74. Hellson lists 38 plants used in the treatment of respiratory disorders alone.
- 27 Titley, p. 164; Jenness, p. 322.
- 28 David G. Mandlebaum, *The Plains Cree* (New York: American Museum of Natural History, 1940), p. 265.
- 29 Mandlebaum, p. 265.
- 30 Mandlebaum, p. 269.
- 31 NAC, RG 10, vol. 3826, file 60,511, part 1, J.D. McLean, Assistant Deputy Indian Affairs, to Glen Campbell, Chief Inspector Indian Agencies, Winnipeg, 8 August 1913.
- 32 Titley, p. 172.
- 33 Titley, p. 172.
- 34 NAC, RG 10, vol. 3826, file 60,511-4a, Onion Lake Petition, Kanipitataw, Robert Chief, Peter Thunder, Toussaint Calling Bull, to Duncan Scott, 6 March 1919.
- 35 NAC, RG 10, vol. 3826, file 60,511-4a, W. Sibbald, Onion Lake Agency, to Secretary Department of Indian Affairs, 27 June 1919.
- 36 NAC, RG 10, vol. 3826, file 60,511-4a, W.S. Loggin, Staff Sergeant, F Division RNWMP, Prince Albert, 12 June 1919.
- 37 Lux, p. 77. In Saskatchewan there were 2,500 deaths from influenza in November alone.
- 38 NAC, RG 10, vol. 3826, file 60,511-4a, Corp. E.E. Harper, "Report — Sun Dance, Blackfoot Reserve, 1921."
- 39 NAC, RG 10, vol. 3826, file 60,511-4a, RCMP, "K" Division, Lethbridge, Alberta, 27 July 1921, "Blackfoot Reserve Sundance."
- 40 Terrence Ranger, "The Influenza Pandemic in Southern Rhodesia." *Society for the History of Medicine*, bulletin 39 (December 1986), p. 15; Ranger's article goes on to argue that the epidemic in Rhodesia gave rise to new explanations for the epidemic in the emergence of African anti-medicine movements.