

Reserve Hospitals in Southern Alberta, 1890 to 1930

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Introduction

At the turn of the century residents of Southern Alberta, as in many other regions of Canada and the western world, were affected by a series of epidemics that not only weakened but also decimated whole populations. Influenza, measles and especially tuberculosis, known popularly as consumption or simply "the decline," raged through communities, killing young and old indiscriminately.

Though the Canadian Northwest was hard hit in this period, Native communities on southern Alberta reserves were especially affected. There, death rates far exceeded those of non-Native communities in the west. In response to the desperate state of Native health on the Blackfoot (Siksika), Blood (Kainai), Stoney (Nakoda), Peigan (Apikuni) and especially Sarcee (Tsuu-Tina) reserves, infirmaries and reserve hospitals were built first in the 1890s and then through the 1920s to control the effects of the epidemics.

The historic effects of disease epidemics on Native populations have been widely discussed and well documented; however, the nature of reserve health care on the prairies during the early twentieth century has not been extensively analyzed.¹ The photographs presented here illustrate the development of the health care facilities on two Treaty 7 reserves, specifically the Blackfoot and Blood reserves. A careful investigation of these photographs and their history reveals not only the evolution and character of the facilities available to reserve communities, but also who staffed these facilities and, via the eye of the camera, the perspective of those who operated the infirmaries and hospitals.

At the turn of the century the Blackfoot reserve, located east of Calgary, appears to have suffered less from tuberculosis and measles epidemics than Native communities located closer to urban centres.² Disease among children and adults, however, did represent a significant problem and after 1880 tuberculosis became the prime cause of mortality on the reserve, affecting reserve children in particular. Since health care was not a provision in Treaty 7, the Canadian federal government took little action. Instead, it was primarily the Anglican Church Missionary Society, beginning its activities in the 1880s, that concerned itself not only with the evangelization and education of Blackfoot reserve residents, but also with their health care.

One of the first hospitals to be set up on a southern Alberta reserve was the St. John's Home hospital, built around 1900 (plate 1).³ Prior to the building of this small hospital, the Indians were cared for irregularly, first by the physician of the Northwest Mounted Police hospital located at Fort MacLeod, and later by physicians from Calgary who were appointed as Medical Officers and paid by the Department of Indian Affairs to make visits to the southern Alberta reserves when "necessary."⁴ With the establishment of the Anglican mission hospital on the reserve, however, regular health care was taken over for the most part, both physically and financially, by missionary nurses and their Church (plates 2, 3, 4). In the opening decade of the century, the St. John's mission hospital staff single-handedly fought local epidemics, and until the 1920s the Blackfoot people of the reserve had the choice of either care by non-registered, untrained nursing staff on the reserve, or to be hospitalized in Calgary.⁵ That the Anglican missionary Rev. H.G. Stocken chose to photograph the mission hospital both inside and out, in 1910, reveals how important this facility was to both the missionaries and their cause, and to the reserve community, even if the hospital was primitive for its time.⁶

Attempts by the Anglican Church to obtain funds from the Department of Indian Affairs for its hospital staff were largely unsuccessful. Direct federal involvement in health care on the Blackfoot reserve appears not to have come until 1923, following years of pressure by a few local health officials and missionaries, and the realization by government officials that the serious and continuing tuberculosis epidemics on the reserve threatened neighbouring non-Native communities.⁷ In this year the federal government allowed Blackfoot band funds to be taken out of trust and used for the building of a brand new hospital facility to replace the small St. John's Home hospital.

The new hospital was built in 1923 on the recommendation of the Indian agent, G.H. Gooderham, from funds generated by the sale of Blackfoot reserve lands to the Canadian Pacific Railway in 1910. Though the residents of the reserve were initially sceptical of a health program using these funds, they gradually came to accept it.⁸ As local newspapers reported, the new hospital was two storeys with a full basement, "and when finished there will be few buildings in the Bow Valley to compare with it in architectural beauty" (see plate 6).⁹

The development of health care facilities on the Blood reserve followed a pattern very similar to that on the Blackfoot reserve. As on the Blackfoot reserve, missionaries first provided the Blood reserve with health care on a regular basis, and a federally supported hospital was not built on the reserve until the 1920s following years of serious tuberculosis, measles and smallpox epidemics. The residential schools on the Blood reserve also played an important part in the development of health care at the turn of the century.

The first hospital on the Blood reserve was created by Grey Nuns who arrived in the community in 1893.¹⁰ From 1893 to 1954 the main health care facilities on the reserve were controlled by these Catholic missionaries, though the rival Anglican missionaries on the reserve also developed infirmaries in their residential school to care for their students. Since tuberculosis struck children in particular, and reports indicate that tuberculosis infection in 1909 among children in schools ran between 50 and 100 percent in southern Alberta, the residential schools found it necessary to treat their students.¹¹ Infected pupils were cared for by a federally appointed medical officer and the school matrons, and by 1913 St. Paul's Anglican residential school had built a separate hospital building next to its school, exclusively for its students.¹²

The building of a modern hospital for the Blood population did not occur until 1928, when the federal government funded the construction and equipping of a facility. Beginning in the 1890s the government had paid the salaries of the Catholic nurses of the mission hospital, and in 1928 the new hospital continued to be staffed by nurses from the Order of Grey Nuns.¹³

Shortly after the new hospital began operations the Atterton photography studio of Cardston was commissioned, probably by the federal government, to photograph the facility from the inside and out. The photographs show that the hospital was a fully modern facility, with the newest developments in hospital design, including an hygienic brick structure, high ceilings to give tubercular hospital patients adequate air space (1000 cubic feet recommended), smaller wards with fewer patients, modern sterilizer equipment, a separate dispensary, a dietary room, heavy linoleum on the floors, smooth plastered walls and, finally, large windows and prominent verandahs. All of these features were considered mandatory to the only treatment believed to cure tuberculosis: access to adequate food, fresh air and sunlight.¹⁴ Since the cause and nature of tuberculosis was still debated in the 1920s, a great deal of emphasis was placed by physicians on the physical design and working of treatment facilities, and the reserve hospitals proved to be no exception to this rule. Not only were the facilities medically the most advanced, but the classical exterior design also marked them as in vogue for the 1920s.¹⁵ In its final form, the Blood hospital was remarkably like the Blackfoot hospital, a similar two-storey building with large windows and verandahs for the tubercular.

Obviously, the development of health care facilities on the Blood and Blackfoot reserves between 1890 and the 1920s as illustrated in these photographs is important for many reasons. Mostly, these photographs and their history give insight into the nature of missionary involvement in reserve life, the effect of tuberculosis on the structure of reserve health care facilities, the treatment of Native tuberculosis patients on reserves, the rivalry between

missionary groups in the area of reserve health care and, finally, the pride taken by the non-Native caregivers in the building of reserve health care facilities. Reserve hospitals were not merely repositories for the sick; they functioned as symbols of health, faith, pride and bureaucracy.

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Notes

- 1 Current research on Native health issues was recently featured in the *Native Studies Review*, vol. 5, no. 1 (1989); the historical effects of European diseases introduced to Native North Americans have been investigated by historians concerned with Native-White contact, such as Bruce Trigger in his *Natives and Newcomers*, A.W. Crosby in his *Columbian Exchange: Biological and Cultural Consequences of 1492* and A.J. Ray in *Indians in the Fur Trade*.
- 2 The Sarcee (Tsuu-Tina) reserve was particularly affected by tuberculosis. Since the reserve was so near the city of Calgary, Sarcee patients were transported to the city hospitals when their condition was deemed sufficiently serious.
- 3 There is some debate as to when the hospital was constructed. According to C. Richard Maundrell's *Indian Health: 1867-1940* (Kingston: unpublished M.A. thesis, Queen's University, 1941), a hospital was established on the reserve in 1888. No evidence is provided by Maundrell to support this claim. In contrast, the Glenbow photographs date from the 1890s and 1908.
- 4 Diana Mansell, "Health Care and the Blackfoot Indians 1870-1920: A Case of Neglect," unpublished paper, University of Calgary, 1991, p. 7.
- 5 The Anglican Church paid the salary of one resident doctor and its nurses until the appointment of Dr. Rose as medical officer for the Blackfoot reserve in 1911; see Calgary Indian Missions papers, Glenbow Archives, m1356, f. 5. Prior to Dr Rose's appointment, Departmental physicians came from Calgary, and the Church paid a local doctor for services. The government did not pay for the services of the nurses, and apparently provincial public health nurses did not treat residents of the reserves.
- 6 See Edward F. Stevens, *The American Hospital of the Twentieth Century* (New York: The Architectural Record Co., 1921).
- 7 See Maundrell, and also G. Graham Cumming, "Health of the Original Canadians, 1867-1967," *Medical Services Journal of Canada*, 23, no. 2 (1967), p. 123.
- 8 See Lucien M. Hanks, Jr., and Jane R. Hanks, *Tribe Under Trust: A Study of the Blackfoot Reserve of Alberta* (Toronto: U of T Press, 1950), pp. 35, 50, 52.
- 9 *Albertan*, Glenbow Library newspaper clipping file, n.d.
- 10 *Lethbridge Herald*, 17 June 1989.
- 11 Graham-Cummings, p. 135.
- 12 Rev. S. Middleton, Annual Report for the St. Paul's boarding school, Blood reserve, 193, in Glenbow archives, m1356, f. 5.
- 13 *Albertan* 1929, Glenbow clipping file.
- 14 H.M. Lyman et. al., *Twentieth Century Family Physician* (Chicago: Thompson and Thomas, 1900), pp. 141-153.
- 15 See Edward F. Stevens.



Plate 1: Outside of Blackfoot Anglican mission hospital, nurse in doorway (NA-2294-31).



Plate 2: Inside the Blackfoot Anglican mission hospital. Note the pictures on the walls and a woodburning stove in the background. The patient (Jack Black Horse) appears to be wearing his own clothing. The nurse was a member of the Anglican church, and not necessarily trained in the profession (NA-2294-32).



Plate 3: Note the cross on the blankets, as well as the icon on the bedside table. Monitoring a patient's temperature carefully was standard for tubercular patients (NA-3322-5).



Plate 4: Blackfoot Anglican mission hospital. The church paid for the services of a local doctor and the nurses were in the service of the church (NA-3322-4).



Plate 5: Children in laundry basket in front of the hospital on the Blackfoot reserve. Children were usually the first to succumb to the disease epidemics on the reserves. One of the children appears to have either bandages or zinc on his face. Bandages were common on tubercular sores, and zinc was a common treatment for the rashes that preceded those sores (NA-4716-12).

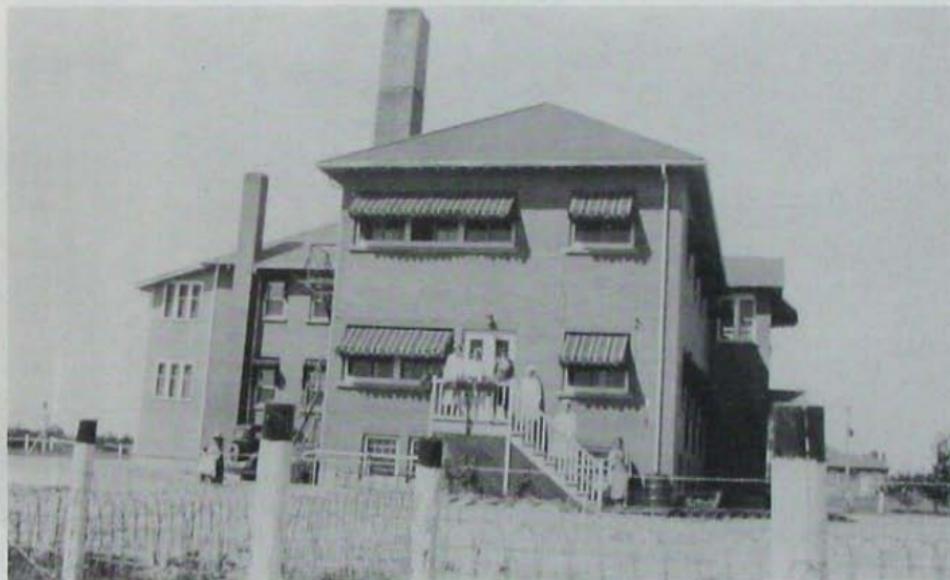


Plate 6: The new Blackfoot reserve hospital built with reserve trust funds. It was a fully modern facility at the time (NA-4716-6).



Plate 7: One child in the photo shows the characteristic bandages of those with tuberculosis sores, which usually appeared on the neck (NA-4716-10).



Plate 8: The new Blood reserve hospital. Note the modern design featuring a set of verandahs to air tubercular patients (NA-4716-20).



Plate 9: Front view of Blood reserve hospital (ND-27-4).



Plate 10: Inside the Blood reserve hospital. The high ceilings, white plaster walls and linoleum floors are typical of the most up-to-date standards in hospital design for treating tubercular patients (ND-27-6).



Plate 11: A room in the hospital on the Blood reserve. The cabinet, centre rear, contains medical equipment. The gauze mask on the stand at left is for administering chloroform (ND-27-9).

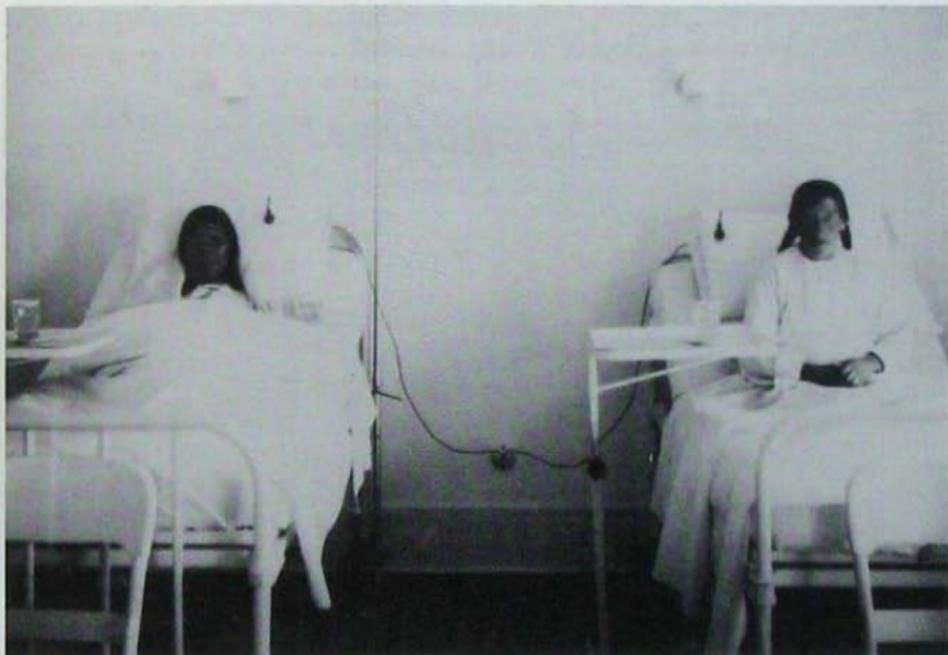


Plate 12: Two patients of the hospital on the Blood reserve. Standard attire was considered important in treating tuberculosis. Also note the electric wall lamp over each bed and (on pillow) device for summoning a nurse (ND-27-10).

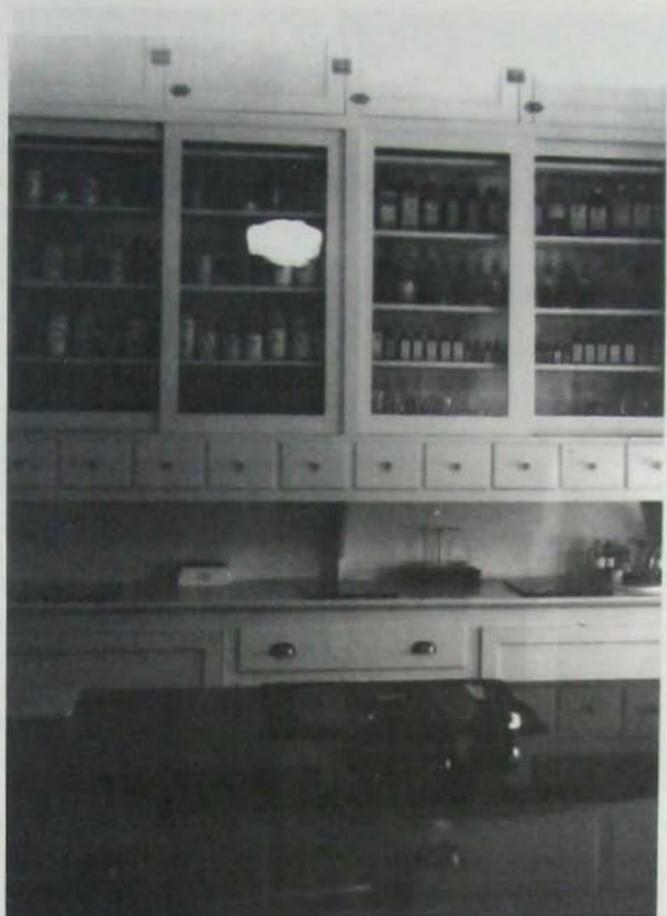


Plate 13: The dispensary at the Blood reserve hospital, with medicine cabinet on back wall (ND-27-7).

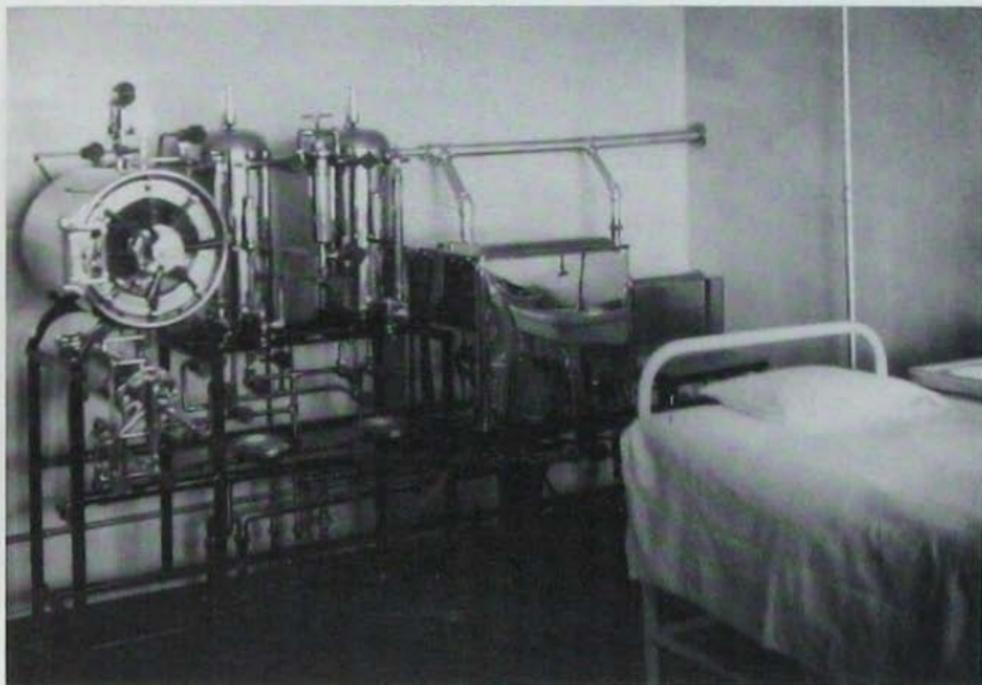


Plate 14: The sterilizer at the Blood reserve hospital (ND-27-8).