



**Statement by Stephen Lewis, Co-Director, AIDS-Free World  
delivered at a press conference in  
Iqaluit, Nunavut, 11:00 am, September 9, 2017**

I have just completed a four-day intensive fact-finding mission to Nunavut with my colleague Georgia White. The object of our fact-finding was tuberculosis. We spent two days in Iqaluit meeting with the Minister of Health and senior officials, the NTI President and senior staff, the public health centre, the hospital, the wellness centre, the boarding home and many Elders. The trip was capped-off by a community feast.

We then spent two days in Igloodik, meeting with the hamlet mayor and council, the staff of the health centre, the wellness committee, the Elders committee, a school breakfast feeding program, a fifth-grade class for questions and answers about TB, an open line radio show (many callers) and the Nunavut Housing Corporation followed by a visit to a typically, if grotesquely, overcrowded home. In Igloodik there was also a hugely successful community feast.

It was a riveting, memorable experience, not just because it was our first visit to the High Arctic, not just because of the astonishing beauty of the unfolding landscape, not just because the entire Inuit community was uniformly generous and welcoming, but because we were exposed to issues for which we were entirely unprepared.

The trip, let it be said, was superbly organized by the Department of Health in conjunction with NTI (Nunavut Tunngavik Inc.), and the President of NTI was with us throughout. In particular, the office of the Chief Medical Officer of Health, plus a number of nurses, was indispensable in the assistance provided. Ahead of time, we met, at some length, with Natan Obed, President of the ITK (Inuit Tapiriit Kanatami), and had a preliminary meeting with Jane Philpott, still at that time the Minister of Health. We also met and were accompanied by Dr. Gonzalo Alvarez who has been moving back and forth between Ottawa and Iqaluit on TB research and clinical interventions for ten years working, at this end, with a truly devoted and impressive group of medical practitioners and public health nurses.

So much for the preamble, except for one addendum. The NGO that I co-direct, AIDS-Free World, and for which Georgia is a research and policy associate, is an advocacy organization addressing the root causes of the HIV/AIDS pandemic. It is notable that here in Nunavut, HIV is not a factor. May that forever be the case. But tuberculosis, so often seen in conjunction with HIV in other parts of the world, is very much a factor, and is now, internationally, the most ominous infectious disease, killing more people on an annual basis, than AIDS and malaria combined. There are endless accounts of TB in places like India, China, Russia, Indonesia and South Africa ... I felt I should see it here in my own country.

Unhappily, Nunavut is the epicenter and always has been. I can't begin to encompass all our impressions in one short statement, but I can set out some views in unsparing fashion.

I have five points to make.

First, there is a TB crisis in Nunavut at this very moment. There are fourteen out of the twenty-five disparate communities wrestling with active and latent cases, many of them children. The numbers are small (compared to a place like India, they're infinitesimal), but they loom very large in a population of roughly thirty-five thousand. In a so-called hamlet, like Igloodik, with two thousand people, there are eleven active cases and a significantly higher number of latent cases. That presents an enormous challenge to the health system. The active cases are in treatment ... treatment requires the taking of pills daily for nine months. It's prodigiously difficult to maintain and oversee the regimen. But treatment works. As you know, TB is a hundred per cent curable. The latent cases, which also demand treatment, require contact tracing ... sometimes hundreds of contacts in order to avoid further transmission. In a situation of twenty-five communities, spread over a land mass of two million square kilometers, it's an herculean task to keep TB under control.

I have to say that Georgia and I were astounded by the dedication and commitment of the people, particularly nurses, in the health care system. But there just aren't enough nurses, specifically trained in TB, to do the entire job.

Second, the shortage of staff is a nemesis. The Department of Health, indeed the entire Government of Nunavut, is moving heaven and earth to find and hire additional people. There is a concerted effort being made to train Inuit nurses. But far too often, the health system must rely on nurses from the south, who often come for as little as six weeks, who don't have particular training in TB although they're doubtless good nurses overall, and it reflects an astonishing and compromising turnover of staff. Even more important, it seems to me, is the fact that these imported nurses don't speak Inuktitut. And language is everything. That leads me to the next point.

Third, the colonial inheritance ... the fevered destruction of language and culture, lies at the root of every contemporary Inuit struggle. It's seen vividly in healthcare; it's seen vividly in education. With the best will in the world on the part of the nursing profession, how do you keep track of the subtleties and complications of a disease like tuberculosis if you can't speak the language of the people? And how is it possible that the Federal Government, knowing fully the legacy and poisoned chalice of colonialism in this part of Canada, has failed at providing massive support for the Government of Nunavut to create and sustain a human infrastructure at every level, in every occupation, of Indigenous Inuit leadership and personnel?

Fourth, what became painfully evident was that tuberculosis is driven by the social determinants of health. The phrase 'social determinants of health' has become a measure of success or failure in all matters of health. I have never heard it employed more often than in Nunavut. Time and again, throughout our travels, we heard of food insecurity, particularly the astronomic cost of market food, we heard of excruciating poverty, we heard of the repetitive family litany of 'nothing in the fridge,' but above all, over and over and over again we heard about housing.

Not only is there a desperate shortage of housing, not only are many units of housing in dreadful disrepair, but the overcrowding has to be seen to be believed. And with overcrowding comes the transmission of TB. We heard from the head of the Nunavut Housing Corporation, who shared with us the following figures: 55% of Inuit live in social housing, 56% of Inuit live in overcrowded conditions, 78% of social housing tenants make less than \$22,800/year. If ever there was a formula for the spread of tuberculosis, this is it. To the credit of the Government of Nunavut, it spends 13% of the territory's total revenue on housing, compared to an average of between 1 and 2% in all the Canadian provinces. But despite that expenditure, Nunavut is a minimum of 5,000 houses short, and with the highest population growth rate in Canada, that shortage, at current rates of construction, seems destined never to be overcome. The title of the report given to us by the Nunavut Housing Corporation says it all: "Nunavut is facing a severe housing crisis: compared to the rest of the country, Nunavut's housing statistics are devastating." There's not a scintilla of hyperbole in that description. I sometimes wonder, given the unrelieved history of the oppression of Indigenous Canadians—Nunavut is part of Canada, it's not some peripheral adjunct ... I sometimes wonder how they sleep at night in Ottawa.

And that leads me to my final point. There were some very emotional moments over the last four days. They all reflected one particular chapter in the saga of tuberculosis in Nunavut. It's a chapter of Inuit history that is largely unknown in the rest of Canada. Yet it ranks with the horror of residential schools, and the missing and murdered Aboriginal women, and the diabolical baby scoop in parts of Canada between the 1960s and '80s.

In the 1950s and '60s, the C.D. Howe 'hospital ship' sailed the Arctic, screening the Inuit for TB, and taking anyone found to have TB to be treated in the south, notably Hamilton, Quebec City, Toronto and Edmonton. Once diagnosed, many Inuit were not permitted to leave the ship. They spent at least a year, sometimes several years in the sanatorium.

During our time in both Iqaluit and Igloolik many of the Elders spoke with piercing, eviscerating intensity, about their own trips to Hamilton, almost always Hamilton, when they were children, or the trips made by family members. In every case they wept unashamedly. It was hard for everyone present to retain emotional control. The stories were truly the narratives of nightmares. Mothers, fathers, grandparents were wrenched, abruptly, suddenly, heartlessly from their families. They disappeared for years, some never to return. Children were pulled from the arms of their parents and taken south, treated cruelly, were uncomprehending, lost their language—I repeat, lost their language—and returned home unable to communicate. Even more intolerable, many Inuit died, and even though the federal bureaucrats knew of their deaths, knew what had happened, family members were never told, and to this day many have never been told where their loved ones are buried.

To listen to the Elders was to understand how the haunting horror of those days lives on. The continuing memory of the mindless destruction of the family, the language, the culture, adds to the difficulty of dealing with TB in the present. It's like a level of stigma that can never be eradicated.

So what did we think overall? Let me state it clearly.

I have no issues with the Government of Nunavut or the Department of Health. It seems to me that they're making an admirable effort to deal with TB and all the underlying social determinants. To be sure, things can be strengthened, and should be strengthened in various aspects, but that is true of every governmental apparatus I've ever seen in operation.

No, my issue is with the Federal Government. I didn't know that would be the case when I came to Nunavut. I certainly know it now.

We have a new Ministry called the Ministry of Indigenous Services. This is a dramatic departure from the norm. We have a new Minister of Indigenous Services. She's a strong Minister. Jane Philpott is both admired and trusted by the Inuit. But now comes the test. There are only thirty-five thousand people in Nunavut, 95% or more are Inuit. It must be possible, given the financial resources of this country, to overcome the challenges faced by the Inuit of Nunavut: Tuberculosis, training and housing prominent on the list, with language at the top.

But above all, something must be done to overcome the legacy of the transportation to the south, the southern debacle. As has been demanded by Inuit organizations, the Federal Government must issue an unequivocal apology, accompanied by sufficient resources to allow the Inuit of Nunavut to learn what happened to their family members, and to travel to find the gravesites. Nothing less will do. We know that the Federal Government has all the information collated in a database: the time has come for all the rhetoric about reconciliation and partnership to be given credence.

Georgia and I came north to examine TB. I did not realize ... and this is my personal shame ... I did not realize that TB in Nunavut was inextricably tied—if I may take a phrase from the Truth and Reconciliation Commission—to a form of cultural genocide.

Given that history, it is now up to the Minister of Indigenous Services, to persuade the Prime Minister to enter a new era of dignity and respect towards the Inuit and give his words true meaning. I remain hopeful, but with a gnawing skepticism.