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Working in Northern Canada as a Nurse: The Life of Vera Roberts

by

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We've gone from receiving supplies once a year – if the ship managed to get in – to fresh foods every week; from the arrival of a plane being a great occasion to three scheduled flights a week in most communities; from shortwave radios to direct-dial telephones via the Anik satellite; from people living in isolated hunting camps to established communities with a full range of government services; from traditional hunting lifestyles to 9-to-5 jobs.

(Ref.11, p.2)

Abstract

Vera Roberts was a pioneer for both women and healthcare in the Canadian Arctic. The purpose of this paper is to examine Ms. Roberts herself, her impetus for working and living in various communities in Northern Canada and her contributions to healthcare. These objectives will be achieved by examining the extensive collection of Ms. Roberts' records (textual and visual) located in the Northern Ontario School of Medicine (NOSM) archives. The paper will analyze her career experiences, adventures and research as a nurse in Canada's north over several decades.

Born and raised in Yorkshire, England, Ms. Roberts received her schooling and nursing diploma in England in 1950. Ms. Roberts immigrated to Canada in 1954 and worked in a hospital in Sault Ste. Marie before beginning her first period of employment in the Canadian Arctic.

She spent many years nursing in the Yukon, Northern Ontario, North West Territories and Nunavut. She was also the proud recipient of the Florence Nightingale Medal of the International Committee of the Red Cross and the Gold Medal of the Professional Institute of the Public Service of Canada. She died of leukemia at the Sault Area Hospital on October 1st, 2004. She has been honoured by the Order of Canada especially for her efforts with Inuit mothers and their children.

Our paper will outline her career and examine its import for healthcare in northern Canada.

Introduction

Vera Roberts (1926-2004) was born and raised in Yorkshire, England in 1926 (Ref. 12, p. 1). She received her nursing diploma from Hundersfield Royal Infirmary, Hundersfield, United Kingdom in 1950 (Ref. 10). After graduation, Vera worked as an operating room "sister" in England, until 1954, when she emigrated to Canada (Ref. 12,

p. 1). Vera spent a short time working in Sault Ste Marie Hospital in Ontario, before she began what would be a never-abating relationship with the North; a connection that would not end until her final days. In 1955, Ms. Roberts would experience a life altering change when she decided to venture to Canada's North. While in Sault Ste. Marie, she was informed that St. Luke's Hospital in the Arctic was in need of nurses. Consequently, in July of that year, Vera and Dr. Otto Schaefer (b.1919), a doctor with whom she would work closely and become lifelong friends, boarded the C.D. Howe in Churchill, Manitoba (Ref. 12, p. 1). The journey lasted approximately ten weeks, and after visiting nine settlements, they reached their final destination: Pangnirtung, Baffin Island (Ref. 8, p. 2). In her attempt to explain what drew her to the North, Vera states, "I had no plans or dreams about living in the North. I just heard there was a job to be done, and decided I would try to do it" (Ref. 11, p. 1). This statement is indicative of how Ms. Roberts seemed to live her life: without apprehension and with dedication.

At the Anglican Mission Hospital in Pangnirtung

Vera's post in Pangnirtung was at the Anglican Mission Hospital. She worked with a staff of two nurses, a cook, a doctor, four young Inuit women, and two men who assisted the missionary in maintaining the building and generator (Ref. 1, p. 5). Vera describes the hospital at Pangnirtung, built in 1930, as "very basic" and very cold (Ref. 1, p. 6). The staff at the hospital had to wear sweaters and indoor shoes in order to keep warm (Ref. 1, p. 5). In a written account of the hospital she states, "I once put a thermometer on the floor of the staff bathroom which registered 11 degrees Fahrenheit [~ -12°C]" (Ref. 1, p. 5). The lighting was provided by D.C. batteries and a generator, which one winter broke down just before Christmas. Ms. Robert's illustrates one of the many hardships when working in the North with her account of this time. She writes, "Just before the first x-mas [sic], the generator broke down and we used oil lamps for about four months through the dark period" (Ref. 1, p. 5). Additionally, all water used by the hospital staff had to be carried to and from the point of use (Ref. 1, p. 5). One can imagine the added difficulty Ms. Roberts and colleagues would have faced with this inconvenience.

As with many northern communities, all medical, food, and other supplies arrived once a year. Consequently, much forethought and planning must have gone into arranging these supplies as the entire order for the subsequent year had to be pre-arranged with the current year's arrival (Ref. 1, p. 5). All of the enamel ware used in the hospital was sanitized in a wash tub of Lysol solution, often frozen in the winter (Ref. 1, p. 5). The patients' dishes were boiled in water on top of the stove after each meal, and medical instruments such as syringes, needles, as well as drapes and dressings were either boiled in water or sterilized in a pressure cooker autoclave on top of the stove (Ref. 1, p. 5-6). The only disposable items were gauze dressings and cotton wool. Vera's written account of sterilizing medical instruments at Pangnirtung Hospital is especially poignant: "When the need for caesarian section arose, it took almost the whole day to prepare and autoclave sufficient supplies to carry us through once we started the surgery" (Ref. 1, p. 6).

The patients seen by Vera and the rest of the staff at Pangnirtung are somewhat representative of those Vera would encounter throughout her northern nursing career. As is still true today, large portions of the Inuit suffered from, or were at risk of contracting, tuberculosis (TUBERCULOSIS), influenza, and other viral and chest

infections. Other common injuries were burns, frostbite, soft tissue injuries, pathological fracture of the femur, and typhoid (Ref. 1, p. 6). Every epidemic could be traced to a ship, plane or a dog team arriving from an area with an outside point of contact (Ref. 1, p. 6).

Most Inuit lived in traditional hunting or outpost camps in skin or canvas tents covered with moss in the summer. A second canvas tent was placed over the moss during the winter (Ref. 1, p. 7-8). These camps could be some distance away from the nursing station, and as such provided a huge barrier to medical treatment. Vera recalls that it sometimes took up to four days with dogsled or boat for patients to travel to the hospital, and this was further compounded by break-up or freeze-up of the ice (Ref. 1, p. 6).

The Move to Foxe Maine

As was the temper of the time, nurses were strongly encouraged to leave the isolation of the North after two years of service. In September of 1957, Vera left Pangnirtung and returned south. Here she was the only nurse employed at the Red Cross Outpost Hospital in Port Loring, Ontario (Ref. 12, p. 1). However, Ms. Roberts only stayed at Port Loring for less than one year. In early 1958, Vera headed north again, this time to the nursing station at Foxe Main, now known as Hall Beach, where she would work as an employee of the *Indian & Northern Health Service* (Ref. 1, p. 6).

By Vera's own written accounts, the nursing station at Foxe Maine was lacking in furniture, equipment and supplies due to the fact the station, originally built as a cottage hospital, had recently burned down (Ref. 1, p. 7). True to form, however, Vera was able to cope with the lack of resources by calling on her creativity. "So as is the wont of northern nurses", she writes, [...] we improvised" (Ref. 1, p. 7). Packing cases and drawers doubled as shelves, and oxygen tents were constructed from plastic and a wooden frame (Ref. 1, p. 7).

The patients at Foxe Main suffered from ailments similar to those at Pangnirtung, with the notable additions of brucellosis, measles, pertussis, trichinosis and poliomyelitis (Ref. 1, p. 10). Ms. Roberts describes being very busy at the station, and recalls that in a twenty-seven month period, there were only three weeks in which the nursing staff did not care for inpatients (Ref. 1, p. 9). Vera describes rarely having had a full night's sleep, as most patients were on medications that required administration every four hours (Ref. 1, p. 9). Due to the prevalence of tuberculosis and other respiratory conditions, Vera and her fellow medical staff were also in charge of taking and developing up to 450 chest x-rays per year, which were subsequently sent to Ottawa, Ontario for interpretation. The process by which these were developed is explained in Ms. Roberts' own words: "We heated the developer on the kitchen stove, washed film by putting two pails of water into the bath-tub and ladling [sic] twenty dippers-full of water over each side of the film" (Ref. 1, p. 10). Regrettably, Vera explains that due to the large prevalence of tuberculosis in the community, most of her time was monopolized by treating acute episodes of tuberculosis as well as case finding rather than public health activities. She was, however, able to give immunizations between illnesses (Ref. 1, p. 10).

Patients with very severe medical conditions and those suspected of having tuberculosis were sent to southern sanatoriums or hospitals (Ref. 1, p. 10; Ref. 2, p. 4). In fact, at

any given time ten percent of the population was receiving care in southern hospitals such as Montreal, Québec. Most of the patients from the eastern arctic went to Mountain Sanatorium in Hamilton, Ontario (Ref. 1, p. 10). Vera displayed her passion for public health and patient advocacy during this time by developing phrase cards in English and Inuktitut for patients and staff alike, in order to ease communication barriers (Ref. 1, p. 9). As there were no “medivac charters” at this time, evacuations were made by utilizing one of the bi-weekly Distant Early Warning (D.E.W) line aircrafts (Ref. 1, p. 9). Progress reports of these southern patients were sometimes sent back to the North, where they were translated into Inuktitut and posted in the nursing station and in the Hudson Bay store in Igloolik (Ref. 1, p. 10). Vera reflected on the issues surrounding these evacuations to the south by explaining that, “sometimes one would have to keep patients longer than one would have liked, because they were too ill for the ten to fourteen hour trip in unpressurized aircraft, or because the patient required R.N. [Registered Nurse] care on the trip, but so did the patients who would be left in the station” (Ref. 1, p. 9).

With the onset of a new decade, so was the onset of a new lifestyle and, hence, new challenges for both the Inuit and Vera Roberts. Most notably, perhaps, is the migration of the Inuit population from small camps into larger settlements. The Inuit, therefore, had to travel further in order to hunt, which meant they became more dependent on packaged foods. Henceforth, much of Ms. Roberts’ patient treatment objectives encompassed education regarding proper nutrition practices. Vera was now living and working in Frobisher Bay, Baffin Island (Iqaluit), where she held the title of Senior Nurse at Frobisher Bay General Hospital. Here, Ms. Roberts and the health care staff implemented other examples of Public Health measures such as pre-natal and well child clinics, school health programs, and nutrition/health education committees. Vera describes major cultural, language and conceptual differences which made it difficult to relay health concepts to the health population (Ref. 1, p. 11). In order to help address these barriers, Ms. Roberts began developing her own education resources to help “bridge the gap” in health care communication (Ref. 1, p. 10).

Not only were communication problems abound between patients and health providers in the North, but Vera also describes major concerns with her abilities to communicate with the “outside world” at this time (Ref. 1, p. 10). Atmospheric conditions, as well as the location of the short wave radio itself meant that there needed a third party in order to relay information from the health unit to the radio transmitter or that Ms. Roberts has to leave the station. Vera explains her concern for patient confidentiality, as even though there was a telegraph disease code in place, “anyone could listen in” (Ref. 1, p. 12).

The Latter Part of Vera Roberts’ Career in the Canadian North

After leaving Frobisher bay (Iqaluit), Vera was station in Moosefactory, Ontario (June 1961 to August 1963), Watson Lake, Yukon (June to August 1964), Dawson City, Yukon (August 1964 to June 1965), and Inuvik, Northwest Territories (July 1965 to July 1966) (Ref. 10; Ref. 13). During her time at each of these stations, Vera encountered various unique health challenges. In the northwestern arctic station, Vera helped treat patients, provide public health services and immunization clinics to the towns and the small communities in the surrounding areas, Ms. Roberts faced a measles epidemic in

Moosefactory along with an abundance tuberculosis cases in each of the aforementioned posts (Ref. 12, p. 4).

Throughout her career, Vera continued on with her quest for knowledge and lifelong learning by receiving a Diploma in Nursing Service Administration from the University of Saskatchewan in 1960-61, and a Diploma in Public Health in Nursing from the University of Windsor in 1963-64 (Ref. 10). Vera spent several years in Thunder Bay, Ontario, working as a nursing instructor at Lakehead Psychiatric Hospital (1966-1972). In 1969, Vera completed a Bachelor of Science in Nursing at Lakehead University. The following year she published an article in *Nursing Times* entitled, "Skin Testing in a Tuberculosis Control Programme in Northern Canada" (Ref. 10). Throughout her years in Canada's north, Vera would find the time to collect meticulous statistics on patient demographics, epidemiology, and health procedures. These included population statistics, infant mortality, birth and death rates, medical procedures and immunizations (Ref. 2; Ref. 9).

Vera Roberts seemed to have an undeniable attachment to Canada's North, in particular Frobisher Bay (Iqaluit). She returned here in 1972 to become the Zone Nursing Officer, where she organized and standardized care in thirteen nursing stations (Ref. 12). She continued to advocate for public health measures as well as health promotion and disease prevention by encouraging the use of traditional foods, endorsing community involvement, and developing videos and other health promotion materials, which she ensured were available in the Inuktitut language. Examples of such materials include pamphlets and booklets written on nutrition, breast feeding, tuberculosis and various other diseases (Ref. 12). She writes: "[...] there has been continuing effort to involve the [I]nuit in their health care, with a great deal of one to one teaching, development of health committees, and teaching interested Inuit staff to assist with nursing stations functions"(Ref. 2, p. 7).

Vera completed her Masters of Science Administration from Notre Dame University, Indiana, in 1981 (Ref. 12). The following year, after having spent ten years in Frobisher Bay (Iqaluit), she partook in a new adventure in Canada's Yukon. From 1982 until 1989, Ms. Roberts played many roles in the Yukon health care system, including Regional Nursing Officer, Nursing Consultant, Assistant Regional Nursing Officer, Special Projects, for Health and Welfare Canada, and Assistant Director of Nursing Services (Ref. 10; Ref. 11). The changes encountered by both Vera and the Inuit in the 1970s and 1980s are very significant: The first settlements received telephones in 1973, when the first Anik satellite was put into orbit (Ref. 1, p. 12). Additionally, radio and television projects were now being developed during this time. As a result, nurses now had a more effective means by which to relay and promote health education (Ref. 1, p. 13). On a more negative note, Ms. Roberts recalls seeing a major increase in the number of Inuit with alcohol, sniffing, and substance abuse problems during this time (Ref. 1, p. 12; Ref. 7, p. 3). Furthermore, a large number of the Inuit people began to suffer from mental health problems, sexual abuse and spousal assault (Ref. 1, p. 13). The northern nurses were usually the first to recognize these problems and attempted to foster some sort of community action (Ref. 1, p. 13). In her essays regarding this time, Vera also laments over the noticeable increase in staff shortages, cutbacks, and high community demands and expectations (Ref. 1, p. 13).

After thirty-four years of service in Canada's North, Ms. Vera Roberts retired in 1989 (Ref. 15). She did, however, remain active within the nursing domain with various contracts in Yellowknife (1989), Cambridge Bay (1990), Inuvik (1992), and Iqaluit

(formerly Frobisher Bay, 1993-94) (Ref. 10; Ref. 14). For her immense contributions and dedication Vera received numerous prestigious awards, including the Membership in the Order of Canada in 1986, for contributions to maternal and child health care and the development of public health nursing in the North. Other awards include the Gold Medal of the Professional Institute of the Public Services of Canada for services in the North (1987), 125th Anniversary of Canada Medal (1992), and the Florence Nightingale Medal of the International Committee of the Red Cross (1995) (Ref. 3, 4, 14 & 16).

Sadly, at the age of seventy-eight on October 1st, 2004, Vera Roberts died of Leukemia at the Sault Area Hospital in Sault Ste. Marie, Ontario (Ref. 5). Vera remained a devoted advocate for Canada's North until the end of her days. Her dedication and optimism shone through in her various speeches and writings. In 1956, Ms. Roberts wrote about potential future directions of the North, including her predictions on mining development, agriculture, population growth, transportation, and, exceedingly ahead of her time, warnings about global warming and its impact on the North (Ref. 6).

Conclusion

Vera Roberts' legacy can be seen today, especially through her immense contributions to the field of Public Health. She devoted over thirty years of her life to improving the health of Canada's northern population; often at considerable personal sacrifice. We have much to learn from Ms. Roberts' research and insights regarding the people and the conditions of the North. As she wrote in 1978:

Much remains to be done to consolidate the gains, with continuing stress on prevention of disease, and disease preventing lifestyles. Such efforts are inextricably tied to housing, nutrition, water and sanitation systems and facilities. Until these are improved, human and financial resources will continue to be needed and used trying to rectify some of the damage which a healthy environment and life style could have prevented. The health gains made will remain in precarious balance.

(Ref. 2, p. 8f.)

Vera Roberts was indeed a pioneer for both women and health care, particularly public health care initiatives in this country. Clearly, Canada's North would not have been the same without her.



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