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UNGAVA TULATTAVIK HEALTH CENTER
CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

FACT SHEET 4 – TUBERCULOSIS, MEDICAL EVACUATIONS, AND FAMILY SEPARATION

Understanding a story that remains vivid in the memories of many Inuit families

Cultural Safety Team
Reference Guide on Nunavik and Cultural Safety
Sheet 4 of 16

WHY THIS TOPIC IS IMPORTANT AT UTHC

Between the 1940s and 1970s, tuberculosis had a profound impact on Inuit communities in Nunavik. To receive treatment, many people had to leave their families and communities for several months—sometimes several years—to be hospitalized in sanatoriums or hospitals located in southern Quebec or elsewhere in Canada.

For many Nunavimmiut, this history is not just a thing of the past. Some people who experienced these evacuations are still with us today. Memories of those departures, the long separations, and the uncertainty can still influence how they experience a transfer for medical care in the South or hospitalization far from their community.

Understanding this history helps us better grasp certain reactions, concerns, or expectations expressed by patients and their families. It also underscores the importance of providing care that is attentive, respectful, and culturally sensitive.

Figure 4. A child and an elder woman in bed on board the *C.D. Howe*. Source: Johanna Kabutowitz Collection, Archives of Hamilton Health Sciences Corporation and the Faculty of Health Sciences, McMaster University.

LOOKING AHEAD

For many Nunavimmiut, this history is not just that of their grandparents. It is their own.

1940	1950	1960	1970			2017
• Evacuations begin	• C.D. Howe Screening	• Numerous evacuations	• Gradual end of missions			• Nanilavut

TUBERCULOSIS: A DISEASE THAT CHANGED LIVES

In the mid-20th century, tuberculosis was one of the most serious diseases in Nunavik. At that time, effective treatments and the necessary infrastructure were not yet available in the communities.

To receive specialized care, many people had to be transferred to sanatoriums or hospitals located in southern Quebec or elsewhere in Canada. At that time, these transfers were the only way to provide specialized care to many people.

Thanks to antibiotics and improved care, tuberculosis is now a disease that can be effectively treated. The situation today is very different from that of the 1950s and 1960s. However, the experiences of that period continue to linger in the memories of many families.

Young Inuit patients aboard the C.D. Howe. Medical evacuations often resulted in long separations between children and their families.

FACTS: Why go so far away?

In the 1940s and 1950s, Nunavik had no hospitals or the resources needed to treat tuberculosis.

Sanatoriums offered specialized care, but they were located hundreds, sometimes thousands of kilometers away from Inuit communities.

For many families, agreeing to treatment also meant accepting a long separation.

A JOURNEY INTO THE UNKNOWN

To receive treatment for tuberculosis, many Nunavimmiut were sent to hospitals and sanatoriums located hundreds, and sometimes more than **2,000 km,** from their communities.

Depending on the time period and needs, patients were first transported by the hospital ship C.D. Howe, and later, increasingly, by plane to various facilities in Quebec, Ontario, Manitoba, or Alberta.

For many, this was their first journey beyond Nunavik, into a completely different environment, language, and way of life.

GOOD TO KNOW – Destinations varied

Not all patients were sent to the same place.

Depending on the year, their health condition, and available beds, they could be admitted to several specialized facilities across Canada.

This dispersion made communication with families difficult and makes historical research more complex today.

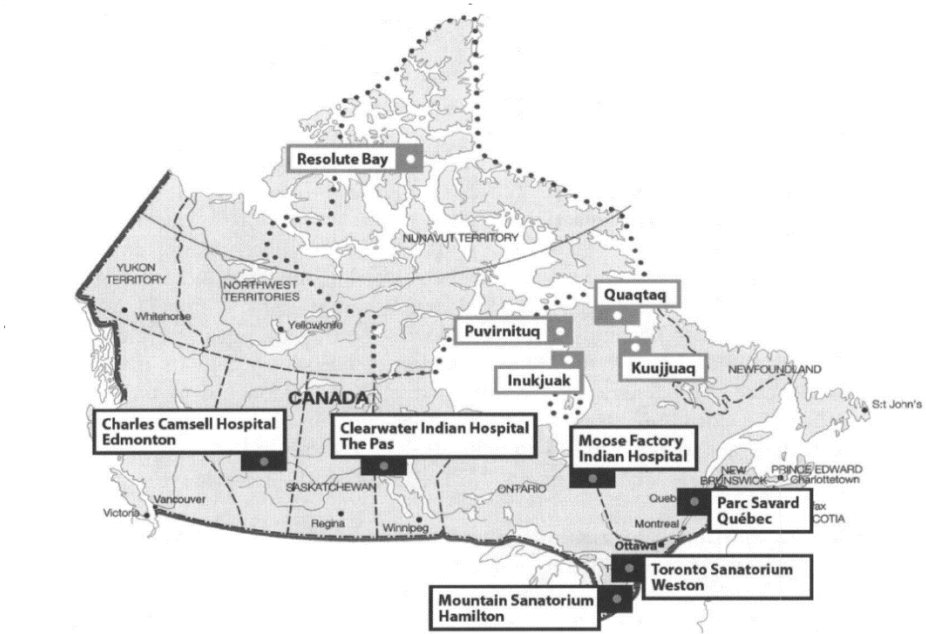

Figure 1. Map showing the hospitals and sanatoriums used for TB in Canada (map: Scott Park).

TRAVELING FOR MEDICAL TREATMENT

For several decades, medical teams traveled to northern communities to screen for tuberculosis and identify people requiring specialized care.

When a person required specialized treatment, they were typically transported to a hospital in the South—first aboard the C.D. Howe, and later, with the development of air travel, by plane.

These trips could last several months, sometimes several years. For many people, the departure happened quickly, with little time to prepare or say goodbye to their loved ones.

The C.D. Howe near a community in Nunavik around the 1950s.

GOOD TO KNOW – The C.D. Howe

Commissioned in the Arctic in the late 1940s, the C.D. Howe was a government ship that supplied northern communities while providing medical services.

On board, medical teams conducted physical examinations, screened for tuberculosis, and transported patients requiring specialized care to hospitals in the south.

- Missions: 1950–1969
- Supply and Hospital Ship
- Screening and medical transport

A LONG SEPARATION

For those sent to hospitals in the South, tuberculosis treatment often meant much more than just a medical trip. It entailed a prolonged separation from their families, their communities, their language, their daily life, and their familiar surroundings.

At that time, means of communication were limited. Phone calls were rare, mail could take several weeks to arrive, and some families went weeks—sometimes months—without hearing from their loved ones.

Children were particularly affected. Many spent part of their childhood away from their parents, sometimes for several years. Other adults were also separated from their spouses, children, or communities for the entire duration of their treatment. Each person and each family experienced this differently.

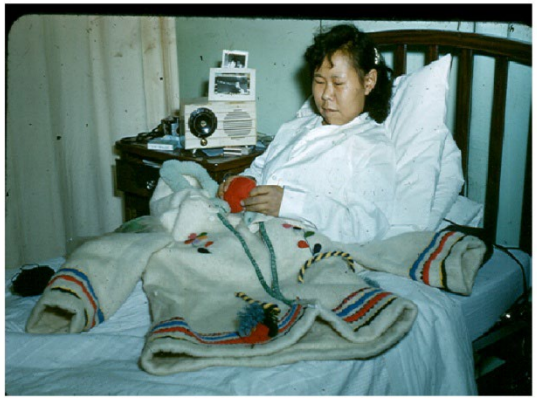

Figure 5. A woman sewing a parka in bed at the Mountain Sanatorium in Hamilton. Source: Johanna Rabinowitz Collection, Archives of Hamilton Health Sciences Corporation and the Faculty of Health Sciences, McMaster University.

GOOD TO KNOW — A Different Reality from Today

Specialized care was not available in Nunavik, and families were generally unable to accompany their loved ones during their hospital stays.

Today, communication, the possibility of having family escorts, and the services offered—particularly in Ullivik—help maintain family ties while patients receive care in the South.

For many Inuit families, uncertainty was as much a part of the experience as the illness itself.

A FAMILY'S BALANCE UPSET

Medical evacuations did not only transform the lives of those hospitalized. They also had significant repercussions on the families and communities that remained in Nunavik.

At that time, responsibilities were largely shared among family and community members. Women, men, and elders played complementary roles that were essential to daily life, the transmission of knowledge, and survival in the territory.

The prolonged absence of a parent, spouse, or child often forced families to reorganize. Certain responsibilities had to be taken on by other community members, while loved ones lived with worry, anticipation, and uncertainty. This reorganization affected both those who had left and those who remained in Nunavik.

When people returned, they sometimes had to find their place again within their families and communities. In the meantime, their loved ones had also learned to live with a new reality.

GOOD TO KNOW — An Experience Lived in Different Ways

- Some people returned in good health and gradually resumed their lives in Nunavik.
- Others had to cope with significant changes in their families, communities, or lifestyles.
- Some families lost a loved one.
- Others were reunited with a parent or child after several years apart.

Every story is unique.

In a society where family and community responsibilities were closely intertwined, the absence of a single person could have repercussions for the entire family.

A MEMORY THAT LIVES ON

Medical evacuations related to tuberculosis are now part of Nunavik's history, but their repercussions continue to be felt today.

Many Nunavimmiut who lived through that period are still alive today. Others grew up hearing stories from their parents or grandparents. These family memories can still influence how some people experience medical care, hospitalizations, or transfers to the South.

Knowing this history does not mean assuming that a person has experienced these events or that they will react in a certain way. Each person has their own story, their own experiences, and their own relationship with this memory. Rather, it allows us to approach each situation with openness, attentiveness, and sensitivity.

LOOKING AHEAD

A person who once had… now has:

- 71 years → 5 years in 1960
- 76 years → 10 years in 1960
- 81 years → 15 years in 1960

For many Nunavimmiut, this story is their own life story or that of their loved ones.

GOOD TO KNOW — Nanilavut

Since 2017, the Nanilavut project ("Let's Find Them" in Inuktitut) has helps Inuit families search for medical records, burial sites, and information about loved ones who were evacuated to the South to receive medical care, particularly for tuberculosis.

For many families, this process represents an important step toward a better understanding of their history.

Understanding this history means better understanding certain realities still faced today by the Nunavimmiut and their families.

IN MY WORK AT THE UTHC

The history of medical evacuations related to tuberculosis reminds us that certain experiences of Nunavimmiut continue to shape how individuals and families approach healthcare today.

Every person has their own life story. This history does not affect all Nunavimmiut in the same way, but it invites us to provide care with sensitivity, without making assumptions about each person's experiences.

This understanding can help me:

- **welcome each person with openness, without making assumptions about their history;**
- **clearly explain care and transfers to reduce uncertainty;**
- **foster connections with family, whenever possible;**
- **recognize the importance of family, community, and territory in the care journey;**
- **contribute to providing care that takes into account the person, their family, and their history.**

THE ESSENTIALS

Knowing this history does not tell us what a person has experienced. However, it helps us better understand why listening, communication, and respect remain essential in every encounter.

A FEW WORDS IN INUKTITUT

Inuuqatigiitsianiq

Taking care of one another • Being considerate of others

In Nunavik, caring for someone often goes beyond physical care. It also means maintaining connections with family, the community, and loved ones.

Ilagiit

Family

In Inuktitut, family holds a central place. During the tuberculosis evacuations, it was often the entire family that suffered the consequences of separation.

Utirniq

The Return

Returning to Nunavik was a significant milestone. After several months or years away, reuniting with one's family, community, and place in daily life often required a period of adjustment.

Did You Know

Inuktitut often has several ways of expressing the same idea, depending on the context. Words related to family, relationships, and territory, it hold's an important role, reflecting their essential place in Inuit culture.

DID YOU KNOW THAT…?

……several Nunavimmiut who are still alive today personally experienced the tuberculosis evacuations?

For some elders, this period is not a matter of ancient history, but part of their own life experience.

……some hospitalizations lasted several months, sometimes even several years?

During this time, contact with family was often limited, and returning to Nunavik remained uncertain.

……medical evacuations transformed the lives of the entire family, not just the person who was sick?

The prolonged absence of a parent, spouse, or child often forced families and communities to reorganize.

…… Inuit families are still searching for answers today on this period of their history?

Initiatives like Nanilavut help locate medical records, burial sites, and information about loved ones who were evacuated to the South.

KEY TAKEAWAYS

✓ Tuberculosis had a profound impact on many families in Nunavik between the 1940s and 1970s. At that time, medical evacuations were one of the few ways to obtain specialized care.

✓ The consequences affected both those hospitalized and their loved ones. Prolonged separations disrupted families, communities, and the organization of daily life.

✓ This history is still very much a part of the present. Many Nunavimmiut who lived through that period are still alive, and these memories continue to be passed down through numerous families.

✓ Each person has their own unique experience. Knowing this history helps us better understand certain realities, without making assumptions about anyone's experience or reactions.

✓ An approach rooted in listening, respect, and sensitivity remains essential. Understanding the historical context helps provide more humane and culturally safe care.

IN PERSPECTIVE

History does not define people, but it can help us better understand certain realities they still face today.

THINKING ABOUT OUR PRACTICE

1. How would I feel if I had to receive care far from my family, my language, and my familiar surroundings, without knowing exactly when I would return?
2. How can I help ensure that a person travelling South for care feels informed, heard, and supported before leaving?
3. How can I take into account the role that family plays in a person's care journey?
4. How can I remain open-minded and avoid making assumptions about a person's experiences, while acknowledging that certain historical experiences may still influence how they approach care?

UTHC RECOMMENDATION

What It Takes to Live (Film by Benoît Pilon, 2008)
Télé-Québec

This critically acclaimed feature-length fiction film is set in the early 1950s. It tells the story of Tivii, an Inuit hunter suffering from tuberculosis, who is torn from his tundra to be treated at a sanatorium in Quebec City. Disoriented and unable to speak French, he gradually loses hope until a nurse introduces him to a young Inuit boy who is also hospitalized, facilitating a beautiful cultural exchange. It is the most accurate and humane portrayal of the uprooting experienced during that era.

Why does the UTHC recommend it?

Because it accurately illustrates the human consequences of medical evacuations, as well as the importance of family, language, and cultural identity. It helps us better understand why certain experiences from the past can still influence how Nunavimmiut experience healthcare today.

FURTHER READING

The Silent Tuberculosis Crisis in Nunavik (Radio-Canada's "Grand format," 2026)

This multimedia report bridges the past and the present by giving a voice to Inuit survivors. It features, among others, the testimony of Elisapie Aliku, who recounts the two years she spent in a sanatorium in the South, cut off from her family.

A Breath Atop the Mountain (Photo and video report by The Globe and Mail, 2023)

This report follows Inuit survivors as they return to the Hamilton sanatorium where they were hospitalized as children. It offers a sensitive reflection on memory, healing, and intergenerational transmission.

The Nanilavut Historical Project (Crown-Indigenous Relations and Northern Affairs Canada)

Initiated by the Canadian government and Inuit organizations, the Crown-Indigenous Relations website features in-depth articles explaining how the government is currently working to help families locate the graves of patients who disappeared in the South during the 1950s and 1960s.

The CCNSA's Tuberculosis Collection (Narratives of Displacement and Trauma)

This collection brings together the stories of Inuit survivors and highlights the individual, family, and community impacts of medical evacuations related to tuberculosis.

Understanding this story means recognizing that behind every medical transfer there is a person, a family, and a life story that deserve to be met with respect, compassion, and a willingness to listen..