Shawn Selway has written a thoughtful, and in many places disturbing, account of the policies and ensuing actions taken by Canadian leaders to control the tuberculosis epidemic in the Eastern Arctic. Over a thousand Inuit and Cree were evacuated to Mountain Sanatorium in Hamilton, Ontario between 1950 and 1965. While authorities were clearly concerned about loss of life, reviewing their actions shows that sometimes providing help can also have negative repercussions. When assistance is rendered without proper understanding of the culture of the people and without adequate planning, the assistance itself can have unintended consequences.

According to historical and governmental records, Canadian officials determined that the best way to protect the most people was to evacuate anyone who tested positive for tuberculosis to the South. Several reasons were provided for why they chose to evacuate instead of treating them in the North. First, it was difficult to get the necessary specialists to go to the Arctic. Second, with effective treatment, the number of cases was expected to decline. Therefore, spending money building new treatment facilities would be a waste, particularly since many beds had recently opened at the sanatorium in Ontario. Finally, the ultimate goal was to remove the source of the infection from communities. Allowing infected individuals to remain close to the community increased the risk of the infection spreading.

However, the medical evacuations were plagued with problems. The author explained some of the logistical problems faced because the communities lived in the Arctic. For example, transportation was difficult to plan. Initially, only ships transported patients. The ships ran on tight schedules based on weather and ice conditions, allowing very little time for the medical professionals to test everyone. Once they had the test results, they did not have the time to obtain proper consent from patients and their families. While people were not exactly forcibly removed, consent was not exactly given either. This rushed schedule also led to lack of proper documentation. Records were lost and so were people, particularly when the patients were young children. Once these patients were cured there was no way to get them back to their families. Even after helicopters and planes were employed, there were still weather and logistical conditions to consider, and the trips were not always pleasant for patients.

Another error discussed in the book dealt with faulty patient services after they were relocated. No one considered how vitally important it would be for patients to be able to

communicate with their families. Without any contact from home, patients were depressed and their families grieved for the loss, not knowing if they would see their family member again. This harmed the patients and caused communities to lose trust in the medical professionals, and after their stories spread, some people refused to be examined or go near the ships.

The evacuations impacted these Indigenous communities in similar ways to the residential schools. Children were taken at young ages, and by the time treatment was over, they no longer remembered their language or cultural practices. When they returned home, many of them did not feel comfortable in their own communities. The longevity of culture, language, family, and community structures were just as threatened by these medical removals as the educational ones.

Selway compared these Arctic evacuations with the approach used to fight tuberculosis in the Navajo Nation. Among the Navajo, people were treated without being removed from the community. However, the distances are greater and conditions more severe in the Arctic. The Navajo model could not have been replicated under these differing circumstances.

A good point was made in the preface. It is easy to look back on historical events with a moral superiority because we have the benefit of hindsight. We now recognize how damaging the evacuations were on the Inuit and Cree. We can see where actions were not planned well and understand what should have been done. The communities suffered and even now their views on what happened have been largely discounted. By recognizing that the officials were working with technological limitations and a genuine fear of the epidemic does not change the negative impact of their decisions, but it might help contemporary society understand the history of the Arctic, acknowledge the damage that was done, and come to terms with the legacy of this era.

Sadly, after the evacuations, the Canadian government then focused on resettling Indigenous Arctic communities. As with the evacuations, the resettlements were not well-coordinated and they made life harder. Sled dogs were shot in settlements destroying dog teams, but snow machines were too expensive for everyone to purchase and maintain, making food and materials scarce and costly. The very communities that they claimed to be assisting were once again the victims of unintended consequences.

The height of irony in this story is that in 2010, the rates of new tuberculosis cases in Nunavut hit an all-time high (p. 209). The very disease that these evacuations and resettlements were supposed to eradicate is on the rise. As stated in the book, "[t]he resettlement policy carried through in part in order to improve access to medical services inadvertently produced the living conditions that have allowed TB to persist and even flourish." (p. 216)

My biggest criticism of the book is structural. Some sections jumped around in time, making the account difficult to follow. Also, the author went on tangents that, while interesting, could have been shortened. Sometimes I found myself lost in the technical details and not sure whether I would get back to the human story that the book is telling. However, even with these criticisms, the book includes important details and reveals pieces of a story that has received too little attention over the years. Indigenous communities in the Arctic are still living with the consequences of poor governmental policies and actions made in response to the tuberculosis epidemic. In order to learn from the past, wrongs and harms should be acknowledged so that communities can heal and poor decision-making will not be replicated in the future.