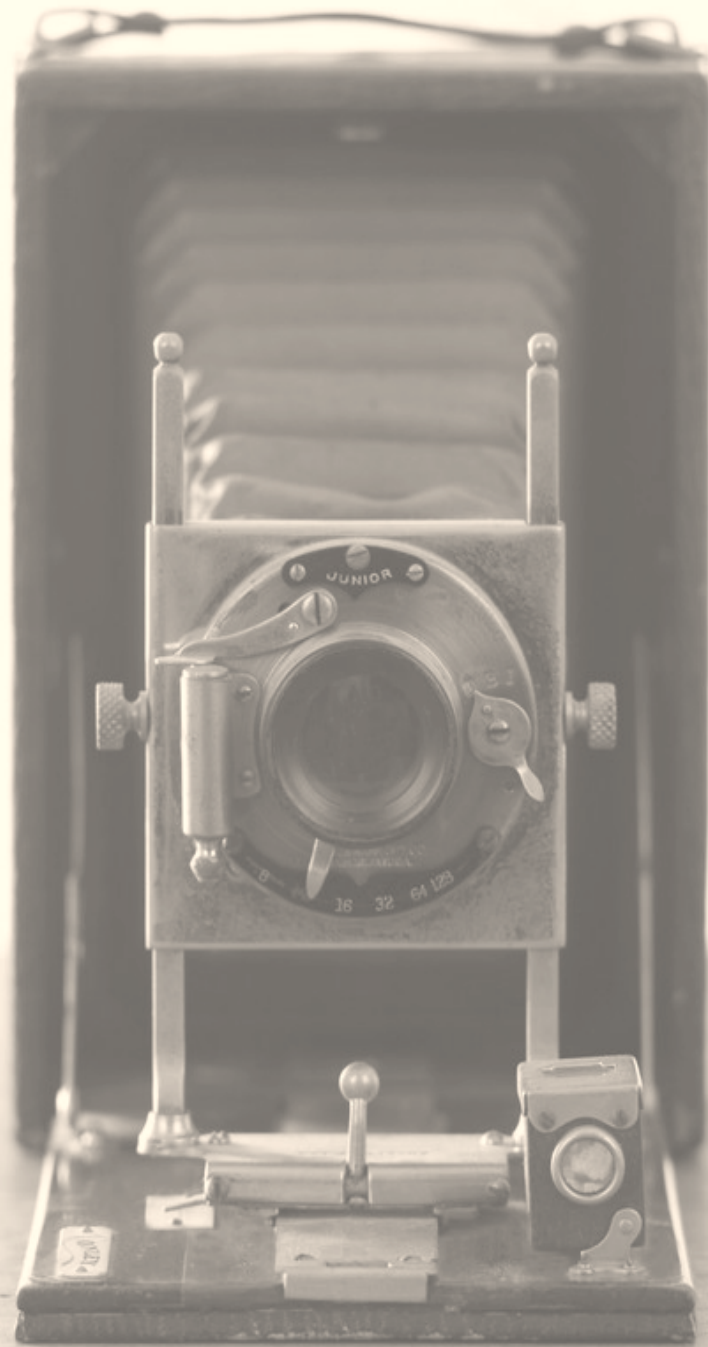


# Watrous HealthCare: A Journey through Time



# Watrous Healthcare: A Journey through Time

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## INTRODUCTION

This report highlights the findings from a study entitled, “The Origins and Import of Health Inequities in Saskatchewan 1905-1985.” The study was conducted by the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), an interdisciplinary research unit committed to critical population health research. This research project is closely linked to SPHERU’s *Healthy Aging in Place* (Jeffery et al., 2011) study, with a focus on the Saskatchewan communities of Watrous, Wolseley and Ile-a-la Crosse.

Guided by a population health approach (Public Health Agency of Canada, 2011), this report examines the historical origins of health within the rural community of Watrous, Saskatchewan. Health is influenced by several factors including socioeconomic status, social support, physical environment, access to services, healthy child development, health practices and coping skills, gender, culture (PHAC, 2011). Accordingly, we suggest that in order to address the origins of health it is important to examine factors such as infrastructure, socio-demographics and government policy.



Image credit: Manitou Beach, Watrous, Saskatchewan. (n.d.). Watrous, SK: The Revell Studio.

# WHY STUDY HISTORY?

History provides a powerful tool for addressing the origins of health and understanding the health concerns of the present (Fee & Brown, 1997; Hackett, 2005). A historical approach reveals that many of the health concerns in Saskatchewan are longstanding, some as old as the province itself. Health issues are experienced disproportionately among different populations and are often connected to socioeconomic position, ethnicity, and geography.

Across Canada, rural and urban populations may have similar levels of health; however, they face different sets of issues (Martinez, Pampalon, Hamel, & Raymond, 2004). Saskatchewan's rural residents may experience limited access to quality health care, as well as increased risk of disease due to exposure to farming chemicals or moldy hay, mechanical injury and growing levels of stress (Jennissen, 1992).

The potential benefits of studying the origins of health are considerable. The past exists as a natural data bank which allows us to examine both the forces that caused health inequities and the success of the interventions created to address them (Fee & Brown, 1997). As such, historical knowledge enables us to design effective population health interventions in the present, while avoiding the mistakes of the past (Bayer & Fairchild, 2004).



## WHAT WE DID

This study is closely linked to SPHERU's *Healthy Aging in Place* (Jeffery et al., 2011) project, with a focus on the Saskatchewan communities of Watrous, Wolseley and Ile-a-la-Crosse. As such, qualitative data (including government documents, community-based organization archives, personal diaries, newspaper stories, and local histories) was used to examine and review historical factors at the community level. In addition, digital photos, scans of archival documents, and quantitative data from early Public Health Reports were compiled to understand changes in health over the twentieth century. This report focuses on the data findings on the rural community of Watrous, SK.

Data collection focused in three primary areas. First, we concentrated much of our research on collecting data from the Saskatchewan Archives Board (SAB). In so doing we have initially targeted the records of the provincial departments of Public Health and Northern Saskatchewan. These documents provide insight into the varied health and economic conditions across the province as well as the nature of past health policies.



Secondly, we have reviewed critical entries from a large selection of the province's published community histories. Many of these provide local descriptions of health and key aspects of health care, and will contribute towards our assessment of the varied conditions across space as well as the specific impact of locally and provincially-designed health interventions. Similarly, and third, health-related information has been extracted from a selection of both the smaller community-based newspapers as well as the major dailies (Saskatoon *StarPhoenix*).

## **WATROUS: EARLY SETTLEMENT**

Health is influenced by several factors. This discussion highlights some of the key factors that contributed to the development of the Watrous community.

- In 1903, Watrous only had a few settlers, but population began to increase in 1904 and 1906 (McLennan, 2006).
- In 1906, settlement boomed with the establishment of Grand Trunk Pacific Railway (Town of Watrous, 2007).
- In 1908, Watrous was incorporated as a village (Town of Watrous, 2007).
- In 1908, there were 27 businesses which included: lumberyards, theatre, hardware, trading store, drug store, hardware, barber shops, laundry jewelry, restaurants, general stores (Watrous History Book Society, 1983).
- In 1909, Watrous becomes incorporated as a town, with 659 people (Watrous History Book Society, 1983).
- Watrous was settled as a primarily Protestant town, with Lutherans, Mennonites, Anglicans, Presbyterians and United Church members.
- In 1910, the All Saints Anglican Church was established by Rev. King, who transported a 500 year old stained glass window from the Church of St. John the Baptist in England (Watrous & Manitou Beach Visitor Guide, 2011).
- In 1927, the Philadelphia Mennonite Brethren congregation was established, and in 1929 twenty-one charter members belonged to the church (Epp, 2011).



## PROSPERITY: THE BUSTLING YEARS

- In the 1920's and early 1930's Manitou Lake attracted numerous visitors to the Watrous area.
- During the summer months, Manitou Beach would grow from 200 to 15,000 people, it had 3 dance halls, 3 grocery stores, 2 drug stores, 2 service stations, 2 mineral bath houses, 4 ice-cream shops, beach stores, a barber shop, a brothel, a YWCA building, a moving picture show, a medical clinic, restaurants and hotels (Schellenberg, 1996).
- In 1920, stores in Watrous remained open until 11:00 p.m. for evening shopping on Saturday nights (Watrous History Book Society, 1983).
- In the 1920's, Manitou Lake was reported to have a higher degree of healing qualities than the world famous Carlsbad Spring in Germany (Manitou Lake Sanitarium and Mineral Products Manufacturing, 1929).
- In 1928, a new Danceland was built and the Jitney (nickel) dance became popular, with over 500 people in attendance (Schellenberg, 1996).



Danceland, Manitou Beach, Watrous, Saskatchewan.—7.



White's Swimming Pool, Manitou Beach, Watrous, Saskatchewan.—6.

Image credits: Danceland, Manitou Beach, Watrous, Saskatchewan. (n.d.). Ottawa, ON: Photogelatine Engraving Co.  
White's swimming pool, Manitou Beach, Watrous, Saskatchewan. (n.d.). Ottawa, ON: Photogelatine Engraving Co.

## HANDLING HARD TIMES

- In the 1930's, Saskatchewan communities faced extreme difficulties from the Depression.
- In the early 1930's, the government paid unemployed laborers to construct a resort hotel at Manitou Beach, and in 1956, it was sold for \$1.00 to the Saskatchewan Society for Crippled Children and became Camp Easter Seal (Schellenberg, 1996).
- In the 1940's, mysterious fires ran through Manitou Beach, medical clinics patients declined, and buildings were torn down to reduce maintenance ((Watrous History Book Society, 1983).
- In 1939, Watrous became the Canadian Broadcasting Company's only broadcasting outlet between Winnipeg and Vancouver as the minerals in the soil were highly conductive. (McLennan, 2006).



Image credit: Chalet and dining room, Manitou Beach, Saskatchewan, Canada. (n.d.). Ottawa, ON: Photogelatine Engraving Co.

## COMMUNITY INFRASTRUCTURE

### Sewage & Water Supply

- In early times, most people received their water from individual wells from underground springs around Lake Manitou (Government of Saskatchewan, 1912).
- In 1915, a water system was constructed on 3<sup>rd</sup> Ave and Main St. (Watrous History Book Society, 1983).
- In 1921, institutional drainage problems were identified in the Annual Report of the Bureau of Public Health (Government of Saskatchewan, 1923a):
  - “The engineering problems connected with the water supply and drainage of hospitals, schools, creameries and public buildings require consideration of the special conditions in each particular case and continue to demand a considerable amount of time and attention.”
- In 1935, a small summer water line was installed which carried water from the fire hall to Eighth Avenue, and by 1938, a pipeline was completed providing a new water supply for the town (Watrous History Book Society, 1983).



Image credit: Section of Watrous, SK. (n.d.). Ottawa, ON: Photogelatine Engraving Co.

## COMMUNITY INFRASTRUCTURE

### Electricity

- In 1910, town lighting was identified as an issue and it was recommended that the town examine the feasibility of developing electric power at the town well pump house (Government of Saskatchewan, 1912).
- In 1911, an electric light plant was established and in 1918, the power plant was out of operation for five months because of a fuel shortage (Watrous History Book Society, 1983).

### Transportation

- In 1913, there were two passenger trains passing through Watrous daily on the run from Winnipeg to Edmonton, (Watrous History Book Society, 50)
- Transportation systems played a key role in transmission of illness. In 1962, a Government of Saskatchewan news release identified concerns of smallpox exposure on a passenger train :
  - “In the western provinces, persons who traveled on the C.N.R. Super-continental which left Toronto on August 14<sup>th</sup> have been asked to come forward for vaccination.”



## COMMUNITY-BASED ORGANIZATIONS (CBOs)

- There is a long history of CBOs in the form of clubs established to support healthcare and quality of life in Watrous. Many of the clubs were organized by women.
- Members of clubs were often better educated and more affluent, and were usually British Canadian Protestants ((Leger-Anderson, 2005).
- In 1915, the Red Cross Watrous Branch opened, and in 1921 the society lobbied the town on the benefits of a Union Hospital. In 1954, the Red Cross supplied blood free of charge to the Union Hospital. Prior to 1954, donors had to be found for blood transfusions (Watrous History Book Society, 1983).
- In 1936, the Watrous Homemakers Club was formed. The organization aimed to provide social support and to facilitate “women’s work” of improving home and community life (Leger-Anderson, 2005).
- In 1957, the Watrous Union Hospital Auxiliary was formed and did fundraising for hospital equipment such as x-ray film equipment, wall lamps, portable defibrillator (Watrous History Book Society, 1983).
- In 1975, clubs and community organizations included the Knights of Columbus, Masons, Kinsmen, K40' Chamber of Commerce, Legion and church auxiliaries (University of Saskatchewan, 1976).



Image credit: Main ST Watrous, looking south. (1910). Ottawa, ON: Photogelatine Engraving Co.

## DISEASE & EPIDMIC OUTBREAKS

Saskatchewan Public Health Reports document disease and epidemic outbreaks in the Watrous area:

- **Smallpox outbreaks** in 1913, 1922 and 1925.
- In 1913, two smallpox cases were reported. The Medical Health Officer was advised to get the assistance of the mounted police and to vaccinate as many as possible. A temporary isolation hospital was created and a sanitary inspector was appointed to ensure necessary precautions (Government of Saskatchewan, 1915).
- **1918 - Spanish Influenza**- hits Watrous and spreads rapidly with over sixty people infected. In order to prevent further spread, church services, school and other public gatherings were cancelled (Watrous History Book Society, 1983).
- **1916 - Diphtheria**, Watrous, 67 cases (Government of Saskatchewan, 1918). In 1918, Diphtheria declined to 10 cases the following year (Government of Saskatchewan, 1919).
- **1922- Scarlet Fever**, Watrous 14 cases (Government of Saskatchewan, 1923b)
- **1935 Chicken Pox**, Watrous 33 cases (Government of Saskatchewan, 1937)
- **1935 Mumps**, Watrous 25 cases (Government of Saskatchewan, 1937)



## EARLY HEALTHCARE: WATROUS

- Prior to the more recent era of conventional medicine based on the use of pharmaceuticals, the Watrous community, and more specifically Manitou Beach, was recognized for its medicinal and healing powers (Manitou Lake Sanitarium and Mineral Products Manufacturing, 1929).
- Local legends suggest that Indigenous People accessed Manitou Lake for its healing powers for smallpox (in 1837), rheumatic conditions, and burning fevers. (Schellenberg, 1996).
- Home remedies documented for sore throats, cuts, burns, and sore limbs included a mixture composed of 1oz. of ammonia, 2oz. of turpentine and 2oz. of olive oil (Watrous History Book Society, 1983: 73).
- Watrous was unlike many other rural communities in Saskatchewan, where the initial hospitals were generally organized by religious organizations such as nuns.
- In 1914, the first hospital in Watrous was established by two doctors and the cost for hospital care was \$3.50 per day (Watrous History Book Society, 1983).
- In 1933, Manitou Beach opened a medical clinic, offering the services of nurses, physiotherapists, and doctors, complete with patient quarters (Schellenberg, 1996).



Image credit: Lake Manitou (n.d.). Ottawa, ON: Photogelatine Engraving Co.

## EARLY HEALTHCARE: WATROUS

- In 1947, the Watrous Union Hospital was built, and it opened in 1948 (University of Saskatchewan, 1976)
- In the late 1940's, the Watrous district provided healthcare for 10,371 patients, whereas Saskatoon provided for 46,028 (Health Survey Committee, 1951).
- In 1963, a solarium, pediatric and maternity ward were added to the hospital (Watrous History Book Society, 1983).
- In 1975, Watrous had four physicians and the Mayor noted 1-2 more physicians were needed as the patient base was rapidly increasing (University of Saskatchewan, 1976).
  - In an interview with a physician who had moved from England, he stated that while he enjoyed living in the community, he had not yet had time to become involved in community activities (University of Saskatchewan, 1976).
- In 1975, Watrous health services included procedures such as cholecystectomy (gallbladder removal), hernias, appendectomies, tubal ligations (University of Saskatchewan, 1976).

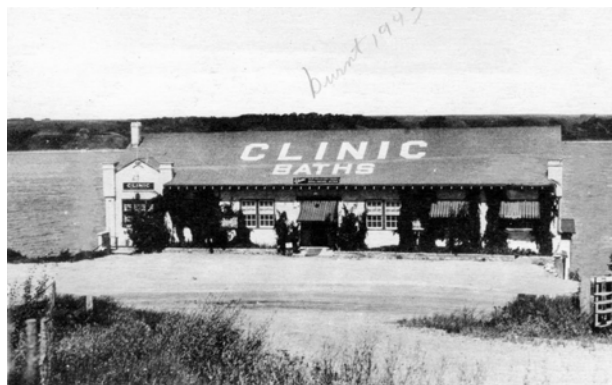


Image credit: Manitou Beach, Health Clinic. (n.d.). Ottawa, ON: Photogelatine Engraving Co.



## **EARLY HEALTHCARE: SASKATCHEWAN**

- In 1906, the Saskatchewan Medical Association was established (Houston, 2002).
- In 1916, Saskatchewan passed the Municipal Hospital Act which allowed for union hospital districts (Health Canada, 2011).
- In 1919, the Municipal Doctor Plan legislation permitted rural municipalities to employ a physician on a salary basis (Houston, 2002).
- In 1946, Swift Current introduced public health with prepaid universal medical care (Houston, 2002).
- In 1947, Saskatchewan created a province-wide, universal hospital care plan (Health Canada, 2011).
- In 1959, Premier T.C. Douglas introduced his prepaid medical-care program (Badgley & Wolfe, 1967).
- In 1962, Saskatchewan was the first province in North America to create universal Medicare (Health Canada, 2011).
- In 1962, Saskatchewan developed medical insurance plan for physicians' services, and in 1962 Saskatchewan doctors went on strike for 23 days (Badgley & Wolfe, 1967).
- In 1968, Saskatchewan developed medical insurance with federal cost sharing (Health Canada, 2011).

## DISCUSSION

- While access to healthcare is often recognized as the primary factor in rural health, health in rural communities is much more complex and multifaceted. Health in Watrous, Saskatchewan has been influenced by various events such as government policies, programs, infrastructure and socio-demographics.
- There are three main benefits to studying health within a historical context (Hackett, 2005):
  - First, it enables us to learn about the impact of health changes on populations in the past.
  - Second, it allows us to better understand the origins of present day health issues, as many are rooted in the past.
  - Third, it provides insight into the nature of the disease process, and the diseases themselves, by employing the past as a laboratory.
- This research is part of a larger study, funded by the Saskatchewan Health Research Foundation (SHRF) where we are collecting information to understand the impact of past interventions such as policies and programs on health outcomes.
- Studying the impact of past interventions, allows us to identify the underlying origins of current health issues. This study will provide a foundation for assessing selected health interventions in Saskatchewan and beyond.

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