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# Coming full circle: a critical review of the historical changes in governance, nutrition and food security of Labrador Inuit between 1500 and 2005

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## ABSTRACT

Labrador Inuit are an Indigenous People from northern Labrador, within the province of Newfoundland and Labrador, Canada. Prior to European contact, Labrador Inuit were self-reliant. However, historical relationships with Christian missionaries, the Government of Newfoundland and Labrador, and the Government of Canada impacted their relationship with food, access to food, and the physical and social health of Labrador Inuit. This review is based on the stages of colonization. It uses a critical dietetics lens to examine the extrinsic causes of nutrition and food security issues that resulted from colonization, and describes the interventions implemented to address them. Moreover, the review shows the resilience and adaptability of Labrador Inuit as they came full circle from self-sufficient Labrador Inuit in the 1500s, to sign the first Inuit land claim agreement in Canada and form the Nunatsiavut Government in 2005.

## KEYWORDS

Labrador Inuit; nutrition; food security; policy; colonization

## Introduction

Control of Indigenous Peoples,<sup>1</sup> their food sources, and lands has been an integral part of the historical colonial relationships between Indigenous Peoples and provincial and federal governments in Canada. The control of Indigenous lands is a specific type of colonialism as the settler “comes with the intention of making a new home on the land” (Tuck and Yang 2012, 5). This colonial relationship impacted Indigenous Peoples’ food systems, their health, their relationship to food, access to food, and disrupted traditional food preparation methods (MacDonald and Steenback 2015; FemNorthNet 2016; Kim 2019; Inuit Tapiriit Kanatami 2017). Colonialism and racism are specific determinants of health for Indigenous Peoples (Czyzewski 2011; King and Gracey 2009). More recently, call to action 18 from *The Truth and Reconciliation Commission of Canada*, “calls upon governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian Government policies” (Truth and Reconciliation Commission of Canada 2015, 2). Recent studies have attributed historical disruptive

nutrition interventions and nutrition-related policies on Indigenous Peoples' health to higher rates of type 2 diabetes and greater inequities among Indigenous Peoples in Canada (Kim 2019; Mosby and Galloway 2017; Wilk, Mabtley and Cooke 2017; Inuit Tapiriit Kanatami 2017). Each Indigenous group in Canada has their own historical relationship with respective governments; these relationships and policies warrant their own examination to understand the past and inform current, and future, nutrition and food security interventions.

Canada has ten provinces and three territories. Within these provinces and territories there are four Inuit land claim areas, collectively known as Inuit Nunangat. The Labrador Inuit<sup>2</sup> land claim area is Nunatsiavut. This land claim area is geographically in northern Labrador, on the mainland of the Province of Newfoundland and Labrador (Pederson 2016). Newfoundland and Labrador was the last province to join the Confederation of Canada in 1949 (Baker 1987). After 30 years of negotiations between the Labrador Inuit Association and federal and provincial governments (Pedersen 2016; Nunatsiavut Government 2006), the Labrador Inuit Land Claims Agreement was signed. It is the first Inuit land claim and self-government agreement in Canada and led to the formation of the Nunatsiavut Government in 2005 (Nunatsiavut Government 2021a, 2021b).

Several historical nutrition studies focused on Newfoundland have included health and political perspectives (Hanrahan 2003; Little 1912, 1917; Cuthbertson 1947; Overton 1998; Strikwerda 2018; Kealy 2006). However, few (Hanrahan 2008; Hutton 1909; Waugh 1928) have focused specifically on Labrador Inuit. This critical historical review traces changes in the governance of Labrador Inuit by missionaries and governments, the evolution of nutrition-related health issues, and the evolution of food security as an issue within Nunatsiavut due to decreased food access and availability, and a lack of stability (Food and Agricultural Organization 2008). Finally, it provides an overview of the resulting nutrition and food security interventions designed to address these identified issues. The time frame for this historical review spans from 1500 until 2005.

## Methods

This review employs a critical dietetics lens that is “grounded in critical theory and proposes broadening the dietetics lens beyond traditional/dominant paradigms” (Gingras et al. 2014, 3). It provides a holistic view of nutrition and brings together diverse political, social, and health perspectives to “examine the world that generates nutrition problems” (Kent 1988, 3). To identify the literature, Scopus, Web of Science, and Google Scholar were searched using the terms “Labrador Inuit and Nutrition,” “Newfoundland and Nutrition History,” and “Labrador Inuit and Moravian Mission.” Several journals were hand-searched including *Newfoundland and Labrador Studies*, *Journal of Moravian Mission*, and *Inuit Studies*. Additionally, the following websites were searched: Memorial University of Archives Initiative, Indigenous Studies Portal Research tool, Newfoundland and Labrador Heritage, Federal Government of Canada, and the Nunatsiavut Government. Primary sources included research studies, historical government reports, and newsletters. Secondary sources that cited primary sources were used when original documents were in another language, or the original document could not be accessed due to physical limitations. In total, 47 documents were identified and included in the analysis. The criteria proposed by Wood (2011) for historical research – provenance, purpose, context, veracity, and

usefulness – were used to evaluate each document. When a document met at least one of the listed criteria, it was included for analysis. To improve data reliability and address any identified research gaps in document sources, two discussions were also held with two individuals from Labrador with extensive lived experience and knowledge of the region and on various aspects of this topic. Also, drafts of this study were reviewed, and feedback was provided by people from Nunatsiavut with historical knowledge of the region, including members of an advisory group for this research project. Both the University of Ottawa and the Nunatsiavut Government Research Advisory Committee granted research ethics approval.

This review is based on the premise that over time, colonialism impacted the nutrition status and food security of Labrador Inuit. Process tracing is “an analytical tool for drawing descriptive and causal inferences from diagnostic pieces of evidence – often understood as a part of a temporal sequence of events or phenomena” (Collier 2011, 824). Process tracing has a start and an end point (Crasnow 2017). For this review, these specific points were adapted from the Royal Commission on Aboriginal Peoples’ four stages of colonization. These stages include: Stage 1: Separate Worlds and first contact (up to 1500); Stage 2: Loss of land and settlement (1500 to 1769); Stage 3: Displacement and Assimilation (1769 to 1969); and Stage 4: Negotiation and Self Governance (1970 onwards) (Government of Canada 1996). The stages and their names have been adapted to reflect changes in governance of the Labrador Inuit. The last stage ended when the Land Claims Agreement was signed, and the Nunatsiavut Government was formed in 2005. Each stage describes the impact of governance on nutrition status and food security of Labrador Inuit and interventions implemented to address these issues.

## **Stages of colonialism and Labrador Inuit**

### ***Stage 1: separate worlds and first contact (up to 1500): first contact between Labrador Inuit and Europeans***

Labrador Inuit are direct descendants of the Thule people who migrated from Alaska (Nunatsiavut Government 2021a; Pedersen 2016) and settled in the area now known as Labrador, around 1450 (Tanner et al. 1994, 17). Labrador Inuit were a sovereign nation that “thrived on their own land” (Proctor 2020, 17). Regular contact between Labrador Inuit and Europeans began in the early sixteenth century when Labrador Inuit traveled from northern Labrador south to the Strait of Belle Isle region to trade materials for hunting instruments (Higgins, Ryan, and Weihs 1994; Prowse 2002). However, after Britain first landed in Newfoundland in 1497 (Prowse 2002) they were determined to claim ownership of the lands on which Labrador Inuit lived. This would prove to be detrimental to Labrador Inuit.

### ***Stage 2: loss of land and settlement (1500 to 1768): Labrador Inuit and the Colony of Newfoundland***

The rich fishing grounds of Newfoundland attracted the British. In 1583, Englishman Sir Humphrey Gilbert laid claim to Newfoundland, establishing the Colony of Newfoundland (Prowse 2002). The Treaty of Paris and Royal Proclamation of 1763

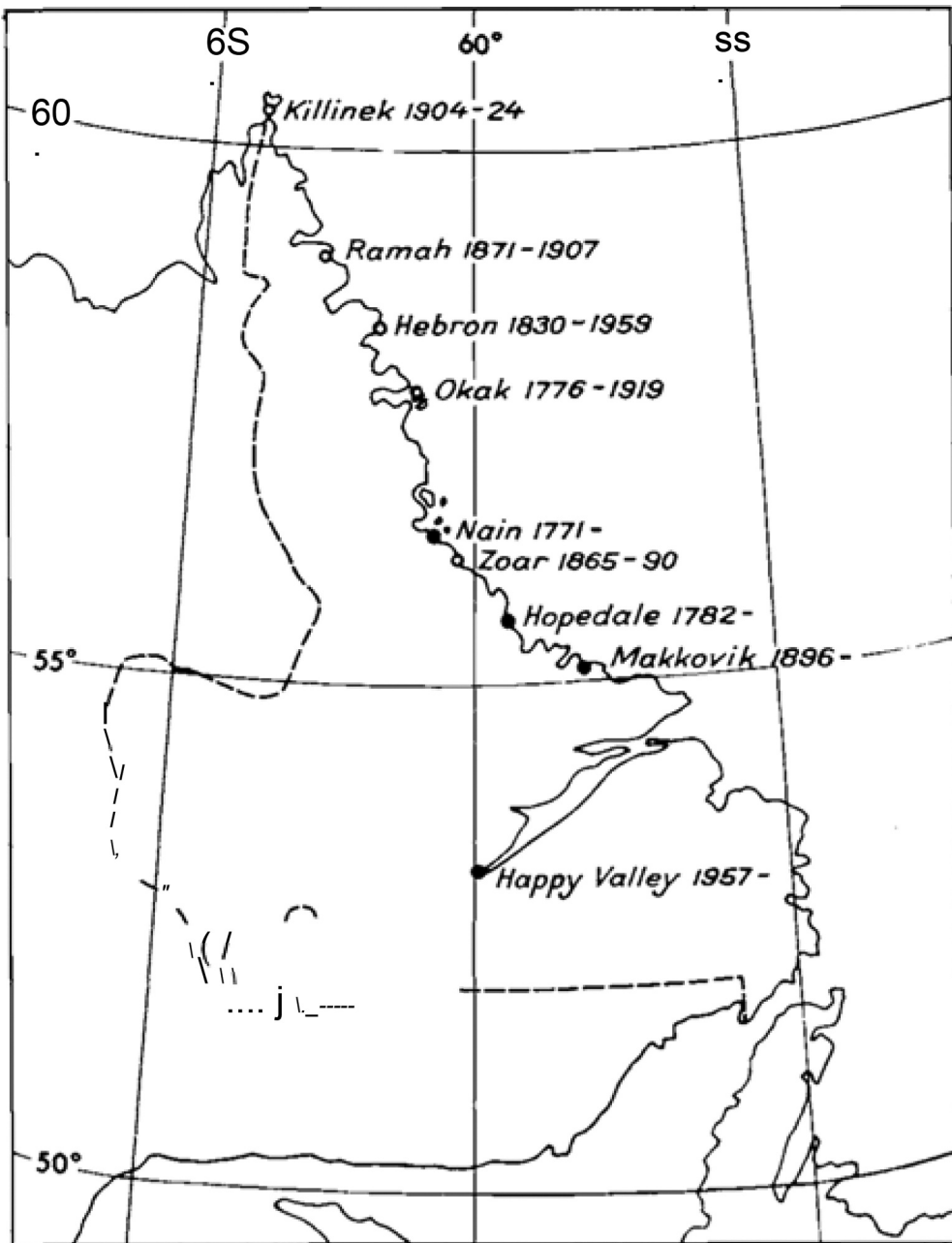
placed Labrador under the authority of the Governor of Newfoundland (Tanner et al. 1994). In 1765, Sir Hugh Palliser was given the task to “localize and contain Inuit as loyal subjects and trading partners in the north while the British ship fishery was being developed in the south of Labrador” (Rollman 2011, 6). Palliser issued an Order for Establishing Communication and Trade with the Esquimaux Savages [sic] on the Coast of Labrador (Gosling 1910) that forbade all attacks against Labrador Inuit. Sir Palliser engaged the Moravian Mission to negotiate an agreement with Labrador Inuit on behalf of the British (Gosling 1910; Williamson 1964; Hillier 2001).

The Moravian Mission was a pre-reformation protestant sect formally known as the Unitas Fratrum. Due to their work with Greenland Inuit, the Moravian Mission spoke Inuktitut and had knowledge of Inuit culture. In 1771, Larsen Christian Drachard interviewed Labrador Inuit (Taylor 1972). Through these interviews, in which a wide range of topics were discussed, he captured one of the earliest records of the Labrador Inuit diet. When asked specifically, “on what do they chiefly subsist?” Drachard translated the Labrador Inuit responses as “they eat part of the whale (chiefly the head). They also eat Seals, Cod, Herring, Salmon, etc. They Eat Deer, Foxes and all sorts of Birds they can kill. They boil their flesh or fish in large kettles of brass, iron, and some of stone” (Palliser 1926 quoted in Taylor 1972, 172). The negotiation between Palliser and the Moravian Mission would prove successful and for their efforts the British granted the Moravian Mission permission to settle in Labrador. This agreement established conditions to fulfill the Moravian Mission’s religious interests and British economic interests, but at an immediate cost to Labrador Inuit.

### ***Stage 3: displacement and assimilation (1769 to 1969): from the Moravian Mission to Canada***

In 1769, the British officially gave the Moravian Mission permission and the land to establish themselves in Labrador. Labrador Inuit did not settle in the first mission settlements established in Nain, Okak, and Hopedale. However, due to food shortages in 1791 caused by European whalers decimating the right whale and bone whale populations (Proctor 2020, 36) and Labrador Inuit converting to Christianity in 1805, more Labrador Inuit were forced to settle near the Moravian Mission. Eventually the Moravian Mission established eight mission stations spanning 100,000 acres that encompassed all of northern Labrador. They included: Nain (established 1771); Okak (established 1776, closed 1919); Hopedale (established 1782); Hebron (established 1830, closed 1959); Zoar (established 1865, closed 1889); Ramah (established 1871, closed 1907); Makkovik (established 1896); and Killinek (established 1904, closed 1923) (Kleivan 1966). These settlements were the sites for religious, social, and economic activity (Proctor 2020; Williamson 1964). Each settlement had a communal dwelling house and church in German architectural style, a trading store, a graveyard, workshops, and sizable vegetable and flower gardens. Figure 1 shows a map of the initial Moravian Mission settlements. Three of these initial Moravian Mission Settlements – Nain, Hopedale, and Makkovik – are communities within the Labrador Inuit Land Claims area.

Perspectives vary on the rationale for the large land mass granted to the Moravian Mission. The Moravian Mission’s perspective stated the large land mass was required to “ensure continued sustenance through traditional Inuit hunting and fishing and prevent



**Figure 1.** Map of eight early Moravian Mission settlements in northern Labrador (Excluding Happy Valley). These sites in northern Labrador listed from north to south include Killinek (1904–1924), Ramah (1871–1907), Hebron (1830–1959), Okak (1776–1919), Nain (1771–Presentday), Zoar (1865–1890), Hopedale (1782–presentday) and Makkovik (1896–Presentday). (Kleiven 1966, 24)

future encroachments by Europeans” (Rollman 2011, 18). Proctor (2020) indicated that this large land mass established a trading monopoly with the Inuit. Due to a 1769 Order in Council, Labrador Inuit could trade with British and French traders in southern and

central Labrador (Rollman 2011, 7). Hanrahan (2003) stated that this extensive settlement area protected the Moravian Mission's interests to indoctrinate Inuit with Christianity and convert the Heathen [sic].

Arendt (2010) and Rollman (2011) suggested that the Moravian Mission tried to ensure the Inuit remained the same except for Christianity. However, the Moravian Mission was conflicted with their need to support the Labrador Inuit way of life and their own religious goals. This included Moravian values that sometimes conflicted with Labrador Inuit values (Hanrahan 2003; Proctor 2020; Williamson 1964; Kleivan 1966). For example, the Moravian Mission did not feel that anything should be given for free, and they valued frugality and saving. This conflicted with Inuit values of sharing food, in which they gave food freely and cared for each other instead of saving (Proctor 2020). In fact, food sharing was a major part of Inuit social strategies that protected relations among various families and protected people during food shortages (Arendt 2010). The Moravian Mission "stipulated that permission to reside on the land grants, for Eskimos [sic] and whites alike, would only be given if the residents obeyed the mission rules of good behaviour" that included abandoning any traditional shamanism practices or new European ways such as alcohol consumption (Williamson 1964, 33). The rules of the mission meant that "eventually Christianity came to mean Europeanization for Inuit" (Arendt 2010, 86) as Christian Inuit eventually lived in single-family homes at the mission, adopted European-style clothes, regularly attended church, and changed their subsistence strategies to provide for the mission.

The Moravian Mission's commercial arm, The Society for Furtherance of the Gospel Among the Heathen (SFG), controlled trade operations that produced profits to cover all expenses for the mission activity in Labrador, Moravian missions abroad, and annual shipping to Labrador. Accordingly, the Moravian Mission did not limit the hunting and trapping practices of Labrador Inuit to prevent total dependence of Labrador Inuit on the Moravian Mission and ensured economic capital for their Mission settlements. Some authors have reported the Mission strived to ensure fair trading practices by offering fair prices and supplying Labrador Inuit with nets, traps, and other equipment (Williamson 1964; Fay 2015). However, this ultimately supported the trade mission which encouraged Labrador Inuit to catch and fish more than they needed to support themselves. The trade mission was initially based on seal skins, fox furs, char, and salmon. Later, the Moravian Mission encouraged cod fishing, which was not indigenous to Labrador Inuit. A 1905 published record showed fisheries comprised 84% of total trade exports, of which cod and cod oil accounted for 45%; seal products were 28%, and char 11% (Browne 1909 cited in Williamson 1964, 33). Perspectives vary on reasons for the increase in cod fishing by Labrador Inuit. Kleivan (1966) stated that cod provided more of a profit because of the good economic return. Proctor (2020) stated the Moravian settlements did not want Labrador Inuit to have contact with non-Moravians (when Labrador Inuit fished for cod, they remained near the Mission settlements). Irrespective of the rationale, changes in hunting and fishing patterns affected Labrador Inuit's spiritual relationship to animals, food, and each other. Prior to contact with Moravians and entering the trade, Labrador Inuit practiced traditional means of subsistence that was purposeful and respectful maintenance of relationship or interaction with the environment. Labrador Inuit also had social and spiritual relationships with their land and animals, and a belief that "their souls and livelihoods were strong and bound together" (Arendt 2010, 84), especially



caribou and seal. When animals were hunted, the food was shared, and feasts were held. New technologies, such as guns and nets, and the changed hunting and fishing strategies, altered the spiritual connection between Labrador Inuit and their environment as they hunted and fished for profit versus their own subsistence strategies and maintaining spiritual relationships (Arendt 2010).

Changed hunting and fishing practices were not the only impacts on food for Labrador Inuit. As Labrador Inuit had increased access to European goods on the north coast, they became further entrenched in the Moravian economic system. Historical records show Labrador Inuit dependence on European goods reached a point where it increased Moravian demands for imports (Arendt 2010). Labrador Inuit became dependent upon and indebted to the Moravian Missionaries. Hanrahan (2003, 227) stated this changed “Inuit economic – and ultimately social and cultural – life.” Also contributing to the change was the schools<sup>3</sup> they established, even though they taught in Inuktitut. Finally, medical services were established to respond primarily to the high rates of infectious diseases and childhood mortality among Labrador Inuit. However, the Moravian Missionary physicians also focused on the newly emerging nutrition science and the impact of dietary intake on health.

Dr. Samuel King Hutton, a physician with the Moravian Mission in Okak, provided a comprehensive overview of his observations on the Labrador Inuit diet, and its link to overall health and prevalent diseases of the day. In his 1909 medical thesis, *A Thesis on the Health and Diseases of the Eskimos* [sic] Hutton stated food was one of the influences which mold the Eskimo [sic] (Hutton 1909). He described the importance of seal meat and reindeer (caribou) meat in the Labrador diet. He also noted Labrador Inuit ate fish in the warmer times of the year, however it was not salted, and salt was “practically an unknown article of the diet” (Hutton 1909, 10). He described the Labrador Inuit diet as “mainly flesh and fish to the exclusion of vegetable stuffs. The principal foods are in season at regular times. Seal’s flesh is fresh in the autumn and after the ice breaks and stored for the winter; reindeer (caribou) meat in the early spring and dried for the later spring; trout and codfish are in the summer” (Hutton 1909, 10).

Dr. Hutton attributed the risk of tuberculosis to the new European-influenced diet, suggesting that “as long as they keep to their native [sic] foods, they are less liable to be attacked than if they adopt a debilitating diet of bread and tea after the settlers” (Hutton 1909, 22). He also linked diet to the incidence of childhood mortality, stating that the greatest mortality occurs “where the Eskimos [sic] are most altered in their habits from the primitive habits of life, especially food” (Hutton 1909, 42).

In his thesis, Dr. Hutton stated the “Eskimo [sic] race is slowly dying out” (Hutton 1909, 46) because of disease and child mortality. He provided four additional factors that would contribute to the future demise of the Labrador Inuit. Food was integral to two of these factors: Europeanization and Concentration. He cited “Europeanization, especially in the matter of foods, is a detrimental influence of great importance” (Hutton 1909, 47). He observed that “the European food and clothing were being substituted for more healthy articles” (Hutton 1909, 47) and this was not serving Labrador Inuit well. Concentration of settlements could lead “to greater competition in obtaining a native food supply, and the danger of epidemic disease is largely increased” (Hutton 1909, 47). Dr. Hutton’s observations, and the actions of the Moravian Mission writ large, showed tension between medical advice and actions of the Moravian Mission. For example, other



Moravian Mission reports praised Labrador Inuit for adopting European clothes and cleaning methods (Proctor 2020). As stated previously, the Moravian Mission encouraged Labrador Inuit to settle and support the church at the cost of supporting themselves and their community.

Dr. Hutton observed that Labrador Inuit settled in northern Labrador did not have the same prevalence of dietary deficiency diseases, namely beriberi (deficiency of thiamine commonly known as vitamin B1) and scurvy (deficiency of vitamin C), that were more prevalent among Labrador Inuit who lived among the settlers in southern Labrador, and in the northern Newfoundland population. He fully attributed this difference to their diet: “the tribe in the far north who get very few berries or other vegetable food, but who have seals all year long are free from scurvy” but that “the Eskimos [sic] living among those settlers had adopted the settler diet, which resulted in scurvy and a less robust physique” (Hutton 1909, 17). From 1904–1905, Dr. Hutton observed the appearance of kallak, a pustular skin disease. This was uncommon, which he attributed to a seasonal and unusual occurrence of a berry shortage because mice and lemmings ate the shoots and berries could not grow (Hutton 1909, 16). These observations showed the protective effects for some diseases of the Labrador Inuit diet.

In 1892 Sir Wilfred Grenfell, a British medical doctor with the Royal National Mission to the Deep Sea Fishermen, arrived from England to provide medical services in southern Labrador and northern Newfoundland. He expanded services to include those similar to the Moravian Mission (e.g., health, education, co-operative stores). Eventually, he formed the International Grenfell Association in 1914 (Higgins 2008). Dr. Grenfell and his accompanying physicians had a keen interest in nutrition; they observed the first occurrences of nutrient deficiencies in northern Newfoundland. These physicians completed early observational studies on the causes of nutrient deficiencies and implemented interventions to remedy these deficiencies.

From 1912 to 1930, researchers considered Newfoundland “a laboratory for scientists and medical doctors because of its isolation, homogenous settler population, and reputation for poverty” (Kealy 2006, 178). In 1912, Dr. Little, a physician who worked with Dr. Grenfell, published the first study in Newfoundland linking the prevalence of beriberi with consumption of white flour. He suspected two causes of beriberi – people’s preference for white bread over thiamine-rich whole wheat bread – and poverty, noting that “folks here live from hand to mouth” (Little 1912, 123). To remedy the issue, Dr. Little emphasized the importance of education and encouraged the consumption of whole wheat flour (Little 1912).

In 1917, Dr. Little published an observational study on the Labrador Inuit diet and nutrient deficiencies. He noted Labrador Inuit were meat eaters, meaning caribou, seal, fish, and birds. He also stated they consumed berries when in season and when they were frozen. For carbohydrates, “when civilised food is not available, they depend for carbohydrates upon those already transformed and in the stomach contents and blood when civilised food is not available” (Little 1917, 642). He reiterated Hutton’s earliest observation of kallak and stated that Labrador Inuit’s susceptibility to scurvy was diet-related as it occurred when “they have been living almost exclusively on a fish diet and especially after a failure of the berry crops” and that the condition was “not peculiar to Eskimos [sic] but to their conditions of living (Little 1917, 643).

The year 1926 marked a change for Labrador Inuit and their relationship with the Moravian Mission. Leading up to this time, cod prices decreased in value. The Moravian Mission could not support themselves and Labrador Inuit debts to the Moravian Mission increased (Kleivan 1966). The Moravian Mission maintained their settlements; however, they leased their trading rights to the Hudson's Bay Company for 21 years (Kleivan 1966; Junker 2019). This change had serious consequences for Labrador Inuit, as noted when E.P. Wheeler stated: "The Hudson's Bay Company simply meant disaster to the Eskimo [sic]" (quoted in Kleivan 1966, 134). Labrador Inuit now trapped for the Hudson's Bay Company. The primary interest was profit and changes were made to ensure this occurred. The changes included not supplying Labrador Inuit with equipment (e.g., fishing nets); they maintained tight credit control; they bought fish and furs from Labrador Inuit at low prices (Taylor 2012); and placed much more emphasis on furs (Kleivan 1966). They also charged a full price on all goods, instead of discounting everything but luxury goods (Junker 2019). Due to these changes, poverty among Labrador Inuit increased and there was an increased reliance on relief payments. However, there were issues with relief payments as well.

The Hudson's Bay Company administered relief payments to Labrador Inuit (Taylor 2012; Kleivan 1966; Junker 2019) to replace the "poor's fund" established by the Moravian Mission to distribute to the needy. The Hudson's Bay Company was reimbursed by the Newfoundland Government for these expenses (Tanner et al. 1994) but it did not distribute these payments fairly, rewarding only Inuit they considered good investments, i.e., those that brought in the most trade goods (Kleivan 1966; Junker 2019). Labrador Inuit could not purchase goods they needed to survive in their current agreements with the Hudson's Bay Company. They relied on sharing practices and "several times some of the families have been without food of any kind in the house and had to rely on the generosity of others for their meals" (Periodical Accounts 1939, quoted in Kleivan 1966, 66).

The diet changes and increased poverty impacted the physical health of Labrador Inuit. In 1928, Dr. Waugh, a dentist with the Grenfell Mission, observed that dental health was worsening with each generation, as each Inuk under the age of 12 had periodontal disease. Dr. Waugh also noticed a difference in dental health based on location, specifically, Labrador Inuit further north within the settlements had better dental health than settlements further south within the northern Labrador settlements. He attributed these observations to diet changes as the current diet was mostly carbohydrates and protein, with decreased fat content (Waugh 1928). Dr. Aykroyd (1930) completed a study on beriberi in Newfoundland two years later: using food supplies for four families in Labrador who did not have beriberi, he compared the diets between Newfoundland and the coast of Labrador. He surmised that "although beriberi is comparatively rare on the Labrador coasts, the very high infant mortality, the unhealthy, apathetic appearance of children and adults, and the prevalence of severe dental caries, suggests both qualitative and quantitative defects in the local dietary" (Aykroyd 1930, 365).

From 1933 to 1949, Newfoundland underwent a period of political change that affected Labrador Inuit. Newfoundland was economically destitute in the early 1930s because of the great depression that decreased cod prices, increased debt from building

a Newfoundland railway, and supporting World War I. Britain accepted financial responsibility for the Dominion of Newfoundland and passed the Newfoundland Act in 1933; Newfoundland gave up their independent government and was governed by a London-appointed commission (Newfoundland Royal Commission Report 1933). Britain charged the Newfoundland Royal Commission with making recommendations for the future of Newfoundland, which included Labrador. These recommendations are commonly known as the Amulree Report.

One of the Amulree Report recommendations was to strengthen the public health and welfare system. The Newfoundland Government provided public relief payments to those in need, often referred to as a relief recipient. The Newfoundland Government did not give money to the relief recipients due to low funds and they were “afraid that people would become too comfortable and stop trying to find work elsewhere” (Higgins 2007, 7). Instead, relief recipients received food rations that included a maximum of \$1.80 per month for each person, which is estimated to be \$34.58 in 2020 Canadian currency. The amount of food was approximately 50% of required energy requirements to keep a person alive (Higgins 2007). The rations included tea, flour, pork, and molasses. In 1934, the Commission of Government introduced brown bread into relief diets. The Newfoundland population did not accept this intervention as they interpreted brown bread as a symbol of poverty and failure. Moreover, the brown bread was not palatable as poor storage methods created a rancid taste and occasionally the brown bread had insects (Strikwerda 2018; Overton 1998).

In 1934, the Hudson’s Bay Company stopped providing relief to Labrador Inuit. Instead, the Newfoundland Government brought in the Newfoundland Rangers, the police force of Newfoundland, to fulfill this task as part of their responsibilities for public health and welfare departments (Kleivan 1966; Taylor 2012; Tanner et al. 1994). In 1942, the Newfoundland Government Department of Natural Resources created a Northern Labrador Trading Operation and took control of the stores. The Newfoundland Government focused on a diversified economy and the store included both retail and trading operations. Due to the changes in ownership of trade operations, now Labrador Inuit took part in more of a cash versus trade economy (Kleivan 1966; Tanner et al. 1994) and they sought other sources of employment. Both the American and Canadian Governments developed infrastructure to support World War II along the coast of Labrador and in Goose Bay. Labrador Inuit moved within coastal Labrador to support the sub-arctic radar sites along the Pine Tree Line and to the international air force base in Goose Bay (Tanner et al. 1994). Shortly after, the International Grenfell Mission assumed responsibility for all health services from the Moravian Mission. By the mid-1940s, the Moravian Mission only provided religious and education services in northern Labrador.

Meanwhile, Newfoundland was still considering its future and nutrition remained at the forefront of these discussions. A 1945 study documented widespread malnutrition among the Newfoundland population (Adamson et al. 1945); the study findings showed low body weights and nutritional deficiencies such as lower levels of vitamin A, riboflavin, ascorbic acid, and thiamine. The authors stated that “the Government of Newfoundland has been acutely conscious of the high incidence of disease and of faults in the diet of the country. It has been handicapped, however, in attempts to remedy the situation by a large proportion of the able-bodied population being entirely engaged in

fishing, the poor fertility of the land, the poverty of many of the people, the remoteness of a large part of the population, and lack of adequate means of transportation” (Adamson et al. 1945, 4). In 1947, Dr. Cuthbertson synthesized previous studies completed in Newfoundland and prepared *A Report on Nutrition in Newfoundland*. This in-depth report summarized malnutrition incidence, background conditions affecting health and nutrition, food consumption levels, and provided recommendations for improving Newfoundland consumption levels and their conditions. The report did not include any information on Labrador, and specifically Labrador Inuit. Rather, located at the end of the document is an overview of Labrador Inuit’s dietary intake and issues impacted by diet. Rev. F.W. Peacock, who was with the Moravian Mission, provided an overview of Labrador Inuit diets by season during conversations with Dr. Cuthbertson (Cuthbertson 1947). While this information lacked scientific rigor, it highlighted differences among the Newfoundland population and Labrador Inuit living near or in the Moravian Mission settlements.

Rev. F.W. Peacock stated: “In winter seals, caribou, arctic hare, black and polar bear, porpoise, fish and ptarmigan were consumed. In the spring, the willow buds, small shore-growing sedum is introduced and seaweed. In summer, a large number of birds and fish and berries such as blueberries, partridge berries, and bakeapples were consumed. Flour and vegetables were consumed by those who lived near the settlements. The vegetables grown by the mission settlement included potatoes, spinach, turnips, lettuce, kohl-rabi, radish, carrots, rhubarb, kale, and onions” (Cuthbertson 1947, 75). He also noted white flour was much more common. Labrador Inuit did not have brown bread until the Newfoundland Government provided relief. He stated: “The Eskimo [sic] does not like brown flour even though there is not a tendency to regard it as a form of dole as is alleged to be the situation in Newfoundland when anyone attempts to introduce higher extraction flour. The Eskimo [sic] apparently became used to white flour before brown flour appeared on the scene. The latter is apparently regarded as dog’s food” (Cuthbertson 1947, 75–76). The recommendation for Labrador Inuit was the following: “It would appear as long as the Eskimo [sic] can have free access to his normal foodstuffs, there is little likelihood of dietary deficiency diseases arising. It is when he is cut off from his usual supplies and has to live on a poor man’s dietary that deficiency states arise. It is obvious that with increasing contacts with civilization, steps will require to be taken to ensure that the diet of the natives is adequate in all essential constituents. In this part of the world there is also a great need for better houses” (Cuthbertson 1947, 77).

In addition to synthesizing the current evidence of the day, Cuthbertson’s report provided recommendations to improve the nutrition status of the Newfoundland population. These recommendations included breastfeeding, vitamin A and D enrichment of margarine, increased cod liver consumption especially for children, women, and pregnant women, restocking of moose and caribou populations, increased egg production, and increased consumption of vitamin C and calcium, specifically from milk, growing sufficient quantities of potatoes, cabbages, etc., and ceasing the export of local vitamin C fruits such as bakeapples. Finally, the report recommended examining the relationship between cost of food and nutritional value. Specifically, it stated: “On the present scale it is almost certain that deficiency disease will result eventually if no other food is available, and it may be to supplement the basic scale of relief with an additional \$7.50, the usual sickness rate” (Cuthbertson 1947, 35). The report results prompted the Newfoundland

Government to implement nutritional interventions in Newfoundland. These interventions included fortifying foods, specifically margarine, with vitamin A and D, and white flour with B vitamins; distributing higher nutrient foods and supplements, such as milk and cod liver oil, to high-risk groups in schools; and providing free orange juice to babies and nursing mothers (Kealy 2006; Ommer 2007). As the Government of Newfoundland supplied food to Labrador, we assume that food fortification was available to Labrador Inuit.

## Newfoundland joins Canada

In 1949, Newfoundland and Labrador joined Canada. The 1948 Terms of Union of Newfoundland with Canada did not contain any reference to Indigenous Peoples (Tanner et al. 1994). The Government of Newfoundland retained control of Indigenous Peoples (Tanner 1998) and they stated that under provincial control Indigenous Peoples would have certain rights such as voting and would be treated like ordinary citizens of the province, including given access to social policies provided as a part of joining Canada (Tanner 1998). A report by Tanner et al. (1994) offered another explanation as it suggested retaining control ensured the Newfoundland Government, and not Indigenous Peoples, received additional funds from the federal government to provide services to Indigenous Peoples. As a result of this decision, the federal government transferred fewer funds than for other Indigenous Peoples in Canada as they were not directly responsible for the health and well-being of Indigenous Peoples in Newfoundland. It also impacted the scope of services delivered as Indigenous Peoples had few specific laws, programs, and policies directed at them because they did not have separate legal categories in the Province of Newfoundland (Grammond 2014). Instead, at the beginning, the provincial and federal governments divided responsibility for services for Indigenous Peoples through various agreements.

In 1954, the Government of Canada and the Government of Newfoundland put the first Federal-Provincial Native People's funding agreement into place (Tanner et al. 1994; Newfoundland and Labrador Heritage 2009). These agreements were later updated in 1965, 1970, and 1976, and changed scope in 1981.

After the 1954 agreement was signed, health service remained constant as the International Grenfell Association continued to provide health services. However, Labrador Inuit now received payments for welfare and family allowance benefits similar to the rest of Canada. However, schools in northern Labrador felt the immediate impact as the provincial and federal governments instituted a new joint education policy for Labrador Inuit (Molema 2017). This school curriculum changed as the intent of the federal government schools was to standardize Labrador school curricula to Canadian standards (Rowe 1964).

The Moravian Mission established two boarding schools in northern Labrador, one in Makkovik (1914 to 1955) and the other in Nain (1929 to 1972). The International Grenfell Association established three schools and one orphanage: the Lockwood school in Cartwright (1920 to 1964), Labrador, Yale school in Northwest River, Labrador (1926 to 1980), and the St. Anthony Orphanage and boarding school (1906 to 1969). After the 1954 agreement, the five schools received partial funding from the federal government and were overseen by the provincial government (Government of

Canada 2019; Procter 2020). The Moravian Church and the International Grenfell Association maintained control of the dormitories within the residential schools (Procter 2020). School attendance was mandatory, and the Government of Newfoundland withheld family allowances from parents when children were not enrolled for an entire year. Parents did not have the choice for children to attend school at home, especially if they wanted their children to attend high school. The Yale school in Northwest River was important for advancing education, as many children attended high school where no high school was available in coastal communities. It closed in 1980 (Government of Canada 2019; Procter 2020).

On September 28, 2016, the Government of Canada officially recognized attendees of these schools as residential school survivors (Government of Canada 2019). Residential school survivors had negative experiences and experienced abuse, racism, and were punished for speaking their own language (Molema 2017; Procter 2020). Also, “One middle-aged woman noted, there was favouritism for some people, and there was really strict, even abusive, behaviours to some kids.” “One Inuk elder philosophized that for the school administrators, “it [was] easier to work with . . . those who look more white than brown” and that fairer-skinned students were able to “learn a trade or be given the support to higher your education or to work through the system much more smoothly than others who are looked at as different.” (Molema 2017, 144).

Food was an integral part of the residential school experience: food costs were a substantial part of the school budgets, meal amounts were documented, and leftovers were used as a basis for the next meal to save costs. Many students did not like the food because they were not used to it and they had to eat on a schedule (Procter 2020; Truth and Reconciliation Commission of Canada 2015). Moreover, staff used food as punishment by either withholding food or force-feeding. Attendees reported both hunger when food was withheld or force-feeding to the point where “food was shoved down their throat until they threw up” (Truth and Reconciliation Commission of Canada 2015, 185). In addition to the negative experiences with food, Labrador Inuit were not physically close to their families resulting in a loss of their traditional food preparation skills that were usually passed on by family members. One attendee stated that residential schools interfered with a traditional education provided by her mom, in which the participant was taught “how to be an Inuk woman, and how to clean seal skins, and that kind of thing” (Truth and Reconciliation Commission of Canada 2015, 182). The intent of the Government of Canada’s residential school policy, which was to assimilate Indigenous children, represents part of a broader colonial history that “disrupted intergenerationally transmitted knowledge of the land and resource harvesting, alienating Inuit from the lifeways that had previously granted a measure of self-sufficiency, and fostering relations of dependency” (Molema 2017, 142–143).

After Newfoundland joined Canada, the economic conditions of the province and health status of the Newfoundland population improved. Nutrition education and school health programs remained; however, most government supplementation programs were discontinued. Exceptions included enriched flour and margarine, and adding vitamin C to evaporated milk, in response to the discovery of infantile scurvy (Kealy 2006). This improvement in the Newfoundland population was a stark contrast to the experiences of Labrador Inuit who had continued to experience residential schools, forced relocation within Labrador and remained caught between federal and provincial jurisdictions.



#### ***Stage 4: negotiation and self governance (1970 onwards): the journey toward self-determination***

In 1971, the Bureau of Nutritional Sciences, with the Government of Canada (Bureau of Nutritional Sciences 1975) completed a National Nutrition Survey. The Newfoundland results showed slightly lower intakes in certain nutrients but overnutrition for others and excess consumption by the Newfoundland population. The survey included one metropolitan site, five urban sites and four rural sites; the survey did not include any Labrador communities and no Labrador Inuit. The survey results showed a marked change from the nutrient deficiencies noted in the Newfoundland population previously, which was attributed to a combination of the interventions and improved economic situation for the Province of Newfoundland.

Politically, for Labrador Inuit, the early to mid-1970s was a time of organizing and advocacy. In 1973, Indigenous Peoples in Newfoundland and Labrador formed two organizations: the Native Association of Newfoundland and Labrador and the Labrador Inuit Association (Tanner 1998; Heritage Newfoundland and Labrador 2008). In addition, the provincial government studied Labrador issues. In 1974, the Newfoundland Government Royal Commission on Labrador published a multi-volume report on services to Labrador. This report spanned six volumes and had 288 recommendations on a wide variety of topics ranging from health to economic development. The Commission report noted the cost of living and specifically food was higher for Labrador compared to St. John's, Newfoundland. Based on Labrador residents' concerns about the cost of living, The Commission contracted a separate independent study on the cost of living in Labrador. The Consumer Price Index was used to measure the cost of living, and the contractor adapted the Statistics Canada consumer basket to create a "Labrador Basket," which had materials more relevant to living in Labrador. Adaptations included cost for items such as heavier clothes and excluded items such as restaurant meals.

The study used the largest city in Newfoundland, St. John's, as a comparison base for eight communities in Labrador, only one of which, Makkovik, was on the northern Labrador coast. Results showed the average cost of living in Labrador was approximately 10–11% higher compared to St. John's. Food costs in Labrador were 4–8% higher than in St. John's but varied by community. In Happy Valley-Goose Bay (central Labrador), food costs were 16% higher and in Makkovik (northern Labrador) they were 7% higher than St. John's. They attributed the lower food group index for Makkovik to the Labrador Services Division store in the community that was the responsibility of the provincial government (Snowden et al. 1974a). The report also reviewed social assistance rates and stated they were not adequate to meet the cost of living in Labrador; the authors recommended that "the Province provide people a higher rate of social assistance to recipients, in recognition of the higher expenditures on food and clothing only, and that this increase should be 10%, which is approximately the average additional expenditure between St. John's and Labrador" (Snowden et al. 1974b, 1,350). The authors also suggested supporting a seal hunting program with specific equipment and exploring agriculture for Labrador. Finally, the report provided recommendations to improve the current federal and provincial government agreements (Snowden et al. 1974b).

In 1977, the Labrador Inuit Association and Labrador Innu Association commissioned their own report titled *Report to the Naskapi-Montagnais Innu Association and the Labrador Inuit Association regarding the Health Care Delivery System in Labrador*. The authors identified several health issues and requested immediate attention to medical problems including nutrition and dental health, drug abuse, and respiratory and middle ear disease known to exist on the Labrador coast. They also stated the health care system was inadequate and suggested extending the Federal Government's community health representative program to Labrador, establishing nursing stations in two communities, Postville and Rigolet (Labrador Inuit Association 1977). Two of these recommendations were implemented as two nursing stations and the community health representative program was established. It is difficult to ascertain if specific services were increased as there was no follow-up report on the recommendations.

Dr. Alton-Mackey and colleagues from Memorial University of Newfoundland completed the next nutrition studies inclusive of Labrador Inuit in 1980–1981. These studies were completed in six coastal Labrador communities and included three Inuit communities, Rigolet, Nain, and Makkovik. These individual community results were combined to form *The Country Food<sup>4</sup> Use in Selected Labrador Coastal Communities: A Comparative Report*. These studies were prompted by unpublished reports that showed an increase in childhood obesity, dental caries, and decline in breastfeeding. Additionally, health professionals observed diet changes such as increased nutrient-poor snack foods and carbonated drinks. Moreover, there was no food costing data for northern Labrador and the Department of Health only included two southern Labrador communities in their provincial costing of a basic diet. While the food costs for Labrador were estimated to be 15% higher than Newfoundland, this was not verified as there was no data (Alton-mackey 1984).

The study's objectives were to describe the food supply of country and imported food available to coastal communities and nutrients available to the residents of Nain, Makkovik, and Rigolet by season. Alton-Mackey's results quantified the intake of country foods by species. Overall, country foods remained an important part of the Labrador Inuit diet, namely the consumption of cod (except for Rigolet) and caribou. The study results showed the high cost of food and low levels of total income as wages (32%) for the communities studied; these factors affected participant's ability to consume a healthy diet (Alton-mackey 1984).

In response to the study results, a research team from Memorial University in Newfoundland delivered a nutrition education project, titled *The Birthing of Nutrition Education in Labrador* (Alton-Mackey and Boles, n.d.). This project sought to reinforce the importance of Labrador Inuit traditional diets and complement these foods with store-bought foods to residents of northern Labrador. The project focused on food and nutrition education, and trained community field workers working in Innu and Inuit communities. The training included in-person sessions focused on food preparation methods and education materials on healthy eating choices such as canning guides and video tapes in Inuktitut (Alton-Mackey and Boles 1982).

In 1981, the International Grenfell Association handed over all its nursing stations, hospitals, equipment, and other medical resources to the provincial government, specifically the Grenfell Regional Health Board, for a fee of one dollar (Higgins 2008). Shortly after, the Government of Canada and the Government of Newfoundland entered into

*The Canada/Newfoundland/Native People of Labrador Health Agreement 1984–85*, which provided funding for programs intended to improve the physical, mental, and social well-being of Labrador Inuit and Innu (Locke and Townley 1995). In 1985, the Labrador Inuit Association (LIA) developed a separate health agency, the Labrador Inuit Health Commission (LIHC), which had public health nurses and delivered programs such as maternal and child health, infectious disease control, school health assessment, environment health surveillance, and home care; these services were in addition to community health aides (Tanner et al. 1994). The provincial government remained responsible for delivering primary and acute care services.

Further research was completed in 1994 by Zammit, Torres, Johnson, and Hans (1994) on the dental health of Labrador Inuit. This study showed that only 3% of the population were caries-free. They attributed this low rate to the acculturation and dietary habits that included eating foods and drinks high in refined cariogenic carbohydrates. The researchers suggested that Labrador Inuit needed to improve dietary intake and have preventative dental care services (Zammit, Torres, Johnson, and Hans 1994). These results were consistent with the study completed by Dr. Waugh (Waugh 1928) 66 years earlier regarding dietary intake.

In 1989 the Government of Canada and the Government of Newfoundland and Labrador established a contribution agreement for the benefit of Inuit communities that spanned from 1989 until 1994. This agreement provided funding for adult and teacher programs, curriculum development, operating government stores, and water and sewer projects. The contribution agreement was overseen by a separate agency of the provincial government (Tanner et al. 1994). This agreement impacted food security due to the stores' operations. The provincial government continued to fund the stores' operation, albeit with no financial return. A 1995 report showed the provincial government had a \$876,748 deficit while operating stores in Labrador Inuit communities from 1989–90 (Locke and Townley 1995). Later, the Newfoundland Government sold these stores to independent retailers.

It was during the late 1990s that policies and programs specific to improving nutrition and improving food security were enacted by the provincial and federal governments in Canada. In 1997, the Newfoundland Government started the Air Foodlift Subsidy program to ensure that coastal Labrador received nutrition and perishable food items during the winter months. This program started after the marine shipping season stopped in the fall (Government of Newfoundland and Labrador 2006). The provincial health board for the Labrador region, the Health Labrador Corporation, provided community-based nutrition services to the northern Labrador Coast for three years, from 1997 to 1999. After 2000, they provided community dietitian services on an as-requested basis (as mentioned in a conversation on June 12, 2020).

Concurrently, the federal government provided funding to Labrador Inuit for policies and programs that focused on nutrition and food security. There were four programs: 1) The Food Mail program covered part of the transportation costs incurred for shipping nutritious, perishable food, and other essential items to isolated northern communities that are not accessible year-round by road, rail or marine service (Indian and Northern Affairs 2009); 2) The Canada Prenatal Nutrition program focused on services for the prenatal period and first year after birth (Government of Canada 2020); 3) The Aboriginal Diabetes Initiative focused on community-based activities to prevent and

manage diabetes (Government of Canada 2013); and 4) The Aboriginal Head Start program provided funding for a head start program in Hopedale (Government of Canada 2017). These programs remained in effect until 2005 when Labrador Inuit officially signed the Land Claims Agreement and formed the Nunatsiavut Government (Nunatsiavut, n.d.). This agreement meant that Labrador Inuit were given back control of some health services, their lands, and associated economic development activities. Perhaps, not coincidentally, 2005 was also the last year of a Moravian Mission presence in Labrador as the last Moravian Missionary left Hopedale (Canadian Broadcasting Corporation 2005).

## Discussion

Labrador Inuit have experienced change since first contact with Europeans. While social change may be inevitable, as Drucker (1958, 153) stated: “What matters, of course, is with whom the contact is, under what circumstances, and with what result.” Hanrahan (2008) used a social lens to discuss these changes in nutrition for Labrador Inuit. This review employed a critical dietetics lens that illustrated change was forced upon Labrador Inuit through their interactions with various government actors, religious missionaries, and private industries. Each of these groups pursued their own political, economic or religious interests, while striving to control and assimilate Labrador Inuit. These tenets of colonization (MacDonald and Steenbeek 2015) were enacted in various forms and impacted the physical and social health and well-being of Labrador Inuit.

Settler colonialism started in the second stage of colonization (1500 to 1768) and was fully implemented in the third stage of colonization (1769 to 1969). Settler colonialism is not an event but a structure as “land is made into property and human relationships to land are restricted to the owner and their property” (Wolfe 1999 in Tuck and Yang 2012, 5). This occurred when the Moravian Mission created their settlements and the Newfoundland Government and International Grenfell Mission decided where and how Labrador Inuit lived. As the Moravian Mission and the Hudson’s Bay Company forced Labrador Inuit to settle and support the Moravian Mission, they were forced to change their hunting and gathering practices to trade with the Moravian Mission and the Hudson’s Bay Company. When Labrador Inuit were settled and started trading, they became indebted to both the Moravian Mission and Hudson’s Bay Company. Both these actions are now known as settler-colonialism’s economic monopoly and control. These changes continued when Labrador Inuit moved to seek employment and fully transitioned to a cash-based economy. This time period (1769 to 1969) signified the beginning of nutrition and food security as population health issues for Labrador Inuit due to forced changes in settlement and participation in a trade and eventually cash economy. The origins of population health are rooted in the debate between economic growth and the impact on human health for those supporting economic development (Szerter 2003). As Labrador Inuit traded with and supported the economic pursuits of the Moravian Mission and the Hudson’s Bay Company, store foods became a larger part of their diet and their spiritual relationship to the land and their food was forever altered. Historically, the relationship to the land and their food is an expression of

Labrador Inuit culture; for Labrador Inuit, these changes did not immediately produce physical changes, but created social change and social distress (Kaplan and Woollett 2000).

During the third (1769 to 1969) and fourth (1970 to 2005) stages of colonization, due to changes enacted by the Hudson's Bay Company and the Province of Newfoundland, and changes in the economy, Labrador Inuit became more dependent on government relief. Burnett, Hay, and Chambers (2016) in their review of historical Arctic policies also note the same observations for Inuit in the Arctic due to colonization. This forced reliance is another specific form of colonialism, specifically welfare colonialism as Paine (1977, 3) stated that these policies and interventions "created conditions for poverty, reduced self-reliance, created more reliance on market foods than traditional knowledge." Furthermore, education policies in place by the Newfoundland Government required children to attend school outside of their communities. This forced attendance contributed to a loss of traditional food preparation skills and further dependence on market foods.

The Moravian Mission and Government of Newfoundland excluded Labrador Inuit from both early political processes and health research. Only two early nutrition studies focused on Labrador Inuit; one thesis completed by a Moravian physician (Hutton 1909) and one study focused on Labrador Inuit living on the Moravian mission settlements (Little 1917). Others provided insight into Labrador Inuit diets as in the case when the Moravian Mission representatives spoke on behalf of Labrador Inuit and provided reports of Labrador Inuit diets rather than directly engaging with Labrador Inuit. The results of this review suggest several reasons for the lack of research on Labrador Inuit: initially Labrador Inuit were not experiencing any of the early deficiencies observed in Newfoundland, a lack of research capacity of the Moravian Mission as there was only one physician, research interests for Labrador Inuit were not prioritized by the International Grenfell Mission, and later a lack of clarity around roles and responsibilities between federal and provincial governments. Labrador Inuit were also excluded from early political processes including negotiations between the British and the Moravian Mission in the 1700s, jurisdictional discussions when Newfoundland joined Canada in the 1940s, and resettlement of their communities in the late 1960s. Additionally, Labrador Inuit were excluded from discussions on health and education services provided to them until the 1970s.

Villegas (2012) refers to Indigenous exclusion from political processes and health services as an asterisk. This asterisk is a body count that does not account for Indigenous politics, educational concerns, and epistemologies. The exclusion implies that data to support and develop nutrition interventions for Labrador Inuit were not specific to Labrador Inuit. Rather, interventions were developed based on outside opinion, observations, or aggregate data inclusive of Labrador Inuit. Moreover, these interventions were developed for Labrador Inuit and not with Labrador Inuit. Of note is that for Labrador Inuit did not experience the same early nutrient deficiencies as the Newfoundland population (Little 1917; Aykroyd 1930; Cuthbertson 1947). As settlement, economic, and education changes occurred, and Labrador Inuit were forced to settle by the Moravian mission and resettle by the Government of Newfoundland and Labrador. Through these changes Labrador Inuit were disconnected from their land and families, Labrador Inuit's health status decreased while the health of the Newfoundland population increased.

Initially, Labrador Inuit did not experience any of the nutritional deficiencies (e.g., beriberi) prevalent in the Newfoundland population. Researchers attributed any early nutrient deficiencies among Labrador Inuit to a targeted and temporary issue with food supply. Health professionals and researchers, from the Moravian Mission to researchers in the 1980s, noted benefits of country foods (e.g., caribou, seal) on the health of Labrador Inuit. Yet, Labrador Inuit adopted a newer, less healthy diet from the early 1900s onwards, despite repeated suggestions from the medical community and researchers that Labrador Inuit would fare best if they continued eating their own foods. This was due to the European attitudes of superiority, as evidenced by Dr. Little's comments on civilized foods (Little 1917) and settlement as noted by Hutton (1909).

The early proposed solutions to addressing the health issues more prevalent among Labrador Inuit included fortification of foods, introducing foods that were not acceptable such as brown bread, nutrition education, and a reliance on the food sharing practices of Labrador Inuit. These practices did not address the root cause of poverty and required self-help interventions such as individual level adaptation and informal sharing practices. At times, the interventions adopted showed the importance of the political and economic climate. For example, introducing brown bread or moving communities were adopted as they reflected the attitude and acceptance of the government of the day. But changes to relief diets and income support that were noted in the very first studies on nutrient deficiencies in Newfoundland in the early 1900s, through to the Amulree Report in 1934 and the Labrador-specific recommendations in the 1974 Royal Commission Report on Labrador, were never adopted (Adamson et al. 1945; Government of Newfoundland and Labrador 1977). Instead, recipients had to survive on what was provided, even if it was not enough. Moreover, the early conditions in residential schools exposed Labrador Inuit to racism, abuse, and at times, periods of hunger. Therefore, Labrador Inuit were subjected to interventions by the Government of Canada and Government of Newfoundland and Labrador that caused them harm and at the same time delivered on the intent of the policy.

This exclusion and lack of services prompted Labrador Inuit to advocate for recognition as a distinct Indigenous group. Throughout history, Labrador Inuit displayed both resilience and adaptation to change. They defended themselves from initial attacks by Europeans in the 1500s, protested unfair treatment by the Hudson's Bay Company in the 1930s, and formed their own association and started negotiations for their own land claims in the 1970s. After they formed the Labrador Inuit Association, Labrador Inuit took part in negotiations affecting Labrador Inuit and began the path to self-governance. Starting in the 1980s, the Labrador Inuit Health Commission delivered its own health services. And, after 30 years of negotiations, the same group that the Moravian Mission did not expect to survive in the 1900s became the first Inuit self-government in Canada. Through the land claims agreement, Labrador Inuit Land Claims Agreement Inuit rights to hunt, fish, harvest and trap are legally recognized under the land claims agreement in section 35 of the Canadian Constitution (Nunatsiavut 2020). This recognition was an integral step by Labrador Inuit toward their own food sovereignty. While the relationship between Labrador Inuit and their lands, and each other, may have changed over time, it has nonetheless persisted. The resilience and determination of Labrador Inuit was integral to adapting to change in the past and remains a strength in meeting current and future challenges to address nutrition issues and food security.



## Limitations

An inherent challenge with historical research is validating the credibility of the data as research methods and rigor change over time. To overcome this limitation, studies were cited at specific time periods to provide context. Also, at times, references cited different accounts of the same event, including dates. When this occurred several sources of information were searched on the same topic and the dates and facts used were those most consistently presented. Finally, the early articles included were written from the perspectives of early Europeans as they included governments or missionaries. To overcome any perspective bias, this review included both the original articles and recent articles to provide various perspectives on the same topic and improve the reliability of the information (Crasnow 2017). When there were gaps in knowledge or questions regarding reliability, discussions were completed to validate information with individuals from Labrador who had knowledge of the events and area. Finally, members of the Nunatsiavut Government Advisory Group for this research reviewed and provided feedback on drafts of this study.

## Conclusion

This critical historical review summarizes how the various forms of colonialism generated changes in nutrition and food security for Labrador Inuit. Colonialism has influenced who Labrador Inuit are today. Labrador Inuit navigated their history with resilience and determination; this navigation continues. The Moravian churches remain on the Labrador coast and faith is important for many Labrador Inuit. The policies developed and implemented by the Province of Newfoundland and Labrador, and the Federal Government of Canada, continue to impact the Nunatsiavut Government. While Labrador Inuit have come full circle from self-sufficiency to self-determination, they bring with them their history and the current unique context. This is the current landscape that the Nunatsiavut Government will work with to address remnants of the past, strive to meet the needs of Labrador Inuit in the present, and lead the way to a healthier future.

## Notes

1. The term Indigenous Peoples is used to refer to Indigenous Peoples in Canada unless quoting a specific historical reference that may use different terminology.
2. The term Labrador Inuit is used in this paper unless quoting a specific historical reference that may use different terminology.
3. These schools would later be officially recognized as residential schools and are referenced later in this article.
4. Country foods is a term used by Inuit in Canada to describe what is usually referred to as traditional foods. <https://www.thecanadianencyclopedia.ca/en/article/country-food-inuit-food-in-canada>.

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*Gail Turner* is Inuit, a beneficiary of the Labrador Inuit Land Claim, who retired in 2012 from the position of Director of Health Services for the Nunatsiavut Government, Northern Labrador. She holds a Bachelor of Nursing degree from Memorial University of Newfoundland, a Master's of Adult Education from St. Francis Xavier University, and many additional certificates in health and administration through distance programs. Her early career was spent in acute care nursing in Ontario and the United Kingdom. For the last twenty- six years she has been working in Labrador with Inuit, Southern Inuit of NunatuKavut, settlers, First Nations, and since 2004 exclusively with the Inuit. She has presented on Inuit health at provincial, regional, national and international meetings and symposiums, including the World Cancer Congress in 2011. Her work has been focused in public health but she has also managed remote community clinics and continuing care. She is passionate about the North and the need for First Nations, Inuit and Métis to be heard and truly engaged in the planning of their health care and the promotion of optimal health. Her growing interest is in health equity and the pressing need for innovative and community-based solutions for bringing health care service to the people. Gail is the Indigenous Director on the Board of the Canadian Partnership Against Cancer (CPAC). She is a recent recipient of the Labradorians of Distinction Award for services to health and community. As a senior she has a growing interest in senior wellness, access to appropriate home care and long- term care when needed and ageing in place.

*Dr. Ian D. Graham* trained as a medical sociologist at McGill University. His postdoctoral studies at the Clinical Epidemiology Program at the Ottawa Hospital Research Institute focused on clinical epidemiology and health services research. Professor Graham's research interests include knowledge translation/mobilization (implementation) science; the role of sex, gender and other intersectional considerations in implementation science; the development, quality and implementation of practice guidelines; mixed and multiple methods, and knowledge synthesis. A core component of his research program focuses on understanding how engaging patients and other stakeholders in the research process (known as integrated knowledge translation) works and the impact it produces. He is co-originator of the Ottawa Model of Research Use; the Practice Guideline Evaluation and Adaptation Cycle; the Knowledge to Action framework; and the Implementation Roadmap. He is a founding member of the international ADAPTE collaboration- a process for contextualizing practice guideline to increase their use. He has published over 400 peer reviewed articles and is co-author of Knowledge Translation in Nursing and Healthcare: A Roadmap to Evidence-informed Practice (2021), co-editor of Turning Knowledge into Action: Practical Guidance on How to Do Integrated Knowledge Translation Research (2014), Knowledge Translation in Health Care (2013, 2nd edition) and Evaluating the Impact of Implementing Evidence-based Practice (2010) and co-author of CAN-IMPLEMENT®: Planning for Best-Practice Implementation (2014). From 2006 to 2012 he was seconded to the position of Vice President of Knowledge Translation and Public Outreach at the Canadian Institutes of Health Research. He is the recipient of an inaugural Canadian Institutes of Health Research Foundation

Grant entitled, “Moving knowledge into action for more effective practice, programs and policy: A research program focusing on integrated knowledge translation” [FDN #143237]. Professor Graham has been twice awarded a Queen Elizabeth II Jubilee Medal (2002, 2012) for contributions to research. He is a Fellow of the Canadian Academy of Health Sciences, New York Academy of Medicine, and the Royal Society of Canada.

**Dr. Chris Furgal** is an Associate Professor in the Indigenous Environmental Studies Program at Trent University in Peterborough, Ontario. He has a multidisciplinary background in natural, social and health sciences and studies. He is cross-appointed to the Chanie Wenjack School of Indigenous Studies and the Trent School for the Environment and is Director of the Health, Environment and Indigenous Communities Research Group (<http://heicresearch.com/>) and co-Director of the Nasivvik Centre for Inuit health and changing environments (<http://www.nasivvik.ca/>). His teaching and research interests are in the areas of Indigenous environmental health and science-Indigenous knowledge interaction. He has been working with Indigenous communities and organizations on issues of environmental health for over 25 years.

**Dr. Dubois** is Full Professor in the School of Epidemiology and Public Health at the University of Ottawa. She was the Canada Research Chair in Nutrition and Population Health from 2003 to 2008, and the Program Director of the PhD in Population Health from 2010 to 2013. Dr. Dubois received her Bachelor of Science (nutrition) degree from the University of Montreal and a Ph.D. (sociology) degree from Laval University. She is a nutritionist and a health sociologist. Dr. Dubois' research interests include the study of risk factors (genes, social factors, nutrition) related to childhood obesity. Her research is mainly based on birth cohort data (singletons, twins). Over the years, she has been a member of various scientific advisory committees, including a member of the Advisory Board of the Institute of Nutrition, Metabolism and Diabetes of the Canadian Institute of Health Research (2003-2009). She does collaborative research work on the topic of nutrition, genetics, child development and obesity with researchers from different countries.

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