CURRICULUM CONNECTIONS
Grade Four Social Studies Unit Three - Meeting Needs and Wants Through Technology
http://www.sasked.gov.sk.ca/docs/elemsoc/g4u31ess.html

LESSON PLAN ONE: CLASSROOM INTRODUCTION TO THE THEME

LESSON OVERVIEW
A discussion of difficulties and challenges of staying healthy one hundred or so years ago will get students thinking about how people kept safe and healthy in the past. Students will discover what was available a century ago to meet medical needs and emergencies. They will analyze four scenarios. Home treatment options will be introduced and a mustard plaster will be made.

RESOURCES AND MATERIALS
• At www.wdm.ca/skteacherguide, read WDM and WDM-SICC research papers on a variety of health care topics.
• At http://www.ocl.spds.sk.ca/DE/Saskatchewan100/audiogal.html Celebrating Saskatchewan’s Heritage, under the Audio Gallery section, listen to clip one of Dr. Stuart Houston, five minutes long.
• Dry mustard, flour, water and flannel to make a mustard plaster.
• Fast Facts information (at the end of the resource package)

PROCEDURE
2. In class, explain that in Saskatchewan one hundred years ago access to a doctor or even a hospital was not easy. People were isolated by distance. Unlike today when a vehicle can travel at speeds of 110 km/hour on all-weather roads, such was not the case one hundred years ago. Unpredictable weather made travel difficult. The cost of a doctor’s visit or a visit to the doctor put medical care out of reach for many. There were fewer diagnostic tools than we have today.
3. Play the audio clip of Dr. Houston as he talks about the quality of early health care in Saskatchewan.
4. Read and discuss one, two, three or all four of the following scenarios. Using a comparative chart, have students compare how people responded to situations one hundred years ago and how they may respond today.

- After a trip into town to pick up some supplies, your father becomes very ill with the flu and can't get out of bed. Soon, your mother is also ill and confined to her bed. You are 10 years old and your sister is eight. The nearest doctor lives 20 miles away in town. Your closest neighbors are only two miles away, but they are also in bed with the flu. Your farm has animals to feed, cows to milk and the well is a fair distance away. As the eldest, you are in charge. What would you do? Discuss the Spanish Flu epidemic in 1918-19 that claimed the lives of nearly 5,000 Saskatchewan residents. Stories like these were common during the epidemic.

- It is wintertime in northern Saskatchewan. Your father is working in a logging camp. Your mother is pregnant. Unexpectedly, at eight-and-a-half months, your mother seems to be going into labour. The doctor is miles away in the nearest town. Between you and the town is forest, muskeg, rivers and lakes. Should you strap on your snowshoes and walk to town to fetch the doctor? Should you get the midwife, Mrs. Rat, who is only five miles away? You have a brother who is eight years old and a sister who is only two. What would you do? Discuss the absence of roads in the north and the absence of all-weather roads in the south which made winter travel very tricky.

- You live on a First Nations reserve. You don’t have much money on hand, but you have some wild meat, some preserves and some garden produce. You have a couple of cows, both branded with ID for Indian Department, and some chickens. You can’t sell the cows without permission from the Indian Agent. Your sister needs her tonsils removed by the doctor in town. How could your family pay the doctor? Discuss free access to public health care that we enjoy today.

- You have a terrible toothache. You can’t eat or drink anything. There isn’t a dentist in your newly settled town. What do your parents do? Dentists often set up their practices in towns and cities with larger populations first, and in early pioneer times, a general medical doctor might also have looked after dental problems in the absence of a dentist. Or, a tooth may simply have been pulled out at home.

5. Explain to students that many illnesses and ailments were treated at home due to the cost and inaccessibility of early medical care. In early pioneer times, people often lived in isolated areas, far away from the nearest town or city. Many settlers brought knowledge of home remedies and medical books with them from their homelands, or gleaned valuable information about local medicinal plants from local First Nations people. Knowledge and ideas were exchanged between neighbors, and in this way, people experimented with, and discovered, new ways to treat their ills.

6. Mustard plasters were a popular home remedy used to treat chest congestion. As a class, prepare a mustard plaster using the following recipe:
   - Mix one part dry mustard with four parts flour.
   - Slowly add water to form a paste.
   - Spread on half of a clean, dry flannel cloth. Cover the paste with the other half of the cloth.

7. Explain that the ingredients for a mustard plaster were within easy reach of the early settlers. The cloth was recycled, often torn from old bedsheets, sacking or even diapers.

8. Explain that the mustard in the plaster mixture generated heat. When the plaster was applied to the chest, the heat relieved congestion. Allow students to take turns feeling and smelling the plaster. Ask students why they think a mustard plaster might work to help relieve congestion. What do their parents do to relieve their congestion today?
ADAPTATION AND EXTENSION

1. First Nations people possessed valuable knowledge and experience about plants that healed. They knew what illnesses to treat with which plant. They knew how to prepare the medicine from roots, leaves, stems, bark, flowers, seeds, sap, berries or tubers. They knew if the plants should be dried, steeped, or used fresh. They shared their knowledge with newcomers. Discuss why this information could have meant life and death to new settlers. Refer to the resource package, *Seneca Roots and Saskatoons - Traditional Plant Use* in this Guide for more information.

2. Saskatchewan has a long tradition of caring for the sick and less fortunate. The hardships faced by Saskatchewan people during the early years of the 20th century - isolation, disease, epidemics and limited access to medical care - spurred many compassionate individuals to action. Select one Saskatchewan individual who made a difference on the path to Medicare. Present highlights of the life and contribution of this person in a 200 word essay.

3. Have students interview grandparents or other seniors in the community about home remedies they remember from their childhood. Do they have stories to share about emergency surgeries, broken bones or illnesses?

4. Create a poster featuring traditional home remedies and the medicine used today to treat the same ailment.

LESSON PLAN TWO: AT THE MUSEUM

LESSON OVERVIEW

Students will explore the contents of a discovery box and tour exhibits in the Museum.

RESOURCES AND MATERIALS

- Materials and information sent to you in your Museum tour confirmation package.

The Saskatchewan Cares For its Own discovery box will enlighten students about the challenges early Saskatchewan residents faced to meet their health care needs, and Saskatchewan healthcare achievements on the national and international stage.
PROCEDURE

1. Prepare to teach and to tour the Museum by reviewing the resources listed. Divide your class into groups before the visit. Discuss the required number of groups with the Museum Programmer when you book your visit. Select other staff members or parents to lead the groups. Advise the group leader about what they will have to do.

2. Students will visit the Western Development Museum in Moose Jaw, North Battleford or Yorkton. The entire class will assemble for a welcome and orientation.

3. The class will be divided into two, three or more groups depending on the class size. Students will interact with artifacts, replicas and photographs in the discovery box. A leader’s script included in the discovery box will spearhead discussion.

4. The class will tour pertinent exhibits in the Museum using a tour handout to guide their exploration. This handout may be a question-and-answer sheet or a scavenger hunt. A tour script for the group will be sent to you with confirmation of your Museum tour booking.

LESSON PLAN THREE: WHEN A MUSEUM VISIT ISN’T POSSIBLE

LESSON OVERVIEW

Students will learn about the right to medical care that was promised to First Nations people in the Treaties.

RESOURCES AND MATERIALS

- Evergreen History 30 Unit 2: the Treaties and the Indian Act
- Consult the education kit, Teaching Treaties in the Classroom, from the Office of the Treaty Commissioner.
- At http://www.ainc-inac.gc.ca/rcap/si11_e.html look at information on the Royal Commission on Aboriginal Peoples (RCAP) on health and healing.
PROCEDURE


2. In the classroom, discuss with students the century from 1905 to 2005, examining one hundred years of health and well-being among Aboriginal groups in Saskatchewan.

3. Compare and contrast the effects of health issues like tuberculosis and polio on the general population in Saskatchewan and the Aboriginal population.

4. Make a timeline in class, recording statistics which show the impact of health issues on Saskatchewan people in general, and on Aboriginal people in Saskatchewan in particular. Discuss such things as:
   - Why First Nations leaders insisted on the inclusion of the medicine chest clause in Treaty 6. Looking to the future welfare of their people, First Nations leaders knew that they needed access to European treatments for the European diseases they were suffering. This was another way that they were trying to guarantee the future survival of Indian people.
   - If the medicine chest clause succeeded today. The shorter life expectancy of Aboriginal people, higher rates of suicide, disease and community and family breakdown might indicate that Treaty rights to health care have not been entirely successful.
   - How the arrival of Europeans affected the overall Health of First Nations. Basic health care was promised in the Treaties in exchange for sharing the land and resources. Europeans introduced diseases like measles, smallpox and influenza, from which Aboriginal people had no natural immunity. The loss of traditional game like buffalo, and the depletion of other animals, compromised health and welfare of entire groups. With the beginning of the era of reserve settlement, access was curtailed to lands where healing herbs and roots and berries grew.

- How residential schools had a devastating effect on the physical, emotional, mental and spiritual health of First Nations people. Residential schools damaged spiritual, emotional, mental and physical health of First Nations students. Children were taken away from their families and community, and therefore denied the cultural and spiritual ceremonies that were important in their community. Other issues included physical and sexual abuse, inadequate or poor quality meals and generally poor living conditions. Inter-generational effects of all these factors continue to be felt today.

- The impact of factors such as poverty, inadequate housing, unemployment and residential schools on the health of First Nations people today. Unemployment and poverty mean that people do not have enough money for nutritious foods and some medicines. Inadequate housing leads to overcrowded conditions in which disease is spread more easily. Poor ventilation and poor insulation lead to situations where disease develop and spread, especially respiratory problems. Poorly built homes may also be fire hazards. Supplies of clean water may be unavailable.

- Examples of programs or services that have been initiated by Aboriginal people in an effort to heal their communities. Okimaw Ohci (Thunder Hills) Healing Lodge on the Nekaneet First Nation offers sweatlodges and sweetgrass ceremonies, feasts, as well as services like anger management, addiction and abuse counselling. Willow Cree Healing Lodge on the Beardy's-Okemasis First Nation provides spiritual and cultural ceremonies as well as upgrading, vocational skills training and parenting classes. Indigenous Peoples’ Health Research Centre, a joint project of the First Nations University of Canada, the University of Regina and the University of Saskatchewan, researches Aboriginal healing, nutrition, lifestyle, health delivery and control and environmental health. Elders programs operate in correctional facilities. Some Saskatchewan hospitals offer traditional healing programs and services.
ADAPTATION AND EXTENSION

1. Have students discuss what health promises were made in the Treaties. Aboriginal people were promised “a medicine chest” in Treaty 6. What does this mean for First Nations people today?
2. Obtain rat root, chokecherries or other plant materials used traditionally to treat health problems. Make and share a pot of saskatoon berry or rose hip tea with students, discussing the high Vitamin C content of the brew.
3. Visit a local museum to see artifacts and photographs related to health. To find a museum near you, visit the Museums Association of Saskatchewan at http://www.saskmuseums.org.

LESSON PLAN FOUR: CLASSROOM WRAP-UP

LESSON OVERVIEW

Students will understand that advances in technology and medical knowledge, improved transportation and all-weather roads, free medical care and a host of other factors have contributed to improving health care for the people of Saskatchewan. Saskatchewan has been a leader on the world stage in providing quality treatment at no charge to residents. The path to Medicare had many milestones: the campaigns of farm women for improvement in rural housing and health; the Saskatchewan Anti-Tuberculosis League pioneer testing of school children for the disease and free TB treatment; and the provision of free treatment for cancer and mental health patients. Students will research and chart the pivotal milestones on the path to Medicare in Saskatchewan.

RESOURCES AND MATERIALS

- At www.wdm.ca/skteacherguide read the WDM and WDM-SICC research papers on a variety of health care topics, including Saskatchewan Leads the World in the Fight Against Tuberculosis, Saskatchewan’s Air Ambulance Service, The Saskatchewan Response to Poliomyelitis, Saskatchewan’s Cobalt-60 Beam Therapy Unit and Saskatchewan Cares For Its Own and Defines Being Canadian for Canadians.
Caring For Our Own Health Care in Saskatchewan Grade Four Social Studies

- See the Canadian Broadcasting Corporation Saskatchewan centennial site at www.cbc.ca/sask100/ for Saskatchewan's Story - 100 Years in Detail. The timeline encourages exploration by decade. The Media Gallery shows archival footage of medical history in Saskatchewan.

PROCEDURE

1. Prepare to teach by reviewing the web and printed material listed.
3. Have each group investigate Saskatchewan health care challenges and achievements from the assigned time period. There are many Saskatchewan firsts in testing for, and treatment of, disease. Have each group choose one Saskatchewan first from their time period and explain its importance. Suggest that the students consult Steps on the Road to Medicare - Why Saskatchewan Led the Way by C. Stuart Houston, and centennial resources like the Encyclopedia of Saskatchewan and Saskatchewan: A New History by Bill Waiser. There are online resources at the Western Development Museum site, the Saskatchewan Council of Archives and Archivists site, and media footage on the CBC Saskatchewan Centennial site.
4. Have each group present their findings in a classroom presentation. Ask students to decide how they will present their findings to the class. Encourage the use of visual aids. As part of their presentation, each group should give reasons why each achievement bettered the lives of people in Saskatchewan and beyond.
ADAPTATION AND EXTENSION

1. Using the Saskatchewan Council of Archives and Archivists website, have students explore: municipal doctors and union hospitals, an early innovation in Saskatchewan health care; the advances in health care made at the University of Saskatchewan; early doctors and key players in the development of leading edge medical care in Saskatchewan; the Medical Care Insurance Act of 1962; or the Doctors’ Strike. Ask students to consider why Saskatchewan, of all Canadian provinces and territories, led the way in caring for its residents.

2. What were the key issues of the Doctors’ Strike in 1962? Why did the Doctors go on strike? The Doctors’ Strike divided families and communities. Form two teams, one pro and one con, and debate the introduction of government universal healthcare insurance.

3. Tell students that the word psychedelic was coined in Saskatchewan. Research the work of Dr. Osmond at the Weyburn Hospital and Dr. Hoffer at the University Hospital in Saskatoon. In the 1950s and 1960s these doctors pioneered treatment of psychiatric illnesses. Consult the article “Dr. Yes” by Ross Crockford in the December 2001 issue of Western Living magazine. Show the film Psychedelic Pioneers: The Story of LSD in Saskatchewan, a film production for Kahani Entertainment based on research by Dr. Erica Dyck.

4. Discuss how the inventions we use today have evolved from a simpler form because of availability of materials, the knowledge and creative problem-solving of the inventor and a host of other factors. Have students exercise their creativity to develop their own health care invention to solve a particular problem or to meet a particular need. Students may build a model of their invention. Or, they may pretend to apply for a patent on their invention, using criteria such as a petition, a description of the invention, an abstract claim or claims, any drawing referred to in the description. For information on applying for a Canadian patent, visit http://strategis.ic.gc.ca/sc_mrksv/cipo/toolkit/op_pt-e.html.

5. For older students, combine this social study of health care in Saskatchewan with an English Language Arts study of the novel Swimming into Darkness by Gail Helgason from Coteau Books, 2001.
RESOURCES

- WDM and WDM-Saskatchewan Indian Cultural Centre research papers related to health are available at http://www.wdm.ca/sktteacherguide/.
- Medicare: A People’s Issue, an online exhibit from the Saskatchewan Council of Archives and Archivists: http://scaa.usask.ca/gallery/medicare/.
- www.cbc.ca/sask100/, a site in celebration of Saskatchewan’s centennial from the Canadian Broadcasting Corporation.
- www.metismuseum.ca, the Virtual Museum of Métis History and Culture from the Gabriel Dumont Institute offers papers and photographs on topic.
- Saskatchewan History Centennial Timeline from the Saskatchewan Archives Board is available on the Celebrating Saskatchewan’s Heritage website at http://olc.spsd.sk.ca/DE/Saskatchewan100/timeline.html.
FAST FACTS

- During the 1800s, epidemics of smallpox, measles, influenza and scarlet fever spread along fur trade routes. First Nations people suffered terribly.
- At the time of the Northwest Resistance in 1885, there were no hospitals. There were no health services to deal with wounds, disease or accident.
- In 1898 the first Cottage Hospital in Canada was set up in Regina by the Victorian Order of Nurses. By 1907, there were 12.
- Saskatchewan passed the Public Health Act in 1909. In 1910, Dr. Seymour began to crusade for safe water supplies and sewage disposal, in an attempt to stop the spread of disease through contaminated water.
- In 1911, free typhoid vaccine distribution began in the province. By 1921, there was a massive decrease in the number of typhoid cases.
- Also in 1911, Dr. Seymour spearheaded the formation of the Saskatchewan Anti-Tuberculosis League. A sanatorium opened in 1917 at Fort Qu’Appelle. Canada’s first school survey for TB was conducted in Saskatchewan in 1921.
- Very early, Saskatchewan offered some free health care services: most Saskatchewan children were vaccinated for smallpox without charge by 1918; free tuberculosis treatment was provided for people unable to afford care.
- The First World War broke out in Europe in the summer of 1914.
- As the First World War raged in Europe, a devastating disease, the “Spanish” Influenza, killed between 50 and 100 million people worldwide.
- The flu epidemic started in the trenches and spread across the Atlantic Ocean as troops returned to Canada. Although the war is officially declared over on November 11, 1918, the first returning troops reached Saskatchewan on October 1, 1918. From Regina, the flu spread rapidly throughout the province. It was extremely contagious.
- During the first three months of the epidemic, 3906 Saskatchewan people died. The number of deaths peaked in November 1918, a result of people coming together for victory celebrations on Armistice Day.
- In some Saskatchewan towns, during the 1918-19 outbreak of Spanish Influenza, there was a $50 fine for spitting, sneezing or coughing in public.
- The epidemic gradually subsided after May 1919, but by April 1919 the total number of recorded deaths in Saskatchewan was 4821, an average of 688 per month.
- Because the Flu was more likely to kill parents than children, there was a sharp rise in the number of orphans in the province.
- By 1920, 5018 Saskatchewan people had died of the Spanish Flu. The 1921 census reported that Saskatchewan’s population was 757,510.
- The first Red Cross Outpost Hospital in Canada was set up at Paddockwood in 1920.
- In 1930 a new cancer program began, with free consultative diagnostic and treatment clinics opening in Regina and Saskatoon by the end of 1931.
- Because few people could afford to pay their doctors during the Depression on the 1930s, in 1931 the government arranged to support doctors and dentists.
• There were several attempts to provide health care at low cost in 1939. By the 1940s, some Rural Municipalities had programs for low cost hospital care and doctors’ services.

• When T.C. Douglas became Premier in 1944, he set up a Health Planning Commission to plan for comprehensive public health insurance. Canada’s first hospitalization scheme was piloted at Swift Current Health Region No. 1 in 1946. In 1947, the Saskatchewan Hospitalization Insurance Plan was passed.

• On July 1, 1962, Medicare was implemented with Woodrow Lloyd as Saskatchewan Premier.

• There was a Doctors’ Strike in 1962, protesting the Saskatchewan government’s plan to put doctors on salary. After 23 days, the strike ended.

• Saskatchewan Medicare became the model for Canada and by 1972 all provincial and territorial plans had been extended to include doctors’ services.