INTRODUCTION

"Storytelling": Why We Must Listen

...I feel the power which the stories still have,
to bring us together, especially when there is loss
and grief.

—*Leslie Marmon Silko*, Storyteller

THERE ARE MANY COMPELLING REASONS to tell the stories about Aboriginal people and Canada's Indian Health Services. There are just as many as to why we should listen. During the first half of the twentieth century, the country's western and northern indigenous communities experienced epidemics of tuberculosis, measles, and other infectious diseases. Tuberculosis ranked as the worst and most dreaded. Invading lungs, bone, and other tissue, the tuberculosis bacterium devastated an individual's health for years at a time. Not only were people weakened or lost, but so were families and, sometimes, whole communities.

The Canadian government did not always tolerate Aboriginal self-determination in health care, especially when it concerned infectious communicable diseases, such as tuberculosis. As early as 1914, sections of the *Indian Act* allowed the government to apprehend patients by force if they did not seek medical treatment.[1] Not only could a person be arrested for avoiding treatment, according to these regulations any person subject to the *Indian Act* was also personally responsible for seeking treatment from a "properly qualified physician."[2] Such regulations did not recognize treatments given by family or community members. In this way, both federal and provincial law applied its weight to Aboriginal communities, forcing the acceptance of Western medicine for the sake of public health.

Whether in the subarctic or on the rainforested northwest coast, non-Aboriginal doctors and nurses, backed by the Canadian government, inserted themselves into the landscape of traditional medicine. Partly driven by compassion, partly inspired by the need to address the "Indian problem" in Canada, the federal government deemed it prudent to centralize Aboriginal health care in the southern regions of the country, effectively segregating delivery of care to indigenous people. In 1953 the *Indian Act* still supported Indian health regulations that deemed: "If an Indian does not comply with the provincial law either pursuant to directives received from a provincial medical officer or from a medical officer of Indian Health Services or from a doctor designated to act as a medical officer, or even without having received any directive, he remains of course liable to prosecution under section 18 or 21."[3]

Given this kind of governmental legislation and regulation, I began to ask questions about how the broader Canadian society might distinguish between healing bodies and harming living cultures and people through isolation and segregation. There is a very obvious link between the history of Indian Residential Schools in Canada and the Indian Hospital system. This is not to suggest that the effects were the same but simply to indicate that the institutions were connected through both their clients and workers, and through some of their attitudes. Both health and education institutions exercised an authority

over the clients and labour force within them. Questions and issues about autonomy and self-determination are central themes in this book. Recognizably similar themes have emerged in the debates and literature about residential schools in Canada.[4]

This book raises the voices of Aboriginal people—the patients, the families, and the communities who were clients or observers of the Indian Health Services system. These people experienced the policies and treatments offered via IHS. They were also the ones who endured the social change brought on by IHS. The stories presented here are powerful and, in many ways, painful, yet they belie a great deal of humour and strength. It was because of the inner power of those who speak about IHS that the stories are shared today.

What caught my attention after listening to, and reading, the many different stories Aboriginal people told about IHS was how optimism and resilience seemed to permeate their accounts. No matter whose voice shared an insight into the IHS and its workings, somehow a sense of determination and hope shone through. Just as the administrators, doctors, and nurses of IHS believed in their manifest destiny to apply Western medicine in Aboriginal communities, so, too, Aboriginal people tell stories that resonate with a pride in their ability to prevail in the face of impacts Indian Health Services had on their own lives.

Although it might appear that Aboriginal peoples were passive clients of this system, stories, photographs, and disparate records show that many were part of the IHS labour force. In fact, the lines between patient and worker within IHS were sometimes blurred when former patients became employees. In these stories, I found themes of pain, loss, and crisis but also of resilience, achievement, humour, and hope—strengths of the past that can speak to present generations through shared stories.

My storywork also revealed that, although IHS strove to extend modern medical practice and technology to many of the communities under its jurisdiction, Aboriginal peoples' own medical knowledge and practices persisted, often quietly and privately, and sometimes as open resistance to the Western medical system.[5] In fact, many

indigenous practices related to health and wellness simultaneously occupied the same space as the treatments offered within the Indian Hospital system of IHS. This reality was not always understood or appreciated by non-Aboriginal IHS employees. From the perspective of many Aboriginal peoples, Indian Health Services offered a service that could be utilized as a commodity—that is, accessed at the will of the patient. If individuals believed that the medical treatment did not suit them, they would or could seek assistance within their own traditions, communities, and families. Sometimes this was done overtly, sometimes covertly. Countless oral histories of Aboriginal peoples' encounters with Western medicine attest to this level of self-determination.

Consistent with the theme of cultural autonomy and traditional health care, another theme I came to appreciate over and over again was the persistence of indigenous "medicines" and their parallel use with Western medicine. Through the stories, I learned that local or traditional healing practices and notions of health were never totally subsumed to Western medicine, and that First Nations patients and their families continued to understand medicine and well-being in different ways from Western medical professions. Quite simply, Aboriginal medicine was never entirely undervalued or discarded; Western medicine came alongside and sometimes dominated the health care of Aboriginal people, but it failed in its presumptive role of extinguishing the authority and efficacy of indigenous concepts of medicine and "health."

Understanding the disease of tuberculosis and how it plagued Western society before its cure emerged is key to setting the stage for the reactive nature of the federal government's plan to isolate and control the epidemic in Canadian society and avoid the transfer of diseases to non-Aboriginal citizens. I cover this in Chapter 1. In Chapter 2 I outline some of the underlying reasons for the creation of Indian Health Services, which, principally, was a response to the epidemics such as smallpox, measles, influenza, and especially tuberculosis that ravaged Aboriginal populations. Indian Health Services

was a system that grew out of an older health care structure originally controlled by the Department of Indian Affairs. It was an extensive system, with large and small hospitals, health centres, nursing outposts, and numerous staff.

Following that, in Chapter 3, I describe the institutions of IHS: primarily the hospitals, how they looked and how they worked. Because IHS was a complex patchwork of people, buildings, and jurisdictional questions and issues, it is almost impossible to capture it in a simple description. Yet, it is important to imagine the physical system in which Aboriginal and non-Aboriginal people related to one another.

In Chapter 4, the experiences of Aboriginal families, communities, and individuals are explored. How were families and communities touched by the Indian hospitals? What were the daily experiences of patients? No one was left unaffected by the impact of Indian Health Services and all its related institutions. Even healthy people in Aboriginal communities were often connected to the health care system through an ill relative.

Chapter 5 offers readers the chance to consider indigenous medicines and their continued role both inside and outside formal health care institutions. In Coast Salish territory, cultural teachings related to health and wellness played a significant role in the IHS system, even though their workings were invisible to those unfamiliar with them. Perhaps in other parts of Canada, ancient cultural understandings of illness, how to relieve it, and ideas of wellness were as significant as on the northwest coast in the region of the Nanaimo Indian Hospital. Only more research in the form of oral history will reveal additional truths.

Finally, in Chapter 6 I investigate the place of Aboriginal people as workers within the Indian Health Services system. Although the Indian Hospital system is commonly portrayed as one of non-Aboriginal workers dealing with Aboriginal patients, in fact many workers within the system were Aboriginal. What types of work did they do? How were they trained and hired? Readers who are interested in this area are also directed to the book, *Twice as Good: A History of Aboriginal*

Nurses, recently published by the Aboriginal Nurses Association of Canada (2007), which discusses important and unsung histories of their membership.

Rather than delve into a complex political and administrative history of health and health care here, I want to offer a social history of Aboriginal health care in Canada. And perhaps more important, any political and administrative history, or theoretical comments, are meant only as a—albeit perhaps essential—backdrop to the stories offered by Aboriginal peoples. In *Healing Histories: Stories from Canada's Indian Hospitals*, stories, photographs, and documents merge to bring a new dimension to the ways Aboriginal people—both individuals and communities—were affected by formal health care after the Second World War. Most of my analysis deals specifically with First Nations in northwestern Canada because this is where IHS concentrated the majority of its facilities, regular services, and activities. I illustrate how policies devised by the federal government for Aboriginal health were complex and often contradictory in the decades after the Second World War. Those political visions were often more hopeful than helpful—and, by far, more idealistic than realistic.

The memories of those who worked in or encountered that system provide a convergent view of "what it was." Illustrating this history through the stories and comments of those who were subjected to IHS, this book features the voices of patients, administrators, staff, and interested politicians. They were the ones who felt the actual—rather than the theoretical—workings of that system.

IHS shaped lives and was, in turn, shaped by them. The legacy of IHS is now expressed in efforts made by Aboriginal people to restructure their publicly funded health care in a manner that better reflects their own cultural understandings of what constitutes "health" and "care." Their efforts continue on many fronts—*Healing Histories: Stories from Canada's Indian Hospitals* is one of them. Through this book, they share their stories and contextualize them within a social history of IHS in order to contribute to a reawakened collective memory.