HEALING HISTORIES
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Stories from Canada’s Indian Hospitals

Laurie Meijer Drees
For Marjorie Ward and Marlys Tedin, and
those who experienced Canada's Indian Hospital system

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An dah stories you know
dats dah bes treasure of all to leave your family.
Everything else on dis eart
he gets los or wore out.
But dah stories
dey las forever.

—Maria Campbell
Stories of the Road Allowance People
TUBERCULOSIS THIEF

Playing
On the aspen floors by
Grandma’s hearth, memories
drifted of her mama’s warmth.

Listening to
the talking box
She heard her mama’s voice.

She probed the nylon mesh
poked and shooked the voice box
calling Mama, Mama
Pekīwe, pekīwe.

Hands gripped on the knobs of
the lying box,
she bowed her curly head while
the talking spirits drifted
and took her mama away.

Grandma’s hand stroked her
soaking cheeks while
the child of sapling height
thought her mama dead.
The tuberculosis thief
hid in her mama’s lungs
and buried her
three years
behind the sanatorium walls.

—Louise Bernice Halfe
Bear Bones & Feathers
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FOR MY FAMILY, HEALING was very important, and we learned and continue to practice valuable methods. In our culture, the plants and medicines have a living essence, or spirit, and it is important to connect prayers and blessings so the mind, body, and living spirit will stay connected. My great-grandparents practiced cleansing methods not only for the mind and the spirit but also for their physical bodies. The cleansing methods use four elements: fire, water, earth, and air. Each of these elements is an important part of the cleansing process.

Belief in the power of these methods was taught to us at a young age and was considered very important. As a result, when we use these cleansing methods, mind, body, and spirit open up to the essence of the ritual. If a person isn't open to the ritual, he or she just goes through the motions and isn't helped—in other words, being skeptical automatically stops the process of healing. The person then will receive no healing. All the rituals strengthen the mind to avoid illness, even
contagious illness. The shamans, such as my ancestors, were able to avoid small pox and new diseases upon contact with carriers.

The human mind is empowered when it meets traditional knowledge. That truth was taught to us by Elders through oral history. The mind can be used to destroy the self when not used in a proper disciplined manner. You can be your own enemy and cause an illness; illness can also be caused by others’ breath. You can heal yourself or unheal yourself.

The Creator gave us medicines to strengthen us, and these medicines have sustained us through many attacks of different forms, such as pox, measles, leprosy, and mental breakdown. The traditional teachings of my family will carry us through difficult times, and it’s wise to share them and care for one another. In that way we receive a blessing and become stronger.

No modern medicines heal—they are temporary and only act on symptoms, and the body doesn’t know what to do with them. My uncle never healed at the TB hospital. He became more ill from being confined in the hospital and not seeing his family. The hospital confinement only caused exchange of the tuberculosis germ among patients, spreading it among the confined.

I’mushstuhw tu Uy shwaluwun,
Florence James, Penelakut First Nation
2012
PREFACE

“Storywork”: Foundations

The truth about stories is that’s all we are.
—Thomas King
The Truth About Stories: A Native Narrative

Canada’s publicly funded universal health care system represents an almost sacred hallmark of what we collectively believe defines Canadian society. Since the early 1960s—as a result of the federal 1957 Hospital Insurance and Diagnostic Services Act and subsequent provincial legislation—access to hospitals, doctors, and associated health care services are now a part of what most Canadians accept as the minimum in state-provided social-security programming. Yet, despite the appearance of universality and equal access, the social history of medical services in Canada reveals a clear difference in the substance and delivery of health care to Aboriginal and non-Aboriginal populations.1
The somewhat obscure yet historical fact is that Canada's health care system did not always guarantee universal or equal access to all people living in this nation. Canada's Status Indian, non-Status Indian, Métis, and Inuit peoples' access to Western-style, formalized, institutional health care is different from that of non-Native Canadians, and moreover, each of these Aboriginal groups, representing distinct political–legal entities, has experienced divergent access to those services.²

The history of Canada's Indian Health Services (IHS), its workers, and its clients offer many truths. Some of these facts are readily understood while others are more subtle and difficult; all are complex. Foundational to all these stories is the fact that between the 1940s and the 1970s, Canada's federal government offered Aboriginal peoples a separate health care service from that available to non-Aboriginal Canadian citizens.

Scholars interpret the history of Aboriginal peoples within the Canadian state in many ways, commonly emphasizing the colonial nature of the relationship between Aboriginal communities and Canada. For the most part, such accounts emphasize the power imbalance between Aboriginal communities and Canada's governments. They also focus on the oppressive policies those governments brought to bear on Aboriginal peoples. Such histories provide invaluable insights into such themes as the control of the state, exploitation of minorities, the nature of resistance movements, and the role of authority in society. These histories focus on interpreting the larger social and political processes within Canadian society and its many constituent communities.

In contrast to those works, this history of Canada's Indian Health Services and its clients draws our attention to something much smaller and closer but equally important: individuals. Here, persons rather than systems and communities are given precedence. Here, we concentrate on the stories told by individuals who experienced the IHS. This work also employs Aboriginal approaches to the sharing of stories. Juxtaposing stories and perspectives, it offers the reader/listener a chance to grapple with the stories directly as they are
passed along from teller to listener, rather than having the accounts interpreted for them through a lens of colonial or critical theory. In fact, the work shared here might be considered postcolonial because it re-orient readers to multiple perspectives as shared through stories rather than a singular history of a series of events. Today, the Truth and Reconciliation Commission of Canada is investigating Indian residential schools as a result of its view that these shared stories of Canada’s Aboriginal and non-Aboriginal people are indeed important: “The truth of our common experiences will help set our spirits free and pave the way to reconciliation.” I believe that sharing these stories is a form of healing, especially for the storytellers.

Perhaps surprisingly, I began this project as an academic history of nurse training and nursing work in Alaska. In 2000, while working at the University of Alaska–Fairbanks, I searched through archives and interviewed Alaska Native Service nurses and doctors in Fairbanks, Homer, Sitka, and Anchorage. Much as in Alaska, Canada’s West and North experienced epidemics of tuberculosis, measles, and other infectious diseases in indigenous communities in the first half of the twentieth century. Among these illnesses, tuberculosis ranked as the worst and most dreaded. When I returned to Canada from Alaska, I was determined to piece together the stories of Canada’s IHS, and its impact on families and communities.

Rather than delve into the complex political and administrative history of this federally administered health service, I wanted to focus on the human side of Aboriginal health care based in and on the voices and stories of the people who experienced IHS. My goal was to faithfully present the expressions of Aboriginal people who have rarely, if ever, spoken publicly about their past experiences with Western medicine and Canada’s Indian Health Services.

Over several years I continued my research. I found photographs here and there, of tiny babies held by gowned and masked nurses, or of young men and women strapped to stretchers (known as Stryker frames) in hospital corridors, smiling uncertainly into the camera. There were sporadic government records, and I even came across peoples’ candid recollections. I travelled around British Columbia,