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Structures of Indifference: An Indigenous Life and Death in a Canadian City. By Mary Jane Logan McCallum and Adele Perry.

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media; *Okanada* is performed through the eyes of a journalist and maintains a distinctive focus on the resolution and end of the crisis. *Kanehsatake*, on the other hand, deeply embraces an Indigenous identity; the director lives with the Mohawk protestors and arrives there on the first day of the battle. Obomsawin, the Abenaki filmmaker, defiantly embraced the Mohawk viewpoint both visually and politically in *Kanehsatake*, which runs more than two hours.

Thinking about space and territory through the poetry, plays, and novels written by settlers and Native people, as well as on Mohawk iterations of the crisis, St-Amand extends her reasoning to claim literature allows the space for an even more assertive use of discourse to highlight the struggle for sovereignty among Native people and the forces preventing the full achievement of sovereignty. This scholar clearly supports Indigenous land claims, understands the ancient occupation of the Americas by Indigenous people, and makes powerful connections between wars with images and wars over land. Drawing on Wolfe, St-Amand concludes that colonization continues, and hopes that the conversations continue apace and non-Natives will come to grips with a full and real acknowledgment of Indigenous presence and land claims. St-Amand's goal to "unpack what was concentrated in the event" is ably achieved (248).

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**Structures of Indifference: An Indigenous Life and Death in a Canadian City.** By Mary Jane Logan McCallum and Adele Perry. Winnipeg: University of Manitoba Press, 2018. 192 pages. \$21.95 paper; \$15.00 electronic.

In September 2008, Brian Sinclair, a non-status First Nations man, came into the Health Sciences Center in downtown Winnipeg in need of medical attention. Although a double amputee, Sinclair was never approached and never triaged, and despite the attempted intervention of fellow patients, sat in the waiting room of the HSC for roughly thirty-four hours before he succumbed to an easily preventable infection. Why was Sinclair never triaged and repeatedly ignored by staff? What are the circumstances that make it possible for a disabled low-income Anishinaabe man in Canada to be literally ignored to death? As *Structures of Indifference: An Indigenous Life and Death in a Canadian City* explores these questions, social historians Mary Jane Logan McCallum and Adele Perry argue that social systems such as health care, the criminal justice system, and schools, while often taken for granted, instead work at a structural level to disadvantage and harm Indigenous people and simultaneously affirm settler supremacy and dominance.

Offering a unique contribution to the field of health care reform and settler colonial studies, the book develops its analysis of Sinclair's case over three chapters. Using colonial archives, including video recordings from the hospital where Sinclair died and primary source materials from the hospital inquest into Sinclair's death, the authors demonstrate that settler colonialism is a structure, not an event, that continues to

perpetrate everyday violence in the lives of Indigenous peoples. To illustrate how settler superiority and racism create and systemically maintain endemic bias and indifference towards First Nations peoples, McCallum and Perry locate the discussion of Sinclair's life and death within the larger social structure of Canada, the city of Winnipeg, and Canadian hospitals and health services. While the authors discuss the dimensions of colonial violence, they also stress that Indigenous peoples' resistance to colonialism is an ongoing and active reality.

In chapter 1, McCallum and Perry give a detailed, place-based history of Indigenous presence, colonialism, and dispossession in Winnipeg, Manitoba. They note that stories of colonialism are "pervasive and global" while simultaneously "local and specific" (29). The particular context of Winnipeg's history and sociopolitical milieu helps explain the conditions Sinclair suffered in the hospital where he sought medical care. Beginning with the active presence of Anishinaabe and Cree peoples who lived with this landscape for thousands of years, and Métis peoples, a "post-contact people" who have Native and French ancestry (33), McCallum and Perry then outline the global colonial process of empire-building, such as settler encroachment, treaty-making, damaging laws and policies, and relocation of tribes to reserves. Alongside this recognizable colonial process, First Nations also endured specific local conditions and distinctive events. Unique to the development of Winnipeg is the story of Indigenous movement: first movement away to the reserves, and then many Indigenous peoples returned in the 1960s and 1970s, contributing to a significant increase in the city's population. Life was often hostile for First Nations people living in Winnipeg, who had to withstand segregation and prejudice, such as landlords who often refused to rent to them. However, the authors also stress the ongoing efforts of Indigenous peoples to build community and create an opportunity for themselves through community-based organizations such as the Indian and Metis Friendship Center.

The particular location of Sinclair's death highlights the complicated relationship Indigenous people have with the healthcare system. Chapter 2 provides a critical discussion of Canadian hospitals as sites of settler colonialism, with a focused look at the Health Sciences Center, where Sinclair's life ended in a room in the Ann Thomas Building—ironically, named after the first Indigenous person to graduate from the nursing program at Winnipeg General Hospital. Ann Thomas helped to create the Registered Nurses of Canadian Indian Ancestry, as well as educate professionals at Winnipeg's Red River College. McCallum and Perry explain that the Health Sciences Center was created with a large land transfer from First Nations to Canada, in addition to relying on resources gained from settling that land and the labor of Indigenous people. As the authors point out, the healthcare system established by the Canadian government was not created to be equal for all; instead, the settler state often thrived at the cost of Indigenous health.

In the late nineteenth century, for example, many Indigenous people fell ill with tuberculosis, in part due to poverty and lack of health care. What manifested from the outbreak, however, was the assumption that Indigenous peoples were biologically susceptible to diseases because of their race and thus posed a danger to white citizens who came into contact with them. This belief could justify segregation and confirm

settler bias. McCallum and Perry's examination of Indian Health Services in Canada illustrates a structure of indifference that both forces Indigenous peoples' participation and simultaneously offers substandard conditions with lethal consequences. Hospitals built for "Indians" were grossly understaffed, inadequately funded, and usually so small that they often reached maximum capacity.

With Brian Sinclair's life as a non-status Anishinaabe man living in Canada the focus, chapter 3 weaves together various encounters with Canada's Indian laws and policies that profoundly shaped Sinclair's family experience. For instance, termination of Indigenous people's status has often been a powerful tool of colonialism. Before 1985, the Indian Act dictated that any Indian woman who married a non-Indian man would automatically lose her status. This was likely the case for Sinclair's mother, and as such, his family lived off-reserve without access to treaty reserved rights and promised services. Another tool of colonialism was to remove Indigenous children from their families. This practice of taking of children by the settler state is multigenerational. Sinclair's mother was a product of Indian residential schools, an educational structure that attempted to erase all aspects of "Indianness" from Indigenous children. During the 1960s while Sinclair was a child, his family struggled with poverty and other difficulties, so the state took Sinclair and his siblings and briefly placed them in the federal foster care system.

Looking at Sinclair's life, McCallum and Perry paint a picture of a complex person not easily reduced to stereotypes. Ultimately, they convey his humanity, which is an important contrast to the dehumanization of Sinclair in the legal proceedings of a hospital inquest. During the inquest proceedings, Sinclair's family stated he was "ignored to death" over the course of thirty-four hours, during which he suffered repeated spells of vomiting and mental deterioration from sepsis before ultimately dying. Yet hospital staff repeatedly articulated their misconceptions and biases about Sinclair: some thought he was drunk and sleeping off intoxication, others believed him to be homeless, while other staff hardly noticed him at all. Staff also placed blame on Sinclair himself, attributing his death to his personality, soft-spoken voice, and cognitive challenges.

McCallum and Perry argue that medical care should be accessible and equitable for all, but reveal the inadequate care given to Indigenous people and a process of misrecognition that allowed the hospital staff to dismiss or justify their lack of treatment of Sinclair. Of course, Brian Sinclair deserved medical attention, and, as the authors contend, should have survived his treatable infection: he was at times poor and home insecure, a man who struggled, but never homeless. *Structures of Indifference: An Indigenous Life and Death in a Canadian City* offers a much-needed and detailed critique of the structures of indifference that create and maintain the Canadian healthcare system and its often-deadly consequences for Indigenous people. Further, they propose reforms to the Canadian healthcare system that would acknowledge Indigenous people's unique health needs, value their traditional healing practices, and train employees to be culturally competent and responsive.

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