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Scholars of French-Indian relations in the Great Lakes and Ohio Valley areas must know how to read French sources and search for them in archives in France and Québec. Many are trained in Canada and France but increasing numbers are winning fellowships and teaching positions at leading universities in the United States. This collection gathers some of this intriguing work in history and ethnohistory.

Gordon Sayre
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Healing Histories: Stories from Canada's Indian Hospitals. By Laurie Meijer Drees. Edmonton: University of Alberta Press, 2013. 184 pages. \$29.95 paper.

In *Healing Histories: Stories from Canada's Indian Hospitals*, Laurie Meijer Drees examines Canada's Indian Health Services (CIHS) campaign against tuberculosis in Native communities in the 1940s through the 1960s. Aboriginal and non-Aboriginal men and women who experienced the CIHS as patients and workers serve as the author's primary sources and help bring to life an era in which Canadian public health policy reflected latter-day colonialism. Their words recall a time when ethnocentrism helped shape treatment modalities and racial biases were as much a part of medicine as antiseptics. The result is a profoundly compelling multilayered narrative that, as the title suggests, is meant to heal past wrongs as they are revealed.

When Drees began the project that ultimately culminated in *Healing Histories*, she set out to explore the implementation of Native health care in Alaska. But as is often the case, the results of the research pointed her in a different direction. Her initial work on the Alaska Native Service's early twentieth century efforts to address epidemic disease in indigenous communities prompted her to pursue a similar investigation in Canada. As Drees did so, her focus shifted from administrative history to the human accounts embedded within the carefully compiled records of Native morbidity and mortality associated with the CIHS' war on tuberculosis. The voluminous paper trail that was created by that organization as it struggled to address the appalling impact of the disease led her to individuals who were willing to share their intimate engagement with Canada's Aboriginal health care system.

While many other works on late-twentieth-century American Indian or First Nations communities incorporate Native sources, Drees' narrative relies almost exclusively on the testimony she received from Aboriginal patients and their families as well as from Aboriginal and non-Aboriginal health care professionals. Twenty different informants serve as primary sources on

topics that range from the nature of First Nations nursing work to traditional medical practices and remedies to life within the confines of the CIHS hospitals. Their accounts bring an undeniable drama and poignancy to this volume. Black and white pictures of Native men, women, and children confined to their beds or therapeutic stretchers, valiantly smiling for the camera, tell one story. But these images become even more powerful when readers “hear” the recollections of those with firsthand knowledge of tuberculosis, treatment methods, and the almost unbearable loneliness of protracted hospitalization. By making indigenous oral history the evidentiary centerpiece of her book, the author underscores its present-day intellectual relevance and enduring cultural importance.

Thanks to the author’s deft handling of these rich narratives, *Healing Histories* repeatedly challenges the Canadian colonial master narrative as it speaks to several central themes in First Nations history. First, Drees’ book provides ample evidence that “modern” colonialism, circa the late-twentieth century, may not have resembled the seventeenth-century version but its purpose was the same. The CIHS and the Canadian government regarded Western-style medicine and treatment protocols as powerful assimilation tools. The contemporary mind-set defined traditional cultures as dysfunctional and implicated them in the spread of diseases like tuberculosis. CIHS facilities functioned, like the boarding schools before them, as medical detention centers for Native children and adults whose compromised bodies left them vulnerable to forced relocation. Once there they experienced institutionalized racism at the hands of medical and support staff who denigrated individuals and their cultures. The isolation of Aboriginal patients in hospitals far removed from their homes and families was easily justified under the twin guises of humanitarianism and good public health. So much the better if the officially sanctioned road to recovery subsequently led these First Nations peoples to a modern, “civilized” lifestyle.

While Drees’ Aboriginal collaborators all acknowledge the inherently coercive nature of the therapeutic settings they experienced, they also speak as individuals and as a group to a second and equally important theme, Native agency. Their recollections in *Healing Histories* make it clear that a considerable distance separates any outsider’s understanding of that term and the lived indigenous experience. Patients, sometimes sequestered in the CIHS hospitals for years, devised myriad ways to express their own identities and maintain a degree of autonomy. English literacy that was picked up in a hospital classroom and intended to further integrate the learner into Canadian society became a tool used for the benefit of First Nations communities. Occupational therapy classes in beading and carving meant to occupy those restricted to their beds kept traditional skills and art forms intact. Taking employment as a maid, a

janitor, or a nurse's aide allowed an individual a means to maintain family ties with spouses, children, or friends under treatment while demonstrating their outward integration into Canadian society. Getting well—sometimes because of, sometimes in spite of, the CIHS' treatment protocols—and returning home to resume time-honored ways of life was, in itself, a political act. In ways large and small, Aboriginal patients and employees maintained their indigeneity.

Keeping connections to communities and cultures alive, however tenuously, highlights the third important theme of this book, the survival of traditions. This is particularly true in the case of Native health care. Personal narratives featured in *Healing Histories* emphasize that Western medicine was rarely regarded as the only route to wellness and that indigenous medical practitioners were also front-line participants in the fight to eradicate tuberculosis. Assimilation policies intended to crush traditionalism had devastating impacts on Aboriginal legal, cultural, social, political, economic, environmental, and spiritual systems. But against all odds, Native medical practitioners continued to treat Native patients, even those under CIHS care. They regularly bypassed the “civilized” medical gatekeepers and offered their skills and treatments to residents in need. Even after the development of streptomycin, PAS (para-aminosalicylic acid), and INH (isoniazid) in the 1940s and 1950s, patients still looked to traditional healers to complete their recovery. The CIHS may have had the “magic bullets” to fight tuberculosis, but indigenous doctors had the power of personal relationships and cultural connections on their side.

Laurie Meijer Drees has combined personal relationships, science, individual accounts, cultural connections, and history to create in *Healing Histories* the chronicle of a public health crisis told by those who experienced it. While there are footnotes and the occasional chart, she and her informants have fashioned something that is a far cry from the analysis-based text found in a typical scholarly monograph. Reconfiguring her role as author, Drees opens space for Aboriginal and non-Aboriginal collaborators to share their narratives and, in doing so, construct a Native-centric history of the Canadian Indian Health Service and the war on tuberculosis. This methodology at times may seem somewhat disjointed, but the occasional ambiguity does not substantially detract from the volume. *Healing Histories* makes a significant contribution to First Nations and American Indian history because Laurie Meijer Drees and her informants have done something rather remarkable via the printed page: they have convened a talking circle and invited readers into that unique and healing space of sharing to sit down, listen, and learn.

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