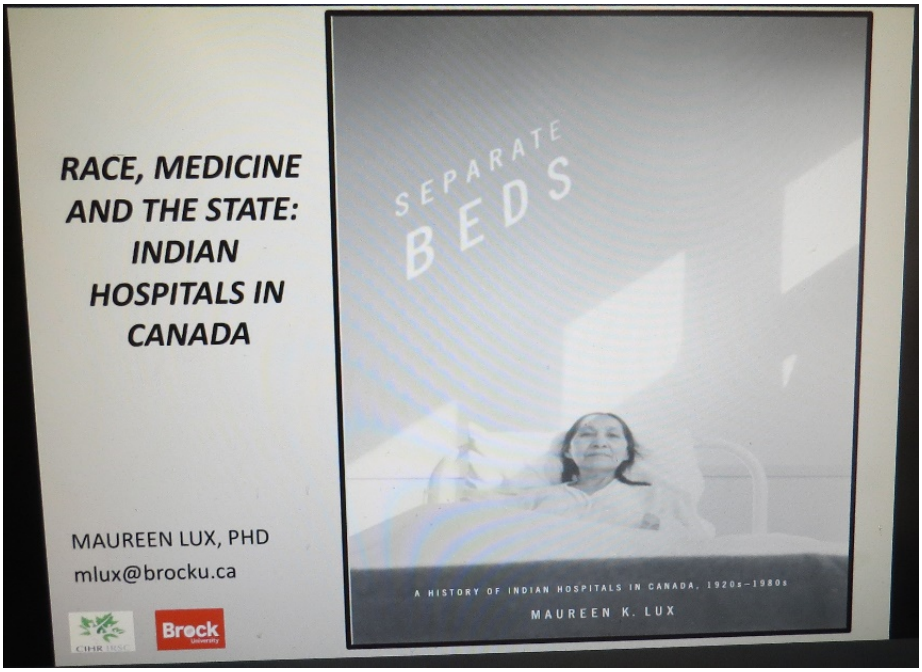
History of Segregated Indian Hospitals in Canada,

a summary of a December 4, 2018 webinar with the author of the book

SEPARATE BEDS, Race, Medicine, and the State: Indian Hospitals in Canada

(a history of Indian hospitals in Canada, 1920s - 1980s)

by Maureen Lux, PhD, Brock University.



Cover page photo: Mrs. Susan Philippe at Charles Camsell Indian Hospital, 1952.

THE HOSPITALS: These segregated hospitals were set aside for Canadian aboriginals, who were often characterized as a 'Dying Race.' Aboriginal people's health was generally ignored in previous centuries, except occasionally by missionaries, whose hospitals were sometimes funded by the federal government through the early 1900s. Treaty language implied that some responsibility should be taken by the government for native health. Starting in the 1920s, the hospitals slowly spread throughout the country, bringing western medicine to Canada's indigenous people. Often abandoned military or Alaska Hwy construction residences, or buildings attached to residential schools were used. By the late 1950s there were over 25 segregated Indian hospitals in Canada, including 3 in BC: one in Nanaimo, another (Miller Bay) outside Prince Rupert, and a third (Coqualeetza) in Sardis – near Chilliwack. There was also a Canadian government hospital ship, the C.D. Howe, which operated along the Pacific coastline. The hospitals were mostly established as a means of isolating or quarantining indigenous TB patients from the rest of Canada to prevent TB from infecting white communities. In 1953 a new law basically 'criminalized' Indians with ill health. Hospitals became places of 'mandatory detention,' whose escapees or runaways became 'fugitives.'

These hospitals were generally funded for about 50% less than white hospitals. With their lower salaries and lack of training facilities, they tended to attract lesser quality medical personnel who couldn't get work elsewhere. On the other hand, they served as a good place for aboriginal people to find stable local employment. The indigenous staff, while untrained in medicine, was able to help mitigate patient alienation and harms, and were often used as (mostly unpaid) translators and cultural brokers for vulnerable patients.

This system was in contrast to that used in Alaska, which also faced a TB epidemic. In Alaska, the government trained local aboriginal people in medical professions, where they ran local healthcare centres; patients remained in their local communities as much as possible.

INDIGENOUS HEALING: Indigenous healers were seen as competitors by both western doctors and missionaries, and use of them was widespread in native communities. This included sweat lodges, use of willow bark and herbs, etc. It was very difficult for patients to access these while in hospital, which contributed to the sense of alienation.

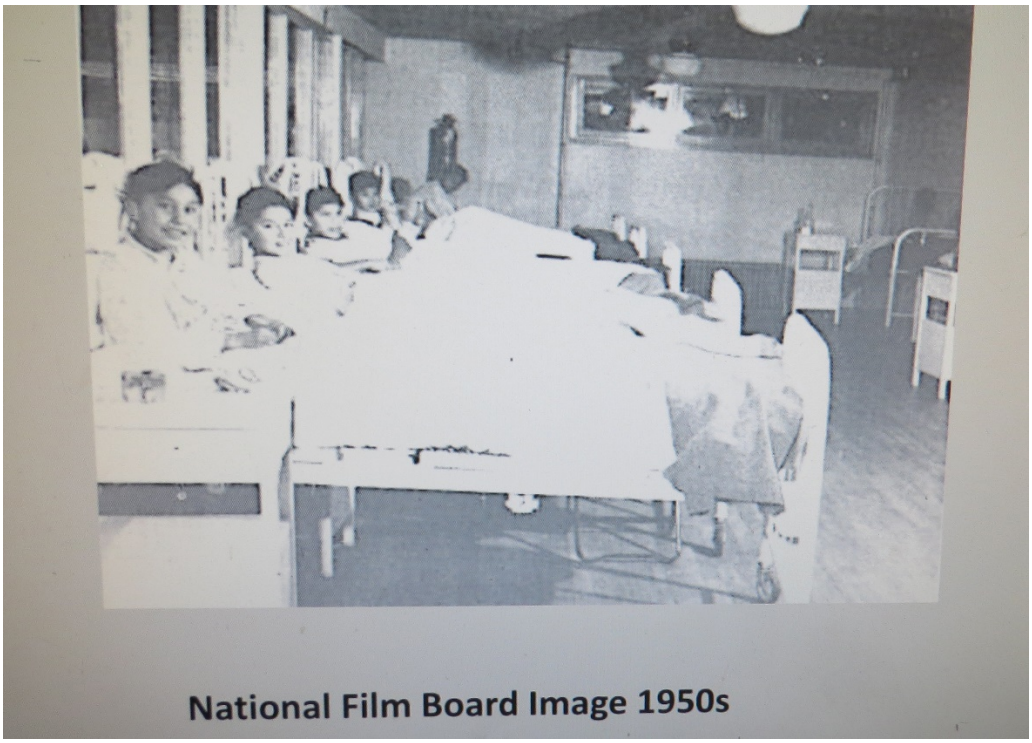
PROPAGANDA: Image above on LEFT was taken aboard the C.D. Howe, a Canadian government hospital ship which removed indigenous people of BC, Yukon, and NWT who were ill with TB for treatment, often without properly identifying children; they were forcibly separated – which would, in many case be forever – from their parents, even denying adults, especially those who were illiterate or could not speak English, ways to keep in contact with or eventually return to their families and communities. Image on RIGHT was a posed government public-relations photo with people aboard looking like an intact and happy Inuit family enjoying a meal together. Note they are wearing fur suits inside the presumably warm vessel. Getting the patients back to their home communities was not a high priority; in fact, removing residents from their home communities or any mistreatment they experienced was often rationalized as being 'better than in their home communities.' This attitude, similar to that used to justify removing children to go to residential schools, has most recently been seen again in the USA when immigrant infants and children are forcibly removed from their parents who are seeking asylum or a better life for their families without identifying them in a way that will enable them to keep in touch and eventually be reunified.

Miller Bay Indian Hospital, near Prince Rupert, BC
1947

Source: JRW1267, Prince Rupert Archives and Museum

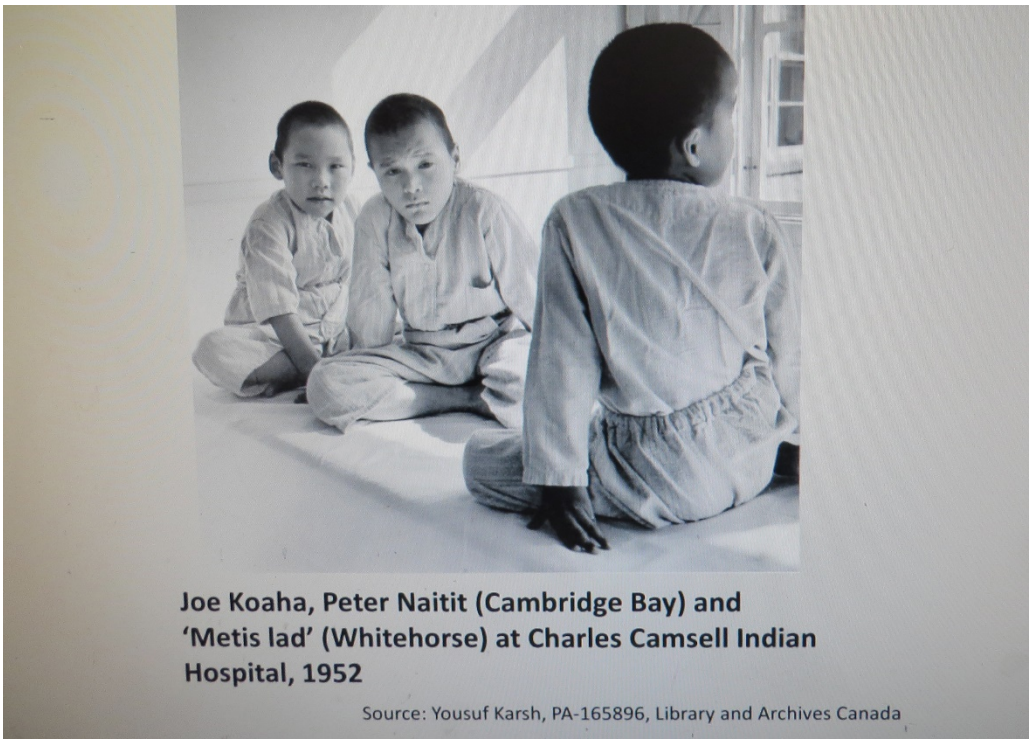
Aboriginal hospitals were often situated right next to white hospitals (see Sioux Lookout, ON). When a segregated hospital was not available, indigenous patients (like Asian immigrant patients who suffered the same indignity) were usually confined to segregated floors and/or wards. This was particularly true in Canada's North and western provinces/territories. The hospitals were not just for TB. They were also used for obstetrics and infections, and other ailments. Unfortunately, many such patients contracted TB in these hospitals.

Nanaimo Indian Hospital, Nanaimo BC
ca 1948



National Film Board Image 1950s

Happy ward of kids in segregated hospital are shown in this public relations photo. It was reported that unnecessary casts were often put on kids to keep them in bed. Their condition was euphemistically referred to as “castitis.”



Joe Koaha, Peter Naitit (Cambridge Bay) and ‘Metis lad’ (Whitehorse) at Charles Camsell Indian Hospital, 1952

Source: Yousuf Karsh, PA-165896, Library and Archives Canada

More realistic photo of three young boys, at Charles Camsell Indian Hospital: Joe Koaha, Peter Naitit (Cambridge Bay), and unknown "Metis lad" from Whitehorse, 1952.

ABUSES:

Involuntary sterilization, a paternalistic policy of the past, continues to some extent into the present day. Women in the north would be evacuated to these hospitals for their first and fifth pregnancies. They were either strongly advised, or tricked into agreeing to sterilization following the fifth pregnancy. Consent forms were unclear, and particularly hard to

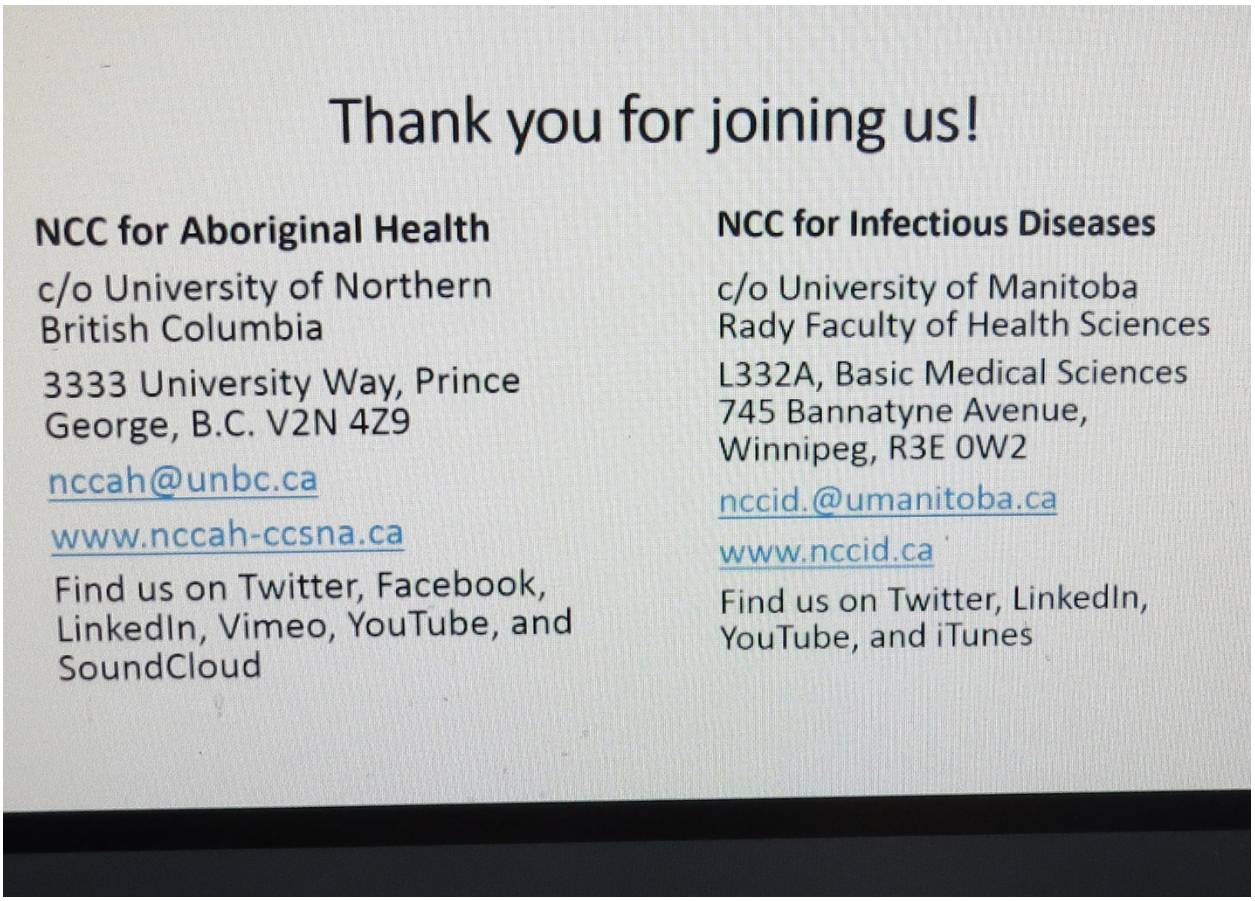
understand for those whose command of English was poor. In essence, these vulnerable women were bullied into compliance.

Mental illness and synergy with residential schools. Besides many patients sent originally for other ailments contracting TB at these hospitals, there was a second epidemic of mental illness resulting from physical and mental abuse suffered while in these hospitals' care. In many cases, this was exacerbated by abuse patients received in the residential school system. The schools and these hospitals often worked in tandem, and lots of records of this abusive system were lost.

Unethical research took place in these hospitals. The Fort Qu'Appelle Indian Hospital was built to foster more hospital births, specifically as a way of testing the new TB vaccine on infants. Ironically, though it was found the vaccine worked well, 20% of the infants born in this hospital died before their fifth birthday of non-TB related causes.

POLICY CHANGES: In the 1950s, moves began to shut down the hospitals as too costly. Some were 'quietly closed' to make way to putting aboriginal patients into community hospitals. Ironically, at this point, many First Nations objected to this as loss of hospitals of which they were increasingly feeling a sense of ownership. Closure would mean a loss of local medical care and of local jobs as well. In addition, it was seen as an abdication of federal treaty obligations to provide healthcare to aboriginal people.

Finally, in 1979 the federal government officially took over indigenous healthcare with the Non-Insured Health Benefits (NIHB) program. However, like the provincial governments before, the federal government was not committed to keeping patients near their home communities; rather, they determined it was less expensive to move patients than to build hospitals. So remotely-situated patients still faced transportation challenges and separation from loved ones, a policy which continues largely into the present (though tele-health is looking like a promising approach). With collective memories of such a history as described above, it is easy to see why aboriginal patients and their families approach healthcare very fearfully and tentatively. This contributes to the great inequities in native healthcare which remain.



RESOURCES: You can **request a recording of this webinar** from both the National Collaborating Centre for Aboriginal Health and the NCC for Infectious Diseases; see contact info above.

Two other excellent resources are:

- The online Canadian Encyclopedia entry on “Indian Hospitals in Canada” – https://www.thecanadianencyclopedia.ca/en/article/indian-hospitals-in-canada
- Medicine UNBundled: A Journey through the Minefields of Indigenous Health Care, by Gary Geddes. (Heritage House, 2017).