

# Indigenous Histories of Tuberculosis in Manitoba

Issue 4: Winter 2015

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Happy New Year! Since September, work has been continuing on the "Indigenous Histories of Tuberculosis in Manitoba, 1930-1970" project. In November I had the pleasure of visiting Maureen Mathews, Curator of Ethnology at the Manitoba Museum. She showed me some of the carvings by Inuit patients at Ninette Sanatorium that are preserved at the museum. More recently, the University of Winnipeg awarded the project a Major Research Grant. Funds from this grant will be put towards research assistance to undertake archival research work and transcription of oral history interviews. I am currently seeking matching funds through a Manitoba Heritage Grant. An abstract on age and sanatoria experience entitled "Historical Perspectives on Indigenous Children in Manitoba Tuberculosis Sanatoria, 1940-1960" was submitted and accepted and will be presented at the Native American and Indigenous Studies Association Conference in Washington DC in June, 2015. During the fall and into the winter, research at the archives has continued and focuses on information relating to the history of rehabilitation at the TB sanatoria.

# Clear Water Lake Indian Hospital



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Clearwater Lake Indian Hospital. Library and Archives

**Location:** Lake Atikameg, 26 miles northeast of the Pas, Manitoba

**Dates of Operation:** Clearwater Lake Indian Hospital 1945-1958; Clearwater Lake Hospital 1958-1965 **Number of Beds:** 190 at maximum

We are featuring sanatoria in Manitoba that were operated by the Sanatorium Board of Manitoba. The summer 2014 issue covered Dynevor Indian Hospital and the fall 2014 issue covered Brandon. In this issue, we look at Clearwater Lake.

Clearwater Lake Indian Hospital was a United States Army field hospital built in 1943. It was purchased by the newly-formed Department of National Health and Welfare and repurposed in 1945 as an Indian Hospital. It was run by the Sanatorium Board of

Manitoba on behalf of the federal government. Over the course of its history, Clearwater admitted over five thousand patients including First Nations, Inuit, Métis, non-Treaty and non-Indian people, and it also treated non-tuberculosis patients.

Instead of building new hospitals, like patterns in hospital building in mainstream Canada, when First Nations need for hospital services expanded, the federal government commonly repurposed army buildings constructed during the war. But such wooden barrack-like structures were built hastily and meant were to be temporary and so many problems arose when they converted to permanent structures. For example, according to the Sanatorium Board of Manitoba's *Annual Report* of 1945, there were physical plant problems ranging from inadequate staff housing, poor ventilation, wooden flooring, the heating system was a fire hazard, lighting was poor, short smoke stacks allowing

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soot and flue gasses to settle on hospital grounds and buildings and inadequate electrical power supply and coal storage space. It was feared that the valves from the steam system in the hallways would scald passersby. By 1947 there was a considerable problem of overcrowding, which meant that beds were far too close and that staff were not able to segregate infectious patients. The hospital had in fact never been used before it was taken over by the Sanatorium Board, and was never intended to serve as such a large institution.

In the early years, the hospital thus also suffered from a lack of medical equipment. Perhaps the most important equipment to arrive at Clearwater Lake in terms of its reputation in the eyes of the Sanatorium Board, was the x-ray lab materials. Clearwater Lake, over its short life, became an important diagnostic centre for the north and a base for northern preventive surveys. The hospital processed all of

the x-rays from the Sanatorium Board's northern TB surveys and clinics. Indeed, there were literally hundreds and thousands of x-rays interpreted at Clearwater Lake Hospital.

While staff and administrators struggled to maintain the buildings, it is clear that for patients, Clearwater was far from an ideal place for healing. Due to the hospital's isolation and treatment program, many patients had long hospital stays at Clearwater. Exercise was restricted more than usual at Clearwater, perhaps due to shortages in staff. There were at least two fatal cases in which patients ran away from the hospital. We are very interested in learning more about the hospital from the perspectives of people who were patients and employees at Clearwater.

## Indigenous People, Health and Mainstream Media in Canada

Mainstream media content about First Nations, Inuit and Métis people is often depressing. Indeed, many have argued that media depictions of Indigenous people and their stories have been narrow and damaging. For example, Mark Cronlund Anderson and Carmen L. Robertson in their book *Seeing Red: A History of Natives in Canadian Newspapers* (University of Manitoba Press, 2011) argue that mainstream newspapers depict Aboriginal people as exemplifying “three essentialized sets of characteristics – depravity, innate inferiority, and a stubborn resistance to progress (6).” Such depictions are not truthful or original but are produced subjectively in a context in which media is controlled and largely consumed by a colonizing settler population invested in the dispossession and invisibility of Indigenous people. It is important to acknowledge that there have been significant challenges to this narrowing of media content and the way it is told. However the news about Aboriginal people seems to be getting even more and more saddening these days and stories that resist what CBC reporter Duncan McCue refers to as the “4 Ds” of news reporting on Aboriginal people – drumming, dancing, drunk or dead – are few and far between. (For more see McCue’s website Reporting In Indigenous Communities [www.RIIC.ca](http://www.RIIC.ca)).

Sickness, dying and death are major themes in media content on Aboriginal people in Manitoba and they were just as prevalent in the time period we are examining in this project, 1930 to 1970. If you read a paper in Manitoba in the 1930s and 1940s and only learned one thing about Native people, it would be that they are sick and dying of tuberculosis. If you learned a second thing, it was that the

Sanatorium Board of Manitoba and the federal government were doing stellar work in addressing the problem. According to a survey of over five hundred Manitoba newspaper articles conducted as part of this project, graduate student Jessica Kolopenuk found that tuberculosis stories covered a number of themes including “Indian” and “White” rates of tuberculosis infection and deaths, x-ray surveys, treatments and hospital personnel. She also found that articles were consistently celebratory of the work of the Sanatorium Board and the government of Canada in their ways of dealing with tuberculosis among Indigenous people.

However Kolopenuk also found that there was change over time in the way stories about tuberculosis unfolded in the media. In the 1930s, an individual’s “risk” of contracting TB was understood as a matter of the presence or absence of Indian blood and proximity to Indian people whereas by the 1960s, living conditions, rather than biology were increasingly seen to blame for higher rates of TB among First Nations people. In the 1940s, media attention shifted to the development of medical facilities for treaty Indians including Dynevor and Fisher River hospitals and the launching of TB control plans including x-ray surveys. Such articles assured the public that the ‘threat’ of Indian TB was being managed and that control was within reach. Pride about this action swelled as TB rates improved in the 1950s and 1960s, and yet the focus remained on Indian and increasingly Inuit ill health, and papers warned against “TB Complacency.”

Media reflects and shapes the relationship between Aboriginal and non-Aboriginal people, so we cannot simply ignore its content, much as we may want to. Engaging critically with it can identify ways to transform this relationship for the better.

# Education and Occupational Therapy

Because of the distinct time period and the long-term nature of treatment, the hospital experience of tuberculosis patients is quite different than how we might think of it today. Laurie Meijer Drees argues in her book *Healing Histories: Stories from Canada's Indian Hospitals* (Edmonton: University of Alberta Press, 2013), that Indian sanatoria were unique socio-medical worlds where a distinct culture of healthcare was developed. These worlds involved different forms of communication and recreation but also distinct modes of moral and social regulation, resistance and recovery.

Bed rest was a main element of the treatment of tuberculosis and so many patients spent their time in sanatoria reading, playing cards, listening to the radio and perhaps playing music. Additionally, all of the sanatoria operated by the Manitoba Sanatorium Board provided education, occupational therapy and rehabilitation services. Schoolwork and craftwork were the main form of rehabilitation therapy offered at Indian hospitals until the mid-1950s.

From the late 1940s, all hospitals run by the Sanatorium Board had their own programs of education, usually for only a very limited number of hours during the day, either in bed or in the classroom. Indian hospital educational programming was undertaken by teachers hired by Indian Affairs. They emphasized "the '3Rs'" and endeavoured to provide curriculum for grades one to eight. If it was available close by and their health had improved, some of the patients accessed high school education while staying at the sanatorium.

"Handwork" or "Handicraft" was a central part of occupational therapy offered to Indian patients. This included a range of art and craftwork including embroidery, beadwork, knitting, leather and wood work, soapstone carvings, weaving, basketry, hooking, drawing and painting, needlework and crochet. Exhibits of articles made by patients were held at Polo Park, Brandon Fair, the Pelican Agricultural Society Fair, the Indian and Métis Conferences in Winnipeg, the Manitoba Education Association Convention and elsewhere and patients sometimes also sold their work to make some spending money. In 1960, the Sanatorium Board of Manitoba reported selling "over 550" dollars worth of articles made by

patients and the following year, the hospitals took orders for soapstone carvings, beadwork, moccasins and mukluks.

In these and other ways, the practice of traditional the Indigenous skills was in some measure encouraged in the sanatoria. But the philosophy of Indian rehabilitation overall suited prevailing efforts to assimilate and integrate Indigenous people into the Canadian society and economy. In a future issue of the *Newsletter* I will write more about "Indian Rehabilitation" with respect to a distinct rehabilitation program developed in 1957. Unlike the rehabilitation program for non-Indians, "Indian Rehabilitation" emphasized social adjustment, integration and citizenship training.



## Introducing the Principal Investigator

My name is Mary Jane McCallum. I grew up north of Barrie, Ontario and am a member of the Munsee Delaware Nation near London. I moved to Manitoba from Ontario in 2001 to undertake a Ph D in History at the University of Manitoba. My academic training focused on Indigenous health, education and labour history, women's history and the history of race and colonization in Canada – areas where I continue to teach and conduct research. I finished my Ph D in 2008 and I am an Associate Professor in the Department of History at the University of Winnipeg. For list of my work, including back issues of this *Newsletter*, see: <https://www.uwinnipeg.ca/index/history-mccallum>

**Thank You-  
Anushiik**

**Did you or a family member spend time in a sanatorium in Manitoba being treated for tuberculosis between 1930 and 1970?**

**Did you work at a tuberculosis sanatorium in Manitoba between 1930 and 1970?**

**Would you like to be interviewed about your experiences?**

**If so, please contact Dr. Mary Jane McCallum, at [M.McCallum@uwinnipeg.ca](mailto:M.McCallum@uwinnipeg.ca) or Dr. Kathi Avery Kinew, at [kathiaverykinew@manitobachiefs.com](mailto:kathiaverykinew@manitobachiefs.com)**

In Memoriam: We regret the passing of Paula Okemow on January 1, 2015. Paula was a researcher on this project and an exceptionally thoughtful and generous person. We gained much from her friendship and she will be deeply missed. Condolences to all those who knew her.