Project Update

Work on the “Indigenous Histories of Tuberculosis in Manitoba, 1930-1970” project continues and we are excited to report about our activities. Since our last newsletter, the research team has attended the TB Forum on March 24, 2014 at the University of Manitoba and continued to undertake archival research of the Sanatorium Board of Manitoba records at the Manitoba Archives. In addition, oral histories have been initiated with individuals who have spent time in sanatoria. Research team members have participated in three Oral History Workshops (Introduction to Oral History, Audio Recording and Transcribing), run by the Oral History Centre at the University of Winnipeg. We have presented on the First Nations history of Tuberculosis to the Selkirk “AAA” (Aboriginal Academic Achievement), corresponded with family members of ex-patients and met with nursing leaders at the Sioux Lookout First Nations Health Authority concerning their project to study the oral histories of sanatorium survivors from northwestern Ontario, and to discuss possible partnership and collaboration. In this issue of the newsletter, we will begin a three-part series on Indian Sanatoria in Manitoba starting with an examination of Dynevor Hospital. Two researchers on this project, Mary Horodyski and Felicia Sinclair, are also introduced, and the oral history research of the project will be discussed.
Our research so far on Dynevors has been restricted to the archives and newspapers. We have learned that from the early 1940s, the hospital admitted a fair number of patients from Indian schools. In 1955, still nearly one third of the patients were children. We also learned that especially in the early years, death was common, with between 0-5 deaths (out of 50 patients) each month.

Outside of the hospital buildings, the grounds of the sanatoria were significant and included a large garden that supplied some of the food for the hospital. Yet the hospital buildings themselves left much to be desired. The buildings were older, and were drafty in the winter and hot in the summer. There were bugs and rats, paint peeled away from the ceiling and walls, there was poor insulation and wiring, and damp, unventilated and smelly bathrooms. There was a constant concern about fire.

The hospital struggled to ensure enough nursing staff, a problem that was compounded because of a general nursing shortage in the province at the time. Several of the nursing and domestic staff were Aboriginal.

Dynevor closed in 1958. As TB was coming “under control” in the province, patients were moved to other hospitals for treatment. Part of the original hospital is still standing.

Over the next few issues of this newsletter, we will be featuring three sanatoria in Manitoba that were operated by the Sanatorium Board of Manitoba.

Dynevor Indian Hospital is located in Selkirk, Manitoba. The buildings and grounds of Dynevors Hospital were purchased by Indian Affairs from the Anglican Diocese of Rupert’s Land in 1940. Previously, the Diocese had operated an Indian Hospital and Home there since 1896. First Nations patients from Ontario, Saskatchewan and Manitoba went to Dynevors. From the early 1950s, some Inuit patients went to Dynevors also. Apart from providing rest and nursing service, it had limited treatment and diagnostic facilities.
Meet Members of Our Research Team: Mary Horodyski and Felicia Sinclair

Winnipeg student researchers Mary Horodyski and Felicia Sinclair have been working on the TB project for many months. Here’s what they had to say about their work.

Mary Horodyski

I have a B.A. in History from the University of Manitoba and an M.A. in History from Concordia University. I am currently working on my second M.A. in History in the Archival Studies programme at the University of Manitoba. My thesis examines the archival and social justice issues regarding records for people labelled with intellectual disability who have been institutionalized in Manitoba.

In the Indigenous History of Tuberculosis in Manitoba project, I am examining the historical records of the Sanatorium Board of Manitoba. These records include documents from the sanatoria, hospitals and community surveys, scrapbooks compiled by Sanatorium Board staff, films and photographs.

When I talk about this research work with others, it is interesting to me that many people do not know that Manitoba had racially segregated hospitals and sanatoria up until the
mid-1960s. Conducting this kind of research is important as it brings to light some of the hidden history of our shared past. Examining and understanding the historical structures that promoted, and continue to promote, inequality may help to change our present and our future.

I am also a research assistant with the Digital Archives and Marginalized Communities project at the University of Manitoba. In this project, I work with a digital database of news media articles concerning missing and murdered Indigenous women in Canada. Recently I joined a newly established working group that hopes to archive records related to disability rights in Manitoba. My short- and long-term goal is to continue to work in projects that promote social justice.

**Felicia Sinclair**

I am currently working towards a B.Sc. in Biopsychology from the University of Winnipeg. My intention is to research areas related to the psychological health of the Indigenous population of Canada.

The Indigenous History of Tuberculosis in Manitoba project has allowed me to examine historical records from the Sanatorium Board of Manitoba relating to Indigenous health and gain an in depth understanding of the obstacles that Indigenous patients faced historically, and are still mirrored today. I have focused mainly on correspondence and administration files. A large portion of the documents I have reviewed are the Sanatorium Board Committee minutes. The committee minutes have revealed significant historical information regarding the segregated treatment of Indigenous patients, relocation of Indigenous patients, and other information regarding the social stratification Indigenous patients and their families experienced.

Being a researcher on this important research project has provided me with a better understanding of the complex relationship that existed and still exists today in Canada and the Indigenous people in this country. I believe it is crucial for health care providers providing care to Indigenous people in this country to have this understanding as well. It is my hope that this project will enlighten the health care community here in Manitoba as well as the rest of Canada.

In the future, I plan to apply the knowledge I have gained while working on this project regarding the historical significance of the segregated treatment of the Indigenous community here in Canada when I conduct research of my own in the field of psychological health.
In our project, we are aiming to collect, analyze, and preserve life histories of First Nations people who had tuberculosis and spent time in sanatoria in Manitoba. We are using a “Life History” approach to the oral histories, which encompasses the full experience of an individual and contextualizes an important time period in one’s life within the larger context of one’s lived experiences. This approach will contribute to a fuller understanding of the historical experience of hospitalization and its legacies.

Rather than developing a pre-defined set of questions, the method of interviewing is to encourage people to tell the story of his or her life in their own words. Interviewees are also asked questions about their experiences of TB including how communities defined and treated TB, the process of and resistance to relocation to hospitals, band involvement and communication with hospitals and medical staff about patients, impacts of relocation on families, homes and communities, rehabilitation, perspectives on medical treatment and rehabilitation at the hospitals, post-sanatorium experiences and reflections on long term legacies of hospitalization.

There are five key procedures in life history collection are gaining consent, filling out the questionnaire, interviewing, transcription, and storage. Participants are compensated and treated to a meal and offered a copy of the interview that results from the process.

We have presently budgeted time and funds for ten pilot interviews, some of which have already been undertaken. Four of the research team members have been trained through workshops held by the University of Winnipeg’s Oral History Centre on the general and technical aspects of doing oral history. We feel that the oral history component of the project is vital to ensuring a thorough understanding of the history of tuberculosis from the perspectives of First Nations people. It is out of respect for the knowledge that is provided in the interviews that we are ensuring that the interviews are of the highest quality possible, skillfully recorded and carefully stored and, if the participant wishes, archived for later generations to share. If you are interested in taking part in this aspect of the research by providing an interview, or know someone who may be interested, contact m.mccallum@uwinnipeg.ca

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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, see: https://www.uwinipeg.ca/index/history-mccallum

Thank you for reading this newsletter. Please contact me if you have any feedback at M.McCallum@uwinipeg.ca.

In The Next Issue: Learn about the Brandon Sanatorium in Brandon Manitoba and its role in First Nations histories of TB in Canada