Review: *Healing Histories: Stories from Canada’s Indian Hospitals*

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Canada’s public health system is a touchstone of national identity, yet, despite an ostensible commitment to universality, substantial inequities have existed in the way Canada has delivered health care to its citizens. One of the most salient examples of such inequalities was the separate system of Indian Hospitals that was operated by the federal government between the 1940s and the 1970s. In all, twenty-two of these institutions, located primarily in Western Canada, were opened as segregated spaces to which Native Canadians were sometimes confined for years at a time. Calling attention to these institutions is the substantial project of Laurie Meijer Drees’s *Healing Histories*, and her book is a compilation of personal narratives from people who experienced the Indian Hospitals system as patients, family members, caregivers, and workers.

The most striking features of the book are its organization and its narrative structure. With the exception of the first, each of the six chapters comprises a brief interpretative introduction followed by two or three “stories,” largely oral histories, but also written reflections and, in one instance, an excerpt from a stage play. Deploying an approach that she understands to be consistent with Aboriginal storytelling traditions, Meijer Drees presents these stories in the teller’s voice, with a minimum of obvious editing or authorial intervention. In doing so, she deploys an Aboriginal-inspired pedagogy that relies on the juxtaposition of related narratives and places much of the interpretative burden on the listener, or reader.

Meijer Drees is careful to advise the reader that the stories that she relates ought not to be understood as oral histories in the conventional sense. She sees each story not as something selectively to be looted of artifacts useful to the historian’s quest for evidence, but rather as an integral whole – part of the teller’s “personal energy” (xxi) – shared in good faith, and imparted as a lesson. This does not mean that Meijer Drees understands her role to be that of medium or scribe. She stresses the relational nature of storywork, and in her understanding of the tradition, as a listener, she has as much responsibility for the story as the teller. The listener is obliged not just to share stories, but also to insert herself into the life of each one by bringing to bear her own analysis and experience. As an historian, therefore, she is responsible to use her training as a scholar to add context to stories as she passes them on down the chain of recipients.

Readers who expect a careful cataloguing of the grim histories of the Indian Hospitals that locates them within the archipelago of Canadian colonial institutions would be best to wait for publications by scholars like Mary Jane McCallum, Maureen Lux, Leslie McBain, and Meijer Drees herself. The author is careful to point out that her
project in writing this book is not to engage directly with the larger scholarship on colonialism in Canada; neither is it specifically to shine a light on particular colonial practices. Rather, it is to engage in a radical experiment in the decolonization and democratization of scholarship. While she does use her historian’s introduction to locate the Indian Hospital system within the larger context of the social and political relationship between Aboriginal communities and the Canadian state, she specifically avoids framing the stories that she shares within meta-narratives of colonialism and resistance or reinterpreting the stories themselves though a critical framework. Instead, she leaves this task to the reader. By letting her informants’ narratives stand without much adornment, Meijer Drees shows unusual epistemic humility, authorizing both her informants and her readers and making an overt commitment to learning traditions outside of the academic mainstream in which she is trained and works. This is a courageous move, but one that may be unsettling for readers accustomed to more traditional approaches, and it may be unsatisfying for those readers seeking a more authoritative history. Meijer Drees is not unaware of the risk she takes, and she deflects the anticipated criticism that her approach, because it lacks an obvious interpretative lens, is unfocussed and theoretically weak with the argument that her juxtaposition of multiple, contradictory narratives and her refusal to present a single, authoritative version, falls neatly within the post-colonial project.

There is a definite arc to the way that the stories are arranged. The author begins with a chapter on tuberculosis itself, introducing the general reader to the disease as it manifested in Canada and the range of treatment regimens offered to Aboriginal and non-Aboriginal sufferers. Subsequent chapters peel back successive layers. Chapter 2 supplies something of an institutional biography of the Indian Health Services, Chapter 3 examines the institutions themselves, Chapter 4 locates these hospitals within their wider communities by juxtaposing stories of patients and families, and Chapters 5 and 6 are primarily concerned with the delivery of care itself. Early-on, the author relies partially on oral histories gathered by other parties, and the interview subjects tend to be Euro-Canadian nurses and nurse-administrators with whom the author has no relationship, whereas the latter half of the book is built almost entirely around the stories of Aboriginal people who lived, worked, and visited relatives in the Indian Hospitals and with whom Meijer Drees has made a personal connection.

The final chapters afford the reader the best opportunity to see the rather sunny representations prevalent in the early pages of the book juxtaposed with the more sanguine recollections of informants who lived or worked at the Indian Hospitals on a long-term basis. While the stories throughout the book are suffused with humour, optimism, and a celebration of survivance, Chapter 5 supplies narratives that are most self-evidently about the relationship between resistance and healing and which most openly celebrate the personal and cultural agency of those who negotiated the system as patients. Meijer Drees borrows her chapter title, “Snuywuyulth,” from the Hul’qumi’num philosophy for maintaining good health (125), and the chapter is concerned with the persistence of Indigenous healing traditions within the Indian Hospitals and the interplay between biomedical and cultural understandings of healing.
The last chapter is concerned primarily with the hospital labour complex, and it is here that the author’s technique of juxtaposition delivers some of the clearest evidence of racism and inequality. In contrast to recollections of racial harmony supplied by former Camsell Director of Nursing Eva Taylor in Chapter 2, Meijer Drees’s informants in that last section describe a rigid and authoritarian system that was rife with class distinction and racial hierarchy, one in which hospital workers were sorted not only according to their level of education and professional training, but also by their race. While employment and training opportunities were promoted as a means of uplift, especially for young women, Aboriginal women and men seldom rose above the lowest ranks of the hospital hierarchy, working predominantly in the kitchens and laundries, as cleaning and staff, and as ward aides. And while the hospitals may have functioned as important social hubs for the surrounding Aboriginal communities – one informant observed that in some ways they anticipated the creation of Friendship Centres (160) – as social communities, they remained racially segregated and detached from their host communities.

Although it will appeal most to scholarly readers, this book is both accessible and engaging, and it ought to find a readership beyond the academy. Students of oral history will doubtless be as interested in the epistemological and methodological challenges raised by this book as by its narrative and testimonial content. Some readers may, however, occasionally be frustrated by the concessions the author has made to make the book more accessible to the general reader, especially that much of the theoretical and historiographic discussion work is confined to the endnotes. While this may make the book friendlier and allows for more page-space to be devoted to the stories themselves, it does mean that the book feels “thin” in places.

However, like the stories it contains, this is a book that must be taken on its own terms. As the title would suggest, the author locates this book as both stories about healing and as a potential instrument of healing. The book opens with a short preface by Florence James, an elder of the Penelakut First Nation, on the nature of healing. James reminds the reader that “no modern medicines heal”; they are simply agents that act on the body, and they are ultimately alien and alienating (xvi). James understands healing is not a bodily act, but rather a process of empowerment that, by means of cultural practices, cleanse and protect the body, the mind, and living spirit. In this spirit, rather than dwelling on the relentlessly negative, Meijer Drees accentuates those elements within the stories that highlight the optimism, humour, determination, pride, hope and strength of the tellers.

Meijer Drees emphasises the agency of her informants, but it is hard to escape that few of the stories that she relates are ultimately suffused with much in the way of optimism, and some hint at still darker stories, yet untold. There remains much storywork to be done, and much healing. Comparisons to Indian Residential Schools, both explicit and implied, are threaded through the book. With the re-boot of Canada’s Indian Residential Schools Truth and Reconciliation Commission in 2009, Canada made some level of official commitment to coming to terms with the legacy of one set of colonial institutions. Meijer Drees’s book reminds us that the Residential Schools were only one part of a much larger institutional complex. Her work calls attention to the need for more work to be done, historically and politically, to come to terms with the impact of the
Indian Hospital System on individuals and communities, and on the relationship between Canada and North America’s Indigenous peoples.