Western Medicine as an imperial system – First Nations Health

Introduction:

- Defining colonialism
- Health & the imperial project
- 1. Imperialism & Disease
- Pre-contact health
- Contact & Infectious Disease
- 2. Imperial Health 'Care'
- Pluralism to assimilation
- Aboriginal health jurisdiction
- Federal Department of Indian Affairs

- 3. Imperial Health Personnel & Institutions
- Indian Doctors, Nursing Stations & Field Matrons
- Institutions
- Cultural loss & imperial health systems

Conclusion

Assessing the impact of colonialism

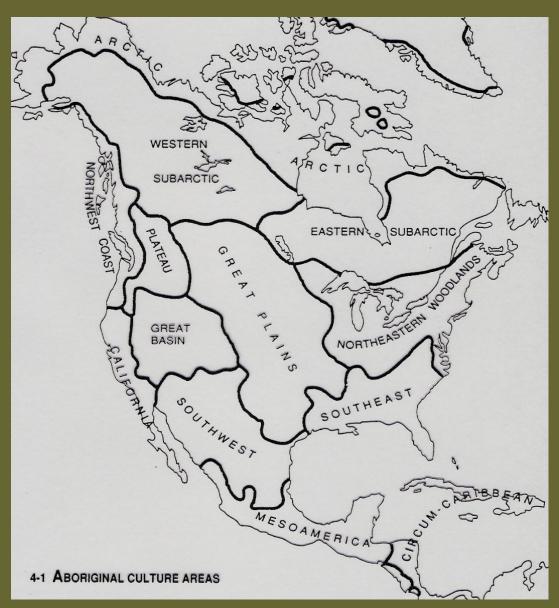
Defining Colonialism

- System of economic, political, social & cultural domination of one group of people over another
- Multi-faceted: land-ownership; governance; cultural & social beliefs

Health & the Imperial Project

- Contact: 16th century
- Empires: late 19th century
- Role of Medicine in European global domination
- Othering the Aboriginal body

Pre-Contact Health



- Canadian
 Aboriginal Groups:
 Arctic, Western
 Subarctic, Eastern
 Subarctic,
 Northeastern
 Woodlands,
 Plains, Plateau,
 Northwest Coast
- limited infectious diseases
- good diet

Pre-Contact Health

- practical, ritual & spiritual therapeutics
- healers = shamans, herbalists, medicine men
- health = balance of physical, mental, & spiritual

"Sammy said he dreamt about this disease. He was dreaming that some soldiers came over to Nemiah and shot this disease with all kinds of colours through the sky. That is why Sammy William decided to stay at Tsuniah a little longer."

Tsil"co"tin Narrative, "The Big Flu"

Contact & Infectious Disease

- Bacteriological invasion
- Death stats: 1/3
 Fijian population;
 Maori population
 shrunk from
 between 100,000 500,000 to 45,000
- Routes of disease transmission

Contact & Infectious Disease

- Dietary evolution
- Western diseases
- Loss of traditional knowledge & healing systems

For Native communities, the losses inflected during these years were irreplaceable. As cultural knowledge became increasingly concentrated in certain individuals within families, clans, and lineages, the loss of a person meant the disappearance of particular skills, stories, wisdom.

Mary Ellen Kelm, Colonizing Bodies.

Contact & Infectious Disease

- Long-term impact of tuberculosis in Aboriginal populations
- Highest deaths under age 30

Contact & Infectious Disease

- 1940s Health Stats -Aboriginal versus all Canadians:
- 7 times likely to die of pneumonia
- 13 times likely to die of whooping cough
- 9 times likely to die of influenza
- 46 times likely to die of measles

Pluralism to Assimilation

- Noble Savage
- Medical Pluralism
- Indigenousbodies = diseasedbodies

Pluralism to Assimilation

- 'saving' Aboriginals social control & assimilation
- aboriginal medicine = unscientific, irrational & dangerous

Aboriginal Health Jurisdiction

- British North
 America Act of 1867 'medicine chest'
- Federal Department of Indian Affairs est 1880 – Indian & Northern Health Service
- separate health system until 1945

"I do not believe that an Indian can be treated for any sickness unless he is hospitalized - he cannot be trusted to take medicine intelligently." Indian Doctor, 1940s

'Indian' Institutions

- Christian 'Indian' hospitals built 19th, early 20th centuries
- Dept of Indian
 Affairs funding
- Aboriginal & White hospital use

"Removed from the influence of the 'backward' home environment... boarders would be educationally and morally prepared to elevate their families and communities toward a Canadian ideal."

Historian Ken Coates

'Indian' Institutions

- residential school period: 19th century to 1960s
- living conditions
- death rates
- cultural loss
- intergenerational impact

Mary John 1913-2004

Stoney Creek Woman

'Indian' Institutions

- Inuit hospital ships from 1930s
- 1940s-1960s: transportation south to institutions
- peak period: 1/6th Inuit people being treated, average hospital stay of 28 months

http://www.youtube.com/watch?v=QZ-x7D47Oao http://www.youtube.com/watch?v=nBpM9Y5ibuA

The Necessities of Life

Raven & First Man Bill Reid