Project Update

It is punižhe-waniipakw-niipaahum, or falling leaf moon and time to check in again on the “Indigenous Histories of Tuberculosis in Manitoba, 1930-1970” project. In June, project researcher Felicia Sinclair had a beautiful baby girl named Winter Sequoia Sinclair. We wish them all the best! Over the summer, research at the archives has continued. In addition, oral histories were undertaken at Sagkeeng, Fisher River and St. Theresa Point. These interviews are crucial to gaining an understanding of the experience of sanatoria from the perspective of patients and we are very thankful to those who have shared their time and stories with us so far. We are pleased that sanatorium history has been the subject of two recent media broadcasts. APTN has undertaken a week-long examination of sanatoriums and Indian hospitals in Canada: (http://aptn.ca/news/2014/09/25/sanatoriums-indian-hospitals-infocus/) and earlier this year, the CBC produced a documentary on Canada’s Segregated Health Care (http://www.cbc.ca/thecurrent/episode/2013/01/30/state-of-care-documentary-canadas-segregated-health-care/). In this issue of the newsletter, we continue our series on Indian Sanatoria in Manitoba and focus on Brandon Sanatorium. Two researchers on this project, Paula Okemow and Kathi Avery Kinew will be introduced, and we discuss how age factored into sanatorium experiences for Indigenous patients.
We are featuring sanatoria in Manitoba that were operated by the Sanatorium Board of Manitoba. The summer issue covered Dynevor Indian Hospital. In this issue, we’ll look at Brandon.

The Brandon Sanatorium had been a military and veterans hospital and was purchased from the Canadian Army by the Department of National Health and Welfare after the Second World War. Brandon Sanatorium’s patients were mostly First Nations, but there were also Métis and White patients, and, from the late 1940s, there were also Inuit patients from the Central and Eastern Arctic at Brandon.

Brandon operated a full and complete sanatorium service, and had a resident surgeon. The most commonly performed surgeries were pneumothorax, pneumoperitoneum, pneumonectomy, thoracoplasties, and lobectomies. Patients at Brandon were exposed to and in some cases contracted other infectious conditions while at the hospital, including whooping cough, influenza, polio and fungal diseases.

Many of the patients at Brandon were very far away from home, and in her research, Felicia Sinclair discovered that the hospital invested in a tape recorder so that patients with relatives in the north could record messages for their relatives.

Felicia also found that racial segregation was reflected in the construction and renovation of wards at the Brandon Sanatorium. This was particularly evident as the buildings shifted purpose from military hospital to Indian hospital and again in the conversion from an Indian hospital to a rehabilitation hospital.

An Indian Affairs teacher was hired at the hospital and she focused on handicrafts instruction. Often the work patients produced was entered into local competitions for prizes and presented to guests and organizations affiliated with Brandon Sanatorium.

In the late 1950s and early 1960s, Brandon became Assiniboine Hospital and focused on rehabilitation, physiotherapy, occupational therapy and extended health. In Between 1958 and 1961 all of the remaining Indigenous tuberculosis patients at Brandon were transferred to the Manitoba Sanatorium at Ninette.

Location: Brandon, Manitoba
Dates of Operation: 1947-1959
Number of Beds: 350
Paula Okemow

I am currently working towards a Three-Year BA in the Urban & Inner City Studies Program at the University of Winnipeg. In the near future, I would like to work in an organization that involves working with youth at risk living in the inner city.

In the Indigenous History of Tuberculosis in Manitoba project, I have been examining archival records from the Sanatorium Board of Manitoba relating to tuberculosis among Indigenous people in the sanatoriums. These historical records contain logging information of monthly Committee Minute meetings and medical superintendents’ reports that records vital information such as patient censuses, per diem rates and the kinds of drugs administered to patients.

As part of the Indigenous History of Tuberculosis in Manitoba project, I have learned a great deal about the systematic racism Indigenous patients faced while undergoing treatment in the sanatoriums. Furthermore, this project has given me an opportunity to help raise awareness to others regarding tuberculosis among Indigenous people in these institutions. I believe that if we want to see positive change in the health care system, there needs to be collaboration with Indigenous people in the current health care system.

Since working on this project, I have utilized my skills and knowledge by teaching and promoting awareness regarding the systemic racism of Indigenous people in Manitoba sanatoriums.

(continued)
Kathi Avery Kinew

I have worked with and for First Nations for most of my life, including the past 14 years at the Assembly of Manitoba Chiefs, presently as Manager of Research & Social Development Initiatives. As a Ph.D. graduate from the University of Manitoba, and Masters in Social Work grad from the University of Toronto, I have long ago understood the most in depth learning I have been honoured with, is from Anishinaabe, Dakota and Lakota, Cree, OjiCree and Dene Knowledge-Keepers. For their sharing and patience, I am always grateful.

The Indigenous History of people’s experiences with TB and the Sanatoria, under the leadership of Dr. Mary Jane McCallum, is a very crucial history we can all learn from. From Dr. McCallum’s inspiration and long standing work in this area, the Assembly of Manitoba Chiefs has been pleased to be a partner on the Advisory Committee. During the past year, I also acted in the role of Research Assistant, in ensuring Project researchers in the Public Archives of Manitoba were paid, seeking to keep them informed and in touch, and undertaking interviews with people who did spend time in TB Sans across Manitoba, 1930s-1970s. This year, I hope to do more interviews with people willing to share, and would welcome anyone contacting me at AMC, or Dr. McCallum directly.

TB was known to me in our family history when my grandfather returned from WWI with TB and was immediately sent to a Sanitarium. In high school, a fellow student had TB but was able to live at home and attend school, while being treated with pills. My husband of four decades, the late Tobasonakwut Kinew, told me many different stories of the extent of TB throughout Shoal Lake and Lake of the Woods in the 1940s-1960s, personal loss of many relatives, and his own late diagnosis and experiences in Thunder Bay and Brandon Sans and Rehab (including great escapes).

The Indigenous history of TB and the segregated system of Indian Hospitals and Sanatoria needs to be as well known and understood in its impact, as Indian Residential Schools are becoming today. This project is the beginning, we hope, of more documentation of the oral and archival history, and bringing insights to the people who were patients and staff, their families, and to people working in health fields today, and those working to design a future of unified, effective, inclusive health care.

In this project, we have asked people to share their life histories, so that we can learn about the early years with family, their education and work experience to provide an overall look at each person’s life, and be better able to discern the disruptions they experienced, in having TB and being treated in Sanatoria. We wish to thank very sincerely the men and women who have shared their stories about how they contracted TB, their diagnosis, the journey to treatment and care and the loneliness they lived through, connections with Residential School or other schools, nursing stations, Indian hospitals, and any impacts felt in approaching health care today, for the people interviewed and their children and grandchildren.
It is becoming clear in the oral histories and archival research undertaken in this study that age was an important factor in the experience of sanatoria. Such an approach will help us to avoid generalizing while teasing out the particularities of sanatorium experience from the perspectives of patients. Understanding the factor of age in the sanatoria experience of Indigenous people is also important because it is consistent with Indigenous worldviews. For example, Iroquois, Anishinaabek, Cree and Métis people will often frame histories in terms of life stages, considering, for example, youth and Elders to hold particular responsibilities within and bring certain contributions and gifts to communities. As a historical methodology, life cycle analysis helps us to understand the changing meanings of life stages such as childhood and adolescence within historical context, and will often allow researchers to develop new sets of research questions related to the personal, social, cultural and developmental aspects of human experience that may not have been obvious using other methodologies.

Statistics on the ages of patients admitted to sanatoria in the years 1930 to 1970 changed over time. Initially, in the 1940s, the Canadian Tuberculosis Association targeted young adults, feeling that they were the most likely to “benefit” from the removal to a hospital setting, where they could also learn about mainstream values and norms. At the same time, it was felt that older patients should remain on reserves to be cared for by band nurses.

The ages of patients admitted to sanatoria in the years 1930 to 1970 changed over time. Initially, in the late 1930s, the Canadian Tuberculosis Association targeted young people, feeling that their experience and education at sanatoria would have the most effect in “rising the standards” of Indigenous people generally. At the same time, it was felt that older patients should remain on reserves to be cared for by band nurses.

As time went on, more and more children were admitted to the hospitals. As treatment for tuberculosis demanded long periods of rest and immobility, painful medical procedures and terrible tasting medications, the sanatorium experience was particularly difficult for them. The removal of patients during the stage of childhood could also mean more difficulties upon discharge. Many children were not able retain Indigenous languages or close relationships with their relatives and community members while in the sanatorium and faced difficulties communicating when they returned, if they returned at all.

The removal of adults from communities was no less traumatic. By this stage in life, many held a number of responsibilities including commitments to spouses, children, and to the political, social and spiritual life of the broader community. This is also true for Elders, who in many communities held important roles in guiding community members and protecting and transmitting cultural and historical knowledge.

As this is a line of questioning we will continue to pursue, please feel free to contact project lead Mary Jane McCallum if you have any thoughts on your experiences at a tuberculosis sanatorium in Manitoba.
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

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 Logan McCallum, at M.McCallum@uwinnipeg.ca or Dr. Kathi Avery Kinew, at kathiaverykinew@manitobachiefs.com

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

In The Next Issue: Learn about the Clearwater Lake Sanatorium near the Pas Manitoba and its role in First Nations histories of TB in Canada.