

## **Indigenous Motherhood and Indian Hospitals: Exploring the Impact on Generational Indigenous Mothering Using Feminist Ethnography as a Decolonial Practice**

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*Colonialism creates dehumanizing situations and alienates those who are colonized not only from themselves but also from their culture, language, and lands. Settler colonialism is defined as “settlement over Indigenous people and land” (Hart 25). Indigenous women in Canada were faced with colonizers who interfered with their matriarchy and egalitarian community values. Patriarchal views, which were at the core of colonialism, established controlling and eradication mechanisms in the form of “institutions such as Indian hospitals” (Brant 9). Both the physical and psychological abuse that was inflicted upon Indigenous women in Indian hospitals affected the mothering role and being mothered for both Indigenous women and children, which, ultimately, caused intergenerational trauma. Ethnographic storytelling and Indigenous feminism formulate a resistance as well as an activist stance towards colonial governments but also provide resources for a formal education for non-Indigenous people as part of a decolonial movement.*

### **Preface**

“It serves to remind us that ultimately Indian hospitals isolated and treated the consequences of colonization, and operated to maintain if not widen health disparities.”—Lux 19

“Aboriginal bodies were seen as experimental materials and Aboriginal communities were kinds of laboratories to pioneer new treatments.”—Lux 113

“Those who consented to treatment had no idea what they were consenting to. Those that refused were physically and sexually assaulted.”—Meijer Drees 99

The academic and personal evolution of this paper began in the summer of 2018 while I was enrolled in a directed reading course with my dissertation supervisor Professor Ruth Koleszar-Green. For me, this course was a reintroduction to Indigenous worldviews after many years away from Indigenous research and teachings. This course was the first time I had been taught about Indigenous worldviews from the perspective of an Indigenous faculty member versus the perspective of a white faculty member, which, therefore, introduced me to ethnographic literature written by and from the perspective of Indigenous matriarchs. After reading ethnographies by Maureen Lux, Laurie Meijer Drees, Beverly Jacobs, Patricia Monture-Angus, and Audra Simpson, I was exposed to both the historical and continuing impact of colonialism on Indigenous communities, especially Indigenous women and children, in Canada. I became overwhelmed with anger at the horror contained within these firsthand accounts of the life and death of Indigenous people in Indian hospitals, which were government institutions that demonstrated the way the government felt about Indigenous people, especially women. These hospitals highlight the intensive impact of colonialism, as they were tools of marginalization and eradication. Racial and biological differences between Indigenous and non-Indigenous people were magnified to blame Indigenous people for the diseases from which they suffered—tuberculosis, for example—because they were thought to be racially and biologically inferior. This history fuelled my desire to learn about my responsibility towards Indigenous people by digging deeper into understanding the physical and psychological experiences that occurred in these hospitals. I did this through writing a reflection paper, which was intended to be a jumping off point for me to figure out a way to create awareness about the impact of colonialism on Indigenous people, especially women, in Canada, and to be able to become part of decolonial movements. This paper turned into the present article and became not only a personal journey of learning my responsibility towards decolonialization but also a method to raise awareness about the past brutality Indigenous people experience in these hospitals by and the ongoing impact of colonialism on Indigenous people in Canada.

Weaving between ethnographic stories and the Truth and Reconciliation Report's Calls to Action allowed me to contextualize the historical impact of colonialism and realize its ongoing impact on Indigenous people especially women (TRC 109-20), yet I came to realize that the government has not fully followed through on the Calls to Action. Beyond the apology for residential schools, the Canadian government has done little to help heal the intergenerational trauma among Indigenous communities. As I will further expand upon in this article, there are many Indigenous people, especially women and children, who have not healed from the trauma of the past, which has had an intergenerational impact.

The quotes cited above are from ethnographic stories highlighting the way the Canadian government felt about and treated Indigenous people. The government created and operated Indian hospitals not out of its responsibility to provide healthcare for Indigenous people, especially women and children, but rather to marginalize, control, and eradicate a population (Walter 32). Regretfully, there are no government documents even within the TRC that reference the voices and/or exact numbers regarding the brutality and trauma experienced by Indigenous people in Indian hospitals. These experiences have usually gone unnoticed with focused on residential schools. Therefore, these quotations are significant for making connections to the historical and ongoing impact of colonialism as well as for amplifying Indigenous voices.

Through this initial research, I further concluded that I must take my lead from Indigenous women to whom I am responsible and accountable. As a white woman and guest of Indigenous women in Canada, it is my responsibility to prepare this article as recognition of the historical and continuing effect of Canadian colonialism on Indigenous women. It is my hope that such an article can contribute to decolonization in two ways: first, as a formal resource of learning for other non-Indigenous women about the impact of colonization and, second, so that non-Indigenous women can learn to take their lead from Indigenous women—a tenet of Indigenous feminism, which also takes an activist stance and works towards social change.

This article has three aims. First, this article addresses how Indian hospitals were created by the Canadian government, which enacted legislation and ignored treaties outlining proper healthcare for Indigenous people. Second, this article explores the historical and continuing impact (intergenerational trauma) of Indian hospitals on Indigenous women in Canada and children with respect to being mothers and being mothered. Third, it investigates what it means to be responsible and accountable to Indigenous women as a way to educate non-Indigenous women to be part of a decolonial movement.

### **Introduction: Mothering and Maternal Health in Indigenous Communities**

For me, this article is more than just words; it is about creating awareness about the brutality Indigenous women experienced in Indian hospitals through beatings, experimentations, forced sterilizations, and death. Such experiences have created lasting intergenerational trauma. In my research, I saw the psychological impact these experiences had not only on Indigenous women who could not biologically birth children due to forced sterilization but also on Indigenous children who no longer trust female figures due to being physically and psychologically abused. Even though I am not a mother, I recognize the significance of motherhood and being mothered, and that is

why I make these connections to women and children in Indigenous communities. The colonizers did not support Indigenous communities that were matriarchal and egalitarian, as they wanted to eradicate matriarchy in favour of patriarchy.

Ethnographies such as *Separate Beds* by Maureen Lux and *Healing Histories: Stories from Canada's Indian Hospitals* by Laurie Meijer Drees showcases the experiences of Indigenous women in Indian hospitals. In these works, Indigenous women and children describe their experiences of brutality in captivity: "Indian hospitals followed the mandate of colonialism. They were small, overcrowded, dirty, and dilapidated. Institutional segregation, isolation, forced sterilization as well as physical and mental abuse were common practice in these hospitals" (Lux 41). These oppressive institutions were enacted in order to reinforce the political, legal, and social structures of a patriarchal colonial society. Indigenous women, who were the matriarchs of their communities, were deemed unacceptable by colonizing bodies. Matriarchy, which was an egalitarian form of community composition, was at the core of many Indigenous communities prior to colonization. These communities held Indigenous women in the highest regard. Prior to colonization, Indigenous women were powerful guides who were led ceremonies, formed the centre of the family, and reared children. After colonialism; Indigenous women were forced to adhere to patriarchal norms that made them submissive to white colonial society. In her paper titled "Colonialism and First Nations Women in Canada," Winona Stevenson provides a discussion of the "rationalization of the subjugation and imposition of patriarchy via federal legislation" (44). British colonizers created and attributed binary definitions to Indigenous women, which maintained that the ideal woman involved subordination to men and not individual autonomy. Power and privilege do not belong to nonwhite women under patriarchal regimes (Stevenson 47). Patriarchy normalizes the notion that women, especially Indigenous women, are to be excluded from a place in society, specifically from decision-making processes. The colonial project "defined who was/was not an Indian and who did/did not get status and who lost their status and who was ineligible to gain access to resources" (Granzow 153). Therefore, the government implemented a patriarchal system of inheritance and lineage, which systematically disqualified Indigenous women, two-spirit people, and children from claiming their rights and status.

Furthermore, the existence of gender- and race-based discriminatory practices were perpetuated by the federal government as a way to justify the developments of Indian hospitals and pave the way for the disappearance of Indigenous people who were not deemed as part of white patriarchal colonial Canadian society (Brant 100). In their paper "Decolonization Is a Not a Metaphor," Eve Tuck and Wayne Yang discuss the colonization of Indigenous

people, especially women, by identifying how white settlers used such terms as “slaves, savages and unnatural” to establish negative stereotypes about Indigenous communities, especially Indigenous women, that continue to currently impact them (Tuck and Yang 4). The intersections of race and gender are obvious when examining the exclusionary procedures that exist due to the discourses of the racialized “other.” These discourses and concepts reflect a white patriarchal homogenous state that prohibits equality. Under patriarchy, women, especially Indigenous women, are often excluded from employment and education opportunities. Currently, Indigenous women are still not given personal autonomy, are still marginalized, and are not given access to resources to help them heal from past and persisting trauma from their experiences in residential schools and/or Indian hospitals (Granzow 38).

These studies helped me to better understand the colonial desire to eliminate Indigenous communities, which always started with the destruction of women’s roles. In Indigenous communities, motherhood and being mothered go beyond biology; they are about being raised within a community and a culture as well as having a connection to the land and one another. Without these bonds between Indigenous women and children, the community connection cannot be formed properly, weakening its strength. Principles of Indigenous feminism are important to this article because I believe that the Indigenous women who were personally impacted by experiencing the brutality in captivity or are now dealing with intergenerational trauma need to tell their stories in order to heal and create strong communities that begin and end with egalitarianism and matriarchal values. These stories become a window to the ongoing impact of colonialism and take an activist stance against colonial governments. Furthermore, by listening to these stories, we, as non-Indigenous people, can better comprehend the ongoing impact of colonization and our responsibilities towards Indigenous communities. This approach will pave the way for Indigenous communities to form alliances with non-Indigenous communities to support Indigenous women in their ongoing struggle to become part of decolonial movements.

Writing, sharing, and learning from these stories is a form of decolonization. For Indigenous women, ethnographic storytelling allows for the examination of the social, political, and cultural significance of the ongoing impact of colonialism on Indigenous communities. Indigenous feminism resists the colonialization of Indigenous women: “Feminism, when linked to Indigenous women, is both a theoretical approach and activist stance” (Green and Bourgeois 7). Indigenous feminism draws on one or more elements of Indigenous cultures, “which is the connection to the land, territory through relationships framed as a sacred responsibility predicated on reciprocity and definitive ideas of culture and identity” (Green and Bourgeois 4). These stories amplify Indigenous voices, bring communities together, and formulate an

Indigenous feminist stance against the colonial state of Canada. I find it necessary to analyze these experiences alongside Indigenous feminism because it can become part of decolonial movements and provide education for non-Indigenous women.

### **Part One: Colonialism and the Roots of Indian Hospitals**

Settler colonialism in Canada is defined as “settlement over Indigenous people and lands and is rooted in domination, self-righteousness, and greed that created dehumanizing situations alienating those that are colonized not only from themselves but from their culture, language and lands” (Hart 25). The colonization of Indigenous people, especially women, in Canada has involved exclusion, marginalization, and appropriation. Colonialism has had long-term devastating effects resulting from a history of residential schools, Indian hospitals, and reserves; its goal has been the removal of Indigenous peoples from the “history and geography of Canada” (Brant 9). The Canadian federal government was able to push its agenda of control, regulation, and assimilation with the creation of Indian hospitals, which were modelled after the idea of residential schools. These hospitals existed in order to force assimilation, to marginalize Indigenous women from their respective communities by keeping them isolated from one another, even while in these hospitals, and to eradicate Indigenous people, especially Indigenous women and children.

Colonialism, therefore, played a major role in the creation and the development of Indian hospitals. Indian hospitals in Canada were an example of “state-directed projects that are places of violence ... at the root of colonial rule” (Granzow 92). Similar to residential schools, the purpose of Indian hospitals was the assimilation, marginalization, and eradication of Indigenous people in Canada. These institutions were steeped in racist ideologies that legitimized the colonial state of Canada (Granzow 92). These hospitals were painted as a humanitarian effort towards Indigenous people; however, they reflected the power exerted over Indigenous people by colonial governments. Lux’s book highlights the actual treatment methods used in these hospitals and what these methods revealed about how the federal government felt about Indigenous people. Lux outlines that the Indian epidemic of tuberculosis (TB) was linked to race and gender, as it was deemed to be a threat to non-Indigenous white people. The rate of Indigenous people who contracted TB was inflated, whereas the rate of white people who contracted TB was underreported. The colonial government misrepresented the data to justify the segregation and institutionalization of Indigenous people, especially women; they were physically forced into hospitals, whereas non-Indigenous white people were given antibiotic treatment for TB (Granzow 96-98). The military was used to remove Indigenous people from their homes all across Canada and into

hospitals, such as the Charles Camsell Indian hospital in Alberta. The number of Inuit people evacuated from the North starting in the 1930s reached its height in 1955, when over 950 Inuit were sent to southern sanatoria (Granzow 101). Segregated institutionalization was the mandate of these hospitals, which were supported by the government. The Canadian Association for the Prevention of Consumption (TB) was formed in 1897, when Canada's first sanatorium was established in Muskoka Canada. By the 1930s, twenty sanatoriums had opened, including Manitoba's Fisher River Hospital, the North Battleford Indian Hospital in Saskatchewan, the Moose Factory Indian Hospital in Northern Ontario, the Mountain Sanatorium in Hamilton, the Charles Camsell Indian hospital in Alberta, and Fort Qu'Appelle. By 1953, over 20,000 beds had been filled with Indigenous patients (Granzow 96).

Colonialism is the root of not only the racial construction of difference but the construction of biological differences between Indigenous and non-Indigenous people. These categories and classifications paved the way to blame Indigenous people for this TB because they were thought to be racially and biologically inferior. Governmental and political power established medical practices that conceptualized that the spread of TB was due to Indigenous people being unfit and unnatural (Granzow 96), which reinforced the idea that an Indian presence in society was dangerous and had to be eradicated. In *Invested Indifference: How Violence Persists in Settler Colonial Society*, Kara Granzow shows how social Darwinism was used by the colonial government as a primary framework through which to blame Indigenous people for the disease because they were thought to be primitive and uncivilized disease carriers (Granzow 98). Social Darwinism loosely argues the following: "human groups and races are subject to the same laws and the laws of natural selection. 'Survival of the fittest' is important to this theory as those that become powerful in society do so because they are thought to be innately better" (Granzow 98-101). Therefore, the colonial government felt that TB was spread by Indigenous people because of their own weakness and unfitness rather than their poor living conditions and their lack of access to proper healthcare, which were perpetuated by colonial governments and their agents.

Furthermore, I expand and use the concept of "contact zones" to address the contact between Indigenous and non-Indigenous people, which came with great friction, disease and death (Granzow). According to the idea of "Terra Nullius," colonizers felt that North America was unclaimed land, which justified their hostile takeover of it, which involved declarations of entitlement and acts of dehumanization (Granzow 144-146). Land takeovers occurred all over Canada. Between 1870 and 1876, massive lands were claimed in Western Canada, and Indigenous people there then became governed by Treaty 6 and ultimately all Indigenous people were ruled by the 1876 Indian Act.

The displacement of Indigenous people from their land was often violent:

“Territorial disputes between First Nations and settlers, the displacement of Aboriginal people as a consequence of the disputes, food shortages, and disease also contributed significantly to the high death rate” (Granzow 142). For example, between 1774 and 1839, the Cree population in Alberta neared extinction not only due to food shortages but also due to their exposure to smallpox (Granzow 142). Therefore, the contact between Indigenous and non-Indigenous settlers solidified that these unequal power relations created race and gender-based definitions that classified Indigenous people as the “other” (Granzow 2020, 33). When linking this idea back to the notion of Indian hospitals, it is worth repeating that their mandate was to isolate and segregate Indigenous people, especially women and girls, from the rest of Canada and to replace a culture rooted in matriarchy with one rooted in patriarchy.

Settler racism and discrimination are an integral part of Canadian patriarchal society; such ideas have often been used to paint Indigenous women as “hypersexual, amoral, and unorthodox” and responsible for the spread of all disease (Walter 10). I agree with Granzow, who cites the works of postcolonial scholar Ann Stoler, to show that Indigenous people were categorized as the “other” to negatively classify, externalize, and eradicate them from society. This discourse of exclusion became attached to Indigenous women; their gender and bodies were defined as being “disposable and in need of regulation through legislative means like the Indian Act” (Granzow 14). Race and gender are, therefore, linked together not only to outline the overall existence of these hospitals but also to justify the discriminatory practices that were perpetuated within. For example, the “provision of treatment was to be considered separate from acts of colonial violence, but they were not” (Lux 93). White doctors and nurses were unwilling to provide proper care to Indigenous people, especially women, while in these hospitals. As will be expanded upon in the next section, Indigenous women were not given access to either Western or traditional medicines while in these hospitals and instead were used to test experimental drugs, to conduct physical experiments, and to test medical equipment (Lux 124). Although accurate numbers were not kept, the statistical information I have found indicate that Edmonton’s Charles Camsell Hospital and Manitoba’s Fish River Hospital were the two hospitals that had the highest rates of death among Indigenous people. For example, in 1949, approximately 462 Indigenous infants and five hundred Indigenous women died in the Fish River Hospital (Lux 160).

Chelsea Vowel, a Metis legal and feminist scholar, figures prominently in my research and in this article because Vowel contextualizes the way in which colonial governments mapped out and controlled the lives, history, and homes Indigenous people, especially women in Canada, which also often involved violence. Vowel’s book *Indigenous Writes* demonstrates the intensive impact of colonization and the directives that were implemented to keep Indigenous



people geographically isolated from themselves and the rest of Canada (Vowel 89; Granzow 152). Following Vowel, Granzow understands the Canadian colonial project as one of control over Indigenous people; for her, the colonial project “defined who was/was not an Indian and who did/did not get status and who lost their status and who was ineligible to gain access to resources” (Granzow 153). For example, the Indian Act implemented a system that operationalized the fiction of the “Indian” so that the “Indian” would disappear (Granzow 155).

It was not until the 1940s that significant government attention was given to the prevention and treatment of Indigenous TB and the way that Indigenous people, especially women, were treated in these hospitals. The investigation into their treatment in Canada became a priority for the Ministry of Indian Affairs in 1945, which demanded information about the treatment and cure of TB among Indigenous groups. In 1944, drug treatment made TB manageable; however, it was not given to Indigenous people as they were still hospitalized. The lack of evidence that these hospitals cured people or developed any preventative measures for Indigenous people eventually led to their closure. The Manitoba Fish River Hospital closed in 1962 and the Charles Camsell Indian hospital followed in 1964 (Lux 199).

Vowel and Granzow both observe that even though Indigenous women have currently been given status and autonomy, there are still laws, such as the Indian Act, that restrict and confine them to reserves and also restrict their access to basic resources, such as adequate healthcare. Such inequalities demonstrate the entrenched and persisting social regulation of Indigenous people, especially women. Furthermore, due to white hegemonic colonial views, Treaty 6 from 1876, which outlines healthcare for Indigenous people, was ignored, leading to the current gaps in Indigenous healthcare in Canada. With the enactment and enforcement of the Indian Act (Section 72) health disparities and lack of access to health resources for Indigenous women are still pervasive. The Indian Act, which is racially discriminatory, was established to “discriminate against classes of Indians in the matter of status and entitlement to programs and rights” (Vowel 22). Therefore, after studying the Truth and Reconciliation report and examining the current health statistics about Indigenous women, it is obvious that the physical, mental, emotional, and spiritual elements of Indigenous health are currently still inaccessible to Indigenous women and communities on and off reserves. They have few resources to deal with the physical and psychological damage originating from colonialism. For example, the Truth and Reconciliation Commission (TRC) says the following: “Survivors are dealing with the lasting effects of wearing inappropriate clothing and living in poorly constructed buildings. These living conditions are the main reason why Indigenous people suffer from chronic bronchitis today” (206-15). Indigenous women and communities

on and off reserves are isolated from traditional and Western medicines, as there is a complete lack of funding for more holistic healthcare approaches, which are common among Indigenous communities. Traditional sweat lodges, cedar baths, smudging, lighting, and other spiritual ceremonies are still not properly supported by the federal government (Green and Bourgeois). Therefore, the impact of colonialism on Indigenous communities is ongoing and pervasive, especially relating to Indigenous maternal practices.

## **Part Two: Ethnographic Storytelling-Experiences in Indian Hospitals: The Barriers to Mothering and Motherhood**

This section will expand upon the experiences of Indigenous women in Indian hospitals and the barriers to mothering and motherhood. It will include a discussion of how Indigenous people, especially women, were viewed and treated by settler colonial governments throughout Canadian history. The historical construction of the identities of Indigenous people in Canada created an atmosphere of violence because Indigenous people were thought to be “disposable and were not part of a civilized society” (Granzow 111). Studying such works as Lux and Granzow, I garnered insight into the way that “racialized and gendered violence against Indigenous women was perpetuated and why nothing has changed over the past 100 years” (Granzow 3-4). This article uses ethnographic accounts from sources such as *Separate Beds* by Maureen Lux and *Healing Histories: Stories from Canada’s Indian Hospitals* by Laurie Meijer Drees to educate non-Indigenous women about the “poverty, overcrowded housing, contaminated water and inadequate infrastructure that was part of their lives in these hospitals and gave rise to the cycle of illness and health disparity for Indigenous women” (Meijer Drees 18-19).

The ethnographic stories found in *Separate Beds* and *Healing Histories* are crucial to this article because they include personal and ancestral stories of the experiences of survival and death of Indigenous women and children in Indian hospitals. The following passage describes the conditions in Indian hospitals all over Canada, although the worst cases were in Alberta, Manitoba, and Quebec:

The conditions of the hospitals were shocking. There were usually 3 physicians on staff for hundreds of Indigenous patients, walls were crumbling, heating and lighting were dismal, there was 3-4 functioning toilets and only 1 functioning bath/shower. These hospitals were infested with cockroaches, fleas, bedbugs, rats and/or mice. The average stay in these hospitals was almost 28 months (2.5 years) in order to accomplish the severing of family and community connections. Large Inuit populations permanently lost their families and some never learned the fate of their love ones therefore making it

impossible to grieve. Those that returned were unable to psychologically process the physical and psychological trauma that they experienced in these hospitals. (Lux 122))

Indigenous women in Indian hospitals across Canada faced similar circumstances at the hands of Indian Health Services. Many were forced into these hospitals not because they were ill but rather to control, regulate, and assimilate Indigenous women in Canada. Healthy Indigenous women were used to test dangerous medical equipment and were exposed to cancer (Lux 119). Vaccines were almost never administered, and if they were, they were not done according to standard medical practices. The bodies of Indigenous women were used to conduct experiments and test various drugs, which had unknown side effects and often long-term negative health effects (Lux 119). Many women were experimented on without their consent or knowledge. Tales of electroshock therapy and sterilization indicate these practices were frequent at these hospitals. Many women and children died in these hospitals either because they were beaten to death, were left uncured, or were shocked to death or because they were simply ignored and left in isolation (Lux 119). Several Indigenous patients spoke about their experiences of isolation at these hospitals:

“I am getting so tired of this hospital life and I am getting lonely too.”

“I am complaining of not being sick and you doctors keep me here for nothing. You doctors left me laying in my bed worried about my little girl at home.” (Lux 107)

Furthermore, these hospitals were modelled after the ideas of “civilization and Christianization” (Granzow 131). Christian practices were reinforced and fostered during the patients’ time in these hospitals, regardless of their own spiritual and/or cultural practices. Christmas festivities were forced upon Indigenous people in Indian hospitals while being abused. In Granzow’s book, an Indigenous woman, Beatrice Calliou, recounts her time in Charles Camsell Hospital as being filled with abuse, experimentation, and forced sterilization. Similarly, Alice Ironstar, an Indigenous patient in the For Qu’Appelle Indian Hospital in Quebec, describes abuse not only through experimentation but also through forced assimilation to white Christian views, leaving her with no sense of belonging (Granzow 132). Doctors and nurses in Indian hospitals did not follow similar protocols like the ones that were used on white people when treating Indigenous patients: “Doctors would be the ones to administer electro-shock therapy and they would not even give proper medicine to the patients. Nurses were restrictive and punitive” (Meijer Drees 100). For example, TB experiments involved taking five daily blood samples via painful vein punctures (Meijer Drees 101; Lux 109). Collapsed lungs, unnecessary surgeries,

the removal of ribs, confined bed rest, isolation, severe beatings, blood loss after such beatings, administering experimental medication, testing out new and dangerous equipment on Indigenous bodies, and, of course, a high mortality were all common in Indian hospitals across Canada (Brant). A former Indian hospital staff member described the following routine procedures:

“Patients who could not be disciplined to follow the highly regulated bed rest regimes were wrapped in casts, partial or fully-body to ensure their cooperation. Castes were apparently put most frequently on children. Rambunctious children were often physically restrained. Hospital policy was to place small children facedown at night, their hands tied to the side of the crib to keep them from jumping up and down. (qtd. in Granzow 126)

Another former hospital worker spoke about the time she saw some staff members let some dogs loose to attack a boy who had run away. This was his punishment. But she never saw the boy again (qtd. in Ing 125).

The powers and politics of state-directed projects, such as Indian hospitals, perpetuate methods of assimilation, marginalization and eradication all while framing these procedures as examples of healthcare (Granzow 92). The physical and psychological trauma that these hospitals caused for Indigenous communities are noted in the maternal literature. Although there are gaps in the literature, as many Indigenous people, especially women and children, do not want to discuss the traumatic events of the past, there are many that do and that have. Indigenous women and children who have discussed their personal experiences and struggles in Indian hospitals yield stories of psychological and physical trauma. These women were traumatized not only from the abuse they suffered at the hands of nurses and doctors but also from being removed from their children. Many Indigenous women had their children stolen from them and placed in these hospitals. Women and children were isolated from one another even if they were in these hospitals together, which only perpetuated the psychological abuse. Pregnant Indigenous women were forced into having abortions and those who were not pregnant were forcibly sterilized. The Indigenous children who survived these experiences often feel disconnected from their mothers and entire communities. They must deal with the ancestral trauma from their mothers and grandmothers who also survived the Indian hospital experience.

The stories referenced by Rosalind Ing in her article “Canada’s Indian Residential Schools and Indian Hospitals and Their Impacts on Mothering” outline that intergenerational trauma is connected to both those who survived their experiences in these hospitals but also the generations that came after the survivors. The four generations of Indigenous women interviewed by Ing

recount their own stories but also tell the stories of their ancestors. They share stories of intergenerational trauma and being raised by mothers and grandmothers that were unable to cope with being degraded by doctors, nurses, and, ultimately, the federal government due to colonialism (Ing 122). Intergenerational trauma, which Ing refers to as collective trauma, can refer to Indigenous women who have had their children taken away from them or can refer to those who survived the ordeal and are dealing with the aftermath and its physical or psychological trauma. As cited by Ing, generations of Indigenous families are still dealing with losing their children after they were murdered, whereas others are dealing with being unable to conceive after the abuse and sterilization that they suffered in Indian hospitals; inferiority complexes plague these Indigenous women and children. Ing uses the expression “mortification of the self” when discussing intergenerational trauma to describe the “depression, anxiety, low self-esteem, shame and/or mental health issues,” that are predominately described by Ing’s respondents (121). Ing’s respondents were poignant when summarising their intergenerational experiences:

My parents had self-esteem issues. They married young and had my brother and I at an early age, and weren’t prepared to have a family or a marriage. They never experienced a family, didn’t know how to deal with family issues, and our family fell apart. It created self-esteem issues for me, too, thinking I came from a broken home. That’s the most direct effect that it’s had [on me].” (Ing 124)

“These experiences made people unable to communicate... My mother found it hard even to hug us ... she wasn’t always there for us... I remember feeling lonely and unloved. An important way to nurture children was missing.” (Ing 124)

Ing expands upon the barriers that Indigenous women in the Indian hospitals faced and continue to face in terms of motherhood because of the trauma. This type of trauma presents barriers for Indigenous women and their ability to mother their own children or become maternal figures to other children in their communities. Psychological and physical trauma created fears and insecurities towards mothering for many Indigenous women. Those who could not psychologically process these traumas could not spiritually connect with children in Indigenous communities (Stevenson 44). Furthermore, children who survived their experiences dealt with barriers to being mothered. As they grew up in Indigenous communities among those family members who also survived the Indian hospitals, they experienced a lack of trust towards adults, especially women, because of their fear of further separation and because of the way they were treated by female nurses: “Indigenous children resisted being mothered because they could not

psychologically connect with an aunt, cousin and/or grandmother—out of fear” (Ing 123). This perpetuated a cycle of intergenerational trauma that began with the women who survived their ordeal and the children that eventually grew up with those who survived and/or grew up to be survivors. The impact of intergenerational trauma is felt all over Canada; however, reports from Cindy Blackstock and the TRC indicate that the most significant impact is felt in British Columbia: “In 2009, this province had the highest rate of suicide among First Nations communities whose families had survived residential school system and/or Indian hospitals. 90% percent of suicides occurred in 10% of First Nations communities” (TRC 109).

The creation and development of Indian hospitals was a strategic move by the federal government to assimilate, marginalize, and eradicate a community, culture, and people. These hospitals were a deliberate attempt to attack the strength of Indigenous women and those communities that revered women. The destruction of matriarchal communities based on egalitarian principles was the goal of the Canadian colonial government.

### **Part Three: Expanded Theoretical Frameworks**

This section identifies four theoretical frameworks and avenues of further research, which I believe are particularly valuable in drawing out the lessons we can learn from the colonial impact, both historical and ongoing, of Indian hospitals on mothering and motherhood in Indigenous communities. It is important to note that full application of each framework is beyond the scope of this short article, so my aim here is to simply to introduce each framework as a promising approach for further investigation.

#### **a. Ethnographic Research and Decolonization**

The purpose of using ethnography as a methodology is significant in both my dissertation research and this article. For the purposes of this article, ethnographic stories were used as a method of decolonization whereby the stories and voices of Indigenous women who suffered in Indian hospitals can create a discourse about the brutality of colonialism. Ethnographic stories, such as the the ones found in *Separate Beds and Healing Histories*, were examined to demonstrate the impact of Indian hospitals on Indigenous people, especially women and children, but these stories also act as a form resistance and create awareness about these experiences. Telling and retelling these stories will create a way to inspire changes in Canadian society in terms of how Indigenous communities are viewed. By using ethnography to tell the truth about the experiences in Indian hospitals and the ongoing impact of colonialism, we can remove the frameworks and ideologies that belong to the colonizer. Decolonization should not only involve the return of lands; it must

also include a rejection of race- and gender-based discrimination against Indigenous people, especially Indigenous women. This is what Tuck and Yang refer to as decolonizing schools, methods, and student thinking (3). This type of ethnographic research is linked to decolonization and to feminism because Indigenous women are reclaiming their voices, their power, and their bodies by telling their stories. Indigenous women who have survived these past traumas have reclaimed their culture and community by speaking their truth, having children, and formulating community connections despite what they have suffered. For Indigenous women, this is a form of resistance against colonization and a way to stand up to end marginalization and oppression.

Ethnography is important because it is a way to look at the history of colonialism in Canada to identify the political and legal mistakes of the Canadian government, whose laws are engrained with gender- and race-based discrimination used to control and marginalize Indigenous women. Using ethnographies will be a way to educate non-Indigenous people, especially women, on the reality of Indigenous marginalization and oppression at the hands of the federal government, which will create a better alignment between Indigenous and non-Indigenous women.

### **b. Indigenous Feminism**

The racism and discriminatory practices at the heart of colonialism need to be rethought, resisted, and removed from current Canadian consciousness by using Indigenous feminism, since “feminism, when linked to Indigenous women, is both a theoretical approach and an activist stance” (Green and Bourgeois 7). Indigenous feminism draws on one or more elements of Indigenous cultures, “which is the connection to the land, territory through relationships framed as a sacred responsibility predicated on reciprocity and definitive ideas of culture and identity” (Green and Bourgeois 4). Using Indigenous feminist theory to analyze the gender- and race-based violence perpetrated against Indigenous women is necessary for three reasons: First, it will allow for the creation of spaces for Indigenous feminism; second, it will help prevent violence towards Indigenous communities, especially Indigenous women; and, third, it will raise awareness about such violence (Green and Bourgeois 69). Indigenous feminism helps resist the Canadian judicial and legal systems that exist as barriers to the health and security of Indigenous women.

Using ethnography to examine feminism and resistance towards colonialism has allowed for Indigenous communities to be brought closer together: “Feminism has worked to remove the binary definitions that are given to Indigenous women that were/are based on white colonial attitudes” (Stevenson 46). Indigenous women who have survived residential schools and Indian hospitals have reclaimed their culture and community by not only speaking out about their survival but also by having children and educating them about

what they have been through. Indigenous feminism also helps educate non-Indigenous women and encourages them to become part of decolonial movements.

### **c. Race and Gender Intersectionality**

The theory of intersectionality will be used in this section to expand upon the way that race and gender are inextricably linked to the examination of Indian hospitals. Intersectionality understands that “social categories such as race, class and gender ... usually overlap [and] can become multiple sources of oppression” (Crenshaw 138-39). As cited by both Kimberle Crenshaw and Patricia Hill Collins, it examines the multiple ways in which people are kept in low social positions, are marginalized, and excluded from important parts of society. According to both Crenshaw and Collins, intersectionality highlights how such factors as race, gender, and class are not independent one another but rather inform one another to create complex kinds of oppressions. Socially, intersectionality describes the overlapping and intersecting social identities that impact the way people are seen by society. The theory of intersectionality informs my examination of the way that the Canadian federal government has negatively defined Indigenous people to create discriminatory practices (Crenshaw 145-47 and Hill-Collins 11).

Race- and gender-based discriminations are rooted in the white settler colonial mentality, which dictated, that Indigenous people, especially women, were the ones who spread disease and, therefore, had to be controlled, marginalized, and eradicated at any cost (Vowel 99). Race-based discrimination is linked to the white settler mentality, which defined Indigenous people as “savages” and in need of civilization (Tuck and Yang 3). The casting of Indigenous bodies as ill was used to justify the assimilation of those bodies into civilized white ones through the establishment of Indian hospitals (Granzow 121-23). Even though it was white settlers who brought introduced these diseases to North America, Indigenous people were blamed and villainized for them, which justified their brutal treatment in Indian hospitals. Indigenous people were seen as a threat to the rest of Canada, which legitimized the extreme measures taken to “cull, control and confine the Indian and by extension the Indian epidemic,” leading to “incarceration, institutionalization, and reservation” (Granzow 122).

Race- and gender-based discriminations in Canada against Indigenous people, especially women, were used by the federal government to justify the existence of these hospitals. The federal government wanted to eliminate matriarchy, the growth of the Indigenous population, and, therefore, the continuation their cultures, which led to the brutal treatment of both Indigenous women and children in these hospitals. Indigenous women were subject to forced sterilizations, abortions, and electro-shock therapies, whereas



Indigenous children were brutally beaten to the point of death (Granzow 111). The testing and treatments in the hospitals were the government's way of dealing with the larger social implication that Indigenous people were the problem and the carriers of diseases, such as TB. These hospitals were a direct consequence of colonialism and the treaty system. Lux suggests that for this reason, the federal government walks away from their responsibility to treat and prevent TB among Indigenous people; "the provision of segregated institutionalized of poorly funded Indian hospitals was a retreat from the government's responsibility. Hospitalization imposed the economic and political factors that were part of colonization and implemented harm against Aboriginal people" (Lux 121). According to Lux, social reform was cited as the reason why Indigenous people were marginalized in these hospitals. Here, social reform meant that the hospitalization of Indigenous people would be a way to cleanse society from Indigenous people who were seen as uncivilized (Lux). Based on this race- and gender-based narrative, Indigenous people were blamed for the spread of disease, such as TB, and they had to be removed from society to protect white settlers.

#### **d. Guest Responsibilities**

After reading Ruth Koleszar-Green's article "What Is a Guest? What Is a Settler?" I have learned that I am a settler but also a guest of Indigenous people. Non-Indigenous people are settlers on Indigenous lands. Settlers, also known as colonizers, are often non-Indigenous white people who settled Canada and displaced Indigenous people from their lands. According to Sarah Maddison in her book titled *The Colonial Fantasy: Why White Australia Can't Solve Black Problems*, the word "settler" it is intended to be deliberately discomfoting; it underscores the nature of non-Indigenous people's relationship to the land and territory. Settlerhood is bound up with whiteness as well as with settler privilege and white privilege. Settlers benefited from colonialism in the form of land grants as well as slave labour. Settler colonial whiteness in Canada can classify and allocate value to people based on gender, class, sexuality, physical ability, and especially race.

As a white woman, I am a settler; however, being a guest is a bit more complex. Settlers are not automatically accepted as guests. For example, settlers came to the table to meet with Indigenous people, but they came with weapons, took too much from the dish, and, ultimately, spoiled the dish. Settlers did not come with the full intention of becoming a guest; they came to take Indigenous land and disrespect Indigenous people. Therefore, just because I acknowledge that I am a settler does not make automatically me accepted as a guest. I must be accepted by Indigenous people, especially women, and be made a part of the land and the community. I must actively resist colonialism. Once I am accepted, I can become a proper guest. I accomplish this by

accepting my responsibility towards Indigenous people, becoming more aware of their history and sharing what I know to non-Indigenous people, and becoming part of decolonization movements.

It is my responsibility to create education for non-Indigenous women, especially white women, about the negative colonial experiences Indigenous women and girls went through and continue to go through at the hands of the Canadian federal government. It is my responsibility to educate non-Indigenous people about the history of race- and gender-based discrimination and violence against Indigenous women in Indian hospitals because of laws such as the Indian Act. My responsibility as a guest is clear. I must educate to more white women about the gender- and race-based violence acting as barriers for Indigenous women to live more autonomous lives. Through this education, more guests will come together to disrupt colonial policies and structures that eradicate, marginalize, and oppress Indigenous women in Canada.

In *How We Come to Know*, Kathleen Absolon writes that “Research is guided by what we know and what is found within” (18). She stresses that researchers need to be self-reflexive when conducting Indigenous research; they must explain where they come from, who they are, and what their intentions are. Being a white woman, I can use my power and privilege to support Indigenous people (Koleszar-Green 169), which requires me to be more self-reflexive, to locate myself within the research, and to introduce myself “geographically, politically and genealogically” (Baskin 27). By identifying myself as a white researcher, I am acknowledging that I am willing to admit the evils of colonialism and use my power and privilege to work towards change. White researchers do not operate within a position of trust within Indigenous communities but rather within spaces of privilege; they, therefore, need to ensure that Indigenous women understand why white women are conducting their research. Personally, my desire to be a responsible guest stems from my desire to end the colonial gender- and race-based violence committed against Indigenous women daily in Canada. As a white researcher, guest, and ally, I feel strongly that Indigenous women were robbed of their lands, lives, and identities. I want Indigenous women to get back what was stolen from them and be recognized as the true people of this territory. I will eliminate power imbalances between myself and Indigenous women by removing “frustration, disappointment and sadness and exercise[ing] empathy, understanding and motivation for change as points of entry into a community” (Absolon 18). I want to end the historical and ongoing trend of gender- and race-based violence against Indigenous women in Canada.

## Conclusion

Unequal power relations were at the core of Indian hospitals. The federal government never supported the Indigenous populations of Canada. They did not listen to their needs; they ignored the treaties put in place securing the healthcare rights of the Indigenous people. Instead, the federal government wanted to eradicate the Indigenous community and make Canada a white country. Indigenous mothers and children suffered in Indian hospitals and require psychological assistance for the trauma that was inflicted upon them. Telling their stories via ethnographies, such as the ones discussed in this article, is a method of decolonization because they are stories of resistance, truth, and survival; they create and support decolonial movements. The research I conducted about Indian hospitals was extremely difficult for me to process and contextualize because I was horrified at the acts of violence that were committed against Indigenous people. I was outraged at the fact that the Canadian federal government justified these acts because of gender- and race-based discriminations. This article has been an academic and personal journey for me to produce because I want this piece to educate non-Indigenous women, especially white women, about the historical and ongoing impact of colonialism. It warrants repeating that even though I am not a mother, I recognize the significance of motherhood and being mothered in Indigenous communities. I, therefore, wrote this article to add to the literature on colonialism, decolonialism, Indigenous feminism, and motherhood and mothering as well as an act of resistance and a call for change.

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