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An Indigenous Historical Case: Traumas Reflected in Modern Day Public Health

by

Emily Taylor Wichmann

**An Honors Capstone
submitted in partial fulfillment of the requirements
for the Honors Diploma
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**Honors Capstone Director: Dr. Alanna Frost
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A handwritten signature in black ink, appearing to be 'Eugene W.' followed by a flourish.

Student Name (printed)

Student Signature

Date

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Dedication:

I dedicate my Honors Capstone work to my wonderful family. A special feeling of gratitude goes toward my parents, Heather and Kevin Wichmann, whose words of encouragement have pushed me to succeed through the years. My brother, Alex, has always been one of my greatest supporters.

I also dedicate this thesis toward my mentors over the past few years. I would like to thank Kristin Brusuelas for helping pave my way into the field of public health and giving me countless opportunities to pursue my passion.

Most importantly, I would like to thank my Honors Project Director, Alanna Frost. Dr. Frost gave me the opportunity to be involved with her research in the Research or Creative Experience for Undergraduates Program. She opened the doorway to my thesis and broadening my scope of understanding amazing indigenous cultures. I will cherish the relationship we have created as student and mentor.

Abstract

In **Cariboo**,^[AF1] British Columbia, First Nations people suffered from Canadian settler imposition on their land and culture. This paper analyzes the case study of a First Nations woman, Mary John, and her struggle as a tribe member navigating political pressures that heavily influenced her family. Bridget Moran's biography of Mary John reveals traumas lived by indigenous people during her lifetime. These traumas inflicted by Canadian settlers are observed to resonate into the modern era revealing historical public health disparities still prevalent today. Health disparities are repeatedly reflected in the sufferings of Mary John's stories from her reports of institutionalized racism, high disease burden, and health care access. All three of these themes display a cause and effect relationship on indigenous nations when understanding how their historical distress is observed in their public health **records**.^[AF2]

Introduction

I grew up with a family living in New Mexico that found great interest in Native American culture. My grandmother has an honorary membership from the Jicarilla Apache tribe and my grandfather came from Seminole and Cree descent. Having visited reservations in my childhood as well as been around the community and learned of Seminole and Cree culture, I have come to really appreciate their history. I was initially drawn to a project involving indigenous cultures when I applied for the Research or Creative Experience for Undergraduates (RCEU) Program in the fall of 2018. During the RCEU project, *Indigenous Ways of Knowing: Mapping Resource Use in the Pacific Northwest*, I analyzed hand drawn maps by the Nazko and Kluzkus tribes in Cariboo, British Columbia. The mapping was influenced by a report and letters to the Canadian government in the 1900s from these tribes asking to install the moratorium of logging on their land. This broadened my scope of interest to the impact of resource access limitation on indigenous public health, specifically related to geographic inequities such as the moratorium case. Research has been conducted on the displacement of the indigenous by the colonizers, however there is a lack of knowledge in connecting historical and health records which I would like to investigate.

There has been a large emphasis on indigenous peoples and cultures in recent academic work due to historical scholarly negligence. It is important to note that indigeneity, when referenced, is suggesting that Natives are descendants of the originally settled people of the land focused upon, in my work, British Columbia. Those not native to North American land are referenced as "settlers" who are the Western homogenized white civilization that colonized Canada (Kunkel, 2014). Settlers impose their own land rights by

colonizing the natives. Henceforth, there remains limited common knowledge of indigenous culture and history by the public, so there needs to be a call for expanding our knowledge of this population.

Recent scholarship, such as Titilope Kunkel and Soren Larsen, attends to the great divide between developing nations and indigenous nations. Kunkel's research is a case study in which she evaluates Nazko First Nation's reactions to the events that took place after colonist imposition of mining. Kunkel identifies the importance of preserving the culture when Aboriginals make land development decisions. Aboriginal rights to land was assumed to be absolved when British Columbia joined the confederation in 1871 (Kunkel, 2014). Kunkel expresses how social and economic isolation does not stop the Natives from practicing their life-dependent traditions like hunting and fishing (Kunkel, 2014).

On the other hand, Larsen looks at Western fixation on industrial progress and creating places of different meaning (Larsen, 2006). Rather than Kunkel's argument, that place is grounded in cultural and social activities of indigenous people, Larsen advocates for a sense of community through the action of rallying congregations in the Native grassroots activism and protest (Larsen, 2008).

Importantly, both authors, despite differing academic backgrounds and approaches, share the same theme that the indigenous culture is preserved in the land with no recognition of this connection from the settlers. This recent scholarship focuses on the widening gap causing conflict in every aspect of life between settlers and the indigenous whether it be technology, language, or culture. Kunkel's research shows that geographically, the land was formidable for logging, yet still detrimental to the ecosystem; the expansion of possible volcanic events may have also been shown to sway rights of the

land in the near future reflected in indigenous protest (Kunkel, 2014). Kunkel's work helps outline the values of the native people in British Columbia along with the events that happened from 1970 through the early 2000s. These perspectives and stories are taken from personal accounts recalled by natives and told seen from the profession of an Economic Development Officer. Considering the acknowledgements, there may be some understood bias towards the natives, however this document still gives factual evidence of the effects of the land and even references the correspondence with anthropologist, Michael Kew, as well as the protests that followed their attempts (Kunkel, 2014).

These two authors emphasize the cultural connection of the indigenous and the ecology in which they are immersed. Settlers disrupted the ecological relationship within an indigenous community thus creating conflict. These cultural invasions are a prime example of how historical imposition can create long lasting effects on the indigenous populations. These two authors have recognized that ecology is a large factor in conflict, however, they do not expand on how this historical conflict causes lasting effects on a native community health record which I aim to investigate in my research.

The *Report to Nazko and Kluskus Bands of Carrier Indians* takes the perspectives of the First Nations People in British Columbia showing that there was the potential for disastrous implications on their community if moratorium of logging did not commence (Chambers, 1974). For example, [AF4] the resources from the land are beneficial for the entire Native community rather than if the Canadian's gained control then the goods would only be sold to a particular strata of settler wealth (Chambers, 1974). However, in the 1970s, there were little to no studies that actually tested this prediction of future outcomes.

Therefore, more work is needed to expand on the cause and effect relationship from Canadians on Natives when taking their land.

My Work

What I want to better understand in my own research is the connections between historical trauma and the public health concerns of BC First Nations through case study of an indigenous woman named Mary John. [AF5] Mary John lived on one of the poorest reservations in British Columbia during the 20th century recalling the experiences of one Band. Mary John's story recounted her life in the Sai'kutze (Stoney Creek) First Nation which is a member of the greater Dakelh (Carrier) Nation community. Mary John loved her life as an indigenous woman, but she withstands a lifelong struggle of preserving her Dakelh culture to resist the settler agenda of political and social homogenization. An understanding of the concerns raised in her story can help outline conflict that was endured as well as the gap in health care that resulted from differing goals of the indigenous and settlers. This story is important as it gives perspective of the typical native lifestyle during this time and their struggles. It also explains on a historical timeline of how certain events affected the people.

I also rely on a report done in 1974 titled *Report to Nazko and Kluskus Bands of Carrier Indians*. The researchers in the report; including Alan Chambers, Walt Taylor, Brendan Kennedy, Dennis Patrick, and Michael Kew; bring about the perspectives of the non-natives and the indigenous during the 1970s land development dispute (The Nazko Kluskus Study Team, 1974). The intended audience shifts throughout the report from government officials to band leaders. The report tries to show how the development of land will negatively impact their lives, however, also shows the socioeconomic impacts that

could positively take place. The hand drawn maps within this report use imagery and basic cartography to employ Native perspective of land development and their land parcel allotment. In relation to the Nazko Kluzkus report, the Mary John story is a reflection on the first-hand account of a native living during the time of the report and land development. Mary John's biography could explain many reasons as to why the report and the efforts of the anthropologist and sociologists did not work against land development.

Methods

I will establish terminology and historical background of the Native communities and Canadian government to better understand cultures. I will then analyze the biography of Mary John and her struggle with discrimination and marginalization in opportunities such as the boarding schools that Native children were forced to attend through the case study from Bridget Moran. The reports and letters will try to show the calls for action on both ends of the conversation between the indigenous and the settlers. When analyzing resources I examined the documents of the and the *Report to Nazko and Kluskus Bands of Carrier Indians* proposed by researchers which creates dialog between settlers and the Natives throughout the 1970s land development dispute setting the foundation for aboriginal testimony of their past living conditions in British Columbia. Archival letters were also analyzed, many of which were in correspondence between these two groups with the researchers as representatives of the indigenous. Hand-drawn maps of Nazko and Kluzkus lands are included in the reports to help create an argument in their favor. Examples of how the concept of space for the respective groups is established by Larsen and Kunkel using different perspectives. Other resources used to unfold these conversations include journal articles of research already performed on the colonists and

the natives. Some of these resources are from the people of marginalized perspective and others are from professionals. The results of the rhetoric in these conversations and stories are witnessed in blockades and protests, especially seen in the labor and logging industry described by *Blockades or Breakthroughs?* (Belanger and Lackenbauer, 2015).

I do have a limited perspective, as I am dependent on interpretations based strictly from written accounts. This prevents me from confirming perspectives with authors. I am also not a professional sociologist, rhetorician, environmentalist, or politician. Additionally, this is not an ethnographic study; therefore, my perspective and skills are limited. Following, I will analyze the environmental impact of the initial destruction of the environment that is exponential as well as its impact of the communities. Lastly, I will note the gaps and predicaments that arise because of these circumstances.

There are complexities when researching all of this information. First, this is not an ethnographic study, so these are not accounts collected from first-hand experience or interactions with the communities analyzed. Considering this is archival research, not all of the documents are available, complete, or align with today's knowledge of these communities. The accounts that are researched includes many people's accounts that are now deceased. Other factors that affect the research collected is that the factors that come as barriers to aboriginal health are also barriers when collecting data and gathering current statistics and information on these communities, thus making current information gathering difficult. The location of the communities being studied is also in the different country of Canada imposing information sharing regulations limiting and more difficult ways of collecting information.

This research can be reciprocal in the sense that I can help communicate indigenous point of view by using their research and rhetoric to find gaps between their marginalization and health disparities. I am performing a rhetorical analysis as a medium of advocacy. I can help show the threat on their health care and how their communities were confined and impacted by colonist development.

Following the establishment of archival documentation of the marginalization seen through rhetoric by the Canadian government, the next part of this research works to understand how decolonization can create overt and covert disparities in indigenous public health as described by *Implementing the Vision: BC First Nations Health Governance* (2011). The idea of space persists in my methods when looking into the location of these communities and how the Canadian governance lacks action to provide appropriate health care resulting in outbreaks of curable diseases that still make their impact on Natives in British Columbia. The main objective of this research is to better understand how the health limitations came about despite the efforts of the Natives in British Columbia, Canada to resist settler colonization.

Background

As is well documented, historically, aboriginal people have occupied Canadian land for hundreds of years ("Implementing", 2011). The Europeans decidedly occupied Canada in the mid-18th century ("Implementing", 2011). Traders and explorers invade the lands and delegated land claims. Diseases were introduced by foreigners and there were major population collapses ("Implementing", 2011). Natives were giving European goods as settlement pieces, of which carried these diseases, for example blankets, and were of a lesser value by which the European settlers deceived the Natives. A barrier in language

created misunderstanding in the actuality of agreements and Natives were lacking the technology to contradict the settlers. Intentionally spread smallpox epidemics were heightened by the already compromised immune systems encouraged by Canadian settlers from the introduction of alcoholism, destruction of subsistence, malnutrition, and battles. In response, the settlers massacred many aboriginal people. In 1874, "Act for Gradual Civilization of Indian Peoples", or The Indian Act, was passed in order to find a way to assimilate the Natives into the newly established Canadian government ("Implementing", 2011). The natives were designated lands called "reserves" to limit their access and made band councils which eventually undermined the self-governance of each tribe ("Implementing", 2011). This act also defined what it meant to be "Indian"; the settlers defined the ethnicity of how they perceived British Columbian Natives without understanding their history thus assigning a historically inaccurate name to a group of people that still resonates in modern discourse despite it being politically incorrect ("Implementing", 2011). This is an example of how Canadian racism is masked in "benevolence and good will" (Furniss, 2000). Native life became further limited by regulations being set on their hunting and trapping abilities; therefore, creating greater hardships in their life considering aboriginal sustenance comes from the land. Environmental impacts continue as road systems, railroads, and logging were established during the 20th century. Boarding schools eventually became a part of required culture for native children on the reservation ("Implementing", 2011).

Across North America, history tells us that white hegemony has been imposed on native communities. The aboriginal communities in British Columbia, Canada have suffered repeatedly from their interactions with settlers. Actualization of self-governance in these

communities as been accelerated over the past decade, however, neglected to come to complete fruition. Lavoie recognizes that jurisprudence of urban aboriginal legitimacy stands allowing these communities to lay rights to resources and services (Lavoie, 2015). Models of self-governance are proposed to these communities in British Columbia, however, model actualization has yet to have taken place. It seems as though there is a need to fulfill the health care disparities, yet avoiding how engagement the indigenous, especially those not on reservations (Lavoie, 2015).

Barriers

There are many assumptions made about Natives. Richardson, who conducted work on the effects of the 2009 H1N1 pandemic's influence on Canadian indigenous cultures, reports that language barriers or the inability to make oral arguments in English with the indigenous are not heeded proper attention (Richardson, *et al.*, 2012). Rather than other authors such as Richardson who point out the difference in vocabulary, my further investigation of the Nazko-Kluzkus study shows that Natives many times rely on visual rhetoric. Specifically in the Report to the Nazko and Kluzkus, they draw a map of their land as well as plantation of their reserves using pictures such as deer, trees, and fish to show where and what are their land resources. They draw a map of "Non-Natives Continue to Move In" to show the Canadian government's persistence in exploiting their environment. Pictures of planes, highways, bulldozers, and settlers show the imposition of settler expansion. They continue to put pictures of natural resources to indicate what natural sources the settlers are upheaving. They even draw an hunting license to show that their game is being killed by the settlers which is condoned by the government through certification. These are more indirect ways for the Natives to show their opposition, yet still

easy for the settlers to ignore (The Nazko-Kluzkus Study Team, 1974). There is a disconnect in the language. Considering the Native tribes are distributed over vast areas and divided into smaller societies, there is a range of dialects and much smaller collectives in thought to challenge the Canadian imposition.

Scholars have noted that settler government perceives the Natives as uneducated especially in the economy and language which they find archaic (Richardson, *et al.*, 2012). These foreign governments have not lived on this land for an extensive period of time or in an environment that has not been touched by an industrialized society ("Implementing", 2011). They believe that they are giving fair political representation, at least that is how they formulate their perspective in historical documentation (Furniss, 2012).

This language barrier creates a lack of understanding of each other's rhetoric. This could be part of the reason for the Canadian government and settlers thinking that they were being understanding and that they understood what the Natives wanted. This brings about themed limitations of the majority versus minority and how much impact can be made as the minority. This situation is also dependent on the space in which this discrimination took place in time at the place that is British Columbia.

Other barriers that indigenous must overcome is access to resources such as formal education and technology. Unfortunately, the settlers use to their advantage the Native disconnect in formal organization, law, and a common language. The Canadian government recognizes these shortcomings and as an organized body, successfully ignores the indigenous.

The space and place have a large impact on why events and positions have developed the way they have. The theme of these perspectives is that they are restrained to

the history and experiences of the individuals and the social stereotypes that have developed in a white hegemonic society. I am interested in how these communities function and the extent of their education and political involvement which will give insight into indigenous communities in North America as a whole. I am ultimately interested in the impact of settler/colonizer relations on current indigenous public health concerns. By understanding the workings of rebellion, riot, protest as well as peaceful communication and archival, rhetorical correspondence, I can better understand these functions (Belanger and Lackenbauer, 2015). I would hope to confirm the shortcomings of the Canadian government and the limitations of the natives and how this resonates in today's society.

There are complexities when researching all of this information. First, this is not an ethnographic study, so these are not accounts collected from first-hand experience or interactions with the communities analyzed. Considering this is archival research, not all of the documents are available, complete, or align with today's knowledge of these communities. The accounts that are researched includes many people's accounts that are now deceased. Other factors that affect the research collected is that the factors that come as barriers to aboriginal health are also barriers when collected data and gathering current statistics and information on these communities, thus making current information gathering difficult. The location of the communities being studied is also in the different country of Canada imposing information sharing regulations, a limiting and more difficult way of collecting information.

This research can be reciprocal because I can help give more insight into a group of people's point of view. I am also performing a rhetorical analysis as a medium of advocacy. I can help show the threat on their health care and how their communities were confined

and impacted by colonist development. When analyzing resources I looked at the *Report to Nazko and Kluskus Bands of Carrier Indians* proposed by researchers including Alan Chambers, Walt Taylor, Brendan Kennedy, Dennis Patrick, and Michael Kew who bring about the perspectives of the non-natives and the Natives during the 1970s land development dispute between the natives and the settlers. Archival letters were also analyzed, many of which were in correspondence between these two groups with the researchers as representatives of the indigenous. Hand-drawn maps of Nazko and Kluskus lands are included in the reports to help create an argument in their favor. Other resources used to unfold these conversations include journal articles of research already performed on the colonists and the natives. Lastly, books of biographical and historical nature as well as testimonies of native people were collected and analyzed. Some of these resources are from the people of marginalized perspectives and others are from professionals.

Disciplines explored when collecting perspectives include sociologists to show the inner workings of communities and those that have researched and helped them as well as anthropologists to understand their cultures. Many of the researchers in the report and letters were sociologists and anthropologists; Alan Chambers and Michael Kew were significant representatives of these professions during correspondence. Resources also included the perspective of rhetoricians to understand the language and effect of language. The resources of scientists were used to understand the impact of the rhetoric on the environment and health. In addition to the many other professions, historians' resources were used to give contextual background to the societies. A great way that I initiated my research process was through media or popular culture sources that helped provide additional contextual information. For example, these resources and papers opened the

conversation about the imposition of western culture and technology whether it be social media, news, use of computers, and use of professional or standardized reports. The Natives did not previously use this technology or help kick start their development. This technological disconnect can be a gap that marginalizes them when trying to progress their situation in advocacy and health.

The significance of this research is discovering the long term effects on the health of the community by rhetoric of polarized communities. This research is to help the majority see, understand the experience, and significance of varying communities and our impact on them. If we understand communities and minorities within them that contribute to society, we can then relate and understand as a whole community. This is a way to help close the gap of inequalities despite varying cultures.

Rather than having economic motivations, the Native's best interest is the environment that they live in (The Nazko-Kluzkus Study Team 1974). Their currency is fruitful land because this is what their way of life depends upon. Eventually, the impact of protest, questioned by political leaders as radical, is noticed in blockading roadways and land in order to slow the Canadian industrialization. I believe that since the indigenous disconnect of discourse and education in Canadian history and perspective is different than other countries, they are disadvantaged when it comes to negotiating and instilling their power.

Chapter 1: Case Study

I will evaluate the story of an indigenous woman whose life historically matches the sentiment of how Native Americans have been treated and how it has poorly affected their health. This case reflects the biography of a woman named Mary John, a member of the Carrier tribe in Cariboo, British Columbia. Her tribe was impacted in a time before her story, the year of 1890, as the mortality rate of her tribe rose due to infectious diseases such as smallpox, measles, among venereal diseases introduced by settlers that the population was 1,538 people (Moran 1988, 19). During the time of Mary John's marriage in 1929, Carrier numbers rose to 2,145 and her particular band, the Stoney Creek, was populated with 166 (Moran 1988, 20). However, despite a slight population growth, this increase in population does not reflect the health disparities with which the Carrier were faced. As of 1976 in British Columbia, Stoney Creek was one of the poorest reservations as their statistics for "unemployment, inadequate housing and living conditions, violence and alcohol abuse were among the highest in the province" (Moran 1988, 10). Mary John's story resonates health disparities including government institutionalized racism, high disease burden, and low access to health care resources.

Analyzing the rhetorical development between the colonists and the indigenous, such as Mary John, shows the effect of how space and place of community introduced to a new society that has hegemony with racist tendencies instilled in their society causes for grand consequences on the minority community. The archival letters and reports between the Natives, their representatives, and the Canadian government in the 20th century help bring light to the disconnect rhetorical speech (Turner 2011). I hope to confirm this racial

disconnect by elaborating on the health effects and lack of resources that the Natives struggle with as a result in British Columbia.

Institutionalized Racism

A first-hand account of Native American struggles is addressed by Carrier Native, Mary John, who portrayed her detailed account of her daily life growing up in rural Cariboo. As a mother of 12, she struggled with many heartaches including poverty, high mortality of her children, and racism. A large influence in Mary John's life was the passing of the Indian Act in 1876. This act controlled every aspect of Native life in Canada. Cultural strain was produced by the prohibition of pot latching, a sacred cultural exchange of goods and social status. This act also prohibited drinking alcohol or possession on a reservation as well as denial of the right to vote. Later, both clauses were amended in 1951 and 1960 respectively, yet their impacts left scars on Mary John's narrative. The Indian Agent; the federal government official with domain over aboriginal people's health, welfare, and education; facilitated the negative rhetoric between the government and Mary John's tribe by encouraging the tribe to embrace white custom (Moran 1988, 21). In times of struggle, the Indian Agent was meant to represent the population when struggling with poverty and food. The Indian Agent response generally consisted of "You can't do any-thing with an Indian!" followed by a reluctant visit to the reservation (Moran 1988, 15). There were little to no checks and balances to ensure the proper enforcement of equal rights. Essentially, the Indian Agent was the main enforcer of the Indian Act.

There are many examples in which the Indian Act affected Mary John's daily life. For instance, Natives were aware that if they walked into a restaurant or bar they would be asked to leave and if they refused, law enforcement would be asked to come. In order to

sustain a living that the government would not help provide, many natives relied on working "in white people's homes for wages" (Moran 1988, 76). On occasion, Mary was seen taking care of the Silver family children and who were publicly condemned for being seen with an "Indian" (Moran 1988, 77).

Mary observed that the majority of their lives were run by the Indian act that the colonists did not have to follow. In regards to alcohol use, Stoney Creek villagers asked white men to buy liquor for them. Many Native American men were asked to serve during the Second World War armed forces and were allowed to drink with their canteens. When they returned from the way, soldiers were dismayed to find that they were still forbidden from alcohol purchase. Eventually it was allowed that Natives could drink off reserve which contributed money to the white man's economy rather than their own village, however, many could not even drink in the establishment. In 1961, there was a vote on whether to allow liquor on reserves. This is a prime example of Native rhetoric with the government as many reserves voted to have liquor become legal however many reservations were not notified and thus lost the chance to have the right to drink on their own property. In 1961, the Government Liquor Act was introduced that allowed magistrates to limit who was legal to drink by including them on an Interdict List with consequence of the listed individual along with their alcohol provider being incarcerated (Moran 1988, 130). In 1965 or 1966, a group of Prince George lawyers of a nearby colonist settlement researched the amount of people who served jail time and of 173 names provided, only one was that of a white man; magistrates of a nearby area called Burns Lake Reserve put the entire reservation on their Interdict List despite some being under the legal drinking age (Moran 1988, 130-131).

One of her largest struggles with institutionalized racism was the battle with the education system when the settlers sent Mary and some of her children to a boarding school. The school marginalized Native children and used them for labor as well as discredited their Native American culture. Missionaries and Indian Agents were focused on pushing the Natives toward acceptance of white traditions. Mary recalls her childhood spent at Mission School of Fort St. James where Native children were taught to read and write English. In order to teach the students who had only heard their Native language, the Mission school required every child, despite their age, to start their time at school in the first grade. Before Mary attended the Mission school, the mothers of the Village encouraged the Stoney Creek Council to send a telegram to the Canadian government that they wanted a school on the reserve. However, later the Native people were forced to apologize for the telegram to the government (Moran 1998, 52). During Mary's seven years at the Mission school, she reports of always being hungry and compares their rations to those more suited for a "concentration camp" (Moran 1988, 54).

After Mary's time in St. James, she went to another school named Lejac near Fraser Lake. Mary recalls students being "thrashed" as punishment for using the Indian language which was forbidden on campus or believing that Native American medicinal practices were effective (Moran 1988, 57). She claimed that the male students were being used as unpaid laborers used for logging and feeding livestock while female students were meant to mend clothing all day. The years that Native children spent in boarding schools were dreaded by students and parents.

High Disease Burden

Health issues such as alcoholism, hunger, and disease ravaged her family and presented itself as a huge issue with little resources to solve the problems. Bridget Moran collaborates with Mary John to note, in part, the scarcity of resources available on the Stony Creek reservation where Mary lived her life. Cultural geographer, Soren Larsen, uses “memory-in-place” to describe the recounting of place and experience, engaged by Mary John and Moran (Larsen 2006). Larsen’s work productively counters the “Progress” narratives of railways, logging, roadways, among other impositions of Native American land and resources (Larsen 2006). What neither Larsen’s work can’t account for and what progress narratives neglect are the intersections of what Mary John’s narrative reveals about place and health.

Mary talks about the importance of their land stating, “Everything we did, the places in which we lived-all, all were important to the survival of our family. I understood that this was so.”(Moran 1988, 42). She also reflected on the transition over the years of the woodland they lived in and how she grew up with flourishing rivers and lands of wild game and fish. She states that in her old age she could “travel five hundred miles in any direction from our village and not see so much as a field mouse” (Moran 1988, 39). The Stoney Creek villager’s live heavily dependent on fish from the lake or river. White colonist depletion of land led to malnutrition and food shortages that were requested by natives with which only resulted in small rations provided by the Indian Agent after limited allowance for explanation except heavily explaining jurisdictions (Moran 1988, 14).

Disease made a large impact on Native American communities considering their immune systems were not prepared for settler introduction. Mary explains that her first memory is from the 1918 flu where much of her village was ravaged with illness. She

remembered mission bells ringing constantly through the day and night every time a Native died. Members considered it a matter of "luck" if a person survived the epidemic (Moran 1988, 33). Other diseases such as pneumonia and diphtheria were deadly among infants at the reserve. Another impactful pathogen was the introduction of tuberculosis. Natives in the Carrier band did not understand that it was infectious and thus extra precautions were not taken to help prevent the spread. Mary recalls her family housing an orphan boy with tuberculosis. The Department of Indian Affairs and the Department of Public Health did little to help except give limited rations. The disease spread rapidly throughout her family. In later years, Mary's daughter Helen was bed ridden in the hospital fifteen years battling tuberculosis (Moran 1988, 110-111). It was told to discourage young people that sleeping with an unclean person so they could get the disease, however, that was the extent of public health education in the reserves. John herself struggled with heart disease in her later years and was admitted to a hospital for treatment. This goes to show that in a very small community, when exposed to foreign disease and regulation as well as a lack of health care, the population can struggle with many health adversities.

Substance abuse and alcohol abuse was common considering the prohibition of Natives. Some turned to home brew or would drink in excess leading to their untimely deaths and there was no financial help from the government in response. Mary John even struggled with alcohol abuse after witnessing a tragic accident of a woman in their village. A reaction of many villagers once beer parlors and cocktail lounges were open to Natives was that they felt, "We're as good as white people!" which was a sentiment echoed by Mary John herself (Moran 1988, 131). Mary John felt, however, with the occasional epiphany of

alcohol abuse that she would practice abstinence to deter young people from following suit of her generation with alcohol abuse.

Health Care Access

Economically, Bands were pressured to forfeit land to the Canadian government. Mary recalls how the Fort George Band, when she was a young girl in the year of 1913, sold hundreds of acres of their land to the Canadian colonists which is now the city of Prince George to the Grand Trunk Railway. Many younger band members were not happy about this sale and because they believed that valuable land was sold and they were still waiting for their payment in full. Elders of the band justified the sale because they wanted to be greatly removed from white man settlement. In consequence, the land was destroyed and a burial desecrated (Moran 1988, 74). Examples such as this shows the Native American and White struggle for laying claim on land.

In regards to not only land but health care access, the nearest doctor lived in the white settlement of Vanderhoof 6 miles from the reserve. Doctor Stone, the reporting doctor for the Carrier band, was responsible for miles of land surrounding Vanderhoof having to report on either horse or buggy thus causing his visits to the reserve to be infrequent in nature. Mary stated that if a child were to fall ill, "there was no doctor for many miles-there was only the child's mother, and if she was fortunate, other and older women in the camp, to nurse a sick child" (Moran 1988, 72). For birthing, Mary talks that none of her 12 children were born in a hospital. Some of the children were born in the village, others on the trapline or hunting grounds. Mary John's mother assumed the role of the midwife. During one of the births, Mary suffered severe labor pains and became worried of excessive bleeding or worse. She had the intention of going to the hospital but

knew it was too far away to make it in her condition before the birth of her child with the risk of not having advanced medical care in case of birth complications.

In addition to caretaking, Mary worked in a hospital in order to provide for her children. She ended up working for St. John's Hospital in Vanderhoof for over a decade. Vanderhoof was nine miles from Stoney Creek. As there was no bus service from the reservation in to town, transportation posed an obstacle. Many times Mary resorted to walking the nine miles or hitchhike to get to work. Mary recalls a time when her husband's truck was out of commission requiring Mary and her son to wake up at 3 o'clock in the morning with her twelve year old son to walk into town in the snow so that she could be at work in time. These recollections show the distance and lack of access to the nearest health care as well as the struggle to find good paying work near the village.

Chapter 2: Modern Indigenous Public Health

Health crises and ecological changes to Mary John's environment precipitated by logging practices and other economic pursuits of the Canadian settlers showing extreme ecological impact over the decades. I am most interested in marrying an account of First Nation's woman, Mary John, in a particular geographic space with current and past public health data to see if there lies a correlation. The influence of Canadian settlers in economic pursuit has perpetuated the regression of Native American development so they can further their own. Governance has taken a large hand in the First Nation communities as they try to establish themselves in a realm where they are not treated with equality. Decisions of responsibility come into question when looking into these stories and statistics. The traumas that influenced Natives such as Mary John in Canada showed lasting effects in the present day. The public health of thousands of indigenous people has been impacted. Cultural continuity, disease impact, and off-reserve access has created health disparities influenced by the Canadian settler population.

Cultural Continuity

In regards to cultural continuity, the establishment of the boarding schools like the ones that Mary and her children attended discouraged native children to embrace their culture and language. This impact carries through today as only 15% of off-reserve natives claim they can speak their language relatively well or well (Andelson, 2005). The Aboriginal People's Survey indicated that there was significant interest in getting to know one's language, there still was a lack of participation of the language. It is important to discuss cultural continuity in practice of minorities as it parallels the health disparities of the nation. A disconnect in language for aboriginal people over the years has created a

struggle in explanation of preservation of cultural practices that are essential to health including the utilization of the environment they live within, the diets they sustain, and how they interpret the spread of diseases. Even though cultural continuity and language retention are not statistically correlated, it must be noted that educational priorities and social media influence have ruptured the prioritization of both thus hindering the preservation of Native American practices. Mary John's recollection of her boarding school years in the early 1900s reflect the establishment and prioritization of Canadian culture over Aboriginal culture in curriculum and lifestyle.

The Nazko-Kluzkus preliminary report shows a dialogue between representatives of the bands and the Canadian government's plans to log. The study team brings attention to "little done in the way of competent, comprehensive planning for social, cultural, economic, ecological, legal, long-range interests of Band members and other residents of the watershed" (The Nazko-Kluzkus Study Team 1974, 3). The discourse between the study team and government shows the lack of action taken by the government to consider the culture and concerns of the indigenous. Historical identity is created in the land that the indigenous are a part of since it is a way for them to obtain food, educate younger members, heal sick members, and is part of their religiosity. Their fight for their land is believed to be a fight for their lives as they continue to be encroached on over time. If public health educators do not work to bridge the gap in knowledge of understanding cultural practices and language, they can create negative relationships and discourage implementation of health policy because they do not coincide with belief systems thus causing negative impact.

“Societal inequities exact a high personal toll in the form of disease, disability, violence and premature death” (Adelson, 2005). It is easy to create a scapegoat for Aboriginal Canadians that their public health shortcomings stem from genetic inadequacies rather than recognizing the collective burden of shared historical, social inequities pressed upon them as seen continent wide (Adelson, 2005). This collective is also seen in social discourse is a contributor to the racial divide because it has created a misunderstanding in how or why either group acts the way they do (Wax and Thomas, 1961).

Disease Impact

In regards to disease burden, even though indigenous cultures in Canada have shown increases in life expectancy and fertility rates, the indigenous nations still trail statistically compared to nonaboriginal populations. Off-reserve aboriginal people reported poorer health than aboriginal. Chronic and infectious disease has also constituted concern in present day aboriginal people. Cyclic famines, diseases, and parasitic infections were occurring in native populations before settlers, however, an already typically famine compromised society was impacted because their lack of immunity created a high disease burden. The reserve system and residential schooling systems created by settlers increased susceptibility to infectious diseases such as tuberculosis in these communities that had poor housing, inadequate sanitation, and limited food provisions. This is represented in aboriginal statistics showing that still as of 1991, Canadian native populations' housing were 2 times more likely to be in need in repair and 90 times more likely to have no water supply to the household (Adelson, 2005). Disposition of these communities from Canadian government also contributed to mental illness, suicide, crime, and disease.

The long standing imposition of mental illness has immensely impacted the native people. Between the age of 10 and 44, suicide and self-inflicted injury is the leading cause of mortality in native communities. First Nations communities rate 2.1 times more likely to commit suicide than the overall Canadian population in 1999 (Adelson, 2005). Suicide is the clearest physical indicator of social disruptions in these communities that have created depression, powerlessness, and poverty. Factors that influence these sentiments include lack of economic and local services, cultural resources, political clout, and perception of enduring inequalities thus creates social crisis.

The government institutions also created high rates of disease burdens that are significantly represented in the population 45 and older having the leading cause of death being ischemic heart disease in 1999 (Adelson, 2005). In order to combat diseases such as these, the Canadian Health Act of 1984 established that the provincial and territorial governments have to provide a number of health services to the indigenous. However, Ontario is the only province to adopt extensive policy frameworks to put these services in place and most other provinces have blurred jurisdiction in health services providing (Lavoie, 2015). The lack of obedience to the government regulations shows the lack of urgency to bridge gaps between the Natives and settlers which creates growing resentment from the minority therefore delaying any other forms of progress to assimilate cultures.

Furniss elaborates on Mary John's recollection of alcohol abuse noting that Euro-Canadian discourse includes the recurring image of the "drunk Indian" despite being an ongoing problem among the entire Cariboo population regardless of ethnicity (Furniss 1999, 107). Community health surveys report that alcohol abuse is a repetitive major health concern in Cariboo and Aboriginal populations are more likely to drink alcohol in

excess than non-aboriginal people. 61.1% of Aboriginal reported that alcohol abuse is one of the greatest social health determinants in their lives which can lead to violent and abusive behaviors (Adelson, 2005). Disease such as alcoholism became problems in time of depression as these communities' land is being depleted and controlled, their children are being sent off, and there is a struggle for employment while not being properly heeded by the government about their hardships. The settlers introduced these diseases thus facilitating the cyclic depression and life obstacles. In many cases the aboriginal were blamed for the oppression that the government implicated because they needed to grow the will to find work and they need to perpetuate the "self-made man" (Furniss 1999, 152). Non-aboriginal discourse manifested a historical vision that blamed the aboriginal for their own hardships.

Health Care Access

In order to justify land development and manipulation of the aboriginal politically, the non-aboriginal discourse involved the settlers self-labeling as "Cariboo-Chilcotin pioneers" (Furniss 1999, 87). They created idealized images of history in order to defend their present and future interests. The borders established by settlers with long dirt roads and few vehicles, Natives struggled to find timely health service. Mary John notes of her long commutes to work at a hospital and frantically dealing with emergency health situations by herself. Colonizing authorities were expanded to obtain land, extract resources, and limit First Nations people. Documentation of missionary writings provided rhetoric reelecting the intentional repression of resources ("Implementing", 2011).

Richardson expands on the lack of health care access when considering emerging infectious diseases (Richardson, 2012). Moran's biography notes of examples of epidemic

waves in the indigenous community, for example, when Mary John's community was heavily infected with tuberculosis (Moran, 1988). Richardson notes that a challenge in providing proper access to Native people is that different populations of indigenous people can fall under distinctive health jurisdictions causing a range of access to health care and non-insured health coverage (Richardson, 2012).

The Nazko Kluzkus Study shows visual rhetoric with images of bulldozers destroying their trees for logging and establishing roads for quick access of the settlers. 1974 was the first scene of quick access roads for the Nazko community, however, the roads were built for mainly industrial use (The Nazko-Kluzkus Study Team, 1974). The access to health care services, however, has improved slightly over time. For example, the infant mortality rate of Natives was 27.7 deaths per 1000 births in 1979 (Lavoie, 2015). Today, the rate for infant mortality rate of Natives in Canada is 8 deaths per 1000 births (Lavoie, 2015). However, despite exponential improvement, Native premature infant mortality rates are still 1.7 higher than the Canadian rate of 5.5 (Lavoie, 2015). Conversely, it does need to be accounted for that many Natives were opposed to Western medicine which could cause reluctance to try hospital practices (Richardson, 2011). These statistics show that despite progress, decades of poor pre-natal health care access cause a long-term lag in Native health compared to the rest of Canadian population.

Lack of access, habitat loss, increased fuel costs, pollution, and decline of commercial fishing due to reductions of boat ownership imposed by the industrialization of settlers has caused negative impact on food security for Native communities. The land depletion that Natives originally relied on for sustenance has caused increased reliance on "market foods" that increase food costs causing those reliant on this market like the Natives

to turn to cheaper, unhealthy foods ("Implementing, 2011). As of 2009, the health risks of First Nations people due to lack of food security and environmental depletion caused exponentially higher age-specific rates of incidents for relative infection and hospitalization ratio compared to Non-First Nations people affected by the H1N1 pandemic (Richardson, 2012). These examples of residual health effects in the 21st century explain the rippling effects of historical trauma on indigenous land.

Conclusion

Despite incremental progress in recognition of indigenous cultures, Natives are still centuries behind in terms of being treated with public health equity. Mary John, a member of the Sai'kutze First Nation, recites to author Bridgit Moran about her life. She remains positive and full of tenacity when recalling her life story, however, her attitudes are reactions to the many hardships her tribe had to endure. During Mary's lifetime, she suffered from racial discrimination, disease, and limited access to health care resources. The Indian Act of 1874 introduced many policies from the Canadian government that limited the rights of the indigenous cultures in Canada. The act heavily influenced land development claims for the settlers as well as limited the rights of Natives on and off reserve.

The discrimination against culture, burden of disease, and geographical access to health services as seen by Mary John are reflected in modern statistics. In addition to outbreak of tuberculosis, Natives suffered from separation from their children as they were sent to boarding schools and not given a proper education while assisting in manual labor. Natives also had to travel miles to get to the nearest hospital or Indian Agent where many times they were turned down service or not given the proper resources to help.

Further studies need to be done to in evaluating health care interventions for indigenous peoples. In order to prevent residual negative health influences from emerging, we need to understand how they originated and the rhetoric between the Natives and Canadian settlers.

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Emily Wichman_Honors Capstone

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Mon, May 4, 2020 at 10:48 AM

To: David Cook <dac0010@uah.edu>, William Wilkerson <wilkerw@uah.edu>

Hi All,

Attached, please find Emily's amazing capstone project!

Best,
Alanna

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