

**Unpacking histories: the decolonization of Indigenous health data on
Manitoulin Island between the years of 1869-1940**

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ABSTRACT

This study presents a critical perspective of historical accounts regarding settler and Indigenous population health on Manitoulin Island, Ontario, between the years 1869-1940. Early literature, including Jesuit missionary accounts and local historical records are re-examined through a contemporary decolonial lens to reframe Indigenous health transitions in a colonial setting, and from an under-represented viewpoint. This study utilizes qualitative research design, critical historical analysis, and literature informed by contemporary postcolonial theory to contextualize historic and present day health data and help facilitate a new, more inclusive health narrative. Throughout this research, diet, accidental deaths, and infectious disease narratives will be addressed and critiqued as a way to distance health realities from early historical accounts published by colonial forces. In conclusion, this research addresses how historical data records Indigenous health, and demonstrates that forces of colonialism contributed to settler-dominated health narratives in the historical record.

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Decolonization is a dramatic reimagining of relationships with land, people and the state...it is a practice; it is an unlearning—Syed Hussan

INTRODUCTION

Reconstructing health transitions in the past is no easy feat, however the study of disease patterns in northern Ontario is essential to understanding chronic disease burdens seen today (Waldram, Herring & Young, 2007). The shift from infectious to chronic disease has been faced by most Western societies, and is referred to as the ‘epidemiological transition’ (Waldram, Herring & Young, 2007; Young, 1988). There is no doubt that both settler and Indigenous populations in Canada’s north have experienced such transitions, where Indigenous communities have suffered disproportionately (Maar et al., 2011; Young, 1988). By examining historical records, one can begin to compare epidemiological transitions to better understand the role of chronic disease in present communities. However, historical documents can often be rooted in settler bias and colonizing narratives, something which the discipline of anthropology must confront as a means of addressing its own history in colonial and post-colonial formations (Clammer, 2008). Thus, it is important to explore why settler narratives chose to record what they did, and the social, political, and theological contexts these conclusions were made in regarding early narratives on Indigenous health.

By using ethnohistorical methods, this exploration will ¹‘unpack’ historical accounts pertaining to Manitoulin Island in order to decolonize health data from this area (Simmons,

¹ ‘Unpacking’ historical literature follows a similar approach to applying ethnohistorical methods. It entails a critical analysis of historical writings in order to produce a cultural narrative (Axtell, 1979). In this case, political, social, and economic determinants that informed the historical narrative are peeled back, in order to privilege an ethnohistorical narrative. Thus, by understanding the context in which these historical writings were made, one is allowing room for Indigenous discourse surrounding the events, which would produce a more accurate and ethnohistorical account.

1988; Axtell, 1979). The process of decolonization is described by activist Syed Hussan as "...a dramatic reimagining of relationships with the land, people, and the state...it is an unlearning" (Walia, 2012). This research will be informed by contemporary postcolonial theory, and will follow a qualitative research design in order to allow historical documents to expand the understanding of the epidemiological transition on Manitoulin Island, and in order to facilitate a social narrative to disease (Winkelman, 2009; Minore & Katt, 2007; Feldman, 2001). The methods used in this research are critical analysis of historical documents, forming an ethnohistorical account of the data, which is described as an 'unpacking' of historical literature (Axtell, 1979). Thus, this thesis intends to contribute an ethnohistorical analysis of chronic disease and other health changes on Manitoulin Island as a means for better understanding epidemiological transitions in northern Ontario, especially in the context of contemporary colonialism by applying a postcolonial theoretical framework to the data (Feldman, 2001; Tuhiwai-Smith, 1999). These findings will contribute to a greater research project exploring chronic disease on Manitoulin Island. This decolonized historical narrative of disease patterns will contribute to our understanding of health and wellness in northern Ontario, as well as aim to decolonize and elevate Indigenous health narratives (Maddison, 2013; Miller, 2008; Diversi & Henhawk, 2012; Tuhiwai- Smith, 1999).

This research will be disseminated in a way that demonstrates how the process of decolonizing Indigenous health data is far from being over; in fact, this journey follows the mission of decolonization as an ongoing practice rooted in continual reevaluation of society. Thus, this research is formatted in a style that reflects the structure of a play. The sections are constructed as 'acts', which function in the same way as a 'chapter'. The reason for this

deviation from traditional academic structure is an attempt to create reflexive, approachable research that is engaging as much as it is informative. Thus, this research also attempts to challenge the notion of how academic research should be disseminated, and challenges the relationship that academics have with their research (Vannini & Gladue, 2009).

In light of this structure change, the format of this thesis is also ‘untraditional’. Firstly, ‘Act 1’ of this thesis concerns the setting of the thesis and details the history of Manitoulin Island, the theological underpinnings and methodology of the thesis, establishing Jesuit presence on the Island, and detailing Indigenous health pre- and post-contact in both Canada and Russia. ‘Act 2’ of this thesis is where the literature review is located, as well as the subsequent ‘unpacking’ of this historical literature to create an ethnohistorical narrative. ‘Act 3’ of this thesis applies the same critical content analysis to archival records from Manitoulin Island, where comparisons to the existing literature are drawn. Finally, ‘Act 4’ acts as a conclusion as well as details final recommendations determined from the research. Lastly, archival figures detailed in the thesis can be found in the appendix section which is located after the references section.

ACT 1: THE SETTING

Opening Scene: student, sits in a dark room to begin writing an important piece of her undergraduate thesis. It's all about the setting, and establishing a decolonizing perspective on Manitoulin Island as not only land, but as a spiritual place important to those who's ancestors have lived on these lands for generations. There is so much to reflect upon however, such as how the student will situate herself in the research, and amongst this important backdrop or setting. 'Ethnohistory', the protagonist enters the dark room. It sits upon the student's desk, ready to hear their conundrums.

Student: How do I demonstrate Manitoulin Island as being a diverse, and important ecological and cultural place, while still providing a thorough history of the island? How can I create an honest, and truthful depiction of historical events on the island, as they pertain to colonialism?

Ethnohistory: It's all about privileging a cultural approach! Establishing Manitou Minissing as the Island of the Spirit that underwent colonial change, thus creating a new narrative and experience for those inhabiting the land.

MANITOULIN ISLAND: MANITOU MINISSING AND HISTORICAL DEVELOPMENTS

Manitoulin Island is the largest freshwater island in the world, stretching 160 kilometres in length and covering an area of 2,785 square kilometres (Smith et al., 1994; Pearen, 1993). Located in northern Lake Huron, the area contains more than eighty inland lakes and lies adjacent to Georgian Bay. Manitoulin Island is also encompassed by a portion of the Niagara Escarpment, which ends at a high cliff near the M'Chigeeng First Nation. In addition, the island is a part of the pre-Cambrian shield, making it geographically unique in terms of its limestone morphology (Smith et al., 1994; Pearen, 1993; Major, 1934). Manitoulin Island is an important landscape for the people who inhabit it. The name itself represents its legacy, importance, and spirit. The name 'Manitoulin' is translated from Odawa and Ojibwe as 'Manitou Minissing', or "Island of the Spirit(s)", and is recognized as a spiritual place where the voices of the Manitou, or spirits, are clearest (Smith et al., 1994 pg.3). It is the home of the Great Spirit, Kitche Manitou (Pearen, 1993).

The Sheguiandah archaeological site on Manitoulin Island provides evidence for early Indigenous occupation on this land, which could date back to possibly 10,500 years (Storck, 1984; Lee, 1957; Julig, 2002). It is likely that the first inhabitants of Turtle Island (North America) would have been hunters, and would have hunted big game such as mammoths and the giant sloths (Pearen, 1993). Manitoulin Island has a unique history that spans throughout four distinct periods in Ontario prehistory. These include the Paleo-Indian Period (9000 BC- 5000 BC) extending to the Terminal Woodland Period (1000 BC to European Contact) (Pearen, 1993).

During this time, the Ojibwe peoples would have inhabited the land, and they are the ancestors of many Indigenous peoples residing on Manitoulin Island today (Pearen, 1993).

There have been a number of treaties and government proclamations that have affected the social and political landscape of Manitoulin Island. The Royal Proclamation of 1763 stated that Canadian lands could not be settled until the rights of Indigenous peoples were negotiated, which resulted in twenty-four treaties being signed between the years of 1763-1800 (Pearen, 1993). After the year 1812, Indigenous peoples were no longer required by the British as military allies, thus many colonial government projects aimed at assimilating Indigenous peoples into society began. By 1830, these assimilation projects began, including an unsuccessful attempt at creating a settlement in Coldwater, Ontario. As a response to this failed mission, the government decided to facilitate isolation projects. Lieutenant Governor Francis Bond Head negotiated a treaty with the Ojibwe and Odawa peoples living on Manitoulin Island in an attempt to create a 'native community' which would operate under the eye of the Canadian government (Pearen, 1993).

This project on Manitoulin Island was first established between the years of 1836-1860 at a settlement in Manitowaning. This establishment consisted of a government supported superintendent, a doctor, a carpenter, mechanics, and clergymen supported by the Anglican Church. The mission of this establishment was to help the Indigenous population become 'civilized' (Pearen, 1993). During this time, the Indigenous population on the Island was approximately 1,350 people. However, the government did not believe that this population was large enough to justify human occupation of the land. Thus, in 1861, they began negotiating for non-Indigenous settlement (Pearen, 1993). On October 6th, 1862, the Manitowaning Treaty was

signed. This treaty allowed 100 acres to each Indigenous family, and non-Indigenous settlement began in 1866. As a result, Indigenous reserves were established in Sheguiandah, West Bay, and Shesheguaning. Non-Indigenous communities were established in Kagawong, Gore Bay, Providence Bay, Michael's Bay, Little Current, and Manitowaning.

THEORY AND METHODOLOGY: RE-FRAMING HISTORICAL NARRATIVE

This research is informed by postcolonial theory, and incorporates an ethnohistorical method. It will also be inspired by critical medical anthropological theory. According to Clammer, anthropology as a discipline has a strained relationship with colonial and postcolonial social formations (2008, 157). This truth and history has guided and influenced this research to re-examine the role of ethnographic literature in relation to the study of health. Throughout colonial history, Indigenous peoples have been oppressed by Western theory and inquiry, specifically by being subject to involuntary investigation by members of a dominant society (Tuhiwai- Smith, 1999,38). This involuntary research, or Indigenous representation includes early narrative accounts (Simmons, 1988). These accounts are often framed within European or Eurocentric values and patriarchy, and are often premised by the concept of claiming a vast wilderness, or *terra nullius* where civilization is brought by colonial forces (Miller, 2009; Simmons, 1988). This account is simply inaccurate. For thousands of years, Indigenous peoples have developed complex systems of knowledge that served their societies and communities (Miller, 2009). Thus, in order to create a better relationship between anthropology and the forces of contemporary colonialism, one must decolonize the mind and subsequently, their research. This challenges the reality of ethnographic works that were once utilized to uncover and display the world (Clammer, 2008).

Postcolonial theory works to challenge Western or colonial dominance in spaces of discourse, by drawing attention to how colonial and imperialistic forces have affected power relationships in settler-colonial states and around the world (Feldman, 2001). Postcolonial theory

is similar to postmodernism as it rejects the notions of Western Enlightenment, and instead focuses on elevating perspectives that emphasize individual autonomy, historical perspectives, and normative politics (Feldman, 2001). Thus, postcolonialism seeks to create an academic and theoretical space where alternate truths and histories which differ from dominant perspectives can be made available and present (Feldman, 2001). Moreover, postcolonialism actively works to dismantle colonial narratives, something which is extremely important when utilizing ethnohistorical methods in anthropology, or when applying these methods to Indigenous health and wellbeing (Clammer, 2008; Tuhiwai-Smith, 1999).

Modern ethnohistory aims to use both historical and ethnographic data as a foundation for research (Axtell, 1979, 3-4). According to Simmons, ethnographic accounts have been born out of expansionist missions by colonizing forces (1988). Early anthropological ethnographies written by social evolutionary anthropologists such as Lewis Henry Morgan did not challenge Eurocentric biases towards Indigenous peoples. In his works, Morgan describes the rise of “civilization” from “barbarism”, something he recorded in his ethnographic writings of the Seneca Peoples (Morgan, 1877, 563). The work of Franz Boas ushered in a new interpretation of ethnohistory, one that works to eliminate Eurocentric biases. Thus Boasian influence on eliminating evolutionary theories regarding culture and society shaped new ethnology (Simmons, 1988, 3). In addition, Boasian influence has encouraged the understanding of culture through an emic approach, or through the use of cultural relativism (American Society for Ethnohistory, 2016). Thus, one of the primary characteristics of ethnohistory is to emphasize socio-cultural change by using historical methods and materials (Axtell, 1979, 3-4).

It is argued by Henhawk and Diversi that even within qualitative inquiry and the critical theories and paradigms that support it such as ethnohistory, Indigenous narratives are still underrepresented, or few and far between (2012, 51). This is even true in relation to decolonizing literature, which continues to use research paradigms and reductionist theories (Diversi & Henhawk, 2012). Historically, Indigenous paradigms related to discourse in academic literature can be traced back to writings from the 1960's and 1970's, and across several continents. Overlapping concepts in Indigenous paradigms include the concepts of respect and reciprocity, the animal spirit world, and the sacredness of the planet and all its life and activities (Miller, 2009). Despite the fact that the contemporary postcolonial movement has facilitated Indigenous epistemologies and perspectives, and despite the fact that they have always existed, it is without question that these narratives are largely absent or misrepresented in dominant Western spheres such as classrooms, academic journals, and other circles (Diversi & Henhawk, 2012).

This research will attempt to decolonize the narratives found within early ethnographic accounts, and will present mortality and epidemiological findings in a contemporary postcolonial lens that emphasizes Canada as a nation that has distinct characteristics of a permanent settler state (Maddison, 2013). According to Miller, if academics such as historians and anthropologists believe in historically analyzing sources, they need to apply the same sort of analysis to Indigenous narratives, especially when they are present in non-Indigenous sources (2008, 30). This is true in regards to re-examining ethnographic accounts such as Jesuit mission letters and historical documents, which have been written from Eurocentric and colonizing viewpoints. It is crucial to recognize that settler colonial states such as Canada, the United States, and Australia are distinct both historically and politically as they are rooted in the intention to displace

Indigenous populations. This has materialized through the acquisition of land, and displacement of peoples on government declared territories (Maddison, 2013). These policies whose intentions were to assimilate, convert, and isolate Indigenous peoples and identities may have contributed to other legacies, such as *perceived* ill health as a consequence of structural violence (Maddison, 2013).

This research recognizes Canada's colonial past and present, and hopes to situate itself as a decolonizing, or unpacking, of colonial literature. This research regards Indigenous research paradigms and epistemologies, but can not be truly informed by them as the researcher has only ever worked within Westernized epistemologies and theories. Because of this, the unpacking of colonial narratives will be done carefully and with reflexivity as to avoid creating another layer of colonial narrative, unintentionally or otherwise. As stated by Vannini and Gladue, storytelling and narrative is interpretive, and is based on one person's construction of reality (2009). Thus, the theory used in this research will work discretely but diligently as to ensure a critical reframing of early ethnographic literature regarding health and wellbeing.

The methodology applied in this research includes qualitative critical analysis of the literature, early ethnographic accounts, and historical data collected by researchers in the summer of 2010.² Early ethnographic accounts include historical Jesuit letters, published journals belonging to military personnel, and early ethnographic writings depicting life on Manitoulin Island. Firstly, a literature review was conducted concerning the overall health of Indigenous

² The historical data was collected by Dr. Geoffrey Hudson of the Northern Ontario School of Medicine as part of a larger historical research project in collaboration with Dr. Marion Maar (Northern Ontario School of Medicine) and Dr. Tamara Varney (Lakehead University). Dr. Hudson provided access to his records collected at the Western Manitoulin Historical Society.

peoples in the north from a historical and contemporary perspective (Young, 1988; Waldram, Herring & Young, 2007; Bogoyavlensky & Voshonsky, 1997; Snodgrass, 2013; Tjepkema, 2002). In addition, a literature review concerning theory, and the history of Manitoulin Island (including Jesuit presence) was conducted (Smith, 1996; Maddison, 2013; Diversi & Henhawk, 2012; Clammer, 2008; Miller, 2009; Dorsey, 1998; Goddard, 1998; Smith et al., 1994; Vannini & Gladue, 2009; Tuhiwai-Smith, 1999; Pearen, 1993). From this review, theoretical underpinnings and research questions were developed. The general research question was: “What did people record pertaining to health outcomes? Why?”.

After a general research question was established, the data from the literature and early ethnographic accounts was recorded (Wightman, 1982; Burden, 2010; Pearen & Lonc, 2008; Lonc, 2009; Major, 1934), and compared with data drawn from the historical documents collected as primary sources. Once all the data was collected, themes were developed pertaining to location, time-frame, and context. During this process, the theory described above worked discretely to help contextualize the themes created. Using the data, a content analysis was performed. This process revolved around the general question of: “What did people record pertaining to health outcomes? Why?”. Once the data was collected, it was critically analysed to deduce why people chose to record these health outcomes, and what social, political, and theological context these conclusions were made from. These questions were used to help qualitatively interpret the data. The reason this research took such a qualitative and reflexive approach was to stay faithful to contemporary postcolonial theory (Tuhiwai-Smith, 1999).

ESTABLISHING JESUIT PRESENCE

The Jesuit order was founded in 1540, and the society was since devoted to the advancement of lost souls and the propagation of the faith. Jesuit presence began in Canada in the year 1625, and by the seventeenth-century, the Jesuit order transformed and translated the Catholic religion in the region of New France as an attempt to indoctrinate the peoples native to those lands (Goddard, 1998; Dorsey, 1998). In addition to indoctrination, the Jesuit mission was to create an ordered and ‘civilized’ settlement, reform Indigenous ‘superstition’ and family structure, and closely monitor personal behaviours of Indigenous peoples. However, the Jesuits also tried to retain Indigenous culture which did not contradict the Catholic faith, in the hopes that this would help develop a new church (Goddard, 1998,220).

Christian mission work began on Manitoulin Island when Jesuit priest, Joseph Poncet, arrived in 1648. His mission was to spend the winter with the Odawa people, however threat of invasion by the Iroquois forced the Jesuit order to abandon the Island and their mission. They did not return to the Island until 1844, when a permanent mission was established at Wikwemikong (Smith, 1996). The missions at Wikwemikong were poised not only to promote Christianity and save souls, but to deny the sacred traditions of the ³Anishnaabek, which did not conform to Christian ideals. In order to create conversion, political and economic factors had to be transformed. However, according to Smith, this did not change the consciousness of the peoples, who are resilient in protecting tradition (1996, 515). As followers of Thomas Aquinas, Jesuit missionaries saw less tension between the faith and human experience compared to other

³ Ojibwe, Odawa, and Potawatomi Peoples; “good people”.

religious forces empowered during colonial expansion (Dorsey,1998). Because of this, they often respected certain aspects of Indigenous life as long as it aided in their colonizing missions.

Despite this, Jesuits compared Indigenous peoples of North America to virtually any other tribal society from across the globe, therefore not recognizing individual tribes as distinct cultures and societies, but as a greater part of the ‘primitive world’, or as an array of lost souls (Goddard,1998). Because of this worldview, Jesuit accounts, similar to other early historical narratives, reveal an indecisive and patriarchal view towards Indigenous life. This indecisive nature is especially true when accepting Indigenous languages, as it was believed that the faith could be translated into these languages well (Dorsey, 1998). Other manipulations were used in order to indoctrinate Indigenous peoples, including fear and the imposed association of faith and disease. Due to infectious diseases such as smallpox, influenza, and tuberculosis ravaging North America as a result of colonization, Jesuit missionaries were able to convert families through the ‘deathbed baptisms’ of sick relatives and children. In addition, Jesuit missionaries also took the approach of inducing fear into their converts, as a way of creating a dichotomy between traditional life and Christianity (Goddard,1998,229).

INDIGENOUS HEALTH IN CANADA: ‘PRE’- AND POST CONTACT

Throughout history in the geographic region of Canada, Indigenous peoples including those residing in northern regions and subarctic regions, have lived primarily off the land (Waldram, Herring & Young, 2007). In Indigenous societies, relationships with the land help define and establish a sense of health and wellness, representing an important, even vital, relationship with the natural world. Indigenous peoples of the central subarctic and northern regions belong to two different nations, the Cree and the Ojibwe (Young, 1988, 12). These societies have traditionally inhabited diverse ecological settings including temperate rainforest, boreal forest, tundra, and polar deserts (Snodgrass, 2013). Making conclusions about pre-historic or pre-contact health in any population is no easy feat. Despite skeletal assemblages being one of the best evidences of ill health, their incompleteness and ambiguity can pose challenges for paleopathologists and biological anthropologists. One of the greatest challenges regarding skeletal assemblages is the absence of bone pathologies from infectious diseases. In many cases, zoonotic or viral infections kill the host before any changes can be made to hard tissues; thus, presence of bone pathologies may actually be evidence of good health, as the host would have survived long enough for hard tissue pathologies to form (Waldram, Herring, & Young, 2007). In addition, the study of skeletal remains is often performed in a colonizing manner, thus it is important to privilege oral history and tradition when studying ⁴‘pre-contact’ health.

⁴ I choose to use quotations around the term ‘pre’ contact, as it represents a colonized time indicator, and is often associated to a time of ‘change’ in health studies, while in reality, Indigenous health has never been a static entity.

Before settler contact, Indigenous peoples of northern Ontario were primarily afflicted with zoonotic parasites that acted in a low virulence. Infectious diseases such as measles, tuberculosis, smallpox, and influenza were relatively absent from small bands, although it would be an assumption to state that infectious diseases did not exist prior to European contact. In addition, mortality from accidents and violence were present, which is relatively common across hunter-gatherer societies (Young, 1988, 33). In addition, traditional lifeways and subsistence patterns provided stable nutritional status, which can be seen in paleopathological studies regarding pre-contact remains. However, in societies where early maize agriculture had begun, marked nutritional deficiencies were observed (Waldram, Herring & Young, 2007, 35). Chronic diseases, excluding arthritis, were most likely rare in pre-contact societies. This is a stark contrast compared to chronic diseases such as Type 2 Diabetes Mellitus and Cardiovascular disease which are particularly relevant in Ojibwe and Cree communities today (Waldram, Herring & Young, 2007).

There is a well-known marked deterioration in health outcomes after initial European contact (Young, 1988, 33). During this time, circumpolar and northern regions experienced a marked economic change, and significant sociological change (Snodgrass, 2013). The establishment of the Hudson's Bay Company in central Canada prompted a mass relocation of Indigenous peoples, and established trade relationships and other variables of culture, as well as increased contact with European peoples and pathogens (Waldram, Herring & Young, 2007). This historical and sociological change was the advent of what scholars refer to as the 'epidemiological transition' in Canada, which is a shift from infectious disease to chronic diseases. This concept is an important aspect of global demographics, and is characterized by the

shift from infectious diseases to diseases of degeneration in both morbidity and mortality. This transition is often associated to industrialism, globalization, and in this case, colonialism (Bogoyavlensky & Voshonsky, 1997). The theory of epidemiological transition was first described by Omran in 1971 as an attempt to explain the changes of morbidity and mortality in rapidly changing societies who were influenced by Western expansion. He concludes that during rapid sociological change, there will be a marked decline in health, and a structural change in mortality (Bogoyavlensky & Voshonsky, 1997, 57).

Throughout the processes of early colonialism in Canada, early fur trappers and military personnel made ethnographic journals where they commented on the good health of Indigenous peoples in the Canadian subarctic and other northern regions. People were described as being “sturdy”, and “seldom liv(ing) to a great age, but retain(ing) all of their faculties to the last (Young, 1988, 33). However, this perceived ‘stable’ health of Indigenous peoples was soon to be altered by famine and epidemics. There was always the risk of starvation due to harsh winters, however, policies by the Hudson’s Bay Company and the fur trade further exacerbated these risks. There was a profound shift from large game hunting to small game trapping due to the influence of the fur trade and the demands of fur traders. As a result, there was a depletion of game due to both natural cycles and over trapping, leading to periodic famine and an increased reliance on trading posts for food relief (Young, 1988, 35). By the 1820’s, large game such as caribou and moose were becoming scarce, and the threat of over trapping small fur game loomed on the horizon. There were references made to starvation in the journals of fur trappers, however the magnitude is difficult to comprehend (Young, 1988, 35).

According to Young, smallpox was the first severe epidemic recorded by the Hudson's Bay Company between the years of 1781-1782, decimating Indigenous populations while Europeans remained virtually unaffected (1988,35). It was during this time in history that the onset, frequency, and severity of introduced epidemics had a profound impact on Indigenous society. This impact transcended demographics, and included unmeasurable social repercussions. Virgin soil epidemics affected reproductive populations, who were also responsible for food procurement and defense. These events resulted in a fracturing of social structure, including residence and kinship patterns (Young, 1988, 37-39). By the 20th century, Indigenous peoples in Canada had been involved with the fur trade for over two hundred years, and had become greatly oppressed by increasing famines resulting from a dramatic change in subsistence. By the end of the Second World War, more rapid changes had taken place including a profound government involvement in healthcare, social assistance policies, educational policies, and expanding economic development. These encroaching settler expansions aimed at reducing the autonomy of Indigenous peoples, while forcibly applying a dependence on European systems (Young, 1988, 42).

Eurocentric health values and the spread of biomedicine have negatively affected Indigenous populations, and contributed to demographic changes seen amongst populations today. By the 20th century, birth rates in Indigenous communities began to shift due to a weakening of biocultural mechanisms related to childbearing practices, including the decline in breastfeeding which was used a form of population control (Young, 1988, 43). This perceived 'modernization' of health has contributed to health problems being faced by Indigenous peoples today, including the concept of a static, perceived ill health, which structurally violated

Indigenous peoples in the north. Tools of colonization often perpetrate this idea, including the regulation of Indigenous identities, and the removal of people from traditional lands, namely children, in an attempt to regulate and bind culture (Maddison, 2013). Thus, policies used to try and assimilate, convert, and isolate Indigenous peoples has greatly contributed to the notion that Indigenous peoples are of ill health (Maddison, 2013).

Today, Indigenous peoples have poorer health outcomes than other Canadians, including a life expectancy six to eight years shorter than the general population (Tjepkema 2002).

In addition, diseases that were once rare in Indigenous communities, such as chronic diseases like diabetes, cardiovascular disease, and addiction have become common. These changes are often attributed to the rapid social and dietary changes experienced by Indigenous communities in the past several decades (Tjepkema 2002). Similar changes can be seen across the globe when examining the effects of colonization on health realities for Indigenous groups. In Canada, the federal government remains responsible for registered and treaty Indians under the Indian Act, including the responsibility for their health. At present, these responsibilities are often focused on reserves, with the exception of the Aboriginal Healing and Wellness Strategy in Ontario, that integrated health services for all Indigenous peoples in Ontario, including those off reserve and the Metis and non-status peoples (Waldram, Herring & Young, 2007).

How to 'unpack' this perspective?

When discussing pre- and post- contact health in Indigenous groups, it is important to decolonize the mind, and unpack preconceived notions of pre-historic Indigenous health. There

is a common narrative in Western research that portrays Indigenous peoples as being ‘noble savages’, or as being the original ‘affluent society’. These misconceptions are rooted in the narrative that prior to European contact, Indigenous peoples lived lives without illness, famine, and could devote most of their time to leisure and recreation such as ceremony, song, and dance. Although there is some truth in these colonized narratives, including the truth that band sizes were sometimes too small to allow infectious disease to flourish, such narratives present Indigenous cultures as static. Despite narratives suggesting that infectious disease was only ever present in Indigenous communities as a result of contact, there is evidence of epidemics prior to 1492 AD (Waldram, Herring & Young, 2007, 53). Human health is determined by complex relationships between human populations and their environments, and health changes as environments change, are disrupted, and become hospitable for micro-organisms that affect health outcomes (Waldram, Herring & Young, 2007, 48). To suggest that infectious disease, as well as other health changes are merely the result of European contact is to suggest that prior to this contact, Indigenous peoples did not change their environments. In addition, the colonial narrative that states infectious disease brought by Europeans decimated Indigenous populations further suggests that in reality Europeans systematically reduced Indigenous peoples. However, one can not suggest that Indigenous populations were decimated, as Indigenous peoples continue to persevere (Kelm, 1998).

Another narrative that needs to be decolonized includes the suggestion that the epidemiological transition is the result of modernization. In reality, the phenomenon referred to as the epidemiological transition could be argued to be the result of Western expansion, colonialism, or imperialism. This understanding attempts to decolonize the notion of

‘modernization’, as such a term suggests that non-Western or Indigenous societies that underwent the epidemiological transition were not on the course to ‘modernity’ or that their cultures are something less than ‘modern’ (Waldrum, Herring & Young, 2007). This once again supports colonized narratives of a ‘primitive’ or ‘static’ culture. It should be acknowledged that reworking or reframing these concepts in no way denies the reality that Indigenous health was greatly changed as a result of colonization, or that infectious disease rates did increase or find a new virulence. Instead, this reworking aims at challenging the reader to reflect upon the discourses that surrounds Indigenous health, and what these discourses may imply.

INDIGENOUS HEALTH AND WELLNESS IN NORTHERN RUSSIA

In order to better understand health outcomes in northern Ontario and the rest of northern Canada, the health and wellness of other Indigenous peoples throughout the world must be explored. Bogoyavlensky and Voshonsky’s exploration of Kamchatka health circumstances in northern Russia serves as an interesting comparison of northern Canadian health outcomes (1997). This study provides insight regarding health histories and outcomes as the setting is both ecologically, and to some extent, politically similar to areas in northern Canada. The first national Russian health services established in Kamchatka, an Indigenous community, was in the nineteenth century. However, it was not until the late 1920’s and early 1930’s that there was constant access to biomedical healthcare in the area. This included nursing services and physician care (Bogoyavlensky & Voshonsky, 1997). However, during World War II, the services were disabled, and the health outcomes in communities like Kamchatka deteriorated. In the case of Kamchatka, Bogoyavlensky and Voshonsky chose to focus on health records from

the 1950's onwards, due to the incompleteness of records from previous dates. In addition, it is stated that records were very incomplete in regards to the cause of death for infants, the elderly, and nomadic peoples (1997).

During this study, only five causes of death are depicted and recorded. They are infectious and parasitic diseases, neoplasms and cardiovascular disease, respiratory disease, accidental deaths including poisoning, homicide, and suicide, and other or unknown deaths (Bogoyavlensky & Voshonsky, 1997). Bogoyavlensky and Voshonsky describe a steep decline in mortality for children aged birth to four years, and a modest decline in mortality for older children and young adults when comparing the data for the years 1958-1961, and 1968-1971. This is attributed to the reduction of death from infectious and parasitic disease (1997, 61). Despite these results, it is hard to compare this health data with prior health records as they are largely missing or incomplete (Bogoyavlensky & Voshonsky, 1997). By the end of the study, it is concluded by the researchers that the demographic changes seen amongst the Indigenous peoples of Kamchatka and the non-Indigenous peoples living in the area was not the result of internal community changes, but rather the result of changes imposed by outside forces (Bogoyavlensky & Voshonsky, 1997,61). The researchers also propose that the disruption of traditional economies and social organization for all northern residents resulted in these health outcomes, specifically the forced resettlement of all peoples by the end of the 1950's (Bogoyavlensky & Voshonsky, 1997, 62).

The data collected by Bogoyavlensky and Voshonsky also revealed that in addition to an increase in morbidity and mortality from diseases of degeneration and a decrease in mortality in

young peoples from infectious disease, there was also a marked increase in the number of deaths from violence. This serves as a massive theological deviation from classical epidemiological transition patterns (1997,62). According to death records, accidents including poisonings, homicidal deaths, and suicide became and have continued to be the primary causes of death amongst the Indigenous populations of Kamchatka (Bogoyavlensky & Voshonsky, 1997,64). When comparing the data collected by Bogoyavlensky and Voshonsky to data collected in northern Canada, it is easy to see how government interventions, such as the resettlement of peoples and the introduction of government funded health services has created epidemiological change. In addition, parallels can be drawn in regards to the profound impact of violent and accidental deaths in northern regions (Maddison, 2013; Waldram, Herring & Young, 2007; Young, 1988).

ACT 2: HISTORY VERSUS DECOLONIZING PERSPECTIVES

Setting: Piles and piles of paper and text, in bound books and PDF documents. The student is struggling to wade through all of the literature that documents life on the island. The student feels overwhelmed with the reality that so much colonial violence is documented in these pages. But do people truly see it? How does the student 'analyze' the literature, when there is a danger to analysis and research in terms of encouraging colonial practices? As discussed by Tuhiwai-Smith, 'research' is a dangerous concept (1999).

Student: How do I complete this 'research' while at the same time unpacking, and peeling back the damaging layers of colonial violence that has buried Indigenous narrative, all in the name of 'research'?

Ethnohistory: First you must read the literature from a critical lens; you have to allow this lens to help you discern what these factors of colonialism are. It's the only way to do good work.

EARLY HISTORICAL ACCOUNTS

Historical and ethnological writings and the disciplines which utilize them, such as anthropology, have deep roots in colonial practice and theory (Erickson & Murphy, 2013). These historical writings were fashioned both from ethnological perspectives and religious perspectives, all with the intent of documenting change in Indigenous communities (Wightman, 1982; Burden, 1895, 2010; Pearen & Lonc, 2008; Lonc, 2009). Through these accounts, conditions of daily life were recorded. Thus, they can serve as important historical documents when exploring aspects of society such as health, and making inferences on epidemiological trends. Despite their value, historical records need to be situated in terms of the history and context in which they were made. Often, early historical writings pertaining to events that were rooted in culture, such as healthcare practices and beliefs, are written from a Eurocentric and colonizing framework (Waldram, Herring & Young, 2007). Often written by government officials, members of the military, religious officials, and ethnologists, these accounts can not be characterized as being culturally aware, although they can provide useful descriptions of events and provide insight into colonial history in Canada. In this section, four early historical documents will be discussed. Their content and description of daily life on Manitoulin Island, and inferences to health and wellbeing will be discussed. In addition, these historical accounts will be ‘unpacked’ as an attempt to decolonize this form of literature.

*Forever on the Fringe: Six Studies in the Development of Manitoulin Island***By W.R. Wightman (1982)**

In this account of life on Manitoulin Island, Wightman acknowledges that by the early nineteenth century, Indigenous peoples had occupied the land in the Upper Great Lakes for several millennia. He provides a brief history of the territory now known as Manitoulin, and describes it as once being inhabited by the Ottawa People, thus being known as Ekaentoten or Caintoton during this time. Wightman describes stories of early interaction with British colonists, where Indigenous peoples across northern Ontario had become accustomed to receiving annual gifts, thus representing a changing of Indigenous lifeways due to the diffusion of British goods into their communities (10). By 1829, a new policy was implemented in order to amplify the three main goals of missionary effort on the Island. Firstly, there was an emphasis on collecting ‘Indians’ into substantial communities that had enough land to support them through mandated agricultural programs. Secondly, missionary efforts were to provide religious and secular education and introduce Indigenous peoples to husbandry. Lastly, there was an emphasis on assisting Indigenous peoples in improving their lives and culture through the provision of housing, seed, and simple British implements or ‘technologies’ (10).

Wightman describes how during this time, two experimental communities were created at the base of Georgian Bay, including an establishment in Coldwater, Ontario. This community was formed with 500 band members from three separate bands, and was collected under the supervision of Reverend Adam Elliot and Captain Thomas Gummersall Anderson. This community included a communal farm to improve agricultural skills, houses, a school, a store,

and a mill. In addition, tradesmen were enlisted to teach Indigenous peoples ‘practical trade skills’ (11). According to this historical account, the Coldwater community was not very successful, and Captain Thomas Gummersall Anderson attributed this failure to ‘white interference’ and influence on Indigenous peoples. Thus, he began looking for new parcels of land to establish a new community on. Manitoulin Island served as an attractive location as it was large enough and had enough resources to sustain a community in addition to being isolated (17). Captain Thomas Gummersall Anderson and others believed isolation to be necessary, as although Indigenous peoples needed land to perform their traditional activities, they were stubborn, unsophisticated, and unable to advance their own culture without government interference (17).

Wightman provides some early historical data that address the health and wellbeing of the residents of Manitoulin Island in the mid to late 1800’s. In 1864, he declares the Indigenous population to be at 1,350 people (21). Wightman also discusses testimonies of local medical officers who were comparing the birth rate of Ottawa Peoples with Ojibwe Peoples, claiming that the Ottawa had higher birthrates. In addition, medical officers tried to calculate the effects of cholera, measles, and alcoholism, although unsuccessfully. Despite this incomplete health data, Wightman records that there was a low life expectancy and a high infant mortality rate that continued to be a health concern (22).

*Manitoulin: Or, Five Years of Church Work Among Ojibway Indians and Lumberman,
Resident Upon That Island or in its Vicinity*

By H.N. Burden (1895,2010).

In the preface of this volume, the author H.N. Burden, a chaplain, dedicates this book to “all who are interested in the conversion of the heathen to the living God...” (13). On page 19, Burden describes how farming is being carried out upon the island, including an increasing dairy farming industry. He describes this as an “improvement of the Indian as an agriculturalist”. Burden provides a brief history of missionary presence on the Island in the 1800’s, stating that Archdeacon McMurry was the first to work with the Ojibwe, and was sent to establish successful missions amongst the Indigenous people as a part of the “society for converting and civilizing Indians” (21). In chapter IV of the volume, Burden describes a Christmas celebration taking place on the island, and states that most of the Ojibwe Peoples had been converted to Christianity by this time (34). During these festivities, Christmas decorations were used, such as Christmas Trees, blankets, quilts, and other British goods were distributed to those who seemed appreciative of their value. At the end of the celebration, everyone joined together and sang ‘God Save the Queen’ (37).

In chapter V, Burden describes another missionary’s account regarding his experiences with ‘Indian superstition’. After being called to the home of a family where a young boy had died, the missionary witnessed the family reacting to the presence of an owl, which they believed was an evil spirit coming for the young boy. Burden explains this experience as the family being caught in a frenzy of superstitious belief (49). Despite this family being Christian, Burden

describes their experience with the owl as being a vestige of their old ‘heathen’ faith, which they still clung on to (49).

Letters from Wikwemikong 1845-1863 by William Lonc and Shelley Pearen (2010)

In this volume, letters from the Jesuit mission at Wikwemikong on Manitoulin Island are collected. Many letters are from Father Chone to Father Roothan, and describe both the successes and challenges being faced at the settlement. On February 2nd, 1854, Father Chone writes to Father Roothan and informs him that the village of Wikwemikong now contains 527 Indigenous people, where only three had not yet been baptized. He also confirms that the town of Manitowaning had trades people living there, including cobblers, carpenters, doctors, and teachers (2). In this letter, Father Chone discusses an instance of drunkenness that he witnessed after the distribution of presents to the residents of Manitowaning. He states in his letter that “all of them, except perhaps one woman...became drunk during that time” (2). Father Chone continues to discuss how he believes there to be a lot of corruption and ignorance in young people. He claims that young people in the establishment have misguided morals (3). Despite this, Father Chone describes a society where sick Christian converts often requested their last rites. However, he believes that the residents are confused as to who can provide them with healthcare, as one young man was under the impression that his old, dying father would not be treated by the priests or receive medicine from them (4).

Father Chone’s letters describe the circulation of beliefs, perhaps imposed on the Indigenous peoples about the role of God in sickness as an explanatory model. In one letter from

September 23rd, 1845, Father Chone discusses how he heard a young non-Christian baby was sick. However, when he went to the residence, he deemed the baby as not being extremely ill as the he was still breastfeeding. He informed the family that he would be back the next day to baptize the child if they were still ill. The next day the baby died, and the grieving parents apparently repented to God (10). Despite this apparent compliance with Christian beliefs and ideology, Father Chone describes instances of resistance by converted Christians on the island. In his second letter, Father Chone writes the testimony of an Indigenous man who states:

“Earlier, our ancestors possessed abundant land, they had hunting. Today the Whites have taken our land, and we have become cramped on this island. There is not enough game that we may kill for our food. We cannot go far; we would not be able to cultivate our corn and potatoes. We no longer have any hides to make winter shoes, nor meat to season our corn, we shall suffer in many ways. We make maple sugar, but the merchants give us so little in exchange that our work is not able to compensate for the price of the twine that they bring us to make the nets; they make us pay for it”. (14)

As a response, Father Chone writes that, “there would be no way of solving these problems other than by feeding the flock and teaching our Christians to cultivate the land for planting wheat”. He also claims that another reasonable way to help the residents with food procurement is to teach them how to mass-fish using fishing nets (14, 15). Throughout the letters, Father Chone discusses how he is trying to introduce Christian concepts to the people of the community, while trying to understand how their interpretation or dedication to Christian concepts will be shaped by their Indigenous customs and ideas. He tries to link Ojibwe customs

and ideas, such as community feasts to honour Great Manitou, with biblical ideas such as people of the Jewish faith offering their new fruits to God (19).

Another series of letters in this volume are between Father Point to Father General in 1849. On June 16th and 29th, 1849, Father Point reports economic success on the island. He claims that in order to provide an average standard of living for all people to enjoy their lives, there needs to be implemented 'modest work' on the island. To reach this objection, he believes that religious regulations must be implemented. These include a society for total abstinence, and 'closed doors against luxuries from civilization', as well as the 'abolition of sinful dancing' (77). Father Point also suggests that a school needs to be established on the island to teach all students good habits, as well as teach students the proper arrangement of chiefs, warriors, and young people in society (77).

***The Residential Schools at Spanish, Ontario: The Flu Epidemic of 1918-1919* by William Lonc (2009)**

In this account, historical data has been recorded in regards to the mortality of students in a residential school in Spanish, Ontario. Many of these students came from Manitoulin Island, and succumbed to infectious disease such as the Spanish Influenza. In this account, it is stated that between October 22nd 1918 and January 19th, 1919, the Spanish Influenza killed nineteen boys and girls at the residential school. It is recorded that during this time, the school staff and administrators were concerned with primarily quarantine and providing the students with their last rites, as opposed to seeking healthcare (51-52). Many of the students who fell ill to the

Spanish Influenza were students from Manitoulin, including the communities of Wikwemikong, West Bay, and South Bay (52). Of the thirty-eight children listed as dying during their time at the residential school, twenty did not die from Spanish Influenza. There were many other causes, such as accidents, tuberculosis, rheumatism, meningitis, and pneumonia (51-75).

Unpacking these historical perspectives:

As stated by Simmons and Axtell, ethnological and historical accounts have been born out of expansionist missions by colonizing forces (1988; 1979). This historical context must be applied to the four early historical accounts detailed above. In Wightman's account, he describes policies implemented in 1829 focused on 'collecting' Indigenous peoples where they will learn to support themselves through mandated agriculture. During this endeavour, there is an emphasis on teaching Indigenous peoples to use seeds, simple European agricultural instruments, and to establish provisional housing on the land (Wightman, 1982, 10). When attempting to understand this account, the historical context of colonial, political, and economic conversion must be accounted for (Smith, 1996). Historically, the two most important tools in colonization include the regulation of Indigenous identities, and the removal of people from traditional lands and their forced relocation as an attempt to assimilate and convert Indigenous peoples. In regards to Wightman's account, Indigenous peoples are described as being pushed off of their traditional lands and forced into urbanization and European agriculture (Maddison, 2013; Wightman, 1982). As described by Maddison, urbanization has a profoundly different politicization than rural life does, especially concerning one's health and wellbeing (Maddison, 2013).

This account describes the ⁵structural violence being performed against Indigenous people, especially concerning relocation and the forced adaptation to European agricultural practices and economies (Wightman, 1982). Despite the colonial context of this narrative, it provides key insights into the health and wellness of individuals involved in this transition. Firstly, structural violence such as forced relocation and a drastic change in political and economic systems can greatly affect one's mental wellbeing and access to resources. It can be inferred from Wightman's account that the forced relocation of Indigenous peoples would have negatively affected the sense of balance needed with the environment to maintain health and wellbeing (Waldram, Herring & Young, 2007; Kryzanowski & McIntyre, 2011). For Indigenous groups in North America, health is a holistic concept that is centered on balance with the physical world and spiritual world on Mother Earth. In order to maintain health and wellbeing, both physical and mental (which are intertwined), this balance must be in order (Waldram, Herring & Young, 2007). This balance is represented by the Medicine Wheel, which is divided into four quadrants that represent these emotional, mental, physical, and spiritual dimensions of health (Kryzanowski & McIntyre, 2011). However, industrialization, as represented in the forced relocation and forced use of European agricultural practice, can disrupt the balance between people and nature. Despite this being inferred from Wightman's account, the contents of his early ethnographic writings do not address the negative affects of forced industrialization on the health and wellbeing of the population affected.

During colonial expansion and agricultural missions, many facets of traditional life and traditional relationships with the land were gravely disrupted. This includes the Westward

⁵ Structural violence is a concept that recognizes a social structure or institution as affecting one's health and safety, or access to basic needs (Galtung, 1969).

expansion on traditional hunting areas, which were being cut off from Indigenous peoples and converted into agricultural land (Kelm, 1998, 19). While unpacking both Wightman's account of relocation and the settlement of Indigenous peoples and Father Chone's response regarding Indigenous defiance to agriculture, one must keep this colonial and historical context in mind, despite the fact that it is not explicitly stated in their writings. The effects of agricultural expansion were not two dimensional, and affected the health and wellbeing of Indigenous peoples on many levels. For example, new foods being processed and resourced using European agriculture were often less nutritious than traditional resources (Kelm, 1998, 19). In addition, despite the fact that traditional Indigenous diets were not perfect by any means, they were once sufficient in providing nutrition for dense populations, something which European agriculture challenged. Indigenous peoples in the past had been able to cope with food shortages. Yet, the expansion of settler communities on Indigenous lands, and the provision of 'Indigenous communities' reduced both resources and food options needed for survival (Kelm, 1998, 25; Waldram, Herring & Young, 2007).

In H.N. Burden's early historical account of life on Manitoulin Island, there are many vestiges of the colonial agenda in terms of 'civilizing' Indigenous peoples and practices (Burden, 1895). Of particular interest is Burden's description of his encounters with 'Indian superstition'. Burden describes the experience as being 'heathenism', thus his language reveals his writing as falling within the context of a Eurocentric paradigm that values 'civilizing' missions. This context is essential to understanding Burden's perception of Indigenous culture and traditions, especially traditions which affect the health and wellbeing of Indigenous peoples. A similar context needs to be applied to the Jesuit letters collected in Pearen and Lonc's volume from

Wikwemikong between the years 1845-1863 (2010). In one letter, Father Chone describes how Eurocentric beliefs of God's role in sickness and health were imposed upon Indigenous peoples. In this account, Father Chone discusses how when an Indigenous baby had died before baptism, the parents repented to God for their sins. However, this understanding of events is completely rooted in Father Chone's Eurocentric values of civilizing the Indigenous population on Wikwemikong. From his account, it is easy to see that he truly believed that the parents of the deceased baby attributed their loss to their non-Christian status, and wanted to repent for their wrongdoing. However, it is likely that the parents were in total grief or shock, and were looking for comfort from the Father (Pearen & Lonc, 2010, 10).

In this letter, Father Chone also describes how he did not initially believe the child to be gravely ill despite the parent's obvious worry. He stated that he would return the next morning to baptize the child, however the child succumbed to their illness by that time (Pearen & Lonc, 2010, 10). Thus, it can be inferred that Father Chone did not have the same understanding of the child's health status as the parents, something which may have been influenced by the Jesuit mission which aimed at 'civilizing' and dysregulating 'superstition' amongst Indigenous peoples (Goddard, 1998, 220). Is it possible that Father Chone did not believe the child to be dying because he did not value the word or concern of the parents? Thus, could the understandings of health and wellbeing detailed in the letters from Wikwemikong be held as entirely accurate historical documentations? Another layer of Jesuit accounts which must be unpacked is their reliance on infectious disease when converting Indigenous peoples. Due to infectious diseases ravaging the North America including smallpox, tuberculosis, and influenza, Jesuit missionaries

converted families by a means of ‘deathbed’ baptisms, often of sick children (Goddard, 1998, 229).

The Residential Schools at Spanish, Ontario: The Flu Epidemic of 1918-1919 by William Lonc also provides historical data pertaining to a specific geographic location. However, it is important to unpack this data and place it within the colonial context of residential schooling in Canada. Residential schooling was established in Canada under the preconceived notion that Indigenous peoples were by nature unclean or diseased. In addition, the goal of residential schools was to eradicate Indigenous cultures and languages, and essentially eradicate Indigenous peoples. This was performed by separating children from their communities and families, and by employing strict religious and vocational training (James, 2012). Thus, Indigenous children were to be saved and reoriented in order to stop Indigenous teachings and culture (Kelm, 1998, 57). Children who were subjected to residential schools were not only alienated from their culture, but were subjected to a myriad of infectious disease due to poor living conditions and scant sanitation on the premises (Kelm, 1998, 57). In this account, it is stated that between October 22nd 1918 and January 19th, 1919, the Spanish Influenza killed nineteen boys and girls at the residential school (Lonc, 2009). Despite the goal of ridding Indigenous peoples from their ‘unclean ways’, many children lost their lives due to the rapid spread of infectious disease and uncleanliness while attending a residential school (Kelm, 1998, 57-62). Thus, when examining this ethnographic account, it is necessary to place the writings in historical context of what was happening in residential schools.

In many residential schools, dietary standards were not considered adequate, and this low nutritional standard may have exacerbated the spread of infectious diseases such as tuberculosis

and measles (Kelm, 1998, 63-6). In addition, overcrowding in residential schools may have also contributed to the rapid spread of infectious disease (Kelm, 1998, 70). It is recorded in the historical text that during this time, the school staff and administrators were primarily concerned with quarantine and providing the students with their last rites, as opposed to seeking healthcare (Lonc, 2009, 51-52). According to Kelm, the pandemic of Spanish Influenza affected residential schools on a national level. During this time, nurses or nuns working at the school often left students on their own in quarantine, only checking on them to see if they were still alive at the end of the night (1998, 66). This historical context is important when interpreting the health data recorded in this account as it provides not only context into what was aiding the spread of infectious disease, but provides a setting regarding the attitudes of people at the time and how this affected their relationship with Indigenous peoples and their health. If residential school workers were unable to see how their own sanitation deficits were negatively impacting the lives of children, or if they were indifferent to this fact, how can their accounts of health and wellness be seen as anything but one-sided?

It is extremely important to revisit and unpack early historical accounts in order to reassess their validity and to decolonize these ‘truths’. According to Miller, if academics such as those who utilize historical accounts believe in historically analyzing and contextualizing historical data, they must also apply this contextualization to non-Indigenous sources that describe Indigenous peoples (2008, 30). Thus, the re-examination of these early settler and Jesuit accounts is extremely vital to decolonization. It provides a recognition of the Eurocentric and colonizing viewpoints that guided narratives of the time. In addition, this type of reanalysis will help elevate Indigenous perspectives as autonomous and valid historical narratives, as well as

presence their own truth (Miller, 2008). Despite the fact that forces of colonization did alter Indigenous bodies and health, it would be wrong to assume that only outside forces had the ability to do so. Indigenous concepts of health and wellness, including healthcare systems, continued to develop throughout the process of colonization as they had done so throughout all of time. Indigenous health has never been a static entity (Kelm, 1998, 83). Instead, perceived ill health has continued to act as a detrimental effect of colonialism (Maddison, 2013). During colonial expansion, Western medical practitioners and church officials often acted as key actors in the shaping of colonial relations. Their perception of Indigenous ill health, and the vision or allegory of Indigenous bodies as being diseased and vanishing justified medical intervention (Kelm, 1998, 101). This narrative has consequently perpetrated the legacy that Indigenous peoples were in need of colonizing, and thus provided a moral rationalism or justification for the colonization of health and wellness, including Western commentary on the health of Indigenous peoples (Kelm, 1998, 101). Thus, this historical literature may demonstrate the use of marked political language against Indigenous peoples, as characteristic of settler colonial states such as Canada (Edmonds, 2010).

ACT 3: EVIDENCES AND SNAPSHOTS

***Setting:** Manitoulin Island, 1800's. Colonial forces such as missionaries and government officials have continued to document life on the island, while still enforcing a colonial agenda. People are recognizing how these structural institutions are affecting their health and wellbeing, and their livelihood. People are questioning the implementation of farming, and discussing how they are distressed.*

History: We can see in the literature that people were of ill-health due to lack of resources and difficult transitions to 'industrial' life. Farming was an encouraged enterprise, and it will eventually be successful! In addition, the Church is able to provide some healthcare and comfort to those suffering during this difficult time.

Ethnohistory: Alas, history is being particularly ahistorical. This may be a more convenient narrative, but it doesn't privilege the history of those forcibly removed from their lands in order to establish these farming endeavours. Nor does it privilege Indigenous understandings of how the new developments on Manitoulin affected traditional life, diet, spirit, and culture. In addition, this history doesn't make room for any of these narratives to be elevated. How can 'history' be so one dimensional?

EARLY ARCHIVAL ACCOUNTS FROM MANITOULIN ISLAND

In an account by Doctor Thomas Simpson (no date, 2), many health conditions on Manitoulin Island from the years 1869 to 1872 are exposed. Dr. Simpson describes numerous injuries including a workplace injury with a saw. In this case, the patient succumbed to his injuries and died from blood loss, and ‘exhaustion’ (ibid.). In addition, he describes the climatic conditions of the Island, stating that March 1872 was the “the coldest and stormiest of the winter; and unusual quantity of snow [had fallen]” (ibid.). This piece of evidence coincides with the data collected by Bogoyavlensky and Voshonsky in northern Russia that stated northern mortality and morbidity consisted of high rates of accidents, poisonings, and accidental deaths (1997, 64). For both settler and Indigenous populations, the expansion of urban life and the replacement of traditional economies and social organizations can lead to a marked increase in accidental deaths, although accidental deaths were also a primary cause of morbidity in traditional periods (Bogoyavlensky & Voshonsky, 1997; Waldram, Herring & Young, 2007; Maddison, 2013).

In an excerpt from a self publication by Archie Wickett in Meldrum Bay, living and farming conditions in the early 1900’s is described (Wickett 1956, 3). This account is from a settler perspective and describes bad weather which results in one fatal injury, and soil and agricultural conditions. In this account, it is stated that soil conditions were fairly good, and that caribou was particularly abundant. These conditions would have also affected Indigenous peoples living in similar settlements to some extent. Particularly, the hunting conditions would affect traditional economies, which would have been important for Indigenous peoples (Bogoyavlensky & Voshonsky, 1997). According to this account, caribou was plentiful and

Indigenous peoples were often commissioned by settlers to hunt game such as this. This account stands in contrast with the fact that new policies by the Hudson's Bay Company and other fur traders had substantially depleted large game in Ontario, often forcing Indigenous peoples to begin small game trapping. Because of this natural wildlife depletion, starvation became a more prominent health concern, leading to an increased reliance on trading posts for food relief (Young, 1988, 35). However, this account demonstrates an experience that in some ways juxtaposes with Young's account. Instead, it paints a picture of settler reliance on Indigenous hunting knowledge, and a settler health transition of also experiencing increased food insecurity.

In the next passage from an early settler account (Sims, no date, 2), the level of access to healthcare services is described. In Little Current, Manitoulin Island, some may have had to walk six to eight miles in order to see a Jesuit Priest, who would administer medicines or practice Western medical services. This is described when it is stated that one would have to walk "...six or eight miles over a rough trail through the bush, past Sheguiandah, where the Reverend Jabez W. Sims lived..." (ibid.). This account, which has been written from a settler perspective demonstrates two things. Firstly, it provides evidence for a Westernized healthcare approach being implemented on the island, although this healthcare would likely have strong roots in Christianity and the Jesuit mission. One must approach this critically when trying to understand how this would have impacted both Indigenous and non-Indigenous peoples on the island. In many instances, biomedical health services have impacted Indigenous populations, and have contributed to many demographic changes that have been seen well into the 20th century (Young, 1988, 43). These encroaching Eurocentric expansions often intentionally aimed at reducing the

autonomy of Indigenous peoples, while forcibly applying a dependence on European systems (Young, 1988, 42).

Secondly, this account demonstrates evidence that to some degree, healthcare on Manitoulin Island was being held in the hands of clergy, something which has deep historical roots in the colonizing missions. As described by Waldram, Herring, and Young, Indigenous peoples often viewed early missionaries as being linked to disease, as well as by their remonstrations (2007). In addition, the fact that biomedical health interventions were being held in the hands of a colonizing force contributed to the formation of welfare distribution policies seen in effect in later years. Such as the impact that the Hudson's Bay Company would have had on health service distribution, the power of the clergy in this case may have produced similar power relationships between those who provided health services, and those who utilized them (Waldram, Herring, and Young, 2007). This approach may have not only utilized fear, but promoted salvation, and created a separation between traditional life and Christianity (Goddard, 1998, 229). However, one interesting aspect of this account is that it is stated that one would travel far distances to get the "...medicine which [the Reverend] made from the bark and roots of various trees" (Sims, no date, 2). This suggests that although medicine was being provisioned by the clergy from far away distance, perhaps Indigenous medicines may have been administered, one aspect of Indigenous healing that was often adopted and supported by settlers (Waldram, Herring & Young, 2007). This also demonstrates a form of medical pluralism (Waldram, Herring & Young, 2007).

In the last account, infectious disease is described as being a primary cause of mortality in both children and adults (Wickett, 1956, 2). It is stated that diphtheria was a great threat to children's health, while tuberculosis was a threat to adult health. This account is from a Euro-settler perspective, however it coincides with the epidemiological changes stated by Young in regards to settlement in northern Ontario. As population densities increase, infectious disease prevalence follows (Young, 1988). This account also describes how medical care was administered. Medical care was not always readily available, and people suffering with ailments would often have to await the arrival of a doctor from another region to administer care. This is described when it is stated that "many people tolerated toothache for weeks or months" and that doctors may have only arrived...by boat from Gore Bay [where] the word was taken from house to house" (Wickett, 1956, 2). Missing from these accounts are any mention of the health and wellbeing particular to Indigenous peoples; however, it can be inferred that the severity of epidemics would have a profound impact on Indigenous populations in the area, especially those who lived on nearby settlements (Young, 1988). What is interesting about this account is the dispassionate look at Indigenous life, only mentioning that 'Indians' were helpful in hunting. However, this account is from a settler perspective, thus Indigenous health data should not be inferred without caution, or even at all.

ACT 4: DISCUSSION AND RECOMMENDATIONS FOR THE FUTURE

Closing Scene: student is in a bright room, finishing their thesis work. It's been a long journey, and the metaphorical door is still wide open. Ultimately, the student has produced more 'words on a page', and recognizes that there is more to history than just written text.

Student: I appreciate the works of ethnohistory, or applying an ethnohistorical method to reanalyzing historical texts. In the future, I believe this work needs to privilege the actual voices of those who hold these stories, in order to truly elevate an ethnohistorical perspective. However, this work has been meaningful for myself as I am able to see where this type of 'research' needs to go. It has better orientated me in a direction to do research the right way.

The re-interpretation, or “unpacking” of historical data is an extremely important process to not only decolonization in settler-colonial states such as Canada, but as an important practice in any form of historical health research or when utilizing an ethnohistorical perspective. As described by Miller, if academics wish to analyze historical sources, they must apply the same analysis to uncovering Indigenous narratives, especially when examining non-Indigenous sources describing Indigenous peoples (2008, 30). It is this type of analysis that will help elevate Indigenous perspectives. Without critically examining historical sources, including settler accounts and Jesuit accounts, colonizing narratives will continue to perpetrate (Kelm, 1998; Edmonds, 2010). By unpacking historical accounts, one is acknowledging the strained relationship between anthropology and colonization, and is contributing to the practice of decolonizing ethnographic accounts that were utilized for colonial consumption (Clammer, 2008, 157). One is also recognizing how Indigenous peoples have been oppressed by Western inquiry and theory (Tuhiwai-Smith, 1999, 38).

The unpacking of early narrative accounts such as the historical and Jesuit writings detailed earlier represents a specific framing of Eurocentric values and patriarchy (Miller, 2009). As discussed previously, the Jesuit mission was created in order to ‘civilize’ peoples who were viewed as ‘childlike’. In addition, Jesuit missionaries hoped to dysregulate ‘superstition’, which often comprised of medical traditions that did not need regulation (Goddard, 1998, 220; Waldram, Herring & Young, 2007). Thus, critically applying ethnohistorical methods can open up a space for dialogue where Indigenous resiliency can be conversed and a new history can be written (Smith, 1996).

Today, the federal government of Canada remains responsible for registered and ‘treaty Indians’ under the Indian Act, including the responsibility for health and the provision of healthcare services (Waldram, Herring & Young, 2007). Thus, there is still a far reaching colonial grasp and narrative on the health of Indigenous peoples in Canada today. Policies which have historical roots in assimilation, conversion, and isolation still affect the lives of Indigenous peoples and their health and wellbeing. In addition, these very legacies often contributed to the perception of ill health in Indigenous communities and cultures, something which has often been described by settler narratives or inquiries (Maddison, 2013). In colonial states such as Canada, Indigenous peoples continue to face threats resulting from ongoing structural and colonial violence. Many of these threats are related to the allegory of ill health, and include disproportionately high rates of suicide, mental illness, diabetes, heart disease, and domestic and lateral violence (Diversi & Henhawk, 2012). So, how can one work on unpacking, decolonizing, and reimagining historical writings without further colonizing Indigenous health perspectives?

It is recommended that Indigenous epistemologies become further utilized when unpacking or analyzing both historical and contemporary health data, specifically in regards to respect and reciprocity, the animal spirit world, and the sacredness of all life on the planet (Miller, 2009). In addition, it is important that narratives of Indigenous resiliency in times of epidemiological change be brought forward, as told by Indigenous peoples. As discussed by Jeff Corntassel, Chaw-win-is, and T’lakwadzi, Indigenous stories of resilience are crucial cornerstones to the autonomy and resurgence of Indigenous narratives, especially in re-educating settler Canadian society (2010, 2). In addition, the importance of Indigenous storytelling needs to

be recognized in settler education systems and society, as it connected to cultural and political resurgence of Indigenous nations (Cornthassel, Chaw-win-is & T'lakwadzi 2010, 1). Not only will this create a more educated Canadian society, but it will help researchers and Canadian citizens think more critically about historical narratives pertaining to Indigenous health and wellness.

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