



New five year funding plan by the new PM Trudeau would have to cope with generations of neglect, OSSTF/FEESO, www.osstf.on.ca, 2016, Update 43.7.

Institutionalized Racism in Canada

**The Department of Indian Affairs and Framing Perspectives on
Indigenous Peoples and Categorizations of Health**

Laura Mudde, 3628809 | Master Thesis, North American Studies,
Utrecht University, Dr. Laura Visser-Maessen | July 18, 2016

23,214 words

Index

Introduction: Indigenous Health Disparities	2
1. Topic Introduction	3
2. Background	5
3. Academic Discussion	7
4. Thesis Question and Chapter Outline	10
5. Methodology	12
1. Hidden in History	17
1.1 The Paradox of Assimilation	18
1.2 All Indigenous Rights Reserved	20
1.3 The Anti-Indian Schools	27
1.4 Inadequate Remedies	31
2. The Denial Papers	36
2.1 History Writers	36
2.2 All about Perspective	40
2.3 Government Fortuitousness	42
3. The Cycle of History	54
3.1 The Myth of Postcolonialism	55
3.2 Politics of Refusal	58
3.3 Territorial Justice for All	62
Conclusion	67
Bibliography	70

Introduction

While significant progress has been made in TB [tuberculosis] prevention and control in Canada over the last several decades, further action is needed to address the high incidence of active TB disease that persists among Aboriginal peoples [...] in Canada. The Government of Canada has an important role to play in preventing and controlling TB, building on best practices, collaborating with other governments and stakeholders, and contributing to the global response.¹

In this quote from 2014, the Canadian government expressed the need for an active policy against tuberculosis (TB), a disease present in higher degree among indigenous peoples than among the “mainstream” population. The word “persists” indicates how increased TB related diseases among First Nation people on reserves under Canadian governance were already recorded around the 1870s.² Regardless of the knowledge on tuberculosis infection connected to diet and living conditions at the end of the nineteenth century, indigenous peoples suffered exponential higher death rates due to the disease than non-indigenous peoples.³ Despite knowledge about the treatment and prevention of tuberculosis infection, government officials neglected to alter living conditions for indigenous peoples under their protection.⁴

Health disparity was and still is analyzed in sociological research that measures the gap in health and socio-economic living conditions between indigenous peoples and white people from Euro-Canadian descent. According to Canadian scholar James Daschuk, “[w]hile Canadians see themselves as world leaders in social welfare, health care, and economic development, most reserves in Canada are economic backwaters with little prospect of material advancement and [have] more in common with the Third World than the rest of Canada.”⁵ Nevertheless, sociological results lack an analysis on the cause of this socio-economic gap.

This study therefore centers on the role of the Canadian government in connection with indigenous communities and the causal factors of health and socio-economic disparity. The continuous process of indigenous subjugation under Canadian rule is analyzed through an interdisciplinary analysis of academic research from the fields of history, social and political science, and postcolonial and critical theory. The thesis’ objective is to uncover the covert racial

¹ Public Health Agency of Canada Government of Canada, “Tuberculosis Prevention and Control in Canada - A Federal Framework for Action,” January 13, 2014, www.phac-aspc.gc.ca/tbpc-latb/pubs/tpc-pct/index.

² Moreover, discoveries in anthropology and medical science reveal how TB was present before European contact; Maureen K. Lux, *Medicine That Walks: Disease, Medicine, and the Canadian Plains Native People, 1880-1940* (Toronto: University of Toronto Press, 2001); Jane E. Buikstra, *Prehistoric Tuberculosis in the Americas* (Evanston: Northwestern University Archeological Program, 1981).

³ Truth and Reconciliation Commission Chapter 19: Food and diet at residential schools: 1867–1939 (TRC Canada), 487; TRC reports 2015.

⁴ According to academic scholars on the subject, such as James Daschuk, Maureen Lux, and Mary-Ellen Kelm.

⁵ James W. Daschuk, *Clearing the Plains: Disease, Politics of Starvation, and the Loss of Aboriginal Life* (Regina: University of Regina Press, 2013), 186.

predilections of Canadian government policy toward indigenous communities. This approach problematizes notions of postcolonialism and indigenous marginalization as a thing of the past, using a case study on TB related diseases among indigenous peoples and political perspectives. Results might increase awareness about the ways whiteness functions as a norm in institutional settings and how this explains the “backwards” position of indigenous peoples in Canadian society. Overall, this thesis exposes politics of recognition and reconciliation as renewed strategies of colonization.

1. Topic Introduction

The recent global response to TB persistence in indigenous communities in Third World living conditions refers to the past twenty years in which indigenous communities of the former British Empire have gained attention in politics. This renewed political attention enforces academic research and publishing since the 1970s, which has revealed continuous deteriorated living conditions and health disparity on reserves since the 1870s until today.⁶ Simultaneously, indigenous groups and individuals have endlessly fought for recognition and the end of marginalization.⁷

This twenty-first century political attention has resulted in the materialization of a Truth and Reconciliation Commission (TRC) to research the industrial, boarding, and residential school system for indigenous children connected to First Nations reserves in the nineteenth and twentieth century Canadian context. The TRC issued more than six reports, which presented an extensive amount of source material that exposed human rights abuses, such as governmental neglect to distribute adequate health aid.⁸ Moreover, these reports address past and present entrenched marginalization of indigenous communities in Canadian society, unresolved in the twenty-first century.⁹

The TRC has given considerable attention to the high morbidity and mortality rates in schools due to diseases such as TB. In addition, even though the school system as reported on has now been abolished, disparities and the general socio-economic gap in comparison to Euro-Canadians continue to exist. The Canadian state and the church denominations have issued formal apologies for their involvement in the school system, and the TRC concluded the school

⁶ Publications from Australia, Canada, U.S., and New Zealand on similar and related topics come up roughly after 1965 in “white” academic research from universities.

⁷ “First Nations Leaders Cite Deplorable Health Conditions, Urge Action,” accessed May 1, 2016, www.cbc.ca/news/aboriginal/first-nations-leaders-cite-deplorable-health-conditions; “Canada’s First Nations: The Legacy of Institutional Racism,” accessed May 1, 2016, www.tolerance.cz/courses/papers/hutchin.htm.

⁸ Truth and Reconciliation Commission of Canada, “Resources,” accessed June 30, 2016, www.trc.ca/websites/trcinstitution/index.

⁹ Truth and Reconciliation Commission Canada, “Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada,” accessed June 30, 2016, www.trc.ca/websites/trcinstitution/File/2015.pdf.

system as part of “a conscious policy of cultural genocide.”¹⁰ Nevertheless, the Canadian government and law did not adopt the term “cultural genocide” because it has no judicial resonance, and the general socio-economic gap causing higher TB rates remains unaltered.¹¹

The TRC defined cultural genocide as “the destruction of those structures and practices that allow the group to continue as a group,” which “prevent the transmission of cultural values and identity from one generation to the next.”¹² The debate that followed regarding the justification of this definition has silted in the limited ability of the federal government to accept this label.¹³ Consequently, the TRC’s conclusions have only resulted in extended apologies, already previously issued.¹⁴

The lack of judicial resonance relates to international law and the connection of the Canadian government to international law. According to Canadian law expert William Schabas, cultural genocide does not exist under international law.¹⁵ The Genocide Convention, established after the Second World War, never included “cultural genocide.” The initiator of the term “genocide,” Raphael Lemkin, did distinguish different types of genocide, including cultural genocide, but these were never incorporated in the Convention.¹⁶ The distinction of “cultural” genocide was deemed too vague and broad by representatives at the time.¹⁷ Therefore, genocide is limited to the direct “intent to destroy, in whole or in part, a national, ethnic, racial or religious group,” rather than including indirect policies with the same destructive result.¹⁸

Moreover, as a historical term, genocide is highly problematic, with its strong links to the Second World War and the Holocaust. Genocide often coincides with the specific anti-Semitic politics of destruction of the Second World War, and results in heavily charged ideas that nothing was as bad as the Holocaust. Another problem with the denomination of genocide

¹⁰ The Truth and Reconciliation Commission of Canada, “They Came for the Children,” accessed March 30, 2016, www.myrobust.com/websites/trcinstitution.pdf.

¹¹ “The commission has had a troubled relationship with the federal government since its inception, causing its original commissioners to resign and leading to accusations of obstruction throughout its seven-year research,” accessed June 30, 2016, www.theguardian.com/world/2015/jun/02/canada-indigenous-schools-cultural-genocide-report.

¹² The Truth and Reconciliation Commission of Canada, “They Came for the Children.”

¹³ Pamela Palmater, “The ongoing legacies of Canadian Genocide,” *Canadian Dimension* Mar. 3, 2016, accessed June 30, 2016, canadiandimension.com/articles/view/the-ongoing-legacies-of-canadian-genocide.

¹⁴ Anglican Church of Canada. “Residential Schools: The Living Apology;” United Church of Canada. “Aboriginal Peoples: Indian Residential Schools;” Presbyterian Church in Canada. Remembering the Children: An Aboriginal and Church Leaders’ Tour to Prepare for Truth and Reconciliation; Royal Canadian Mounted Police. Indian Residential Schools; Indian and Northern Affairs Canada. “Indian Residential Schools.” This site contains Canada’s “Statement of Apology” and video clips of Prime Minister Harper delivering the apology in the House of Commons.

¹⁵ William A. Schabas, *Genocide in International Law: The Crimes of Crimes*, 1 edition (Cambridge, U.K.; New York: Cambridge University Press, 2000).

¹⁶ The precise definition of genocide is still up for dispute. Lawrence Davidson, *Cultural Genocide* (Rutgers University Press: 2012).

¹⁷ Hirad Abtahi, and Phillipa Web. *The Genocide Convention: The Travaux Préparatoires* (2 vols). (Brill Nijhoff: 2008).

¹⁸ No. 1021 Convention on the Prevention and Punishment of the Crime of Genocide. Adopted by the General Assembly of the United Nations on 9 December 1948. United Nations Treaty Series, 280.

resides in its origin after the Second World War. Coined in the 1940s, genocide was stipulated as non-retroactive by the Genocide Convention, and only applicable to crimes against humanity after 1948.¹⁹ Another problem is the idea of genocide as having a beginning and an ending, being something temporal rather than a possible continuous process.

What is more, Canada never acknowledged all the restricting implications of the Convention on Genocide because it would infringe upon the power of the democratically elected government.²⁰ The more recent UN Declaration of Indigenous Rights, which also deals with acts of genocide was declined by the Canadian government as well.²¹ Canada previously voted to keep cultural genocide out of two major United Nations documents, and even symbolic recognition of cultural genocide excludes legal implications.²² Moreover, the instalment of the TRC was funded by a class-action lawsuit filed by indigenous peoples against the Canadian government, also excluding financial restitutions. Therefore, the TRC instigated no social reform, and health and socio-economic disparities in Canada remain unaltered.

2. Background

The discussion on genocide or cultural genocide has its origin in the colonization of the American continent. The implications of this colonization and the westward expansion of the British Empire and the Canadian Dominion were felt most by the indigenous populations that had to make way.²³ Up to this day, the colonial heritage still marginalizes indigenous groups in Canadian society in terms of access to basic facilities and necessities, such as healthcare.²⁴ In reaction to this structural character of marginalization, discussions on compensation and change have been adamant since roughly the 1870s.²⁵

The 1870's saw the emergence of an institutional system that categorized the inhabitants of the Canadian interior according to race. According to Canadian historian John S. Milloy, and Métis scholar Chris Andersen, Aboriginal ancestry and identity today originated in the Royal Proclamation of 1763 and the Indian Act of 1876.²⁶ In these documents, the Canadian government and the Department of Indian Affairs (DIA) stipulated who was and was not an

¹⁹ Schabas, *Genocide in International Law*, 51-102.

²⁰ United Nations Treaty Collection, accessed June 30, 2016, treaties.un.org.

²¹ www.carnegiecouncil.org/publications/archive/dialogue; www.theglobeandmail.com/opinion/five-reasons-the-trc-chose-cultural-genocide.

²² "Did Canada Commit a 'cultural Genocide'? - The Washington Post," accessed May 1, 2016, www.washingtonpost.com/news/worldviews/wp/2015/06/05/did-canada-commit-a-cultural-genocide.

²³ "Indigenous Peoples: Treaties," *Historica Canada*, accessed June 30, 2016, www.thecanadianencyclopedia.ca.

²⁴ "First Nations and Inuit Health," *Health Canada*, accessed June 30, 2016, www.hc-sc.gc.ca.

²⁵ Seen in public statements from DIA and government officials since the Indian Act 1876.

²⁶ King George III, "The Royal Proclamation - October 7, 1763" (St. James's Court, October 7, 1763), Yale Law School Lillian Goldman Law Library; Her Majesty the Queen and the Dominion of Canada, *The Indian Act, 1876*, 1876.

“Indian.” The DIA as political body in turn policed all those denominated as “Indian,” which was further institutionalized through the signing of treaties with these “Indian” bands, resulting in reserve life and subsequent deteriorated living conditions.²⁷ For example, Census research conducted by Health Canada in 2014 is still based on 1763 and 1876 categorizations, and their inherent racial bias.²⁸

Liberalism connected to racial bias in prairie Canada meant the “extraordinary measures to be employed to remove Indigenous peoples from the territories.”²⁹ The political framing of indigenous peoples by the DIA and government officials guided policy toward indigenous peoples. The underlying goal of territorial acquisition and liberal capitalist notions of hard work and self-support were instructive for the limited aid on reserves and the discrepancy between treaty promises and reality.³⁰ These extraordinary measures to remove indigenous peoples did no longer include open warfare or overt “genocide” presumably. Nevertheless, the administrative coercion and governmental implementations were not less effective in obtaining territory or less structural in deteriorating the lives of indigenous peoples.

The structural character of political imaginaries maintained by the Canadian government is continuously met with dissenting voices.³¹ Indigenous critical scholars and scholars from the fields of law and social geography critique the unequal distributions of power and access for minorities in liberal capitalist states, especially in the colonial context.³² This

²⁷ John S. Milloy, *A National Crime: The Canadian Government And the Residential School System, 1879 to 1986*, Manitoba Studies in Native History (Winnipeg: University of Manitoba Press, 1999); Chris Andersen, “Underdeveloped Identities: The Misrecognition of Aboriginality in the Canadian Census,” *Economy and Society* 42, no. 4 (2013): 626–50.

²⁸ John F. Leslie, “The Indian Act: A Historical Perspective,” *Canadian Parliamentary Review*, 2002.

²⁹ Keith D. Smith, *Liberalism, Surveillance, and Resistance: Indigenous Communities in Western Canada, 1877-1927* (Athabasca: AU Press, 2009), 2.

³⁰ Walter Hildebrandt, Sarah Carter, and Dorothy First Rider, *The True Spirit and Original Intent of Treaty 7*, 3rd ed. (Montreal: McGill-Queen’s Press, 1996); Richard Price, *The Spirit of the Alberta Indian Treaties* (Calgary: University of Alberta Press, 1999).

³¹ Glen S. Coulthard, *Red Skins, White Masks: Rejecting the Colonial Politics of Recognition* (Minneapolis: University of Minnesota Press, 2014); Taiaiake Alfred, *Wasáse: Indigenous Pathways of Action and Freedom* (Toronto: University of Toronto Press, 2005); Audra Simpson, “Chapter 1: Indigenous Interruptions: Mohawk Nationhood, Citizenship and the State,” in *Mohawk Interruptus: Political Life Across the Borders of Settler States* (Durham: Duke University Press, 2014); Audra Simpson, “Chapter 5: Borders, Cigarettes, and Sovereignty,” in *Mohawk Interruptus: Political Life Across the Borders of Settler States* (Durham: Duke University Press, 2014); Andersen, “Underdeveloped Identities: The Misrecognition of Aboriginality in the Canadian Census”; James Sákéj Youngblood Henderson, “Ayukpachi: Empowering Aboriginal Thought,” in *Reclaiming Indigenous Voice and Vision*, ed. Marie Battiste (Vancouver: UBC Press, 2000); Dale Turner, “From Valladolid to Ottawa: The Illusion of Listening to Aboriginal People,” in *Sacred Lands: Aboriginal World Views, Claims, and Conflicts*, ed. Jill Oakes et al. (Edmonton: University of Alberta Press, 1998), 53–68; Dale Turner, “Liberalism’s Last Stand: Aboriginal Sovereignty and Minority Rights,” in *Aboriginal Rights and Self Government: The Canadian and Mexican Experience in North American Perspective*, ed. Curtis Cook and Juan D. Lindau (Montreal and Kingston: McGill-Queen’s University Press, 2000), 135–47; Elizabeth Cook-Lynn, “American Indian Studies: An Overview” (Native Studies Conference, Yale University: *Wicazo Sa Review*, 1998), 14–24; Elizabeth Cook-Lynn, “Who Stole Native American Studies?,” *Wicazo Sa Review* 12, no. 1 (1997): 9–28; Aileen Moreton-Robinson, “I Still Call Australia Home: Indigenous Belonging and Place in a White Postcolonizing Society,” in *Uprootings/Regroundings: Questions of Home and Migration*, ed. Sara Ahmed et al. (Sydney: Berg Publishers, 2003), 23–40; Thomas K. Nakayama and Robert L. Krizek, “Whiteness: A Strategic Rhetoric,” in *Reading in Rhetorical Criticism*, 3rd ed. (Colorado State University Press, 1995).

³² Joe T. Darden and Sameh M. Kamel, “The Spatial and Socioeconomic Analysis of First Nation People in Toronto CMA,” *Canadian Journal of Native Studies* 22, no. 2 (2002): 239–67; Edward W. Soja, *Seeking Spatial Justice*,

critique to the Canadian government's institutionalized marginalization based on notions of race is increasing in the twenty-first century, but not a new phenomenon. DIA political imaginaries communicated through their annual reports form an instructive case study to the overt and embedded notions of race and class in connection to living conditions and disease, as well as the lack of self-critique. The leading question in relation to this inherent racial bias is how long the continued blindness of the predominantly white Canadian governance structure to institutionalized racism and the consequences for indigenous communities past and present can go on.

3. Academic Discussion

*It [structural genocide] avoids the question of degree – and, therefore, of hierarchy among victims – that are entailed in qualified genocides, while retaining settler colonialism's structural induration [...]. Given a historical perspective on structural genocide, we can recognize its being in abeyance [...] rather than being a thing of the past.*³³

This quote, ostensibly unrelated to the persistence of TB related diseases mentioned by Health Canada, is from Australian anthropologist Patrick Wolfe. Wolfe regards the term “cultural genocide” equally problematic as Canadian law expert William Schabas and the Canadian government, but not because of legal limitations. Rather, instead of cultural genocide, Wolfe argues for the term “structural genocide” to fully understand census reports and their results on TB among indigenous peoples in Canada today.

After all, “structural genocide,” in the definition of Wolfe, describes the continued settler-colonial eliminatory policies toward Aboriginal peoples, of which the morbidity and mortality rates due to TB continuing to this day is only one example.³⁴ As such, apologies from the Canadian government and church bodies as settler colonial structures for “past” abuses and “cultural genocide” are incomplete and do not accurately describe the structural character of the relationship between indigenous peoples and the Canadian hegemony, past or present. Covert and institutionalized marginalization is not just cultural, but also has political, social, economic, religious, and other structural implications for indigenous peoples.³⁵

Globalization and Community Series (Minneapolis and London: University of Minnesota Press, 2010); Cheryl I. Harris, “Whiteness as Property,” *Harvard Law Review* 106, no. 8 (1993): 1707–91; Shamiran Mako, “Cultural Genocide and Key International Instruments: Framing the Indigenous Experience,” *International Journal on Minority and Group Rights* 19 (2012): 175–94; Schabas, *Genocide in International Law*.

³³ Patrick Wolfe, “Settler Colonialism and the Elimination of the Native,” *Journal of Genocide Research* 8, no. 4 (2006): 403.

³⁴ *Ibid.*, 390.

³⁵ “Contemporary Indigenous Realities, Book of Abstracts on the Conference in Niksic, Montenegro, June 25-27, 2015. Accessed June 30, 2016, www.academia.edu.

According to Wolfe, cultural genocide, besides being legally void, in itself indicates a form of “almost” genocide to describe an event “similar to the Holocaust, but not really.”³⁶ Rather, structural genocide as a term more accurately describes the continued domination by the Canadian state and the privations indigenous peoples live in. Structural genocide can be explained through the “logic of elimination.” This “logic of elimination” explains the settler colonial construct’s necessity for acquiring territory for the incoming Europeans and to dispose of indigenous peoples. “As opposed to enslaved people, whose reproduction augmented their owners’ wealth, Indigenous people obstructed settlers’ access to land, so their increase was counterproductive. In this way, the restrictive racial classification of Indians straightforwardly furthered the logic of elimination.”³⁷ This logic and the racial classifications were and are no “almost” or partial forms of a genocidal nature, but structural.

Another Australian researcher, Keith Windschuttle, uses this logic of elimination to deny any western responsibility for indigenous displacement, or any form of genocide.³⁸ According to Windschuttle, reflecting on Australian history but equally applicable to Canada, there was no covert government genocide, it was just the normal progression of colonial development.³⁹ Even if there was warfare among the British troops and the Aborigines, this was a normal feat of history. In opposition to Windschuttle’s explanation of the logic of elimination as a temporal phase in history, Wolfe focuses on the continuous aftermath of colonial war and structural institutionalized racism of a colonial governance actor over its indigenous subjects.

This continuous aftermath or structural genocide connected to contemporary health disparity shows how imbalances experienced by indigenous peoples in Canada today are a result of historical displacement on reserves and the residential school system, causing socio-economic poverty. Moreover, this structural process is monitored and maintained by the Canadian government. The restrictive racial classifications after the 1870s have important immaterial and material consequences for indigenous peoples in Canada, according to Andersen.⁴⁰ Not only did these ideas of race fuel harsh policies of segregation, starvation, and assimilation in the nineteenth and twentieth century, which caused socio-economic disparities and health issues, these ideas and their consequential disparities also in the twenty-first century still have their effect.⁴¹

³⁶ Wolfe, “Settler Colonialism and the Elimination of the Native,” 387-409.

³⁷ *Ibid.*, 388.

³⁸ Keith Windschuttle, “The Fabrication of Aboriginal History,” *The New Criterion* 20, no. 1 (2001): 41–49.

³⁹ *Ibid.*, 41.

⁴⁰ Andersen, “Underdeveloped Identities: The Misrecognition of Aboriginality in the Canadian Census,” 626; Andersen, “Chapter 1: Mixed: The History and Evolution of an Administrative Concept,” in *Métis: Race, Recognition, and the Struggle for Indigenous Peoplehood* (Vancouver: University of British Columbia Press, 2015).

⁴¹ Andersen, “Underdeveloped Identities: The Misrecognition of Aboriginality,” 626-650.

Structural marginalization in turn validates the Canadian government's "white man's burden" to aid indigenous peoples without actual social reform taking place. According to Milloy, "most Indian communities were so impoverished – their traditional economies largely destroyed – that little hope existed of setting them on a path to equality without intensive welfare intervention."⁴² Even though Milloy refers to 1879 here, it is applicable to 2016 as well.⁴³ According to Andersen, five generations of indigenous peoples in and out of reserves were determined by this government welfare intervention and the white man's burden, without actual investment in the communities and only producing long-term deteriorated conditions. Subsequently, these conditions "are presented as evidence of Aboriginal peoples' developmental 'lag' behind other Canadians."⁴⁴

Andersen concludes, "populations represent and entail the organization of humanity according to specific – and historically constituted – political imaginaries and, in doing so, allow for government intervention not otherwise possible."⁴⁵ These political imaginaries of indigenous subordination solidified in law and government cause a constant tension between indigenous people seeking sovereignty and self-determination, and non-indigenous groups in Canada today. Historically, constituted imaginaries are still based on, albeit covert, imbedded imaginaries of racial difference and class hierarchy. Increasingly, politics of reconciliation and recognition pursued by the Canadian government are seen as new justification mechanisms and reinvented tactics of intervention, through which the Canadian government manages its control and sovereignty over indigenous peoples.⁴⁶

According to historian Keith Smith, this reinvention of government control is a logical state mechanism of liberal capitalist nations.⁴⁷ The theory of Michel Foucault, in which government control is analyzed, calls it the "panopticon" principle.⁴⁸ This means subjects of the state are policed and under strict prison-like surveillance. Moreover, liberal capitalism does so to control the flow of money and favors the liberal majority.⁴⁹ As a result, opponents, and in this case indigenous subjects, are subjected under the rule and domination of the settler colonial state, policed by the DIA. Any loss of government control would mean the loss of territory, which would mean the loss of means of income retrieved from that territory.⁵⁰

⁴² Milloy, *A National Crime 1879 to 1986*, cover.

⁴³ Cartoon on the cover of this paper indicates renewed government policies of aid in a Liberal five year plan.

⁴⁴ Andersen, "Underdeveloped Identities: The Misrecognition of Aboriginality," 634.

⁴⁵ *Ibid.*

⁴⁶ *Ibid.*; Alfred, *Wasáse: Indigenous Pathways of Action and Freedom*; Coulthard, *Red Skins, White Masks: Rejecting the Colonial Politics of Recognition*; Simpson, "Chapter 1: Indigenous Interruptions: Mohawk Nationhood, Citizenship and the State"; Turner, "Liberalism's Last Stand: Aboriginal Sovereignty and Minority Rights"; Turner, "From Valladolid to Ottawa: The Illusion of Listening to Aboriginal People."

⁴⁷ Smith, *Liberalism, Surveillance, and Resistance*, 1-28.

⁴⁸ Michel Foucault, *Discipline and Punish: The Birth of the Prison* (London: Penguin, 1975).

⁴⁹ *Ibid.*, 87-104.

⁵⁰ Foucault, *Discipline and Punish*; Ann Laura Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Durham: Duke University Press, 1995).

As such, according to Smith, this political imaginary directly affects indigenous peoples. “The understanding here is that discourses are not simply ideological formations disconnected from material conditions or merely representations of class relations, but rather are themselves acts of power directly affecting people’s lives.”⁵¹ Political imaginaries and “othering” by the Canadian surveillance state continuously influence ideas about indigenous peoples. The DIA as a governmental structure functioned as part of this surveillance panopticon, a web informed by liberalism and market economics that created “structures that continue to oversee the life-threatening material conditions faced by many Indigenous peoples in Canada.”⁵²

The historical research on “postcolonial” Canada by Smith and others functions mostly as a critique to notions of the great white narrative of history.⁵³ Their main arguments incorporate personal correspondence of DIA officials and indigenous counter narratives to form a more complete picture of the construction of Canada. Especially recent publications after 2000 have pointed to the lack of historical attention given to Canada’s history of violence against indigenous peoples.⁵⁴ Conclusions given accordingly question the white normativity of Canadian history, while simultaneously avoiding difficult notions and questions on genocide.⁵⁵

4. Thesis Question and Chapter Outline

Research regarding government policy in academia has largely focused on the period before 1900. Moreover, in terms of content, this academic research has often not been interdisciplinary, but rather conducted in separate academic fields of history, political science, or social science. This thesis looks specifically at the government framing of the DIA as seen in their annual reports between 1900 and 1915 from a frame analysis perspective. This perspective will be compared to the historic research on “postcolonial” Canada. These two analyses in turn will be placed within a critical theory framework.

This central research questions are: *In what way was tuberculosis, consumption, and scrofula among indigenous peoples constructed by the DIA in Canada? How does the analysis of the DIA Annual Reports from 1900 to 1915 through diagnostic frame analysis provide insights into notions of race, disease, and blame? To what extent do these insights problematize*

⁵¹ Smith, *Liberalism, Surveillance, and Resistance*, 3.

⁵² *Ibid.*, 7-17.

⁵³ *Ibid.*, 231-236.

⁵⁴ Matthew Rimmer, ed., *Indigenous Intellectual Property: A Handbook of Contemporary Research*, 2nd ed., Research Handbooks in Intellectual Property Series (Sydney: Edward Elgar Publishing, 2015); Andersen, “Critical Indigenous Studies: Intellectual Predilections, Institutional Recolonization,” in *Critical Indigenous Studies: Engagements in First World Locations*, by Aileen Moreton-Robinson (Tucson: University of Arizona Press, 2016).

⁵⁵ Almost all scholarly research used in this study concludes that the Canadian government has not taken full responsibility for past atrocities past the institution of research committees. However, all circumvent the explicit use of the term genocide except for Wolfe (2006).

notions of postcolonialism and its relation to race, genocide, and indigenous sovereignty and self-determination in Canada today?

Chapter I will focus on the historical context of indigenous policy with regard to health by discerning which diagnostic frames can be dissected in academic research, TRC reports, and medical research. Important here is the connection of health to governance, and notions of race and class. The sub-question is: *How are government policies toward tuberculosis, consumption, and scrofula among indigenous peoples under DIA supervision from 1900 to 1915 explained in academic research and placed within the broader historical context in relation to race, class, disease, and Euro-Canadian peoples?* This question is important to analyze what diagnostic frames prevail in the twenty-first century with the benefit of hindsight and functions as a comparative chapter to the case study in Chapter II. Moreover, this chapter forms the basis for the answer to the overall thesis question and ideas of postcolonialism.

Chapter II contains the primary source analysis. The sub-question is: *Which diagnostic frames can be detected in the DIA annual reports connected to tuberculosis, consumption, and scrofula among indigenous peoples between 1900 and 1915?* Important here, is to what extent these results match with the conclusions of Chapter I. This chapter forms the necessary link between the historical context and framing given in Chapter I and the discussion on postcolonialism in Chapter III, as well as questions of continuous institutionalized racism.

The third and final chapter combines the analyses of the first and second chapter. The sub-question is: *To what extent are the frames discerned in Chapter I and II part of a structural problem of Euro-Canadian governance, are they continued through the institutionalization of race and class, and do they problematize notions of reconciliation and recognition as political tools?* This final chapter links the primary source research of the early twentieth century to the twenty-first century and analyzes the role of the Canadian perspective toward indigenous peoples and the troubled relationship. The conclusion further aligns the chapters to answer the overall thesis question and adds recommendations for further research.

5. Methodology

This study illustrates why inherently structuring categorizations of institutionalized marginalization for indigenous peoples are able to exist and how governmental policies to these structures keeps them intact. Critical studies from indigenous studies, postcolonial studies, social and political science, and history are combined to problematize questions of Canada's structural genocide. Political imaginaries⁵⁶ of a hundred years ago were more than just abstract

⁵⁶ The perspectives predominant in political circles, especially pertaining to indigenous peoples and the circulation of those socially constructed perspectives to the public.

ideas on race and class, and became institutionalized in law and governance, which has created structural subjugation of indigenous peoples.

Therefore, the political imaginaries of the Canadian government will be analyzed through the use of frame analysis. These political imaginaries are best analyzed if discerned from the public sources closest to DIA policy and ideology. The DIA Annual Reports as primary sources and the analysis applied to them function as comparative material to the historical discourse on indigenous-governmental relations. The Annual Reports of the DIA were the public record in which progress and the political objectives of the Canadian government toward their indigenous wards were communicated. These are openly available in their original form as well as transcribed in PDF through the Canadian online archives. Diagnostic frame analysis is used as a tool to look at the justification mechanisms for DIA policy toward themselves and the intended audience.

The secondary literature is retrieved from the fields of history, medical history, social and political science, postcolonial theory, and critical indigenous theory. Concepts used are race, whiteness, class, indigenous, postcolonialism, neo-colonialism, settler colonialism, panopticon, the logic of elimination, cultural genocide, structural genocide, institutionalized marginalization, categorization, politics of recognition, politics of reconciliation, politics of refusal, diagnostic framing, resonance, seed and soil theory, germ theory, scientific racism, and epidemiology. Authors are scholars from Canada, the United States, Great Britain, Australia, and Europe have been selected because of their analyses on disease among indigenous peoples, as well as the relationship between indigenous communities and government actors.

Because this research focuses on governmental political imaginaries and implications, it is a top-down approach. As such, this analysis is highly one-dimensional and at times abstract. Nevertheless, it is necessary to address the issue of structural marginalization and its racial predilections in this top-down approach to understanding the structural nature of institutionalized racism. Moreover, as a consequence, it ignores voices from indigenous people, tribes, and communities, as the focus is on the political perspectives and institutionalization. The wide scope and interdisciplinary nature of this thesis disregards some other academic voices and research. The authors and critiques used are randomly picked in terms of geographic origin, but specifically in terms of content as they articulate the argument best, and are from relevant, recent, and leading scholarship.⁵⁷ Their content in general is of a critical nature, and most can be placed within a discourse of activism and critique on liberal capitalist societies' inherent lack of critique and white normativity.

⁵⁷ In terms of origin, the academic knowledge from Canada and Australia prevails as most recent and leading in addressing issues and shortcomings to notions of postcolonialism in Australia and Canada's colonial present. It would be very interesting to do a comparing analysis on the Australian reports on aboriginal peoples and political imaginaries. However, the scope of this thesis is too small for such a big undertaking.

This thesis is not meant to generalize “Indians.”⁵⁸ Clearly, indigenous peoples are not mere bystanders in the process. Resistance and struggle are adamant in these communities and specific per community, band or tribe, per geographic location, and in time. Rather, this study seeks to problematize notions of Canada’s great civilization and society, and the myth that Canada supposedly does not have a colonial past.⁵⁹ It describes how settler colonial whiteness is constructed and how this whiteness and connected self-image has been ignored or manipulated. Even though whitewashing of minorities is recognized by scholars as a mechanism of liberal capitalist governance to homogenize its population, the consequences are often forgotten.⁶⁰

The concept of frame analysis as employed by Erving Goffman, George Lakoff, David A. Snow, and Robert D. Benford will be used to discern the political imaginaries on indigenous peoples of the DIA that contextualize this whitewashing.⁶¹ Frame analysis is used mostly in the social sciences and comprises a multitude of concepts and perspectives on the ways in which individuals, groups, and society organize, perceive, and communicate on reality. Framing involves the social constructions of “reality” to make sense of social phenomena. Framing, or the attachment of meaning, is an inevitable process.⁶²

In a political context, frames are the packages information is presented in, part of a rhetoric that is presented in such a way to establish or solidify certain interpretations and to discourage or denounce others.⁶³ In political framing, facts are often presented to reveal a problem and the corresponding need for specific solutions. Moreover, this information is presented as to negate other options, and tries to justify past, present, and future policy implementations. Political framing is often guided, or manipulated, and specific in time and place, and influenced by power relations and perceptions about objectivity or agency.⁶⁴

⁵⁸ “Indians” is used throughout the text to refer to the way in which the DIA mentions indigenous peoples. Indigenous is used in the general analysis. When a cited author or paraphrased academic uses capitalized versions or other terms, the original is copied. Throughout this thesis, I have chosen to use the term indigenous to refer to the communities on reserves and in residential schools during the research period of 1900 to 1915 and also in the twenty-first century. It is important to know “indigenous” as a group are not a homogenous group and the generalizing concepts displayed here are from the perspective of the government actor that does categorize and generalize under the term “Indian.” This is not as to repeat this generalization, but to better understand the diagnostic framing done by the DIA and the construct of whiteness.

⁵⁹ “Every G20 Nation Wants to Be Canada, Insists PM,” *Reuters*, September 26, 2009, www.reuters.com/article/columns-us-g20-canada-advantages-id.

⁶⁰ Kelm, *Colonizing Bodies: Aboriginal Health*; Andersen, “Underdeveloped Identities: The Misrecognition of Aboriginality.”

⁶¹ Erving Goffman, *Frame Analysis: An Essay on the Organization of Experience* (Boston: Northeastern University Press, 1975); David A. Snow and Robert D. Benford, “Ideology, Frame Resonance, and Participant Mobilization,” in *From Structure to Action: Social Movement Participation Across Cultures* (Greenwich: JAI Press, 1988), 197–217; Robert D. Benford and David A. Snow, “Framing Processes and Social Movements: An Overview and Assessment,” *Annual Review of Sociology*, 2000, 611–639; David A. Snow, Rens Vliegthart, and Catherine Corrigan-Brown, “Framing the French Riots: A Comparative Study of Frame Variation,” *Social Forces* 2, no. 86 (2007): 385–415.

⁶² Goffman, *Frame Analysis*, 21–23.

⁶³ *Ibid.*, 33.

⁶⁴ Romy Froehlich and Burkhard Rüdiger, “Framing Political Public Relations: Measuring Success of Political Communication Strategies in Germany,” *Elsevier*, October 15, 2005.

For this study, the focus is on the government actor as distributor of diagnostic frames about indigenous health and not so much the recipient audience or societal response. Nevertheless, the DIA, and its framing of indigenous health and in particular TB related diseases on reserves and in schools, is also influenced by the biological and cultural popular perception of a certain day and age. DIA frames had to resonate with the master or primary frames in society to make these policies feasible.⁶⁵ These master or primary frames are influenced by the larger societal norms and values, internal pressures and constraints, external pressures from for instance opposition and other policy makers, and ideological orientations, such as liberalism expansionism.⁶⁶

Regardless, the DIA as a powerful government-related institution exuberates a level of objectivity and truthfulness to its members. The DIA actively sought to impress its readers and the political opposition in conveying and processing data on the indigenous development project as successfully as possible.⁶⁷ Often, information was contextualized to reinforce the DIA's goals and aspirations in resonance with the general public's and the overall government's objectives.⁶⁸ In the same way media help shape mass opinion, the DIA's Annual Reports were meant to shape and satisfy mass opinion. This makes them useful for the analysis of political imaginaries on the indigenous minority in connection to health, race, and class, and covert whiteness and overt superiority thinking.

According to Canadian sociologist Erving Goffman, the meaning of a frame implicitly has certain cultural roots, or context dependency.⁶⁹ Specific of the framing mechanism of the DIA in the Annual Reports is their relative absolute power within the DIA organizational structure and the bureaucratic system, which allowed for intensive policing and surveillance of what would appear in the reports.⁷⁰ This context dependency of framing analyzed by Goffman according to media scholar Robert M. Entman has to do with "a scattered conceptualization" and "a fractured paradigm." This means frames are incomplete in explaining certain phenomena and leave parts to the interpretation of the reader.⁷¹ In other words, the DIA selected frames of perceived reality and thereafter promoted certain definitions and interpretations that reverberated with the cultural roots or context.

⁶⁵ The resonance political actors strive for in frame analysis is the level of coherence to a master or primary frame that resonates with the popular perceptions at a certain time and in a certain space. The primary or master frame is how people explain and justify what is happening around them.

⁶⁶ Goffman, *Frame Analysis*, 21-39.

⁶⁷ Smith, *Liberalism, Surveillance, and Resistance*, 1-28.

⁶⁸ Bill Russell, "White Man's Paper Burden: Aspects of Record-Keeping in the Department of Indian Affairs," *Archivaria* 19 (1985 1984): 50-72.

⁶⁹ Termed cultural resonance or narrative fidelity; Goffman, *Frame Analysis*, 40-82.

⁷⁰ Smith, *Liberalism, Surveillance, and Resistance*, 51-130.

⁷¹ Robert M. Entman, "Framing: Toward Clarification of a Fractured Paradigm," *Journal of Communication* 43, no. 4 (1993): 51-59.

The usefulness of frame analysis for the study of the DIA Annual Reports between 1900 and 1915 is best explained as an interpretative model.⁷² Frames are meant to label “schemata of interpretation” that allow individuals or groups to signify events and occurrences, which indicate how the Canadian state viewed itself and in relation to the indigenous subject. Frame analysis as a whole would be too immense for the number of primary sources to conduct in this thesis. Following Snow and Benford, of the three core framing-tasks,⁷³ this research will focus mostly on the diagnostic framing processes and whether these are explicitly present. Diagnostic frames most accurately connect political imaginaries to the larger belief-system, master or primary frame and its resonance and relevance to create a justification for government policy.⁷⁴

The stronger a frame and the more it reaffirms a master narrative or primary frame, the more people acknowledge the policy followed.⁷⁵ Diagnostic frames are instructive for the level of success of placing blame or attaching causality. Effective use makes it possible for the framing party to literally “get away with murder.” According to Lakoff, a frame needs rhetoric to persuade a political audience of the “facts” and justification for action or inaction. Strong political framing can have widespread consequences when linked to agenda-setting. The framing party (DIA) can control the perception of the general population on indigenous peoples, by consistently invoking one or more particular frames.⁷⁶

One complex master/primary frame in this case study is that of scientific racism in connection to class. The question in this case study is whether the primary/master frame substantiated through academic research is visible in the DIA documents, or whether its normativity has made its visibility in the documents unnecessary.⁷⁷ Linked to the concept of primary frames is the question of guilt. In relation to structural genocide and the health disparity and the socio-economic gap between indigenous peoples and “mainstream” Canada, can policies be blamed if this was perceived as the natural truth? What does this mean for the continuity of these policies today and the question of institutionalized racism?

The DIA Annual Reports are part and partial of the “politics of signification,” which had very serious material and non-material consequences.⁷⁸ These consequences have been analyzed by for instance the TRC as cultural genocide and would, according to Wolfe, be

⁷² Goffman, *Frame Analysis*; Benford and Snow, “Framing Processes and Social Movements”; Snow and Benford, “Ideology, Frame Resonance, and Participant Mobilization”; Snow, Vliegenthart, and Corrigan-Brown, “Framing the French Riots.”

⁷³ Diagnostic framing for the identification of a problem and assignment of blame; prognostic framing to suggest solutions, strategies, and tactics to a problem; and motivational framing that serves as a call to arms or rationale for action.

⁷⁴ Snow and Benford, “Ideology, Frame Resonance, and Participant Mobilization,” 197-215.

⁷⁵ *Ibid.*

⁷⁶ Benford and Snow, “Framing Processes and Social Movements,” 613.

⁷⁷ This could indicate the blindness of structures of whiteness in the past has remained unaltered in the present.

⁷⁸ Smith, *Liberalism, Surveillance, and Resistance*, 3.

categorized as part of the logic of elimination and structural genocide. The diagnostic frame analysis of the DIA Annual Reports on TB related diseases between 1900 and 1915 in connection to TB related diseases today, problematize the political imaginaries and make a case for structural genocide.

The case study on TB related diseases and health disparity, combined with the theories of Wolfe, Foucault, and Andersen on institutionalized racism could moreover be instrumental to relations between indigenous communities and the Canadian government. It poses conceptual questions for reconciliation politics as renewed imperial governance strategies. Therefore, the broader relevance of this research revolves around notions of government framing or framing of the dominant self toward a colonial other and minority. The special focus on TB as environmentally enhanced disease connects structural deteriorated living conditions to notions of race and class in the treatment of indigenous peoples under government policy.

1. Hidden in History

*Aboriginal people endure ill health, run-down and overcrowded housing, polluted water, inadequate schools, poverty and family breakdown at rates found more often in developing countries than Canada. These conditions are inherently unjust. They also imperil the future of Aboriginal communities and nations.*⁷⁹

This quote, taken from the Royal Commission on Aboriginal Peoples Report of 1998, could have been published any year after 1870. Similarly, the TRC's Final Report of 2015 like the report of 1998, presented recommendations to change these inherently unjust conditions to improve indigenous-governmental relations.⁸⁰ Nevertheless, most recommendations were not executed, or with limited results. Consequently, angry voices emerged from First Nations, Métis, and Inuit peoples in Canada. Similar to 1998, the future of indigenous communities and nations remain in jeopardy.

In order to comprehend the historic process that created these inherently unjust conditions, Chapter I will focus on the historical context of indigenous policy. Special attention is given to health and discerning how and why the health disparity between indigenous peoples and Euro-Canadians came into existence. How were the government policies toward tuberculosis, consumption, and scrofula among indigenous peoples under DIA supervision from 1900 to 1915 structured and how can this be placed within the historical context regarding race, class, and disease in relation to "mainstream" Euro-Canadian peoples?

This chapter, therefore, forms the basis for the answer to the overall thesis question. It provides an academic overview on the general top-down organization and political structures indigenous peoples had to abide by. Four individual sections on policy, reserve conditions, the residential school system, and specific medical knowledge on TB related diseases will disclose the top-down organization regarding indigenous peoples in the early twentieth century. Contemporary secondary source material and research from mostly Canadian scholars provides the general background to the political perceptions and justification mechanisms. Notions of hierarchy in class and race between middle to higher class white Euro-Canadian citizens and indigenous peoples proved to be the instructive.

⁷⁹ "The Report of the Royal Commission on Aboriginal Peoples (PRB 99-24E)," accessed May 3, 2016, www.lap.parl.gc.ca/content/lop/researchpublications.

⁸⁰ Truth and Reconciliation Commission Canada. "Truth and Reconciliation Commission Calls to Action Report." www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf.

1.1 The Paradox of Assimilation

According to the Final Report of the TRC, colonial and imperial laws still guided government policy toward indigenous peoples in Canada in 2015.⁸¹ Problematic is colonial and imperial law's inherent dependency on the Doctrine of Discovery. This Doctrine entailed that land occupied by non-Christian tribal savages first discovered by Europeans could be claimed based on the superior right to those lands under the European Law of Nations. According to historian Jennifer Reid, this Doctrine is "a critical component of historical relationships between Europeans, their descendants, and Indigenous peoples, and it underlies their legal relationships to this day."⁸² Eurocentric colonial and imperial law claims on territory still guide government policy.⁸³

These eighteenth century notions of Discovery shaped asymmetrical relations between indigenous peoples and the incoming colonizers.⁸⁴ Moreover, according to American legal scholar Robert A. Williams Jr., the Doctrine "represents the most influential legal opinion on indigenous peoples' human rights." The reason for this, he continues, is that "all the major English-language-speaking settler states adopted [...] the Doctrine of Discovery." Colonial and imperial rule in Canada "followed [the Doctrine of Discovery] as a precedent for their domestic law on indigenous peoples' inferior rights to property and control over their ancestral lands."⁸⁵ This means indigenous human rights and territorial claims are still bound up in domestic policy that is inherently favoring Euro-Canadian citizens.

The Royal Proclamation of 1763 and the Treaty of Niagara of 1764 established the legal and political foundation of Canadian domestic policy based on asymmetric relations. The principles of treaty making, perceived by indigenous peoples as based on mutual recognition and respect, were in fact based on the idea of white superiority.⁸⁶ Official treaty making for the British Empire was the means to acquire great tracts of land from indigenous peoples. Moreover, this was justified under Doctrine as indigenous peoples were seen as "non-Christian tribal savages," or incompetent roamers of the area and a dying race.

⁸¹ "TRC Volume 6 Reconciliation Report," accessed March 22, 2016, nctr.ca/assets/reports/Volume_6_Reconciliation; Health Council of Canada, *The Health Status of Canada's First Nations, Métis and Inuit Peoples. A background paper to accompany Health Care Renewal in Canada: Accelerating Change* January 2005. Toronto, 6.

⁸² Jennifer Reid, "The Roman Catholic Foundations of Land Claims in Canada," *Historical Papers 2009: Canadian Society of Church History*, 2009, 5.

⁸³ Moreover, the Canadian justice and law system is still based on notions of the Crown and the British Empire from before 1820.

⁸⁴ The idea of Terra Nullius makes any land claim legal when; "persuading the indigenous inhabitants to submit themselves to its overlordship [*sic*]; by purchasing from those inhabitants the right to settle part or parts of it; or by unilateral possessions, on the basis of first discovery and effective occupation (515)." Alan Frost, "New South Wales as Terra Nullius: The British Denial of Aboriginal Land Rights," *Historical Studies* 19, no. 77 (1981): 513–523.

⁸⁵ Robert A. Williams Jr., *Savage Anxieties: The Invention of Western Civilization* (New York: Palgrave Macmillan, 2012), 224.

⁸⁶ Price, *The Spirit of the Alberta Indian Treaties*, 1-46.

Indigenous peoples were viewed as the incompetent roamers of the prairies as a result of territorial acquisition and European settlement. According to Daschuk, this acquisition brought unprecedented changes for indigenous peoples. “Within a decade, the bison would be gone, and the people who had depended on them would be marginalized by a new political and economic reality [...], coupled with imminent settlement of the plains by European immigrants, [which] forced the original inhabitants of the region into an increasingly desperate situation.”⁸⁷ The response to this desperate situation was met with treaties to try “to reconcile the clash between two mutually exclusive economic systems,” after 1871. Nevertheless, these treaties and their objectives would offer no reconciliation as they only formed a legal imperative to obtain official rights to indigenous territory.⁸⁸

For indigenous peoples this meant they were coerced into taking the treaties, losing territory and suffering deprivation. After all, the disappearance of the bison herds by overhunting for European and American markets, famines, and land encroachment by incoming ranchers and settlers made treaties necessary. Moreover, the installment of the Indian Act of 1876 and implementation of the pass and permit system actively marginalized and incarcerated indigenous peoples on reserve areas, which further limited people’s abilities to sustain themselves either in or out of treaty arrangements. Treaty “Indians” like non-treaty “Indians,” subsequently were not offered the government rations of food promised in the treaties.⁸⁹ Indigenous peoples were consequently coerced into treaty and would suffer, or those who were in treaties suffered under the rations policy.⁹⁰

Another incentive for the British Empire and later Canadian government for coercing indigenous peoples to signing treaties was to forestall possible influence in the area by other European and American powers.⁹¹ Moreover, the addition of “mutual recognition and respect” in treaty agreements in reality meant that the Euro-Canadian right to buy always superseded the indigenous communities, tribes, or bands’ right not to sell.⁹² In general, the coercion of indigenous peoples into taking treaties was temporal. The bands were only occupying the land for pragmatic use until the settlers of Euro-American stock were ready to move in, despite what might have been promised in treaty negotiations.

⁸⁷ Daschuk, *Clearing the Plains*, 79.

⁸⁸ Ibid.

⁸⁹ Carter, *Aboriginal People and Colonizers*; Carter, *Lost Harvest*; Price, *The Spirit of the Alberta Indian Treaties*.

⁹⁰ Work for rations policy was an active government policy to coerce indigenous peoples into Euro-Canadian living standards. Otherwise, they would starve; Lux, *Medicine That Walks*, 47; Paul Hackett, “From Past to Present: Understanding First Nations Health Patterns in a Historical Context,” *Aboriginal Health Research and Policy: First Nations-University Collaboration in Manitoba*, Canadian Journal of Public Health, 96.1 (2006): 17–21.

⁹¹ The American Manifest Destiny to occupy the entire continent made Canadians eager to obtain the areas now above the 49th parallel and economic competition created impetus for the Canadian Pacific Railway and westward expansion. Moreover, the hinterland was needed for trade and competition with France and the U.S. warranted active occupation of territory fit for cattle ranchers and agriculture.

⁹² Carter, *Lost Harvests*, Cover.

What's important about these treaties and the Indian Act as legal documents is how "Indians" became subject to the colonial claim of Great Britain and wards of the Crown. Thereby, indigenous peoples lost the right to self-governance in matters concerning the Crown, which also meant loss of territorial ownership. This subjugation through the Indian Act and its amendments pushed indigenous peoples aside and forced them to assimilate into Canadian civilization. Assimilation into western civilization was postulated to be the only way to include the savage, as the Euro-Canadians saw themselves as most advanced in terms of development.⁹³

Despite indigenous resistance, assimilationist strategies intensified in the nineteenth and early twentieth century through the reserve system and the Canadian Indian residential school system, monitored by the DIA and different church denominations.⁹⁴ Paradoxically, according to Canadian historian Sarah Carter and Daschuk, despite this assimilationist goal, the DIA "had a fixed idea that it was not intended that the Indian should become self-supporting. He was only to be kept quiet till the country filled up."⁹⁵

1.2 All Indigenous Rights Reserved

Established after the signing of the treaties, but initiated before, was the idea of the "Indian" as a misfit within the assimilative agricultural program. Even though indigenous peoples wanted to learn how to farm and to sustain themselves, "Euro-Canadians [...] concluded that there are fundamental and profound differences between native and white that are irreconcilable and unalterable."⁹⁶ The inherent paradox of assimilation of indigenous peoples was the white hegemony's disbelief in successful assimilation. Ideas of primitivism made the "Indian" unfit for agriculture.⁹⁷

Yet, research into individual reserves reveals some successful indigenous agricultural enterprises turned out that way in spite of government intervention. In turn, DIA policies intervening and halting success reveal the reserves were never meant to succeed. For instance, successful agricultural enterprises by indigenous people were increasingly divided in severalty by the Canadian government to give to white tax-paying immigrants.⁹⁸ Moreover, according to

⁹³ Assimilation meant indigenous peoples had to live Euro-Canadian lives. This was an all-encompassing process in which their labor, education, religion, language, and ways of living had to be aligned with the white western norm, meaning indigenous peoples had to become Christian English speaking families living on farms; "Indian and Northern Affairs Canada," accessed March 30, 2016, www.collectionscanada.gc.ca/webarchives. www.ainc-inac.gc.ca/ch/rcap/sg/sgm6_e.html.

⁹⁴ Lloyd Dolha, "Education - A Victim Speaks," April 19, 2010, web.archive.org. www.firstnationsdrum.com.

⁹⁵ Daschuk, *Clearing the Plains*, 149; Carter, *Lost Harvests*.

⁹⁶ Carter, *Lost Harvests*, 3.

⁹⁷ Ibid.

⁹⁸ Divided in severalty meant empty acres or perceived unoccupied stretches of land on the reserves, which were sometimes used to hunt or simply saved for next generation indigenous people of the community. This was seen as wasteful by the DIA and Canadian government and through coerced voting or money these areas had to be surrendered by the indigenous people. Successful examples and reactionary government policies in Canada are discussed by the following authors; Carter, "We Will Not Give Up," in *Indigenous Communities and Settler Colonialism, Land Holding, Loss and Survival in an Interconnected World*, ed. Zoe Laidlaw and Alan Lester

Smith, “it was when production on reserves began to offer competition to neighbouring non-Indigenous farmers, ranchers, and business owners that [...] many argued that by receiving agricultural implements and rations, reserve farmers were subsidized by the government and that this amounted to unfair competition.”⁹⁹ The assimilation and self-sufficiency indigenous peoples had to achieve according to government policy, only meant government wanted to reduce spending on the DIA and as long as economic competition was not seen as a threat to white communities.

Agricultural success was further complicated as treaty promises were not honored.¹⁰⁰ In the nineteenth century and from 1900 to 1915, promised farming equipment and instruction never arrived, or those distributed were broken and useless.¹⁰¹ Even though, treaty negotiations on the part of the indigenous tribes in question explicitly included equipment and monetary aid, medicine chests, and farm instruction, these were either not written down in official documentation, or only granted the first year, or never granted at all.¹⁰² In almost all government performances with regard to indigenous communities, research has revealed policy was insufficient, non-existent, or based on false promises.¹⁰³ As a result, lack of herds to hunt or other food sources, as well as a lack of promised rations caused famine and deteriorated living conditions.¹⁰⁴

(Palgrave Macmillan, 2015); Frank Tough, *As Their Natural Resources Fail: Native Peoples and the Economic History of Northern Manitoba, 1870-1930* (Vancouver: UBC Press, 1996); Alan Lester and Zoe Laidlaw, *Indigenous Communities and Settler Colonialism*, Cambridge Imperial and Post-Colonial Studies Series (London: Palgrave Macmillan, 2015); John F. Leslie, “The Indian Act: A Historical Perspective,” *Canadian Parliamentary Review*, 2002; Sarah Carter, “Two Acres and a Cow: ‘Peasant’ Farming For the Indians of the Northwest, 1889-97,” *Canadian Historical Review* 70, no. 1 (1989): 27–52; F. Laurie Barron, “The Indian Pass System in the Canadian West,” *Prairie Forum* 13, no. 2 (1988): 25–42; Sarah Carter, “Agriculture and Agitation on the Oak River Dakota Reserve,” *Manitoba History* 6 (1983); Patricia Wood, “‘Pressured From All Sides’: The 1913 Surrender of the Northeast Corner of the Tsuu T’ina Nation,” *The Journal of Historical Geography* 30, no. 1 (2004): 113–30; John Sandlos, “Not Wanted in the Boundary: The Expulsion of the Keeseekoowenin Ojibway Band From Riding Mountain National Park,” *Canadian Historical Review* 89, no. 2 (June 2008); Stuart Raby, “Indian Land Surrenders in Southern Saskatchewan,” *The Canadian Geographer* 17, no. 1 (1973): 36–52; Sarah Carter, “Demonstrating Success: The File Hills Farm Colony,” *Prairie Forum* 16, no. 2 (1991): 157–83; R. N. Wilson, “Our Betrayed Wards” (Archive, Ottawa, 1921), Peels’ Prairie Provinces; Bruce Dawson, “Better Than A Few Squirrels: The Greater Production Campaign on First Nations Reserves on the Canadian Prairies,” in *Plain Speaking: Essays on Aboriginal Peoples and the Prairies*, ed. P. Douaud and B. Dawson (Regina: University of Regina Press, 2002), 11–21.

⁹⁹ Keith D. Smith, *Liberalism, Surveillance, and Resistance: Indigenous Communities in Western Canada, 1877-1927*, 100; Moreover, rations and implementation were often never supplied.

¹⁰⁰ Price, *The Spirit of the Alberta Indian Treaties*, preface.

¹⁰¹ According to Carter, government officials in Ottawa, attributed failure to “Indian character.” However, “government policies made farming virtually impossible for the Plains Indians. They were expected to subsist on one or two acres and were denied access to any improvements in technology: farmers had to sow seed by hand, harvest with scythes, and thresh with flails. After the turn of the century, the government encouraged land surrenders in order to make good agricultural land available to non-Indian settlers. This destroyed any chance the Plains Indians had of making agriculture a stable economic base (cover).” Daschuk, *Clearing the Plains*, 149; Carter, *Lost Harvests*.

¹⁰² Moreover, indigenous people were constrained in their economic pursuits as wards of the states. Although aided with treaty entitlements, these were generally issued ‘once and for all’ in the late 1870s. Price, *The Spirit of the Alberta Indian Treaties*.

¹⁰³ Carter, *Aboriginal People and Colonizers*; Carter, *Lost Harvests*; Price, *The Spirit of the Alberta Indian Treaties*; Daschuk, *Clearing the Plains*; Lux, *Medicine That Walks*; Hildebrandt, Carter, and Rider, *The True Spirit and Original Intent*.

¹⁰⁴ Especially those bands and tribes who used to rely on the bison hunt had nothing to sustain themselves with as the bison provided them with clothes, housing, utensils and equipment, and food. Food sources such as pemmican,

Consequently, these deteriorated living conditions caused disease and continued disparity. “The emerging TB epidemic was [...] the outcome of prolonged malnutrition and failure of the dominion to meet its treaty commitments.”¹⁰⁵ The 1880s and 1890s decrease of reserve populations to serve the civilizing paradigm of the Canadian government is still felt today. The nineteenth century subjugation through malnutrition, sickness, and death can be directly linked to the socio-economic gap today when comparing health conditions of mainstream Canadians and indigenous peoples. After 1895, “the health of reserves became such a marginal issue that it largely disappeared from the popular consciousness of the new society taking root in the west.”¹⁰⁶ All money and funding commitments now went to the European immigrants.

According to Canadian historian Mary-Ellen Kelm, this lack of the dominion to meet its treaty commitments alienated people from their traditional way of life, which undermined their physical, mental, and emotional health.¹⁰⁷ Most historians nowadays agree TB related diseases killing indigenous peoples were “the grinding diseases of poverty, malnutrition, and overcrowding.”¹⁰⁸ This structural neglect, the demise of natural resources, and exposure to droughts and frost corresponded with ideas of scientific racism. Ideas of white superiority and indigenous people dying caused “many settlers [to assume] that the Native people would soon die out [...]. The corollary of such thinking was that, since the Native people were likely to disappear, there was no need to worry about providing for them.”¹⁰⁹ The increased death rate and TB related diseases caused by failed treaty commitments matched assumptions of white superiority.

Even though “Indians” were wards of the state, this state failed to provide investments in a presumably dying race. As such, the reaction of limited spending by the DIA and Canadian government were connected to the master or primary frame of scientific racism and development.¹¹⁰ For example, budget cuts and assimilationist policy came together in the example of the File Hills Colony, a showcase reserve for the DIA to show off the assimilationist agenda and the great accomplishments of DIA policy, while simultaneously progress was halted on other reserves.¹¹¹ Public opinion was satisfied by the manner in which the wards of the state were cared for through the example of the File Hills Colony, whereas in reality, scientific racism

fat, and fresh meat was no longer available. Those government rations that were supplied were mostly flour and dried pork.

¹⁰⁵ Daschuk, *Clearing the Plains*, xxi.

¹⁰⁶ *Ibid.*, 172.

¹⁰⁷ Kelm, *Colonizing Bodies: Aboriginal Health*, 37.

¹⁰⁸ Lux, *Medicine That Walks*, 2.

¹⁰⁹ Robin Fisher, “The Northwest from the Beginning of Trade with Europeans to the 1880s,” in *The Cambridge History of Native Peoples of the Americas*, Cambridge Histories Online (Cambridge: Cambridge University Press, 1996), 167.

¹¹⁰ Wilson, “Our Betrayed Wards,” 2-36.

¹¹¹ Carter, “Demonstrating Success: The File Hills Farm Colony.”

and ideas on development inspired increasing budget cuts and caused rampant disease among indigenous peoples stuck on other reserves.

DIA policy, in general, was shaped by the ideological perspectives on race and civilization. As part of a process of expansion and development it included “geographical incursion, sociocultural dislocation, the establishment of external political control and economic dispossession, the provision of low-level social services, and, finally, the creation of the ideological formulations around race and skin colour, which position the colonizers at a higher evolutionary level than the colonized.”¹¹² In close connection, these ideological formations and “health [...] cannot be considered in isolation from the social and economic forces that shape it.”¹¹³ The TB related diseases and the policies that surround them, are indicative of, and, in relation with, the overall colonialist presumptions. “Racism among policy makers and members of mainstream society was the key factor in creating the gap in health outcomes as well as maintaining a double standard for acceptable living conditions for majority of the population and the indigenous minority.”¹¹⁴

TB in relation to this “institutionalized racism” is framed by the rise of capitalist world-economy and capitalist world-ecology. Economics “were at the heart of changes in the health of the indigenous population.”¹¹⁵ Overall, government and DIA policy were justified through notions of race and the liberal capitalist economy. For white Euro-Canadians the liberal capitalist economy meant the policy to try to control and treat tuberculosis through social reform.¹¹⁶ However, the monetary funds and insights of social reform were not applied to the lesser, and unassimilated indigenous peoples on reserves.¹¹⁷ Additionally, liberal capitalism saw treaty promises increasingly “as a charitable enterprise, instead of the legal responsibility,” and “as an individual undertaking, not the purview of government.”¹¹⁸ In political circles this meant both the liberals and the conservatives, in and out of economic recession, continuously cut the DIA budget.¹¹⁹

The budget that was invested in indigenous health policies was connected to shifting thought patterns on race. According to Lux, the doomed race theory structured health policies toward indigenous peoples in the nineteenth century, which meant overall neglect of health policy. However, in spite of this doomed race theory, indigenous peoples did not die out.

¹¹² Kelm, *Colonizing Bodies: Aboriginal Health*, xviii.

¹¹³ Daschuk, *Clearing the Plains*, ix.

¹¹⁴ Ibid.

¹¹⁵ Ibid., xi.

¹¹⁶ Ibid., 15; Lux, “Perfect Subjects: Race, Tuberculosis, and the Qu’Appelle BCG Vaccine Trial,” *Canadian Bulletin of Medical History*, 15.2 (1998): 277–95.

¹¹⁷ DIA Annual Report 1909; Spending on stationary paper was often higher than healthcare; “Printing and stationery [sic]: 5,438.21; [...] “To prevent spread of tuberculosis: 2,568.39,” 923-924.

¹¹⁸ Lux, *Medicine That Walks*, 37.

¹¹⁹ Overall, the Conservatives and Liberals outside of election times did not care for Indian policy, giving the DIA free range in policy.

Consequently, another thought pattern emerged for limited health intervention, which was based on the assimilationist principle. TB related diseases were seen as a natural part of the assimilative process. Nevertheless, in spite of assimilation, TB related diseases prevailed. A third frame, the public health threat emerged, in which TB related diseases among indigenous peoples and the discovery of germs as spreaders of the disease fueled segregation politics.¹²⁰ Spending on indigenous health only increased after 1915, being a perceived threat to the public.

This repressive domination of Euro-Canadian society on reserves was never questioned,¹²¹ which in turn justified repressive measures that reinforced ill health and the image of racial inferiority.¹²² “The government and the Canadian public generally assumed that Aboriginal people needed a strong hand if they were to embrace a new economic, cultural, and physical reality. That these people’s health seemed to deteriorate under the new regime was invariably put down to their race.”¹²³ These hardships of the nineteenth century had long-term effects on indigenous living conditions and health in the twentieth century, which created the perception of indigenous peoples’ health as biologically flawed.¹²⁴

The overall policy toward indigenous peoples shifted from ignorance or doomed race theory, to active malevolence through pacification of the wards, that is, spending as little as possible on Indian affairs.¹²⁵ “Strict instructions have been given to the agents to require labor from able-bodied Indians for supplies given them.”¹²⁶ Moreover, as correspondence between government officials in charge of Indian affairs reveals, starvation was used as a pacifying method to coerce bands into treaty to remove them from territory destined for the Canadian Pacific Railway and for white settlers.¹²⁷

White settlers and public opinion influenced pacification as well. Euro-Canadian settlers often viewed the provisions given as too much, seeing indigenous peoples as “content to live off the government.” To which the DIA reacted, “provisions supplied them are so distributed as to encourage industry,” because it was feared too much aid would create permanent paupers.¹²⁸ In addition, in the DIA “the agents are doing all they can, by refusing food until the Indians are on the verge of starvation, to reduce the expense.”¹²⁹

¹²⁰ Lux, *Medicine That Walks*; Lux, “Perfect Subjects: Race, Tuberculosis.”

¹²¹ *Ibid.*, 16.

¹²² TB as problem and disease was neither reserve nor school originated. Schools were the civilizing crucible of the DIA and served as showpiece for Canadian development and assimilation program. The DIA logically blamed the “Indians” themselves as policy was excellent. Moreover, negative ideas such as the “menace of tuberculosis” among indigenous peoples on reserves had to be nipped in the bud as to not affect the image of white populations, that the Canadian prairies were unsafe.

¹²³ Lux, *Medicine That Walks*, 19.

¹²⁴ *Ibid.*; Daschuk, Hackett, and MacNeil, “Treaties and Tuberculosis,” 307–30; Daschuk, *Clearing the Plains*.

¹²⁵ Daschuk, *Clearing the Plains*, 114.

¹²⁶ *Ibid.*, 116.

¹²⁷ *Ibid.*, 117.

¹²⁸ Lux, *Medicine That Walks*, 65; 76.

¹²⁹ *Ibid.*, 77.

Other actors in the “starvation politics” were the food contract owners. The biggest company from the United States that had a food contract with the Canadian government was known to abuse its monopoly position by delivering inadequate food to reserves. “Reports of tainted food and reserve deaths were common.” Even if the food was delivered and of good quality, government regulations kept the distribution of provisions on reserves low. Only the bare minimum would be distributed to sustain life. This “exacerbated the TB problem and led to provisions rotting in storehouses even as the reserve population suffered from malnutrition.”¹³⁰ Regardless of buying shipments and cargo from the Baker Company, malnutrition persisted, as “food was withheld until it spoiled in dominion storehouses.”¹³¹

This policy of strict regulation on the distribution of food paradoxically coexisted with public political claims from the government for increased spending for the indigenous peoples. “The necessity of a large expenditure in order to save them [indigenous treaty populations] from absolute starvation,” was, however, never truly realized.¹³² The ration policies as a whole “ignored the inevitable health consequences,” and were often neglected.¹³³ Moreover, the organizational structure of the DIA allowed even the low-ranking officials to decide between life and death by not distributing food.¹³⁴ Regardless of government statements on saving their wards, indigenous peoples at times had to eat their TB infected cattle.¹³⁵

The DIA health expenses were administered by the church denominations as well, who were seen as responsible for caring for the sick and dying. According to Lux, “medical care was seen as the first essential step toward winning people’s trust, and perhaps their souls.”¹³⁶ Nevertheless, desperate conditions of overcrowded living quarters, poor diet, inadequate clothing, and constant exposure to disease on the reserves and schools prevailed. Hospitals at the reserves were often unoccupied either because of a lack of staff and supplies or because of distrust from the indigenous population.¹³⁷

Health expenses never truly increased before 1915. Even during the public health concern,¹³⁸ after 1905, extra investments came from the public health movement. This

¹³⁰ Daschuk, *Clearing the Plains*, 131.

¹³¹ *Ibid.*; Daschuk, Hackett, and MacNeil, “Treaties and Tuberculosis,” 310-326.

¹³² These were often false promises made in election times to content the Canadian public and reinforce the paternalistic image of the Canadian state; Daschuk, *Clearing the Plains*, 131-132.

¹³³ *Ibid.*, 131-132.

¹³⁴ *Ibid.*, xix.

¹³⁵ *Ibid.*, 102, 104.

¹³⁶ *Ibid.*, 113.

¹³⁷ *Ibid.*, 125-126.

¹³⁸ N. Rogers, “Germs With Legs: Flies, Disease, and the New Public Health,” *Bulletin of the History of Medicine* 63 (1989): 599–617; F.W. Waugh, “Some Household Insects and Their Neighbours,” *Canadian Therapist and Sanitary Engineer* 1 (7) (July 1910): 337–42. “Swat the Fly,” *Canadian Therapist and Sanitary Engineer* 1 (6) (June 1910): 312; “That Fly,” *Canadian Therapist and Sanitary Engineer* 1 (8) (August 1910): 363; Rene Bache, “Massacre of the Innocents,” *Canadian Therapist and Sanitary Engineer* 1 (8) (August 1910): 405–06; “The Fly War,” *Public Health Journal of Canada* 1 (9) (September 1910): 454–56; “Fly, Breeder of Disease, is to be Exterminated,” *The Globe* (October 17, 1910): 8.

movement appointed physicians Lafferty and Bryce to investigate the reserves and specifically the schools as showpieces of the assimilationist program. These medical investigations kept the public happy and made financial action for the DIA, in the meantime, unnecessary.¹³⁹ Lafferty and Bryce were supposed to prove that DIA policy was flawless. Nonetheless, the outcome was more critical of DIA policy than expected. “Native school children were exposed to tuberculosis mainly in their homes, [and] all children who were awaiting admission to school showed signs of tuberculosis.” The death rate for Native schoolchildren was 80 per 1,000, “while the average death rate for Canadian children was only 4.3 per 1,000.”¹⁴⁰ However, health expenses still did not increase, and the DIA denounced the medical investigations.

The prescribed treatment for TB related diseases and the high death rates among indigenous peoples was denounced based on ideas of class and race. Similar to the treatment for higher class and elite white population, indigenous peoples would require sanatorium treatment, nutritional food, fresh air, and rest. However, in the words of the DIA, “it is only necessary to carry out some common sense reforms to remove the imputation that the Department is careless,” meaning as to not compromise the DIA’s public image.¹⁴¹ The DIA’s policy denounced medical recommendations and created lethal living conditions.¹⁴²

Moreover, the DIA policy was directly linked to the lethal living conditions as the less contact a tribe had with Euro-Canadian officials and medical officers, the more self-sufficient and free from disease these indigenous groups were.¹⁴³ This directly juxtaposed the DIA’s idea that indigenous people suffered from disease not because of poverty, but because of difficult transition from savagery to civilization as a consequence of their race struggle.¹⁴⁴ Not only the DIA but public opinion as well, saw the indigenous peoples’ ill health caused by their mode of living. The only solution then was the elevation of the race through peasant farming, working for rations, and rapid civilization. Nevertheless, those bands increasing in population and suffering less from TB related diseases managed to do so on their own accord.¹⁴⁵

DIA policy and public opinion viewed reserves as dangerous savage places full of disease. “The perception that the reserves harboured disease, and that the Native people were the carriers, received considerable impetus from the department’s readiness to impose quarantine.”¹⁴⁶ In connection to the assimilationist goals, disease had to be conquered. Moreover, the seed and soil theory at the turn of the century saw the “seed” or germ of TB as

¹³⁹ Lux, *Medicine That Walks*.

¹⁴⁰ Daschuk, *Clearing the Plains*, 136.

¹⁴¹ *Ibid.*, 141.

¹⁴² Lux, *Medicine That Walks*, 12; Carter, *Lost Harvests*, Cover.

¹⁴³ Lux, *Medicine That Walks*.

¹⁴⁴ Daschuk, *Clearing the Plains*, 160.

¹⁴⁵ *Ibid.*, 171.

¹⁴⁶ Lux, *Medicine That Walks*, 193; Daschuk, *Clearing the Plains*, 173.

similar regardless of race, whereas the “soil” in which it developed was indicative of its course. This meant race and class determined the development of TB, and only isolation and assimilation could safeguard white populations. Isolation and containment on reserves under DIA policy actively answered to the fear for contagion among the public.

Another theory prevailing centered on the hereditariness of TB among indigenous peoples. One physician, Dr. R. G. Ferguson, “became the authority on the treatment of tuberculosis among Canadian Indians.”¹⁴⁷ He as well as most people at the time believed indigenous peoples were carriers of TB related diseases. This might explain why “Canadians could accept TB rates on reserves.”¹⁴⁸ Moreover, the hereditary clause prevailed up to the Second World War,¹⁴⁹ seen in separate research into “black, red, and white” lungs.¹⁵⁰

In sum, scientific racism and popular opinion justified limited government spending on indigenous peoples on reserves. “Ideas of racial evolution and the survival of the fittest explained that Aboriginal people were ‘less evolved’ and through assimilation might be brought at least to the lowest rungs of a Christian and civilized existence.” TB related diseases were part of the process of evolution and “served to absolve the Canadian government, and Canadians generally, of further responsibility.”¹⁵¹

1.3 The Anti-Indian Schools

Living conditions for children in boarding, industrial and residential schools were often similar to those on the reserves or even worse. “For decades, overcrowding, poor nutrition, and neglect contributed to systemic TB infection among children who attended the institutions.”¹⁵² These, in turn, circulated the disease back to home communities. It was the establishment of the residential school system that “ensconced TB infection, malnutrition, and abuse in an institutional setting that endured for most of the twentieth century.”¹⁵³ Moreover, “medical opinion was in agreement that poor diet, overcrowding, inadequate clothing, and exposure of disease were the chief causes of the high morbidity and mortality in the schools.”¹⁵⁴

The schools were funded through the DIA, and often run by Indian agents and churches of various denominations.¹⁵⁵ Overcrowding in poorly ventilated and sanitized buildings and a

¹⁴⁷ Daschuk, *Clearing the Plains*, 177.

¹⁴⁸ *Ibid.*, 185.

¹⁴⁹ Lux, *Medicine That Walks*.

¹⁵⁰ E. R. Long, “A Brief Comparison of Tuberculosis in the White, Indian and Negro Races,” University of Pennsylvania Press Report of the Henry Phipps Institute for the Study, Treatment, and Prevention of Tuberculosis, 27 (1937-1936).

¹⁵¹ Lux, *Medicine That Walks*, 234.

¹⁵² Daschuk, *Clearing the Plains*, 176.

¹⁵³ *Ibid.*, xxii.

¹⁵⁴ Lux, *Medicine That Walks*, 116.

¹⁵⁵ 60% by Roman Catholics, 30% by the Anglican Church of Canada and the United Church of Canada, and with pre-1925 predecessors, Presbyterian, Congregationalist and Methodist churches; Milloy, *A National Crime*.

lack of medical care led to high rates of tuberculosis, and death rates of up to 69%.¹⁵⁶ According to Milloy, these agents and missionaries disregarded ventilation guidelines in buildings. The systematic neglect for fresh air circulation combined with the overcrowded, and over-heated dormitories caused indigenous children to develop and maintain TB related diseases.¹⁵⁷

Nevertheless, the administration itself wrote statistics that seemed to deny any problem of overcrowding, while simultaneously it was known in the Department to be the main cause of TB related diseases among indigenous pupils.¹⁵⁸ Already published in a report written by Bryce in 1907, infected children with TB related symptoms were admitted into schools. Moreover, school principals did accurately monitor those admitted in terms of health. The disease spread “through direct infection person to person” or “indirectly through the infected dust of floors, school rooms and dormitories.”¹⁵⁹

According to Miller, the Glenbow Archive mission papers indicate that regardless of previous reports or prescribed sanitary precautions, pupils suffering from some form of TB were not accurately isolated or treated.¹⁶⁰ “At the height of the sickness, without medical attention, the dead, the dying, the sick and convalescent, were all together in the same room.”¹⁶¹ However, this was rarely known to the public. Disease in schools spread and circulated on reserves communities as well due to sick leaves of pupils and subsequent family contact.¹⁶²

Similar to the reserves, the schools were in place to assimilate indigenous children as early as possible into the Euro-Canadian mold of civilization. According to Kelm, schools were in place for the missionaries and officials “to reform Aboriginal people into, [...] ‘good little brown white men’.”¹⁶³ This purpose was also described as “killing the Indian in the child,” and complemented the purpose of reserves to break up indigenous communal living into European standard family units.¹⁶⁴ Children were used by the government and missionaries to, once separated from their parents, be perfect Christian adolescents. Then, upon return to the reserve, these newly assimilated youngsters could assimilate their families. However, “if they made it home alive – and many did not – they often brought disease.”¹⁶⁵

¹⁵⁶ Bill Curry and Karen Howlett, “Natives Died in Doves as Ottawa Ignored Warnings Tuberculosis Took the Lives of Students at Residential Schools for at Least 40 Years,” *Globe and Mail*, October 9, 2009, Heyoka Magazine edition.

¹⁵⁷ Phthisis is mentioned here as another name for a TB related disease outdated at the beginning of the twentieth century; Milloy, *A National Crime*, 86.

¹⁵⁸ *Ibid.*

¹⁵⁹ *Ibid.*, 90.

¹⁶⁰ John R. Miller, *Shingwauk's Vision: A History of Native Residential Schools* (Toronto: University of Toronto Press, 1996), 502.

¹⁶¹ Milloy, *A National Crime*, 96-97.

¹⁶² Robert Carney, “Aboriginal Residential Schools Before Confederation: The Early Experience,” 1995, www.umanitoba.ca/colleges/st_pauls/ccha/Back%20Issues/CCHA1995/Carney.pdf.

¹⁶³ Kelm, *Colonizing Bodies: Aboriginal Health*, 173.

¹⁶⁴ “Assembly of First Nations - Residential Schools – A Chronology,” February 1, 2009, web.archive.org/web/20090201154953/http://www.afn.ca/article.

¹⁶⁵ Lux, *Medicine That Walks*, 111.

As a consequence of the circulation of disease, the need arose for medical treatment. Hospitals were erected in little infirmaries to keep students at the schools.¹⁶⁶ It was important to keep the students as the funding arrangements via the DIA were based on a grant system paid to each school individually. The height of the DIA grant was determined by the number of pupils enrolled, no matter their physical, mental, or health status.¹⁶⁷ Moreover, accurate medical treatment or help was often too expensive and not provided by the DIA.

This grant-per-capita method of funding the schools worked hand in hand with their deterioration and overcrowding. School officials and administration could only function with full schools, which encouraged maladministration. According to Miller and Milloy, “the failure of the federal government to respond effectively to dangerous health conditions in the schools [...] meant that there had been [...] a disregard of the responsibility placed on the government by the British North America Act and by “treaty pledges to guard the welfare of the Indian wards of the nation.”¹⁶⁸ The assimilation project was not only a means to civilize indigenous people from within, it also lacked careful consideration for the general health.

Consequently, indigenous parents objected enrollment of their children due to the poor conditions at the schools. In combination with the grant system, older students “were retained at the schools for as long as possible.”¹⁶⁹ The church officials struggled with the enrollment of new students due to the prevailing illnesses and subsequent deaths. “Abominable health conditions troubled students, parents, and school officials.”¹⁷⁰ This difficulty of enrollment was solved after 1895 as the government, pressured by missionaries, legislated compulsory school attendance.

The Bryce Report of 1907, which investigated the health conditions in schools reported a harsh critique of government policy on not only schools, but also their relation to TB and reserves.¹⁷¹ This report “made clear the links between health and sanitation and the impact of tuberculosis infection on overcrowded, undernourished children. [...] Of the 1,537 students with records, 35 per cent were either sick or dead.”¹⁷² Nevertheless, neither church nor government took the blame for this policy but rather saw the report as a convenient way to dispose of some of the inefficiently functioning industrial schools.

Despite the reports, DIA and church officials apart from blaming each other, blamed the “Indian” race. “Explanations for the atrocious death rates at the schools were looked for

¹⁶⁶ Ibid., 112.

¹⁶⁷ Ibid., 115.

¹⁶⁸ Milloy, *A National Crime*, 52.

¹⁶⁹ Lux, *Medicine That Walks*, 118.

¹⁷⁰ Miller, *Shingwauk's Vision: A History*, 130.

¹⁷¹ Lux, *Medicine That Walks*, 130.

¹⁷² Ibid., 131.

[...] in the ‘hereditary taint’ of tuberculosis among Native people.”¹⁷³ In the report, it seemed Bryce blamed the churches for the conditions of the schools. However, Bryce also wrote 11 recommendations that were never published. In these, blame is placed on the government for the deadly school conditions. “The per capita grants given to the schools were too small to provide both education *and* good health for children.” These recommendations of, for instance, “tent hospitals [...] where, instead of being sent home to die, they may [...] be nursed back to health without jeopardizing the health of other pupils’, and family at reserves,” were almost completely ignored.¹⁷⁴

Another recommendation mentioned was the distribution of dairy products for the sick, which was considered better than other food groups for the general health. Paradoxically, domesticated cattle proved to be carriers of TB as well, which caused “milk [...] to be a vector for the spread of TB to children at schools for decades.”¹⁷⁵ Even though improvements following recommendations were reported to the general public, personal correspondence between DIA officials revealed the opposite.¹⁷⁶ Furthermore, “the persistence of dangerous conditions and the failure to apply the health regulations were known to the Department through reports from its field staff.”¹⁷⁷

Even though Bryce was fired after the first report, he did not stop his campaign against DIA policies.¹⁷⁸ Dr. Bryce charged, “disease and death has gone on almost unchecked by any serious efforts on the part of the Department of Indian Affairs.”¹⁷⁹ Since the Davin Report of 1879, in which the recommendation for Indian schools was made, it is clear these schools failed. “The school system grew almost without planning or restraint and was, as a whole, constantly underfunded.”¹⁸⁰ Bryce was not alone in his campaign; however, public opinion stuck with the hereditary sickness clause.

Nevertheless, it was the overall administration and economic functioning of the school system that caused the high death rates. “The critical need that principals had to maintain high enrollments to qualify for full grant that had been assigned to the school led to the practices that contributed directly to the health problem.”¹⁸¹ This direct contribution was seen in the lack of health and medical check-ups before enrolling students in the schools. Principals were not careful about enrollment or the structures of the school buildings.¹⁸² To save money, school

¹⁷³ Lux, *Medicine That Walks*, 130-135.

¹⁷⁴ *Ibid.*, 132.

¹⁷⁵ “TRC Volume 2 Canada’s Residential Schools: The History, Part 1, Origins to 1939,” 487-510.

¹⁷⁶ Daschuk, *Clearing the Plains*, 175.

¹⁷⁷ Milloy, *A National Crime*, 262.

¹⁷⁸ In 1922, Dr. P.H. Bryce published a pamphlet through the Ontario Provincial Tuberculosis Commission, entitled *The Story of a National Crime being an Appeal for Justice to the Indians of Canada*.

¹⁷⁹ Milloy, *A National Crime*, 51.

¹⁸⁰ *Ibid.*, 52.

¹⁸¹ *Ibid.*, 87.

¹⁸² *Ibid.*, 88.

officials put too many students into small rooms, sealed windows to save heat, and distributed inadequate food.¹⁸³

An important question remains as to why the DIA expressed a lack of responsibility for the TB related morbidity and mortality rates among indigenous peoples. According to Miller, “it was because the problem was systemic, rooted in the administrative structure that the government had developed.”¹⁸⁴ This systemic neglect was only probed by some, such as Bryce.¹⁸⁵ Nevertheless, for the most part, commission reports had limited political implications that favored indigenous peoples, and any recommendations were not pursued, nor implemented. Ottawa as the governmental center remained absent in discussions about responsibility and possible response.¹⁸⁶

The recent reports of the TRC commission in Canada again designated TB as the major problem for reserves and schools.¹⁸⁷ It was only toward the end of the period analyzed that “the government opened four school sanatoria by 1915.”¹⁸⁸ For almost half of the deaths, no cause of death was recorded. Nevertheless, for those recorded, tuberculosis was by far the most prevalent cause of death.¹⁸⁹ Moreover, it is with certainty that many “unknown” school children and indigenous people died of unreported TB related infections or related symptoms.

1.4 Inadequate Remedies

In the period between 1900 and 1915, the general knowledge on the transmittance of TB related diseases, bovine TB transmitted from livestock, and the sanitariums for white people was less than today. Nowadays, it has been proven that TB existed on the American continent before European contact. “Jane Buikstra’s edited volume *Prehistoric Tuberculosis in the Americas* showed beyond a doubt that tuberculosis was endemic to the New World, present long before the arrival of Europeans.”¹⁹⁰ Nevertheless, the DIA Annual Reports after 1910 even give some indication of TB related diseases being different than the European introduced epidemics.

¹⁸³ Miller, *Shingwauk’s Vision*, 134.

¹⁸⁴ *Ibid.*, 133-135.

¹⁸⁵ Marie Sproule-Jones, “Crusading for the Forgotten: Dr. Bryce, Public Health, and Prairie Native Residential Schools,” *Canadian Bulletin of Medical History*, 13.2 (1996): 199–224.

¹⁸⁶ Miller, *Shingwauk’s Vision*, 304-307.

¹⁸⁷ *Canada’s Residential Schools: The History, Part 1 Origins to 1939. The Final Report of the Truth and Reconciliation Commission of Canada Volume 1* (Montreal, Kingston, London, Chicago: McGill-Queen’s University Press, 2015) 140.

¹⁸⁸ *Ibid.*, 150-152.

¹⁸⁹ Lack of medical knowledge or officials determining the cause of death of these residential school children results in the ambiguity of these percentages and figures; *ibid.*, 376-377.

¹⁹⁰ Buikstra, ed., *Prehistoric Tuberculosis in the Americas*; Daschuk, *Clearing the Plains*, 2.

However, the DIA chose to deny this and TB related diseases were often compared to measles and smallpox as a virgin soil disease, rampaging the “Indian” race.¹⁹¹

The general public might not have been aware of the origin of TB despite some medical research presented in the DIA reports and years after. However, it is a fact that there is evidence of TB as an environmentally enhanced disease dating back 1,000 years ago.¹⁹² The public and DIA officials were also unaware until about 1912 that domesticated cattle, more than wild herds, often carried TB. “TB is a disease triggered by poverty and malnutrition; those indigenous peoples who relied on the herds were less prone to it [...]. However, with the introduction of domesticated cattle infected with bovine TB to replace the herds, plains peoples were more prone to contract TB.”¹⁹³ Even though unaware, DIA policy introduced bovine TB among indigenous peoples as well. Roberts and Buikstra argue that the intersection of poverty and infection from animals “probably contributed most to its occurrence [TB] in past populations.”¹⁹⁴ Despite increased medical knowledge already in the period 1900-1915, DIA officials clung to scientific racism and savagery to explain the transmittance of TB related diseases.

TRC reports illustrate that domesticated milk cows that were meant to feed residential school children showed signs of tubercular infection.¹⁹⁵ Even though milk was not part of the traditional indigenous diet, medical experts saw it as essential to children’s diet, especially those in the TB risk group.¹⁹⁶ However, “government officials of the day had no knowledge of the high degree to which Aboriginal people experienced lactose intolerance, a condition that can lead to a variety of digestive disorders.”¹⁹⁷ These digestive disorders often preceded TB related infections.

In general, tuberculosis is a bacterial infection. “While often associated with the lungs, it can affect almost any organ or tissue.”¹⁹⁸ Until the TB reached the final stages, most people did not experience symptoms, or only of a respiratory nature similar to a cold. More importantly, it is an environment-specific disease. “Whether it develops once a person becomes infected depends on [...] living conditions (including overcrowding) and quality of nutrition.

¹⁹¹ Virgin soil theory refers to a disease epidemic during first contact to which people have no resistance or immune system.

¹⁹² Daschuk, *Clearing the Plains*, 135.

¹⁹³ Buikstra, *Prehistoric Tuberculosis in the Americas*; Daschuk, *Clearing the Plains*, 8-9.

¹⁹⁴ Daschuk, *Clearing the Plains*, 10.

¹⁹⁵ “By the late nineteenth century, Canadian health officials were well aware of the close link between diet and health. [...] [O]fficials believed that children who were at risk of developing tuberculosis should have access to a good supply of whole milk. A key element in sanatorium treatment, in addition to rest and fresh air, was the provision of nutritious meals – including large servings of milk. 487. Source 1: TRC, NRA, Library and Archives Canada, RG10, volume 6039, file 160-1, part 1, Martin Benson to J.D. McLean, 15 July 1897. [100.00109].

¹⁹⁶ The living conditions and health status of cows on these residential schools often proved insufficient causing for instance cows to develop tubercular diseases; *ibid.*, 494.

¹⁹⁷ *Ibid.*

¹⁹⁸ Lux, *Medicine That Walks*.

Sufficient food, warm clothing, and adequate housing are the three best guards against tuberculosis.”¹⁹⁹ These prescriptions against the bacterial infection were out of reach for indigenous peoples.

Between 1900 and 1915, indigenous health did not improve much. This was due to government policy at the time, but also because of previous government policy. Since the 1870s, government neglect caused epidemics and famine, which resulted in lowered immune systems among indigenous peoples. It was already apparent in the nineteenth century that (lack of) food influenced the overall health of the reserve populations. Despite this, DIA officials argued that the illnesses reported on by physicians were caused by indigenous peoples’ “immoral habits” and were self-imposed.²⁰⁰ Nevertheless, it was the structural deprivation that made small infections and malnutrition result in increased mortality and morbidity rates.²⁰¹ Especially high infant mortality rates further indicate the role deteriorated living conditions played in overall mortality rate.²⁰²

Already in the 1890s, Dr. Neville Lindsay determined TB as the prevailing ailment among indigenous subjects. He prescribed medicine “together with plenty of nutritious food, comfortable clothing, physical labour or exercise in the open air in good weather, and roomy dwellings for winter, well ventilated.”²⁰³ However, this was only reserved for the wealthiest white people. Instead, indigenous peoples only got limited tent dwellings.²⁰⁴ Race and class intersected causing a lack of treatment.

DIA officials also discouraged the use of indigenous medicine and ritual dances. Traditions of ritual dancing were perceived as the greatest threat to health, as “the practice of continual dancing, stirs up the dust which the promiscuous expectoration of the affected has charged with germs, and at the same time stimulates respiration.”²⁰⁵ This is connected to the DIA’s perception that ill health among indigenous peoples was caused by their ignorance in child raising, food preparation, and unchristian premature marriages.²⁰⁶ Savage ignorance therefore served the DIA’s assimilationist agenda denouncing tradition-based ways of living.

Only knowledge on the transmittance of TB increased spending by the DIA. Minor investments were only made out of fear of TB transferability to white people.²⁰⁷ Until 1945 “the Alberta Indian Association was blaming the high tuberculosis rates among its people on the poverty, overcrowded housing, and malnutrition on reserves.” Nevertheless, segregation

¹⁹⁹ Ibid., 52-53.

²⁰⁰ Ibid., 55.

²⁰¹ Ibid., 56-58.

²⁰² Ibid.

²⁰³ Ibid., 74-76.

²⁰⁴ Lux, “Perfect Subjects: Race, Tuberculosis.”

²⁰⁵ Lux, *Medicine That Walks*, 98.

²⁰⁶ Ibid.

²⁰⁷ Ibid., 198.

from white communities made health policy less urgent. “Successive Canadian governments continued to see the disease as the cause, rather than the symptom, of a much larger economic and political problem.”²⁰⁸

This belief in the hereditary cause of sickness among indigenous peoples spearheaded by Dr. Ferguson decreased government intervention.²⁰⁹ Ferguson concluded that fluctuations in mortality rates were tied to the transition from the life of hunters and warriors to that of state-aided dependents.²¹⁰ Moreover, race heredity was combined with blood quantum in the analysis of TB among three generations of indigenous people on the Qu’Appelle and File Hills reserves. “Mortality from tuberculosis on the reservation has been higher amongst the full bloods [and] infusion of white blood increased the resistance of the offspring to fatal TB.”²¹¹ In general according to Ferguson, “the Indians of the Plains are universally tuberculized [*sic*].”²¹²

Sanitary reformers between 1900 and 1915 were initially preoccupied with the incorporation of public health protection for Euro-Canadians in the new political structure. The sanitary idea persisted and was tied up with moral codes on hygiene to prevent the spreading of disease through “bad air” or immoral behavior.²¹³ Class, race, and morale shaped the ideas on disease among indigenous peoples. Even though “long-standing beliefs about disease transmission were replaced with new understandings about personal hygiene, prevention through vaccination and early diagnosis and treatment,” for indigenous communities these new understandings were often not applied, and vaccination against TB only emerged after the Second World War.²¹⁴ In fact, it was acknowledged in medical circles that “we are not making full use of the scientific knowledge of the age in preventing many forms of disease.”²¹⁵

Although the Canadian Association for Prevention of Tuberculosis was initiated in 1901, new bacteriological understandings were only embraced by some medical and social elites. These people were unconcerned with the fate of indigenous groups in Canada. The rural and working classes, often illiterate, stuck with beliefs and fatalistic frames toward infectious diseases.²¹⁶ The DIA followed public perception and, above all, sought to keep federal spending low.²¹⁷ Moreover, public relations campaigns on “public education by having a traveling tuberculosis exhibit developed, with charts, maps, photographs, sanatorium models,

²⁰⁸ *Ibid.*, 199.

²⁰⁹ R. G. Ferguson, “Tuberculosis among the Indians of the Great Canadian Plains.” (Trans. Fourteenth Annual Conference of the National Assoc. for the Prevention of Tuberculosis, London, 1928), 1-51.

²¹⁰ *Ibid.*, 49.

²¹¹ *Ibid.*

²¹² *Ibid.*

²¹³ Christopher Ruddy and Sue C. Sullivan, “This is Public Health: A Canadian History,” CPHA 100: Celebrating A Century Of Public Health Leadership, *The Canadian Public Health Association* (Ottawa: 2010).

²¹⁴ *Ibid.*

²¹⁵ “Dominion Bureau of Health,” *Canada Lancet* 41 (7) (March 1908): 549–50; “A Federal Department of Health.”

²¹⁶ Ruddy and Sullivan, “This is Public Health.”

²¹⁷ S. Grzybowski and E.A. Allen, “Tuberculosis: 2. History of the disease in Canada,” *Canadian Medical Association Journal* 160 (1999): 1025–28.

and demonstrations of the value of fresh air,” were only for Euro-Canadian audiences.²¹⁸ New public health tools and government financing were not at all connected to indigenous communities or DIA budget.²¹⁹

All in all, for the period 1900 to 1915, medical help and treatment of TB for indigenous peoples was practically nonexistent. The general image of the uncivilized savage remained and served as justification mechanism for government policy. On reserves, in schools, and in medical circles only a few voices emerged to claim of the contrary. General budget cuts and assimilative policies alienated indigenous peoples, causing high mortality and morbidity rates.

Conclusion

This chapter on indigenous reserves and schools, medical knowledge, and government policy presented how and why the health disparity gap between indigenous peoples and white “mainstream” Canada came into existence. The perspectives discerned through the use of medical reports and academic research reveal how the Canadian government and DIA continuously did the least possible. Incentives to spend as little money as possible on indigenous peoples intersected with ideas of assimilation and development of the race. Only the public health scare toward the 1910s caused limited increased DIA spending. Strong ideas of race heredity, and lingering notions of doomed race theory prevailed, which perceived “Indians” were destined to get sick. In addition, ideals of indigenous assimilation determined disease as a logical consequence of race struggle. Nevertheless, the high mortality and morbidity rates can be directly related to government and DIA policy. The demise of the bison, broken treaties promises, and neglect from the administrator were rarely acknowledged.²²⁰

²¹⁸ “This is Public Health: A Canadian History.”

²¹⁹ Ibid.

²²⁰ Lux, *Medicine That Walks*, 30; Daschuk, *Clearing the Plains*, xix-xx.

2. The Denial Papers

*Paper constitutes not only the bloodstream of an organization but also its memory.*²²¹

According to Canadian historian Bill Russell, the DIA's paper trail gives us more insight in the 1900-1915 period.²²² The paper archives teach us about policy today as well. The DIA, a clientele institution to the indigenous peoples between 1870 and 1920, was part of a national development time in Canada and the "maturation of government institutions."²²³ For the DIA, "it was in these years that an Indian policy defined in the Province of Canada before Confederation was carried east and west into a full national structure."²²⁴ A significant bureaucracy developed completely dedicated to policy implementation and refinement. This paper trail gives insight into government perceptions on indigenous peoples and what it deemed important to communicate to the public.

The DIA was the complete and sole administrative power between 1900 and 1915 when reporting on indigenous peoples in connection to health treatment and relief. Categorizations of race and class were used uncritically, and this institutionalized indigenous peoples as lesser than the white Euro-Canadian norm. Problematic is the lack of awareness DIA officials had of these processes for the future. This chapter offers the primary source analysis to discern which perspectives on indigenous peoples can be detected in the DIA Annual Reports connected to tuberculosis, consumption, and scrofula between 1900 and 1915. In which ways did the DIA frame indigenous peoples and issues of health? This analysis seeks to illuminate the processes of institutionalized racism and how the disparities in health between indigenous peoples and Euro-Canadians was framed. This chapter is a necessary step to further problematize contemporary notions of the socio-economic health gap between indigenous and white "mainstream" Canadians and the role of the Canadian government in keeping this situation unaltered.²²⁵

2.1 History Writers

The Canadian government and the DIA were guided by a general moral of administrators centered on efficiency and rationality. "The overriding preoccupation of the Victorian bureaucrat with economy and efficiency in all aspects of departmental administration had a major impact on records-keeping operations."²²⁶ Rationalization, centralization, and the

²²¹ J.E. Hodgetts, *The Canadian Public Service: A Physiology of Government 1867-1970* (Toronto, 1973), 29.

²²² Russell, "White Man's Paper Burden," 50.

²²³ Smith, *Liberalism, Surveillance, and Resistance*, 93.

²²⁴ Ibid.

²²⁵ Russell, "White Man's Paper Burden," 51.

²²⁶ Ibid.

resistance to change in light of efficiency and economics, created the DIA's ideology, and formed the ways in which indigenous peoples were described and policed.²²⁷

The DIA saw its records on assimilative progress as part of writing history for future generations. The DIA believed their work had more value than other departments, and its records had to be "kept intact for historical purposes as an example to future generations."²²⁸ One example regarding the value of the DIA's work, was its reluctance to dispose of any files. The DIA's chauvinism created the feeling of uniqueness and historical importance.²²⁹ Historians Smith and Russell agree. "Functionaries of the DIA [...] had a romantic impetus for data collection."²³⁰

This chauvinism, according to Russell, was guided by the DIA's feeling of responsibility to its wards. They perceived a moral and legal responsibility to the indigenous people and future generations or the "White Man's Burden."²³¹ The idea of the white man's burden in the administrative body of the DIA had consequences for its subjects. Especially since the DIA was responsible for all aspects of Indian life between 1860 and 1914. The length and the number of records created during this time "reflect the all-encompassing mandate of its operations."²³² The DIA records formed the Euro-Canadian version of written history on indigenous peoples.

According to Canadian anthropologist Noel Dyck, the DIA's coercive administration can be defined as an extreme form of guardianship.²³³ This coercive guardianship necessitated extensive record keeping and was part of an administrative tradition. This tradition meant the institutionalization of the "Indian problem" on paper. In fact, the provisions of the 1857 Gradual Civilization Act allowed the Euro-Canadian administration to transform racist assumptions about indigenous peoples into an all-encompassing administrative reality.²³⁴ Moreover, indigenous resistance to these coercive policies was automatically explained by the DIA as evidence of indigenous peoples' lack in development. This lack validated coercive guardianship and policies of assimilation.²³⁵

Guardianship on this big of a scale warranted extensive paper administration. The DIA records present every aspect of the administration of indigenous affairs in a top-down

²²⁷ Smith, *Liberalism, Surveillance, and Resistance*, 93-130.

²²⁸ *Ibid.*, 95-96.

²²⁹ Russell, "White Man's Paper Burden," 63.

²³⁰ Smith, *Liberalism, Surveillance, and Resistance*, 94.

²³¹ Russell, "White Man's Paper Burden," 52.

²³² Before 1900, the DIA knew many relocations and reclassifications. In the 1870s, a period of transition emerged concentrating administration in Ottawa. The record keeping business saw the emergence of the file system called the Red Series that would last until the 1920s. In the 1890s, the branch was expanded and the creation of a file-subject index emerged; *ibid.*, 53.

²³³ Dyck, *What is the "Indian Problem,"* 3.

²³⁴ It needs to be mentioned that these "Indian" categories themselves exclude many "non-status" indigenous peoples as well.

²³⁵ *Ibid.*, 135-136.

analysis.²³⁶ Motives for this were record keeping for future generations, intelligence gathering, and to keep rebellion in check, or contain possible dissatisfaction on the ground with the assimilative policies. One of these policies was the rehabilitation project, which meant the forced relocation of indigenous groups.²³⁷ Administrative control minimized public discontent.

The control by the DIA formed part of a web informed by liberalism and market economics. Liberalism and capitalism created the “structures that continue to oversee the life-threatening material conditions faced by many Indigenous peoples in Canada.”²³⁸ Liberalism in prairie Canada justified the measures taken to remove indigenous peoples from their territories in order for settler capitalism to develop. This ideology of chauvinism, liberalism, and capitalism is not only an ideological formation. This ideology brought with it “acts of power directly affecting people’s lives.”²³⁹ The paper trail and diagnostic frames made in the DIA Annual Reports between 1900 and 1915 affected people then, but also form a continuous process of indigenous subjugation to health and socio-economic disparities under capitalist liberalism today.

The DIA initiated this continuous process excluding indigenous peoples. “Indigenous peoples, like children, were not considered part of the Canadian ‘civilized community’ and so were not entitled to the liberal protections against state interference that were guaranteed to others.”²⁴⁰ Consequently, indigenous peoples became almost completely dependent on governing structures and DIA data collection. Moreover, the DIA’s data collection was also prone to sloppiness and manipulation to provide the best portrait of the assimilation project.²⁴¹

In 1909, examples were given of the defective state of the DIA Annual Reports. “Returns as a whole are defective; [...] figures are manifestly defective, it may be said that altogether the bands [...] are infected with tuberculosis to an extraordinary degree.”²⁴² This problematizes the death rates mentioned, and, in combination with the recurring entries from some agencies in southern Alberta, the Annual Reports lose credibility. The rates of TB related deaths are dubious, too low, or unreported. “If all the unreported cases were recorded, or an

²³⁶ Smith, *Liberalism, Surveillance, and Resistance*, 1.

²³⁷ According to Smith, the DIA did its best to hush conflicts and Ottawa was busy in maintaining an image of friendly relations and the public image of religious equality. Moreover, critical voices were hushed as well to uphold this image by church and state alike. The best situation for the DIA and its objective of assimilation and development of the west was meek and quiet peace. Smith discerns the diagnostic framing of the DIA grounded in the idea of stimulating migration and pacifying the “Indian” not to have a situation signified by military conflict and high economic costs, as in the U.S.; *ibid.*, 2.

²³⁸ *Ibid.*

²³⁹ *Ibid.*, 2-4.

²⁴⁰ *Ibid.*, 11.

²⁴¹ *Ibid.*, 30.

²⁴² Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1909” (Ottawa, 1909), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports, 452.

estimate made of the number of cases as judged by the total number of deaths from the disease during the year, it is certain that a yet larger number of cases would be found.”²⁴³ This makes the reports in total questionable as to whether they reflected on anything that genuinely happened on reserves and in schools. Policy was, therefore, not only based on broken treaty promises, but also conducted and reported on with manipulated information.

In fact, throughout the Annual Reports, a pattern stands out, as some of the entries featured in the Annual Reports appear to be standard entries or sentences copied for each year. One such an entry is: “There are still a number of cases of consumption and scrofula on these reserves, for which but little can be done; otherwise the health of the band has been good. Sanitary precautions have been well attended to, and their houses are kept neat and clean.”²⁴⁴ Question remains if this was used by the Indian agent reporting or filled in by the DIA when something was missing or not in line with policy.

Therefore, the DIA’s political perceptions, descriptions, and categorizations, illuminate more about the Euro-Canadian views on the “Indian” than about indigenous peoples themselves. The DIA’s paper trail is “constructed in accord with culturally accepted philosophical tenants, discursive patterns, Euro-Canadian categories and indices, Christian morality, capitalist values, and liberal objectives.”²⁴⁵ DIA policy was instructed by the image Euro-Canadians themselves had fabricated of non-Euro-Canadians.

This exclusion of indigenous peoples, or the boundary constructed between the Euro-Canadian and the indigenous peoples by the DIA was not a fixed boundary. To maintain the exclusionary mechanisms of the administrative system toward the indigenous peoples the boundary was and is flexible through time. The DIA aligned the mechanism of indigenous exclusion to public opinion and societal norms and values.²⁴⁶ The archival texts only provide the subjective constructs from the dominant and one-sided government structure. These DIA constructs of what they perceived about indigenous peoples and disease changed in form but remained exclusionary.

Beginning in the nineteenth century, the DIA, through varied tactics, established administrative regions that institutionalized and organized the supervision and reform of indigenous peoples.²⁴⁷ Even though the objective of assimilation was continuous, the methods varied in place and time.²⁴⁸ The DIA organization had to be present in all aspects of indigenous lives to assimilate and monitor progress. This meant first contact between indigenous peoples

²⁴³ Ibid., 468.

²⁴⁴ Almost every Annual Report contain these general sentences for the prairie provinces, especially for the Blood, Blackfoot and Peigan reserves.

²⁴⁵ Smith, *Liberalism, Surveillance, and Resistance*, 31.

²⁴⁶ Stoler, *Race and the Education of Desire*.

²⁴⁷ Smith, *Liberalism, Surveillance, and Resistance*, 49.

²⁴⁸ Ibid., 51.

and the DIA was through Indian agents, who were monitored by inspectors, who were supervised by superintendents/commissioners, who had to answer to the deputy superintendent general, who had to justify to the cabinet minister, who was also the superintendent general of Indian affairs.²⁴⁹ Besides this hierarchy, the individuals had room for maneuver due to the geographic distances and the infrequent contact between officials.

Even though the different levels in the hierarchy of the DIA policed one another, individuals could be tyrants and expose indigenous peoples to vile treatment. Moreover, in case of conflict, agents acted as complainant, prosecutor and presiding judge serving the DIA's interests or at least those of themselves. In the case of TB, it was the inspectors who had to supervise health and relative development of indigenous peoples on reserves.²⁵⁰ Nevertheless, surveillance, tempered by the economy, was rather more important than agricultural instruction or indigenous living conditions.²⁵¹ Vile treatment could as a result pass unnoticed.

The DIA's Annual Reports only displayed the collected information in line with DIA ideology. "While the department took all reports, vouchers, and statements seriously, the agent's annual reports were the most significant of all textual material."²⁵² These reports were written to serve the public and had a "scientific" character to make the DIA look credible, rational, and well-informed.²⁵³ As a result reports were manipulated and dressed up by Indian agents to meet the demands set by the DIA.²⁵⁴ Everything was controlled as failure of the DIA could discredit the DIA or federal politicians. This might cause "public scrutiny, and eventually bring DIA objectives and policy into question."²⁵⁵ As such, DIA policy was part of the Canadian bureaucracy, which was designed to "remove First Nations from as much land as possible, while at the same time keeping expenses and overt resistance to a minimum."²⁵⁶

2.2 All about Perspective

The primary source analysis displayed in table 1 is indicative of the Canadian bureaucracy between 1900 and 1915. Analysis of the DIA Annual Reports found that the words "tuberculosis", "scrofula", or "consumption" or related spellings, appeared more than 1,805 times in more than 14,400 pages.²⁵⁷ These occurrences can be divided in seven thematic

²⁴⁹ Carter, *Lost Harvests*; Leslie, "The Indian Act: A Historical Perspective."

²⁵⁰ Smith, *Liberalism, Surveillance, and Resistance*, 106.

²⁵¹ Ibid.

²⁵² Ibid., 115.

²⁵³ Ibid., 115.

²⁵⁴ Ibid., 116.

²⁵⁵ Ibid., 121.

²⁵⁶ Ibid., 220.

²⁵⁷ As there is one author for this piece, the reliability of this research lies in the control and repeatability of the research that is readily available through the sources used and the transparent use of these sources.

categories, as seen in table 1. Category 1, for instance, consists of those hits referring to TB related diseases or deaths without a governmental diagnostic frame.²⁵⁸

For the presentation of the frames, the following diagnostic categories are clustered: category 1, word occurrences; category 2, sickness due to race or hereditary proneness; category 3, general sanitation and ventilation; category 4, in-house cleanliness and conditions; category 5, personal moral, weather, and food; category 6, level of assimilation or civilization; category 7, miscellaneous. It is important to determine what kind of diagnostic frames prevail, how they are used as justification mechanisms, and whether they comply with existing academic research and medical knowledge of the period 1900 to 1915.

Yet, it must be noted that diagnostic framing itself is colored by the master narrative or primary frame of how the DIA and its officials saw and categorized the world. The Canadian governance structure and Euro-Canadian worldviews were determined by scientific racism and the indigenous race seen as being in a stage of savagery. This “natural” state, however, is a social construct, while perceived as physical or biological science.²⁵⁹ Though a subjective perspective, many people believed in the scientific truth of racism between 1900 and 1915.²⁶⁰

The difficulty this might pose is the idea that Euro-Canadians and the DIA did not know better. Nevertheless, with the case study on TB related diseases as an environmentally enhanced sickness, and the neglected treaty responsibilities this case study goes past issues of race alone. Race linked to class, especially in Canada, proved that officials were aware of how political, economic, and socially determined circumstances such as malnourishment, overcrowding, and disease caused the socio-economic and health disparity. Moreover, medical development and TB treatment in tented camps indicates a level of accountability as well. Scientific racism as a primary state might exclude guilt or blame for unintentional neglect between 1900 and 1915 for the DIA or the general public. In connection to current socio-economic and health gaps in Canadian society of the twenty-first century this does not hold.²⁶¹

One of the expected outcomes for this case study, is defined by Goffman as ‘fortuitousness,’ meaning that events are most likely to be presented as incidentally produced or unanticipated as a way of neglecting the problem or guilt.²⁶² This is enforced by relevant factors, such as ideology, context, attribution perspective/responsibility, and temporality, which can affect framing outcomes.²⁶³ The DIA Annual Reports as a source often meant to instruct

²⁵⁸ Some years featured extensive entries by physicians or superintendents. However, in general, the DIA will be seen as the author.

²⁵⁹ Goffman, *Frame Analysis*.

²⁶⁰ Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-50*, “introduction.”

²⁶¹ It might be scientific racism and “ignorance” of the time acquits genocide from before the 1940s, however, it does not for after and current structural neglect and lack of governmental self-criticism. People such as Australian historian Keith Windshuttle deny a colonial past, which is questionable on its own. This research then claims for a colonial present.

²⁶² Goffman, *Frame Analysis*, 21-39.

²⁶³ Snow, Vliegthart, and Corrigan-Brown, “Framing the French Riots,” 389.

and inform public discourse on indigenous peoples. Public descriptions often display a bias derived from institutional resources, which the DIA was not free from.²⁶⁴ As Romy Froehlich and Burkhard Rüdiger argue, “the main goal of political public relations is the use of media outlets to communicate specific political interpretations of issues in the hope of garnering public support for political policies.”²⁶⁵ Logically, the DIA neglected problems or guilt.

The level of responsibility the DIA felt for high morbidity and mortality rates also depended on the relation with indigenous peoples and the image the DIA wanted to portray of itself and its responsibility.²⁶⁶ State actors such as the DIA were more likely to blame the indigenous peoples for TB infection and death rates than deem its own policies as responsible.²⁶⁷ Unfortunately, this is true for the period 1900 to 1915, as well as for today.

2.3 Government Fortuitousness

As shown in table 1, the most outstanding results are visible in category 1 and categories 3 through 5 combined.²⁶⁸ In short, this means government policy or DIA functioning was not blamed for the health and socio-economic deprivations indigenous peoples lived in. In fact, it shows blame was placed mostly with the indigenous peoples’ hereditary proneness to TB related diseases and with the idea of TB as a natural disease connected to a lack of assimilation and civilization.

²⁶⁴ Contextual trends in this case are such things as westward expansion, immigration rates, homesteaders, the Canadian Railway, and the direct proximity of indigenous peoples to Euro-Canadian peoples.

²⁶⁵ Froehlich and Rüdiger, “Framing Political Public Relations,” 8.

²⁶⁶ Snow and Benford, “Ideology, Frame Resonance, and Participant Mobilization.”

²⁶⁷ Snow, Vliegthart, and Corrigan-Brown, “Framing the French Riots,” 390-391.

²⁶⁸ The analysis of the DIA Annual Reports includes reports on TB related diseases outside of the Canadian prairies as well. However, this is because of the annual public character of the reports not an issue as it furthermore underscores the general perceptions of causality and TB related diseases among indigenous peoples by the DIA.

In the Annual Reports of the years 1900 to 1916, ending in March 1916, “consumption” and “scrofula” as variations of tuberculosis were often connected to a lack of sanitation or seen as inherent “Indian” diseases. Some variations of tuberculosis, however, were also diagnosed as a “white” disease. Nevertheless, the DIA categorizations of “Health” or “Health Conditions” grouped together with “Sanitation” or “Sanitary Conditions” does indicate TB infection was perceived as related to a lack of sanitation.²⁶⁹

The Annual Reports DIA Canada 1900 - 1916 search words 'tuberculosis', 'scrofula', and 'consumption' per year															
Year	Total	Cat. 1		Cat. 2		Cat. 3		Cat. 4		Cat. 5		Cat. 6		Cat. 7	
1900	68	10	14.7 %	15	22.1 %	37	54.4 %	3	4.4 %	2	2.9 %	-	1	1.5 %	
1901	68	14	20.6 %	19	27.9 %	25	36.8 %	6	8.8 %	3	4.4 %	-	1	1.5 %	
1902	74	31	41.9 %	13	17.6 %	16	21.6 %	6	8.1 %	1	1.4 %	4	5.4 %	3	4.0 %
1903	93	40	43.0 %	15	16.1 %	17	18.3 %	8	8.6 %	4	4.3 %	7	7.5 %	2	2.2 %
1904	99	34	34.3 %	16	16.2 %	22	22.2 %	18	18.2 %	5	5.1 %	2	2.0 %	2	2.0 %
1905	99	36	36.4 %	17	17.2 %	17	17.2 %	16	16.2 %	6	6.0 %	5	5.1 %	2	2.0 %
1906	150	67	44.7 %	22	14.7 %	29	19.3 %	18	12.0 %	3	2.0 %	5	3.3 %	6	4.0 %
1907	110	37	33.6 %	19	17.3 %	24	21.8 %	13	11.8 %	12	10.9 %	2	1.8 %	3	2.7 %
1908	133	56	42.1 %	19	14.3 %	18	13.5 %	23	17.3 %	9	6.8 %	7	5.3 %	1	0.8 %
1909	124	63	50.8 %	13	10.5 %	23	18.5 %	15	12.1 %	4	3.2 %	3	2.4 %	3	2.4 %
1910	151	77	51.0 %	15	9.9 %	25	16.6 %	17	11.3 %	7	4.6 %	8	5.3 %	2	1.3 %
1911	141	60	42.6 %	11	7.8 %	23	16.3 %	21	14.9 %	18	12.8 %	6	4.3 %	2	1.4 %
1912	144	74	51.4 %	12	8.3 %	19	13.2 %	22	15.3 %	11	7.6 %	4	2.8 %	2	1.4 %
1913	124	71	57.3 %	12	9.7 %	20	16.1 %	12	6.7 %	7	5.6 %	1	0.8 %	1	0.8 %
1914	68	33	48.5 %	5	7.4 %	15	22.1 %	11	16.2 %	4	5.9 %	0	0	0	0
1915	85	41	48.2 %	7	8.2 %	17	20.0 %	14	16.5 %	4	4.7 %	1	1.2 %	1	1.2 %
1916	74	39	52.7 %	10	13.5 %	13	17.6 %	7	9.5 %	4	5.4 %	1	1.4 %	0	0
	1,805	783	43.4 %	240	13.3 %	360	19.9 %	230	12.7 %	104	5.8 %	56	3.1 %	32	1.8 %

1: Results DIA Annual Reports 1900-1916,²⁷⁰ pink indicates the highest percentage of the given year, orange indicates the three categories in relation to hygiene.

2.3.1. A Natural Disease

The high percentages in category 1 indicate TB related diseases were only mentioned. DIA officials often indifferently specified the number of people that died on reserves each year. For instance in 1905, TB, scrofula, and consumption were only briefly mentioned, only at times specified as a death of a boy or a girl, an elderly person, or by a number.²⁷¹ All reports featured

²⁶⁹ The hits counted in table 1 referring to TB, consumption, or scrofula are counted per diagnostic frame or causality. For example, in 1904 mention is made of “scrofulistic tuberculosis”. The description that follows signals both category 3 and 4 on sanitation and the standard of living conditions. “These people look after sanitation closely, keening the surroundings of their houses clean and tidy, while as to the interiors, I always find them clean and neat. Most of the houses that I eat my lunch in, when visiting the reserves, lay the table with a nice white tablecloth and other table necessities (302).” This refers both to sanitation outside as it points to the interior appropriate for indigenous peoples on reserves. This does not yet refer to the assimilation or civilization frame of category 6, which more directly frames living conditions and disease as part of the road to white civilization and actively compares to white households.

²⁷⁰ All the Annual Reports have been transcribed and put in PDF format by the Canadian Archives.

²⁷¹ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1905” (Ottawa, 1905), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports.

general descriptions of TB, consumption, and scrofula, being “most pervasive,” “most prevalent,” or the “scourge of the Indian.” Health was continuously linked to a general “Indian problem.”

TB related diseases were seen as something inherent or biologically determined. Even though category 2 on race does not reveal this perception, the first category indicates the “normal” inherent proneness to disease the DIA ascribed to indigenous peoples. “Tuberculosis and scrofula continue to make inroads upon the race, but where tent hospitals have been introduced, and nursing as well as medical and surgical treatment has been provided, there has been a gratifying check to those dread scourges of the aborigines.”²⁷² The “scourge” of the indigenous people could only be contained or limited through sanitary precautions and isolation.

TB related diseases as the scourge of the “Indian” were furthermore explained through scientific racism and the stage of development indigenous peoples were supposedly in. “The high death-rate is attributed chiefly to the presence of tuberculosis and kindred scrofula, aggravated by the conditions attending the earlier stages of transition from the aboriginal to the civilized environment.”²⁷³ This causality of development perceived as necessary by the white governance structures served as a justification mechanism for the lack of aid for the indigenous population, as these diseases are natural to any people in a state of transition. Nevertheless, DIA indirectly confessed that forced government policy of assimilation into civilization aggravated TB and kindred diseases among indigenous peoples.

The DIA categories in which TB, scrofula, or consumption were mentioned often combined remarks on the overall health of indigenous peoples and the lack of epidemic diseases with the “usual” TB related diseases. TB, scrofula, and consumption were denied as being epidemic diseases, but were met with the same sanitary precautions. TB related diseases were “normal” for indigenous peoples and therefore not epidemic but common due to their “immoral” ways of living. As an argument it was frequently put forward that TB appeared “naturally” on all reserves irrespective of DIA policy.

The normalcy of disease was connected to ideas about the indigenous race. According to the Treaty 8 Indian agent, “consumption and scrofula are the two inherent tendencies in the Indian constitution that make up the major portion of his ailments, either direct, or indirect, and when coupled with unnecessary exposure [...], the combination is one not tending to the

²⁷² Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1907” (Ottawa, 1907), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports, 302.

²⁷³ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1905,” 31; 429.

physical well-being of the aborigines.”²⁷⁴ According to DIA officials, “Indians” were not “fully adapted [...] to their new environment, and that the process of selection under the law of ‘survival of the fittest’ seems to be still in operation.”²⁷⁵ Full assimilation to a new environment had to be achieved gradually for indigenous peoples to form “constitutional resisting power to infection.”²⁷⁶ However, this gradual improvement had to be done in a self-sufficient way with almost no money from the DIA and by living in tents in case of disease.

2.3.2. *Lessons in Hygiene*

The third category “lack of sanitation,” and the fourth category “living conditions,” were often connected to ideas of “indigeneity.”²⁷⁷ This “indigeneity” or perceived weak constitution of “Indians,” together with lack of sanitation and uncivilized ways explained the high illness rates for the DIA. In the Annual Report of 1901, the idea that malnutrition and poor housing added to the weak constitution of “Indians” made TB “the great enemy of the Indian.”²⁷⁸ In fact, immoral living conditions were often created by forcing indigenous peoples in western housing formulas that had not completely succeeded. This resulted in poorly constructed houses that lacked garbage and feces disposal or ventilation.²⁷⁹ In fact, DIA policy created living conditions and lack of sanitation in the first place.

Nevertheless, “savage” living conditions were increasingly condoned as living in tents proved to decrease the number of consumption, scrofula, or TB patients and became a sanitary precaution. According to the Indian agent of Enoch’s band, “it is a well-known fact that when they [“Indians”] are living practically in the open air, during spring, summer and autumn, their health is very much better,” however, “their mode of living, their feast and waste one day, compulsory fast the next, wet feet and often wet clothes, which are slept in, and their immoral lives,” logically cause “scrofula and consumption, the bane of the Indian.”²⁸⁰ In sum, even though indigenous ways of living in tents were acknowledged as beneficial to the general health, the DIA concluded that the immoral ways of the indigenous peoples caused TB.

²⁷⁴ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1901,” Archive (Ottawa, 1901), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports.

²⁷⁵ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1903” (Ottawa, 1903), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports.

²⁷⁶ *Ibid.*, 32.

²⁷⁷ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1900” (Ottawa, 1900), Library and Archives Canada, <http://www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports>.

²⁷⁸ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1901,” Archive (Ottawa, 1901), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports.

²⁷⁹ *Ibid.*

²⁸⁰ *Ibid.*, 263.

This paradox in which living conditions in western housing formulas were either not civilized enough or called poor, while simultaneously uncivilized living in tents was the solution to TB related diseases puzzled some DIA officials. In the Annual Report of 1902, some Indian agents realized that, despite sanitary measures and precautions, “Indians” still suffered from tuberculosis.²⁸¹ The Indian agents in question did not know what to think of the prevalence of the disease even in communities who assimilated to a “white” standard. In the report of 1904, one Indian agent points out how despite sanitary regulations and the favorable living conditions compared to “their white neighbors,” indigenous peoples still suffered from consumption.²⁸² Regardless of this paradox, DIA policy was never questioned.

Mention of TB related deaths was often immediately followed by praise for excellent sanitation and ventilation circumstances, especially in schools. The school staff was not responsible as schools were “excellent” and “perfectly clean.” When pupils died at the schools, reports simultaneously praised the general health, sanitation of buildings, and the excellence of its staff. Blame was placed on the general constitution of indigenous peoples and their children instead. “The once robust and hardy constitutions of the Indians are becoming more and more degenerated, year after year, and in consequence more and more susceptible to contract this dreadful disease.”²⁸³ In contrast TRC reports and residential school memoirs today point out the degeneration that occurred in the schools.²⁸⁴ Moreover, the Annual Report of 1912 revealed how school administrations sent severely infected students home to prevent an increased death toll in school.²⁸⁵

The perceived “naturalness” whereby indigenous peoples were prone to TB related diseases was also connected to their biological lack of immunity to other diseases. For the years 1900 to 1915, the seventh category “miscellaneous” often referred to TB related diseases caused by other diseases such as gripe or measles. For instance in 1903, two miscellaneous cases

²⁸¹ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1902” (Ottawa, 1902), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports.

²⁸² Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1904” (Ottawa, 1904), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports.

²⁸³ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1903,” 171.

²⁸⁴ Bev Sellars. *They Called Me Number One: Secrets and Survival at an Indian Residential School*. (Vancouver: Talon Books, 2012); David A. Robertson, and Scott B. Henderson. *Sugar Falls: A Residential School Story*. (The King’s University: The Helen Betty Osborne Foundation, 2011); Joseph A. Merasty, David Carpenter. *The Education of Augie Merasty: A Residential School Memoir*. (University of Regina: University of Regina Press, 2015); Basil H. Johnston. *Indian School Days*. (Toronto: Key Porter Books, 1988); Theodore Fontaine. *Broken Circle: The Dark Legacy of Indian Residential Schools, A Memoir*. (Calgary: Heritage House, 2010); “They Came for the Children: Canada, Aboriginal Peoples, and Residential Schools,” (Truth and Reconciliation Commission Canada, 2012).

²⁸⁵ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1912” (Ottawa, 1912), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports, 448.

referred to one acute TB-related death caused by typhoid fever and one caused by influenza.²⁸⁶ In 1906, a general higher rate of infectious diseases such as the whooping-cough, scarlet fever, influenza, and measles was seen as explanation for increased TB infections among indigenous peoples.²⁸⁷ Perception seemed to be that indigenous peoples just got sick very often.

This inherent proneness to disease was furthermore connected to behavior. In prairie conditions, white people would be cured from TB, whereas the free and lazy indigenous peoples only got sick, therefore needing rigid structure and assimilatory regiments.²⁸⁸ The isolation and segregation in separate hospitals, tents, or wards was the alternative to the retreat sanitariums erected for white people.²⁸⁹ The objective of sanitary policies remained to destroy indigenous ways of living and achieve some level of civilization. "As to tubercular, scrofulous and kindred maladies, [...] all that need be said here is that general progress in the direction of civilization is gradually removing and imparting power to resist the conditions peculiar to the Indians."²⁹⁰ All in all, white behavior and civilized ways were perceived to eventually reduce the incidence of TB related diseases.

Civilization and the westward expansion would eventually save the "Indian." "Extending settlement is gradually bringing more and more of the hitherto outlying bands within reach of scientific aid, and marked results have been obtained from treatment in tent hospitals experimentally introduced into certain localities."²⁹¹ DIA officials believed progress would put a halt to TB among indigenous peoples. This line of reasoning is in direct opposition to the argument that those suffering from TB related diseases were those in close contact with western medicine.²⁹²

Precautionary policies delineated in all reports prevailed, and in many entries available, medical treatment and segregation policies were praised.²⁹³ Throughout the Annual Reports, the precautionary descriptions tended to become more detailed, not only referring to sanitation and ventilation, but more explicitly referring to outhouses, drainage systems, heating mechanisms, water supplies, food, clothing, and fire protection. Increased emphasis was placed on isolation and segregation of infected peoples from their houses, families, and reserves.

²⁸⁶ Department of Indian Affairs, "Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1903."

²⁸⁷ Department of Indian Affairs, "Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1906" (Ottawa, 1906), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports.

²⁸⁸ Department of Indian Affairs, "Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1908" (Ottawa, 1908), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports.

²⁸⁹ Lux, "Perfect Subjects: Race, Tuberculosis."

²⁹⁰ Department of Indian Affairs, "Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1907," 35.

²⁹¹ *Ibid.*, 35.

²⁹² Lux, "Perfect Subjects: Race, Tuberculosis;" Lux, *Medicine That Walks*.

²⁹³ Department of Indian Affairs, "Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1907."

Nevertheless, it is questionable if the “satisfactory functioning,” “appropriate,” and “considerable care” precautions were up to the standards provided to white middle and higher class Euro-Canadian peoples and their children. The economic sections in the Annual Reports after 1910 suggested otherwise as almost no money was spent on precautions or health care.²⁹⁴

2.3.3. *Opposing Medical Views*

The general sentiment put forward in the Annual Reports was the idea that tuberculosis was the bigger term to encompass consumption and scrofula.²⁹⁵ Treatments and operations on patients were mentioned more frequently after 1902, which might indicate previous cases were not seen by a doctor. This increase in attention occurred simultaneously with insights on TB, scrofula, and consumption as diseases spread by germs. The urgency of the possible spread of the disease might have warranted increased medical treatment to prevent the possible infection of white settlers in the area.²⁹⁶ Nevertheless, general understanding remained that TB, scrofula, and consumption were diseases similar in spreading and contagion to small-pox, measles, and whooping-cough and were treated with the same sanitary precautions and quarantine politics.²⁹⁷

In 1911, a new theory on the house fly as spreader of TB related diseases emerged.²⁹⁸ “House flies are now recognized as most serious carriers of the germs of certain diseases.”²⁹⁹ Even though this indicated spreading of the disease was not necessarily linked to behavior, the house fly only served as another indication of indigenous unhygienic behavior. After all, civilized households did not have house flies. The theory on the house fly also meant civilization was connected to class. Poor white communities were also living in unhygienic circumstances and suffering from TB related diseases more often.

In the report for 1905, these notions on class can be connected to race. TB related diseases prevailed among poor white communities in big cities. “When so comparatively little

²⁹⁴ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1910” (Ottawa, 1910), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports; Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1911” (Ottawa, 1911), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports; Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1912”; Department of Indian Affairs, “Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1913” (Ottawa, 1913), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports; Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1914” (Ottawa, 1914), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports.

²⁹⁵ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1903.”

²⁹⁶ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1902.”

²⁹⁷ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1904.”

²⁹⁸ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1911.”

²⁹⁹ *Ibid.*, 627.

has been achieved in combating the ravages of tuberculosis among the white race, it cannot be wondered at that the Indians continue to suffer greatly from this dread disease.”³⁰⁰ If even white people suffered, indigenous people even further behind in the stages of development naturally had to suffer the same or more. Indigenous peoples were assumed to suffer from TB related diseases based on their race, and class.

Physician P. H. Bryce made his first appearance as Chief Medical Officer of the DIA in the 1905 report pointing out that DIA policy was based on notions of race and class. TB and scrofula were constitutional diseases, and not the result of “contact of so-called civilized races with the native untutored races of the several continents.”³⁰¹ Bryce suggested increased government spending similar to policies for white communities would help. “We must have some means to isolate the patients, particularly those in the advanced stages [...] by isolating them, to have some cottages or a small consumptive hospital for winter accommodation, and then have tents, double-walled tents,” especially compared to the high standard of health regulations available in Canada and England.³⁰²

Another point of view featured in the DIA reports was that of physician A. G. Meindl. According to him, blame was on the indigenous peoples and their poor assimilation to reserve life. “The tendency which long ago was shown for these children of nature to imitate the vices rather than the virtues of, the white man, has proved the wisdom of placing the reserves distant from settlement, even from the standpoint of health.”³⁰³ Nevertheless, in contrast to the DIA’s ideas, Meindl saw development and westward expansion as degrading indigenous health. “Evidence is at hand that those bands which have remained roving bands of hunters and trappers have been, generally speaking, more free from disease than have been those who have adopted the settled manner of life on reservations.”³⁰⁴

Nevertheless, again DIA policy was not questioned. Disease was spread due to the half-hearted assimilationist policies carried out in which indigenous peoples had to adopt the western ways of living. Indigenous peoples had to remain distant health-wise according to Meindl as he blamed TB related prevalence on the failure of indigenous peoples to assimilate accurately.³⁰⁵ Of those indigenous people monitored by western physicians up to 1906 only one-third reached ages above forty.³⁰⁶

³⁰⁰ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1905,” 320.

³⁰¹ *Ibid.*, 468.

³⁰² *Ibid.*, 473.

³⁰³ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1906,” 431.

³⁰⁴ *Ibid.*

³⁰⁵ *Ibid.*, 432; Lux also determined western medicine and the doctors actually facilitated the spread of TB related diseases in *Medicine That Walks: Disease, Medicine, and the Canadian Plains Native People, 1880-1940*.

³⁰⁶ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended June 30, 1906,” 459.

In comparing DIA entries Bryce disagreed with Meindl. He saw the real problem in the unaltered causes of disease among indigenous bands more in connection with DIA policy.³⁰⁷ Hygienic prescriptions were not followed by those in charge on reserves and in schools. For instance, “in almost all [schools] there were present cases of tuberculosis of the scrofulous form, and in very few were there evidences of an adequate appreciation of the dangers threatening the other pupils [...]. Everywhere was too apparent the fear that their exclusion might lessen the per capita grant.”³⁰⁸ Lack of money caused deteriorated living conditions for the pupils as the minimal allowance from the DIA did not allow for investments other than bare necessities.³⁰⁹

In almost all instances, medical advice was ignored. DIA officials in 1907 claimed indigenous “blood appears to be so impure and so contaminated with scrofula,” not much could be done.³¹⁰ “Better” diet and “control” were the only policies implemented in most schools, but a “better” diet would mean dairy products, which later proved to be contaminated by TB as well.³¹¹ Moreover, medical knowledge on the digestive origin of TB infection was already mentioned in 1908. “Medical science now recognizes that it is digestive troubles due to improper food in infancy that not only cause many deaths from diarrhoeal diseases, but which also prepare through these inflamed tracts the tissues for the reception of the bacillus of tubercle, whether as actually tuberculous meat or milk, or from infected house faith and dust actually getting into the food through hands, dishes, & c.”³¹² This medical knowledge on TB infection in relation to government rations, cattle, and environmental living conditions was already available in 1908, circulated in DIA reports, and ignored.

Even ideas on the hereditary proneness to TB among indigenous peoples were partially declared unfounded in 1908. According to physician Dr. J. R. Walker, “tuberculosis among these Indians does not differ in any respect from tuberculosis amongst white people. [...] There is no inherent peculiarity which renders him more liable to infection from tuberculosis than is a white man under like circumstances.” Moreover, “a much larger proportion of these Indians than of the white people are infected with tuberculosis. This must be the result of external conditions that do not especially pertain to the Indian.”³¹³ The causal factor of TB infection among indigenous peoples was explained as external rather than primordial.

³⁰⁷ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1907,” 439.

³⁰⁸ *Ibid.*, 443.

³⁰⁹ *Ibid.*

³¹⁰ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1907,” 399.

³¹¹ The Truth and Reconciliation Commission of Canada, “They Came for the Children.”

³¹² Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1908,” 478.

³¹³ *Ibid.*, 479.

Additionally, as early as 1908 the DIA report featured entries in which TB was seen as a pre-contact disease. “Tuberculosis existed among these Indians before they came into contact with the white people, but at that time the disease was, rare among them and remained so until they changed their nomadic to a settled life in houses.”³¹⁴ TB and related diseases were perceived by some as not biologically new, but rather increased through European contact. “When they began to live in houses, tuberculosis began to increase among them, so that the conditions that caused this increase must have been different from those surrounding them when they lived in tepees.”³¹⁵ However, DIA and government policy still is not held accountable.

As a matter of fact, the 1908 report also denounced sanitary explanations as instigating TB infection. “They were filthy, both when they lived in tepees and when they lived in houses. [...] There is no evidence that this filth ever caused tuberculosis except when it was mingled with the specific germs of the disease.”³¹⁶ This specific germ and the germ theory that developed was still connected to ideas on indigenous peoples’ frail constitutions. These frail constitutions were further compromised by “the sudden change from their former way of living [...]. Another cause may be the diet.”³¹⁷ In spite of all these medical arguments physicians and DIA officials alike still blamed the “Indian” and not Euro-Canadian expansion or DIA policy. The idea of a logic progression of history prevailed and high morbidity and mortality rates among those in development to civilization was justified.

According to David Laird, Indian Commissioner in 1908, the DIA policies of assimilation were still deemed adequate. “It is to be hoped that [...] the failure of the hunt - which must become less and less dependable as a means of support as the area of settlement extends and railways spread over the country - and the restriction of Indian fishing incident to the extension of that industry commercially, will lead the Indians to the safe and ample means of livelihood afforded by the soil, through its cultivation and the pasturage of cattle.”³¹⁸ TB and related diseases needed to be conquered to achieve this level of civilization and “the purpose of making the Indian ultimately self-supporting.”³¹⁹ Self-sufficiency generally meant cutting expenditure on the indigenous peoples.³²⁰ In all, indigenous peoples were restricted in what means of support they could pursue following DIA policy, and had to achieve self-sufficiency in agriculture without funds.

³¹⁴ Ibid.

³¹⁵ Ibid.

³¹⁶ Ibid.

³¹⁷ Ibid., 485.

³¹⁸ Ibid., 330.

³¹⁹ Ibid., 329-337.

³²⁰ Lux, “Perfect Subjects: Race, Tuberculosis;” Lux, *Medicine That Walks*; Carter, *Aboriginal People and Colonizers of Western Canada*; Carter, “Two Acres and a Cow;” Carter, *Lost Harvests*; Simpson, “Chapter 1: Indigenous Interruptions;” Coulthard, *Red Skins, White Masks*; Alfred, *Wasáse: Indigenous Pathways*.

Moreover, in an indirect response to Walker, Bryce, and Meindl, Laird claimed development of unsanitary dwellings to white standards of living, and general assimilation had proven successful when conducted completely.³²¹ “There is a notion that the ravages of tuberculosis are a consequence of the change from the former roving life of the Indians under canvas to their now more sedentary conditions of existence and to their life in unsanitary and ill ventilated dwellings. [...] It is just such of those huts as remain that continue to afford rich breeding grounds for the germs of tuberculosis; and it cannot be too strongly insisted upon that step by step with material progress the Indians must be led to provide themselves with better housing.”³²² Increased TB remained part of the process of civilization. “The history of the progress of civilization shows that it often creates difficulties for those it is designed to benefit before removing the evils which it is intended to cure.”³²³ Moreover, in case of the school system no extra harm had been done.³²⁴ “It is difficult to see how the Indian child could be more in a condition at home to readily resist the germs of tuberculosis than when in our schools.”³²⁵ All in all, DIA reports featured medical knowledge through the work of Meindl, Bryce, and Walker, only to be refuted by DIA officials.

Many anti-tuberculosis campaigns after 1910 were based on race, class, and the public scare. Campaigns and research compared TB rates from white and “negroe” populations still seen in medical research in Canada and the United States through 1937.³²⁶ “The Indian race is suffering,” and in 1910 active anti-tuberculosis campaigns were started, outside of DIA policy, only “because of the danger to the white man.”³²⁷ Indigenous peoples were continuously perceived as the inferior class and race within the public and various medical views. Combined ideas on class and race made TB among indigenous peoples almost something incurable. As Dr. Huber stated, “we account it in the pride and triumph of our civilization that we do not permit those white infants to perish.”³²⁸ Nevertheless, public opinion and DIA policy continuously displayed relative indifference to the death rate among poor indigenous peoples and their children.

³²¹ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1908.”

³²² *Ibid.*, 332.

³²³ *Ibid.*, 333.

³²⁴ *Ibid.*, 335.

³²⁵ *Ibid.*, 337.

³²⁶ Long, “A Brief Comparison of Tuberculosis in the White, Indian and Negro Races.”

³²⁷ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1910” (Ottawa, 1910), Library and Archives Canada, www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/first-nations/indian-affairs-annual-reports, 423.

³²⁸ *Ibid.*

Conclusion

TB related diseases were continuously framed as the fault of indigenous communities in all six categories discerned in the Annual Reports. Perspectives on lifestyle, inadequate hygiene, hereditary proneness to the disease, and stages of civilization all singled out the “Indian” as the problem. Yet, the general tone of voice regarding TB moved from relative indifference, to a more careful consideration of the disease and its possible spread to white people. The DIA as the complete and sole administrative power categorized indigenous peoples and disease according to its perceptions on race, class, and civilization between 1900 and 1915. Not only were these perceptions on race and class used uncritically, even medical knowledge and some awareness to the unfoundedness of these perceptions were ignored.

The DIA as a public institution was almost completely void of any self-critical reflection and denounced entries by physicians who claimed otherwise. As such, the diagnostic frames discerned directly correspond to the carelessness of the Canadian government and the DIA toward their wards. The first thematic category with the most hits referring to indifference to the morbidity and mortality rates caused by TB related diseases, further underlines the lack of introspection within the DIA. In the words of Laird, the DIA believed the progression of history and the progress of civilization necessitated “difficulties” for indigenous peoples first before “removing the evils which it is intended to cure.”³²⁹

³²⁹ Department of Indian Affairs, “Dominion of Canada Annual Report of the Department of Indian Affairs for the Year Ended March 31, 1908,” 333.

3. The Cycle of History

*The efforts of colonialism were directed precisely toward integrating Indigenous peoples while simultaneously, an array of forces was aligned to deny them the advantages of the “mother country.” While several other scholars have noted the persisting effects of colonialism [...] in the case of Indigenous communities in western Canada the colonizers and their symbols remain.*³³⁰

The construction of a colonial administration for and about indigenous peoples in Canada impacted their existence and government representations had a material and lasting impact. The remaining Canadian and colonial symbols mentioned here such as the socio-economic and health gap, still affect indigenous communities. Archive material, academic, and medical historic research indicate how notions of race and class made indigenous peoples subject to discriminatory policies. Discriminatory policies were institutionalized in categorizations of race and class, which allowed for exponential higher death rates by TB, consumption, and scrofula among indigenous peoples compared to Euro-Canadian peoples. The relevance question here is in the continuity of the socio-economic gap and health disparity between indigenous peoples and “mainstream” people in Canada.

This final chapter places the analyses of the first and second chapter in contemporary critical indigenous theory. The sub-question seeks to answer to what extent the government perspectives discerned in Chapter I and II are part of a structural problem of Euro-Canadian governance; how these perceptions are continued through the institutionalization of race and class; and how this institutionalization problematizes politics of reconciliation and recognition as governmental tools. In order to answer this question, this chapter will link the early twentieth century to the twenty-first century through the analysis of Canadian governance today. This governance has been called “postcolonial,” which will be analyzed as problematic.

“Postcolonial” notions of reconciliation and recognition as political tools, again, ignore the state’s role in institutionalized marginalization and also overlook indigenous sovereignty and self-determination. In reaction, indigenous scholars have vouched for a politics of refusal. This political strategy acknowledges that complete independence from the Canadian state for indigenous peoples would be hard to achieve and instead calls for coexistence on the soil as independent nations. However, this strategy requires self-critical examination of the Canadian government and their notions of territory and spacial justice. Only awareness and reform of the asymmetrical Canadian governance structures could allow for coexistence and indigenous self-governance and sovereignty.

³³⁰ Smith, *Liberalism, Surveillance, and Resistance*, 9.

3.1 The Myth of Postcolonialism

According to Kelm, indigenous bodies have been subject to assimilation throughout history. In fact, assimilation would never succeed as the indigenous peoples would never truly become white in the eyes' of Euro-Canadians.³³¹ Postcolonialism as a term, however, indicates that the government's assimilation project is over. According to Dakota scholar Elizabeth Cook-Lynn, the last twenty years have seen the emergence of the discussion on terms such as "post-Indian" or "postcolonialism." This sort of language might indicate colonialism and its policies have passed, while they endure.³³² Postcolonialism as a term therefore encompasses the government's neglect of acknowledging enduring socio-economic and health disparities as part of their ongoing assimilationist tendencies.

This neglect is connected to a western Euro-Canadian worldview that continuously sees its own discourse as in line with reasonable conduct. Colonialism was a necessary step within the development and progression of history.³³³ Western expansion by European powers "carried with it a discourse of reason and Western scientific truths, itself inexorably linked to modernity and its notions of progress."³³⁴ Reasonable conduct entailed economic development under historically Christian morals.³³⁵ This line of reasoning never ended and the postcolonial discourse is a product of the Euro-Canadian perspective on their progression of history.

Initial contact with indigenous peoples was structured by the belief in white superiority. The indigenous/colonizer relationship was based on economic coexistence, but shifted to settlement, expansion, and Euro-Canadian self-sufficiency,³³⁶ which made indigenous peoples obsolete and in conflict with the establishment of the settler colonial state run by European immigrants. Development and progress required means of production and, therefore, square meters of land.³³⁷ Treaties and reserves created the access to "excess" lands and through broken promises, coercion, and despite resistance, indigenous peoples had to make way for the new maxim.³³⁸

³³¹ Kelm, *Colonizing Bodies: Aboriginal Health*, 174.

³³² Cook-Lynn, "Who Stole Native American Studies?;" Cook-Lynn, "American Indian Studies: An Overview."

³³³ As Dakota scholar Elizabeth Cook-Lynn argued about structural tendencies in 1997; "in the past twenty or thirty years, postcolonial theories have been propounded by modern scholars as though Native populations in the United States [and Canada] were no longer trapped in the vise of twentieth-century colonialism (9)." Moreover, as Cook-Lynn argues, "contact" has become the linguistic evasion of words and politics connected to invasion. The language of politics of reconciliation can similarly be argued as another method of "self-authorizing technique to sustain dispossession and occupation (19);" Cook-Lynn, "Who Stole Native American Studies?"

³³⁴ Smith, *Liberalism, Surveillance, and Resistance*, 4.

³³⁵ Ibid.

³³⁶ It is common knowledge in Canada that European powers before 1820 were dependent on indigenous people for their survival through the fur trade, which was led by indigenous middlemen in contact with the Hudson's Bay River Company. See also: Theodore Binnema. *Common and Contested Ground: A Human and Environmental History of the Northwestern Plains* (Norman: University of Oklahoma Press, 2001).

³³⁷ Carter, *Aboriginal People and Colonizers of Western Canada*; Smith, *Liberalism, Surveillance, and Resistance*.

³³⁸ See Chapter I on the policy of dividing land in severalty.

Government structures and the DIA guided these processes encroachment and indigenous segregation. As such, the concept of the “panopticon” as used in the work of Foucault accurately describes the role of the DIA imbedded in the greater Canadian government.³³⁹ The panopticon’s purpose “is to reform individuals as ‘meaningful subjects and docile objects.’ It was an economically efficient disciplinary method that demonstrated a break with extravagant monarchical applications of power.”³⁴⁰ However, in the colonial context of Canada, indigenous peoples were ruled in a more monarchical application of the panopticon through the colonial office and DIA. Indigenous peoples would never become meaningful subjects.

Indigenous bodies and health are still determined by these panoptical structures. The reality of indigenous health for instance is determined by “systems of surveillance that produce the data.”³⁴¹ These systems are powerful social instruments that construct indigenous identity as problematic and subsequently determine any resource allocation.³⁴² “Knowledge is constructed about sectors of society that reinforces unequal power relationships, [...] an image of sick, disorganized communities can be used to justify paternalism and dependency.”³⁴³ This problematizes medical knowledge and unveils the structural institutionalization of race categories in statistics on disease.³⁴⁴

This unequal power relationship is exemplified in the Indian Act and its amendments. The racial and colonial perceptions of indigenous peoples based on scientific racism, combined with ideas that saw indigenous peoples as economically less viable than European immigrants, became categorizations for the law and in Canadian bureaucracy. The system between 1900 and 1915 that saw the “Indian” as a problem was guided by biased political imaginaries and based on white notions of what was “Indian.” This bias still guides indigenous peoples’ lives in the twenty-first century displayed in charts on health, crime, and unemployment.³⁴⁵

Similar perceptions and conditions during the establishment of the DIA archives still prevail today.³⁴⁶ This immaterial and material inequality in for instance health or job opportunities is maintained through the governance structures that never “decolonialized” and still deny indigenous peoples the right to self-determination and sovereignty. Capitalist

³³⁹ The panopticon refers to the prison state of society. This symbolism is comparable to a spider in a web in control of all the strings. The best centralized structure for this method of control was implemented in prison environment but also accurately describes the relation of the governing parties to their subjects. Even to a more extreme relation between the government and the indigenous people would be the isolation cell in this symbolism.

³⁴⁰ Smith, *Liberalism, Surveillance, and Resistance*, 5.

³⁴¹ Kelm, *Colonizing Bodies: Aboriginal Health*, xx-xxi.

³⁴² John O’Neil paraphrases Foucault’s vision on western healthcare and applies it to the indigenous – government relationship.

³⁴³ Kelm, *Colonizing Bodies: Aboriginal Health*, xx-xxi.

³⁴⁴ Andersen, “Underdeveloped Identities: The Misrecognition.”

³⁴⁵ Ibid.

³⁴⁶ Smith, *Liberalism, Surveillance, and Resistance*, 7.

relations between the state and its subjects require “techniques of power present at every level of the social body and utilized by very diverse institutions (the family and the army, schools and the police, individual medicine and the administration of collective bodies).”³⁴⁷ These institutions and their techniques of power act as segregation and social hierarchization mechanisms for indigenous minorities. The problem for indigenous minorities is how they became one through colonialism and institutionalized notions of race intersecting with class, and space or territory.

The reserve system and who according to colonial law was and is called a treaty “Indian” or not, created these segregated and policed minorities. This “created a physical geographic border in addition to the cultural and racial barriers.”³⁴⁸ DIA control had the goal of homogenizing the indigenous population to a white standard through assimilation and civilization. Nevertheless, the “Indian” could never pass as white, and DIA policy consequently had the opposite effect of enhancing the idea of the indigenous person as the “other.” This, in turn, facilitated the gap in health, socio-economic, political, and cultural living conditions, government officials today still try to solve or reconcile.

Problematic about these government policies to reconcile and recognize with indigenous peoples is the lack of self-critical analysis of institutionalized racism in the twenty-first century, similar to the uncritical assessment discerned in the DIA’s Annual Reports between 1900 and 1915. Including indigenous peoples in the liberalist principle of equality, liberty, and protection of property still would mean whitewashing and assimilation to the white Euro-Canadian norm. It is exactly these assimilatory ideas guided by ideas of whiteness as superior that created disparities in the first place. This is why critical indigenous discourse argues that politics of reconciliation in essence means the neo-colonization or re-colonization of the indigenous peoples.³⁴⁹

This means “postcolonialism” in Canadian reality is history in repeat or on a constant loop, only characterized by different political terms. The context of settler colonial society in Canada is still there in geography and meaning. Structural genocide has become a self-fulfilling prophecy of a system inherently paradox, but highly adaptive, opaque, and without introspection. Western history does not want to be self-critical and instead rather guards the beautiful histories or master frame of contest, grandeur, and “gentlemen” treaty agreements.³⁵⁰

³⁴⁷ Ibid., 7

³⁴⁸ Ibid., 8; Carter, *Aboriginal People and Colonizers of Western Canada*; Carter, *Lost Harvests*.

³⁴⁹ Coulthard, *Red Skins, White Masks*.

³⁵⁰ Moreover, often public opinion would label counter history by indigenous scholars as illegitimate or less scientifically researched. Opposing and marginalized voices are often seen as denigrating, ungrateful, and immoral behavior toward a mainstream structure and façade of so-called aid and reconciliation; Cook-Lynn, “American Indian Studies: An Overview,” 17-18.

This white western master frame is constantly reaffirmed by processes of whiteness as a form of passive violence or, in Wolfe's words, structural genocide. As such, "post-colonization" is a political white strategy as "to signify the active, the current and the continuing nature of the colonizing relationship that positions [Indigenous peoples] as belonging but not belonging."³⁵¹ These processes ignore or whitewash indigenous concerns, critical history, and the present state of colonization, without the use of direct violence.³⁵² The Canadian First Nations, Inuit and Métis never postcolonialized in the sense the word was invented for.³⁵³

3.2 Politics of Refusal

Passive violence, structural genocide, or institutionalized marginalization has had many opponents, and indigenous peoples themselves were silenced but never silent. For example, the Mohawks of Kahnawake on the border with the United States always fought for sovereignty.³⁵⁴ They are in constant conflict over self-determination and sovereignty and have to deal with the force of imperial, legislative, ideological, and territorial white bodies. The passive violence structured in categorizations of race lies at the heart of what Wolfe would call structural genocide.³⁵⁵

The constant cycle of reinvented colonialism and imperial encroachment have continuously triggered indigenous claims for political alternatives. Recently this has been called politics of refusal. "Refusal comes with the requirement to have one's *political* sovereignty acknowledged and upheld, and raises the question of legitimacy for those who are usually in the position of recognizing."³⁵⁶ This political strategy denies the Canadian government the power to determine who is or is not indigenous by law or birth and cuts the cycle of reaffirmed colonialism through aid and marginalization in mainstream society.

The politics of refusal critiques the renewed political strands of colonization as visible in government recognition and reconciliation.³⁵⁷ In the geographical area that came to be conquered as Canada, the politics of recognition are now the dominant political model and a strategy of renewed subjugation.³⁵⁸ Instead of violence and dispossession, politics of recognition and reconciliation are a way for the Canadian hegemony to maintain its colonial

³⁵¹ Aileen Moreton-Robinson, "I Still Call Australia Home: Indigenous Belonging and Place in a White Postcolonizing Society," 29.

³⁵² Cook-Lynn, "American Indian Studies: An Overview," 21.

³⁵³ The field of postcolonial studies refers to the period after the colonies became independent, which only meant Canada became independent from the British Empire total rule, not for the indigenous peoples.

³⁵⁴ Simpson, "Chapter 1: Indigenous Interruptions," 2.

³⁵⁵ *Ibid.*, 7.

³⁵⁶ *Ibid.*, 11.

³⁵⁷ Coulthard, *Red Skins, White Masks*, 41.

³⁵⁸ A perfect example of this was the reconciliation campaign in which former Prime Minister Harper apologized for the harm done to indigenous peoples, only to in 2008 claim Canada had no colonial past.

power. The politics of refusal argues for self-determination for indigenous peoples and coexistence with the Canadian State as multiple entities rather than the indigenous peoples remaining, in essence, wards of the state.

A recognition of the Canadian state toward itself and the reconciliation toward its own past and presence as colonial ruler guided by western morals and whiteness is necessary. This realization could encourage the acceptance of indigenous self-determination and sovereignty rather than a restructured model of domination. This can only happen if indigenous communities and peoples are granted their own models of citizenship outside of Canadian hegemony. The way citizenship is granted now creates “one frame in which visibility is produced, creating the conditions under which difference becomes apparent; [...] the state, the framing what is official, creates the conditions of [...] the state’s project of *homogenizing heterogeneity*.”³⁵⁹ These inherent subjectivities are often ignored by the state in power.

Another structural problematic factor is how the settler colonial state is continuously territorial acquisitive.³⁶⁰ Rather than a temporary territorial project of the accumulation of land for economic expansion, the struggle for territory in Canadian context is structural. The conflict between the Canadian state and the indigenous other is structural “because ‘Indigenous’ peoples are tied to the desired territories, they must be “eliminated” [and] in the settler-colonial model, ‘the settler never leaves.’”³⁶¹ Simultaneously, the “Indian problem” also never disappeared as contrary to earlier belief; indigenous people have not died out to complete the acquisition of territory.

The contemporary politics of recognition and reconciliation are part of the effort of the Canadian panopticon to keep indigenous peoples as “docile subjects.” “Recognition is the gentler form, perhaps, or the least corporeally violent way of managing Indians and their difference.”³⁶² Reconciliation and recognition only offer limited inclusion as it has for more than 150 years. This limited inclusion and continued structural subordination of indigenous peoples maintains the socio-economic and health gap. In fact, this gap is then blamed on the indigenous peoples themselves, who despite aid efforts of the state still lag behind. Policies are still structured by similar race and class related political perceptions discerned in the Annual Reports of the DIA between 1900 and 1915. This is part of “a whole host of other self-authorizing techniques and frameworks that sustain dispossession and occupation.”³⁶³

³⁵⁹ Simpson, “Chapter 1: Indigenous Interruptions,” 18.

³⁶⁰ Wolfe, “Settler Colonialism and the Elimination of the Native;” Smith, *Liberalism, Surveillance, and Resistance*, 1-23.

³⁶¹ Simpson, “Chapter 1: Indigenous Interruptions,” 19.

³⁶² *Ibid.*, 20.

³⁶³ *Ibid.*, 21.

The structural consequences of these self-authorizing techniques and frameworks by the Canadian state are problematic because they are often not acknowledged.³⁶⁴ The covert institutional marginalization of the indigenous people in society from levels of governance to education and business make indigenous people invisible. “Indigenous” as a minority among other minorities within the Canadian hegemony, is an absolute minority and disappears within the homogeneous or homogenizing complex of Canada.³⁶⁵

This homogenizing complex or governmentality is natural and often invisible to the majority, who form the homogenous norm. This causes the lack of self-critique and awareness of current colonialism in society. Colonialism is able to sustain itself as part of a tactic of sovereignty and power rather than it is deconstructed.³⁶⁶ In fact, this homogenizing complex in combination with categorizations of race and class segregate indigenous peoples from Euro-Canadian groups and determine the gap between mainstream and “other.” Indigenous groups are, as a consequence, invisible as they do not belong to the Canadian state like white Euro-Canadians. Moreover, they are no longer “aboriginal” either, as aboriginal ancestry and aboriginal identification is governed by Euro-Canadians as well, seeking to denaturalize and whitewash indigenous peoples.³⁶⁷

In connection to the question of health and specifically TB related conditions, these categorizations cause the structural idea of a ‘white man’s burden.’ Indigenous peoples are constantly singled out as problematic groups. “Liberal notions of individual autonomy have positioned colonial subjects as quintessentially in need of discipline and improvement.”³⁶⁸ Therefore, government institutionalization and categorization have become a self-fulfilling prophecy. The Indian Act, DIA surveillance system, and the categorizing of indigenous peoples brought about the gap and these governed environmental causes³⁶⁹ were and are still ignored. “In the era between the end of the nineteenth century and the beginning of the Second World War, reserve life and the classifications embedding individuals and their families within it had congealed to the point where their [the classifications] naturalness came increasingly to be taken

³⁶⁴ Andersen, “Critical Indigenous Studies: Intellectual Predilections.”

³⁶⁵ Andersen, “Underdeveloped Identities: The Misrecognition.”

³⁶⁶ Foucault explains this as a logical mechanism of governmentality. “In contrast to sovereignty, government has as its purpose not the act of government itself, but the welfare of the population, the improvement of its condition, the increase of its wealth, longevity, health, etc.; and the means that the government uses to attain these ends are themselves all in some sense immanent to the population; it is the population itself on which the government will act either directly through large-scale campaigns, or indirectly through techniques that will make possible, without the full awareness of the people, the stimulation of birth rates, the direction of the flow of population into certain regions or activities, etc. (100).” The indigenous minority populations were subaltern to the white majority Foucault refers to here and subservient to the white population attaining all this. Foucault, *Discipline and Punish: The Birth of the Prison*. “Government is the right disposition of things [...] the target of power are two things, on the one hand the territory, and on the other its inhabitants (93).” See also: Stoler, *Race and the Education of Desire*.

³⁶⁷ Andersen, “Critical Indigenous Studies: Intellectual Predilections,” 627.

³⁶⁸ *Ibid.*, 628.

³⁶⁹ Historically, indigenous peoples in Canada through their subordination in society inhabit the areas least suitable for self-sustainability due to the reserve system and allotment of suitable land to European immigrants. In the cities, similar tendencies are discernable through which indigenous people only gain limited access to basic services.

for granted by the Canadian state, if not necessarily those to whom they were applied.”³⁷⁰ The second half of the twentieth century saw the emergence of another development principle for indigenous peoples based on the ‘white men’s burden.’ “The rationalities of rule remained relativity constant, based in confident assertions; however, terminologically evolved, that ‘Indians’ were developmentally stunted and ‘in need of help.’”³⁷¹ These assertions are again part of government policy designed in 2016.³⁷²

The general Canadian public understands these assertions to be self-evident. “Accounting for the power of such authoritative labour is crucial in that Canadians understand census categories and the statistics they generate as a largely objective and apolitical process.”³⁷³ This underscores how political perspectives and previous ideas on race and class are imbedded in law and state, and have material and immaterial consequences. As Andersen summarizes, “race is a form of difference that powerfully shapes indigeneity in Canada [...] as a form of classification, noting both its structuring/symbolic and structured/material effects as a form of common sense and as a set of social hierarchies and divisions.”³⁷⁴ The normativity of whiteness makes most people and the Canadian government oblivious to these processes.

This is also partially caused by the taboo around the term race. “The fact that while we order the world in deeply racial ways, we normally do so without explicit reference to the term “race”. Because of this, we are highly unlikely to reflect on, or even to be aware of, the raciality [*sic*] of our worldview and daily practice.”³⁷⁵ Often race is mentioned in connection to colonialism as something that happened in a bygone era, whereas indigenous critical theory argues that race as a categorizing mechanism never left the stage. “The symbolic power of official classifications is dominant, [...] because we cease to think about these classifications as a form of power at all but rather as ‘just the way things are.’”³⁷⁶ The classification as a result becomes the “objective truth.”

The “Indian” in connection to race, class, and health, was invented as a set category, similar to the way in which the “other” or “Orient” was invented for the purpose of European expansion and settlement.³⁷⁷ This invention and rationality in the case of health was based on assumptions about TB related diseases as “just inherently prevalent” on every reserve and in every school. Race is “an enduring and powerful form of classification with symbolic and

³⁷⁰ Andersen, “Critical Indigenous Studies: Intellectual Predilections,” 630.

³⁷¹ Ibid.

³⁷² See cover image; New five year funding plan by the new PM Trudeau would have to cope with generations of neglect, OSSTF/FEESO, www.osstf.on.ca, 2016, Update 43.7.

³⁷³ Andersen, “Critical Indigenous Studies: Intellectual Predilections,” 635.

³⁷⁴ Andersen, “Chapter 1: Mixed: The History,” 28.

³⁷⁵ Ibid., 30.

³⁷⁶ Ibid., 32.

³⁷⁷ Ibid., 33.

material dimensions and consequences that have structured the kinds of relationships Canada and Canadians have with Indigenous peoples.”³⁷⁸

3.3 Territorial Justice for All

The continued mechanisms of colonialism, seen in the institutionalization of race and class, connected to health and socio-economic disparities, are geographic. Indigenous peoples are spatially located in peripheral areas of economic, social, and political opportunity or access. This means the disparate relationships Canadians have with indigenous peoples are spatially confirmed. Indigenous peoples physically inhabit the “backwards” position and marginalized areas in Canadian society in a geographical sense. This peripheral spatiality occurs in cities, but also between reserve and non-reserve areas, and between industrial and agricultural spheres. The effective territory available to indigenous peoples and inhabited by them is mediated through the same categorizations based on race and class and actively limit the opportunities.³⁷⁹

The process of colonization, ideas of whiteness, and structural genocide seen in for instance the TB death rates³⁸⁰ were and are played out in and on the spatiality of territory and ownership. (In)justices or spatial (in)justice are constituted in three interactive levels. The first is the “external creation of unjust geographies through boundary making and the political organization of space,” as for instance colonialism, spatial manipulation in law of ownership, or through treaty making processes.³⁸¹ Secondly, on a local scale, “unjust geographies arise endogenously or internally from the distributional inequalities created through discriminatory decision making,” by individuals, institutions, and commercial interests, such as flooding areas in reserve territory and issues in the context of oil winning.³⁸² The third level is the in-between macro and micro level of geographical distribution of justice and is connected to geographical development between the white center and white periphery. For indigenous peoples this means relative geographic invisibility. All these levels are shaped by notions of race, class, and white superiority.

A contemporary example of institutionalized whiteness and marginalization in Canadian context and indigenous peoples is their lack of access. According to data analysis and research into the distribution of space in Toronto, whites are occupying the best quality neighborhoods in disproportionately high numbers compared to indigenous peoples. Throughout the analysis, indigenous people are living and residing in the poorer quality

³⁷⁸ Ibid., 58.

³⁷⁹ Soja, *Seeking Spatial Justice*.

³⁸⁰ Lux, *Medicine That Walks*.

³⁸¹ Soja, *Seeking Spatial Justice*, 8-9.

³⁸² Ibid.; Rimmer, *Indigenous Intellectual Property: A Handbook of Contemporary Research*.

neighborhoods and lack access to socio-economic or political outlets.³⁸³ This geographical disparity is caused by discrimination on visible minorities. “Racial inequality is an integral part of the social structure reflected by the unequal spatial distribution of minority groups and their residential segregation from the white majority.”³⁸⁴ The white majority actively keeps a social and spatial distance from indigenous peoples to secure the dominant and superior position.

These levels of unequal distribution of space date back to the treaty signing period. Ever since, indigenous peoples – if they wanted access – only gained limited access to general health services, socio-economic, and political opportunities. As analyzed by Edward Said in *Culture and Imperialism*, “just as none of us is beyond geography, none of us is completely free from the struggle over geography.”³⁸⁵ This struggle is hidden under the idea that the Canadian government rightfully owns the soil. Any struggle over the soil was covered with perceptions indigenous peoples could not take care of themselves nor any soil. The state had to intervene through “humanitarian aid,” while the real issue and disparities were and are left untouched. Many Canadians are not aware of the historical roots of contemporary conflicts. “In government circles, it makes for poor public policy decisions,” Miller argues. “In the public realm, it reinforces racist attitudes and fuels civic distrust.”³⁸⁶ The territorial consequences of these racial perceptions and distrust require social reform of the Canadian system itself.

Due to the civic distrust, lack of self-criticism, and lack of social reform on the part of the Canadian government, reconciliation is seen as another enforcer of distrust in indigenous communities. The problem according to the final report of the TRC is that “the Government of Canada appears to believe that reconciliation entails Aboriginal peoples’ accepting the reality and validity of Crown sovereignty and parliamentary supremacy in order to allow the government to get on with business.”³⁸⁷ In other words, indigenous peoples are to be kept silent.

In most “postcolonial” states there is a pattern of opposition from governments to address questions of territorial ownership and indigenous self-determination.³⁸⁸ Moreover, structural genocide and the continuation of colonization logically denies these issues as indigenous peoples are made dependent on state aid and intervention.³⁸⁹ Indigenous peoples have been continuously made to look incapable of self-determination and sufficiency on their own territories. Regardless of government opposition, however, it is the territorial aspects of continued colonialism that make the politics of refusal necessary to illuminate the institutionalized marginalizations embedded in the Canadian society. According to the TRC

³⁸³ Darden and Kamel, “The Spatial and Socioeconomic Analysis of First Nation People in Toronto CMA.”

³⁸⁴ Ibid.

³⁸⁵ Soja, *Seeking Spatial Justice*, 1.

³⁸⁶ Miller, *Lethal Legacy: Current Native Controversies*, vi.

³⁸⁷ “TRC Volume 6 Reconciliation Report,” 25.

³⁸⁸ Mako, “Cultural Genocide and Key International Instruments: Framing the Indigenous Experience.”

³⁸⁹ Wolfe, “Settler Colonialism and the Elimination of the Native.”

report, “apologies will ring hollow if Canada’s actions fail to produce the necessary social, cultural, political and economic change that benefits aboriginal peoples and all Canadians.”³⁹⁰ The combination of refusal and spatial justice might enforce change. This only works if the question of territory will be addressed.³⁹¹

The structural tendency of half-heartedly homogenizing indigenous people might make any type of government meddling seem like another example to deny indigenous peoples sovereignty and self-determination.³⁹² This distrust is especially prevailing among a new generation of “Native thinkers and leaders [who] are coming on the scene intent on changing things, entirely.”³⁹³ Consequently, only coexistence through spatial justice might provide the lens through which the politics of refusal and coexistence as sovereign entities could be possible. Everything on earth is interrelated. However, it is the question of how everything is interrelated that forms a problem in legacies of colonialism or neo-liberal oppression for indigenous peoples. Spatial justice as a method for coexistence necessitates an introspective reform of the Canadian geographic governance.

Only complete reform would suffice as a new political strategy. “Fundamentally different relationships [...] will emerge not from negotiations in state-sponsored and government-regulated processes, but only after successful [...] resurgences against white society’s entrenched privileges and the unreformed structure of the colonial state.”³⁹⁴ Only through reform and coexistence would indigenous self-determination and sovereignty be possible. Other implications would mean renewed colonization.³⁹⁵

The only problem with reform and coexistence through spatial justice is the meaning attached to justice as limited by the political, economic, and social past and whiteness.³⁹⁶ Justice might be different for the Canadian state and, therefore, spatial justice and politics of refusal combined is necessary for “the fundamental need to cure white people, through revolution, of the disease of the European they have collectively inherited from their colonial

³⁹⁰ The Truth and Reconciliation Commission of Canada, “They Came for the Children.”

³⁹¹ According to Coulthard, “settler-colonialism is territorially acquisitive in perpetuity,” moreover, “the forms of colonial power associated with primitive accumulation need not be understood as strictly coercive, repressive, or explicitly violent in nature; rather, the practices of dispossession central to the maintenance of settler-colonialism in liberal democratic contexts like Canada rely as much on the productive character of colonial power as it does on the coercive authority of the settler state (152);” Coulthard, *Red Skins, White Masks*.

³⁹² Wolfe, “Settler Colonialism and the Elimination of the Native,” 390; Simpson, “Chapter 1: Indigenous Interruptions;” Coulthard, *Red Skins, White Masks*, 110.

³⁹³ Coulthard, *Red Skins, White Masks*, xi.

³⁹⁴ Alfred, *Wasáse: Indigenous Pathways*, 21.

³⁹⁵ Moreover, as Alfred describes, the twenty-first century is characterized by a form of “colonization that has recently morphed into a kind of post-modern imperialism that is more difficult to target than the previous and more obvious impositions of force and control;” *ibid.*, 23.

³⁹⁶ *Ibid.*, 27; Coulthard, *Red Skins, White Masks*.

forefathers.”³⁹⁷ The combination of territorial justice and the politics of refusal as put forward by critical indigenous scholars exposes white and western institutionalized marginalizations.³⁹⁸

Indigenous scholars in multiple fields argue how up until today “Aboriginal interpretations of sovereignty, and their rights or ‘justice,’ do not measure up to the Euro-Canadian legal and political constructions of sovereignty.” This is because of the non-introspective stance of the Canadian government. The asymmetrical implications of justice and sovereignty need to be addressed. Spatial justice would not mean that “colonized people are being asked to give up their constitutional rights (that is, their Aboriginal and treaty rights) and to recognize a Eurocentric and individualistic legal tradition that perpetuates the colonial rule of law.”³⁹⁹ Rather it would question Canadian constitutional rights. Justice, in this way, can no longer marginalize or continuously justify the oppression of indigenous peoples.⁴⁰⁰

The fact that to ‘white ears’ politics of refusal sounds irreconcilable with the Canadian perspective is exactly because of a continued sense of the indigenous person as lagging behind and being in need of the Euro-Canadian intervention. This ‘white man’s burden’ sees linear betterment of a situation as the only solution in which people have to “evolve” or move forward. However, this negates the inherent problem of the idea the Euro-Canadian has of him/herself in connection to indigenous peoples. This white man’s burden or whiteness is a “strategic rhetoric,” a product of a “discursive formation” and a “rhetorical construction.”⁴⁰¹ There is no “truth” to whiteness as it is merely a historical construct of dominance and power, which needs to be criticized in government circles.

Justice is equally formed through perceptions of race and whiteness, and has a territorial base in the Canadian context. According to Cheryl Harris, whiteness should be thought of as a form of property and place. This is because whiteness as a construct implies certain privileges such as access to higher education, safe neighborhoods and job prospects. Whiteness geographically determines territory and people’s access to it, and depends on the degradation of the non-white.⁴⁰² In accordance with the institutionalist normative structures, whiteness is the yardstick for the attachment of meaning to categories against which “others” are measured.⁴⁰³ It is this yardstick that needs to be addressed through politics of refusal and spatial justice.

³⁹⁷ Alfred, *Wasáse: Indigenous Pathways*, 28; Albert Memmi, *The Colonizer and the Colonized* (Boston: Beacon Press, 1991), 120; 127.

³⁹⁸ Alfred, *Wasáse: Indigenous Pathways*, 37.

³⁹⁹ Smith, *Liberalism, Surveillance, and Resistance*; Henderson, “Ayukpachi: Empowering Aboriginal Thought”; Turner, “From Valladolid to Ottawa;” Turner, “Liberalism’s Last Stand.”

⁴⁰⁰ Turner, “Liberalism’s Last Stand.”

⁴⁰¹ Nakayama and Krizek, “Whiteness: A Strategic Rhetoric.”

⁴⁰² Harris, “Whiteness as Property.”

⁴⁰³ Andersen, “Underdeveloped Identities: The Misrecognition.”

Conclusion

This final chapter has connected the analyses of the first and second chapter with contemporary critical indigenous theory. It argues why the first two chapters are relevant for today. The government perspectives discerned in Chapter I and II are part of a structural problem of Euro-Canadian governance. These archaic perceptions on race, class, disease, indigeneity, and white superiority are continued through the institutionalization of these perceptions in government policy. Moreover, the politics of reconciliation and recognition as governmental tools seek to maintain these perceptions.

“Postcolonial” notions of reconciliation and recognition continuously ignore the state’s role in institutionalized marginalization and ignore indigenous sovereignty and self-determination. The politics of refusal as political strategy acknowledges the need for coexistence but also for new forms of justice. This strategy requires the Canadian government to conduct the self-critical examination that has been lacking before. As white normative policies subjugate indigenous peoples in Canada a hundred years ago and today, it is this norm that should be challenged and deconstructed. Whites as a group enjoy privileged access, modes of production, and sustenance, connected to often invisible systemic racism by the state. In fact, systems of law and justice are often used to uphold notions of whiteness without people paying attention to these ingrained notions of superiority that discriminates non-whites. Often, institutions are blind to their own whiteness.

Conclusion

*The gap between the health, living conditions, and other social determinants of health of First Nations people and mainstream Canadians continues as it has since the end of the nineteenth century. [...] Even basics such as clean drinking water remain elusive for some communities. Identification of the forces that have held indigenous communities back might provide insights into what is required to bridge the gap between First Nations communities and the rest of Canada today.*⁴⁰⁴

This thesis analyzed the Canadian government's political imaginaries on indigenous people and their influence in both the period under analysis in the case study, as well as in the overall position of indigenous peoples in Canada. The framing by the DIA in the Annual Reports between 1900 and 1915 as part of the bigger master narrative and primary frame on race, class, and health, proved indicative for the problematic relationship of the Canadian state toward the indigenous peoples in society. The case study's frame analysis perspective compared to the historic research on "postcolonial" Canada in relation to critical theory problematizes Canadian governance and its whiteness, as well as sovereignty and self-determination for indigenous peoples.

Regardless of the knowledge on tuberculosis infection connected to diet and living conditions, indigenous peoples suffered, and still suffer, exponential higher death rates due to the TB related diseases than non-indigenous peoples. Chapter I centered on the master narrative or primary frame of political thought and policy on notions of race and liberal capitalism. Ideas of scientific racism and liberal capitalism as justification mechanisms formed the impetus for governmental neglect of providing promised health services to indigenous peoples on reserves. As the primary source analysis in Chapter II reveals, medical knowledge regarding TB related diseases as environmentally enhanced and distributed through contaminated food and drink supplies as well as malnutrition and impoverished living conditions did not transcend stipulations about race.

Despite knowledge about the treatment and prevention of tuberculosis infection, government officials neglected to alter living conditions for indigenous peoples. The stage of civilization explained the incidence of disease among indigenous peoples and was seen as a necessary state of indigenous peoples assimilating into civilization. The statistic results in Chapter II revealed that the concept of frame analysis as employed by Goffman, Lakoff, Snow, and Benford has its limitations for discerning the master frame attached to political imaginaries. The exponentially higher results in category 1 reveal how TB, scrofula, and consumption were of no ethical concern as long as indigenous peoples did not infect white peoples and

⁴⁰⁴ Daschuk, *Clearing the Plains*, 186.

communities. These results confirm the structural blindness of Canadian governance to its framing of TB related problems and the normativity of internalized racism.

In the Introduction, “genocide” as determined in the Geneva Convention was established as illegitimate or incomplete for the Canadian treatment of indigenous peoples. Genocide is too much based on the Holocaust, is not supported by Canadian law, and unfit for anachronist use. The intermittent analysis of “cultural genocide” established by the TRC has been criticized as partial and incomplete as well. The case study combined with Chapter III suggests more reason to accept Wolfe’s analysis of the term “structural genocide” as description of Canadian reality. Not only does the term accurately describe the continuous character through which indigenous peoples are governed, it also describes the Canadian government and system’s ability to change its public political perspective while maintaining institutionalized marginalization established in the 1870s through the Indian Act and its later amendments.

This institutionalized racism is exemplified in the recent politics of reconciliation and renewed political attention for the “backwards” indigenous peoples in need of help, without granting them any actual social betterment or reform through self-determination or sovereignty. In the eyes of critical indigenous scholars, politics of recognition and reconciliation employed by governing parties are forms of neo-colonization and domination that deny indigenous self-determination or sovereignty, as has been done since the signing of treaties. In reaction, politics of refusal and ultimately ideas of coexistence increasingly emerge.

The problem of coexistence remains in the struggle for territory and the lack of spatial justice. Through treaties and segregationist policies both before and after 1900, indigenous peoples have come to inhabit those territorial spaces that lack socio-economic access, political opportunities, or health services normally available to other people. The axis of race, class, and politically institutionalized marginalization reinforces ideas that the indigenous are unable to take care of themselves.

The central research question – to what extent the analysis of tuberculosis, consumption, and scrofula among indigenous peoples in treaty from 1900 to 1915 by using diagnostic frame analysis on the DIA Annual Reports problematizes our understanding of postcolonialism and its relation to race, genocide, and indigenous sovereignty and self-determination in Canada today – has no simple answer. Its outcome problematizes notions of western white governance structures, past and present. Even though genocide based on the Geneva Convention will most likely never be proven for the period 1900 to 1915, governmental responsibility and self-critique can no longer be denied. The diagnostic frame analysis has revealed how public political mechanisms and imaginaries lack an inward inspection. Moreover, environmentally enhanced conditions that explain the socio-economic and health gap between indigenous peoples and “mainstream” Canada can only be accurately assessed through critical self-examination.

As Chapter III established, the postcolonial era never truly occurred and is a fixture of western thinking and history writing. Chapter II, furthermore, suggests that the continuation of the “colonial” living conditions, malnutrition, and unequal distribution of space upholds the political frames that negate the government as a responsible actor. Institutionalized racism, in intersection with class, has relatively remained unaltered. Structural genocide, as a theory, in combination with spatial justice might provide a critical reflection on current mechanisms of institutionalized racism rather than the scientific racism people believed in during the Annual Report years from 1900 to 1915.

The enduring gap in health and socio-economic circumstances revealed here indicates the structural character and all-encompassing form of subjugation of “postcolonial” societies. An interesting lens for further research, therefore, would be to do a comparative analysis in for instance the Australian, South African, or American context. The cross cultural process and strategy behind the Canadian Indian policy was formed by similar processes in the United States and other colonies of the British Empire. In general, nineteenth and twentieth century government framing processes have been highly instructive for the collective and individual identity formations of both Euro-Canadian people and indigenous people.⁴⁰⁵ Another interesting frame for analysis would be to investigate framing processes and influence by other parties such as commercial enterprises in areas of forestry and the oil industry.

According to Smith, Canada beliefs in the “mythology of racelessness” and “stupefying innocence.”⁴⁰⁶ Most likely, Canada is not the only one. This research has tried to deconstruct some of this mythology and unravel alleged racelessness of Canadian welfare and health. The theory of spatial justice might offer a method of refusal against this mythology. Theoretically imagined spaces and political imaginaries had immaterial and material consequences. Archival comparisons and the politics of geographical rights as an analytical framework as well as public policy might trigger reform for indigenous peoples regarding spatial justice in the real rather than imagined spaces.

With regard to the academic literature, Windschuttle rejects any western responsibility for indigenous displacement, or any form of genocide. Where Windschuttle sees no history of government genocide other than the progression of history, other scholars such as Foucault, Andersen, Smith, Alfred, Simpson, Coulthard, and Daschuk signify this progression of history as internally marginalizing indigenous peoples.⁴⁰⁷ The continuous aftermath of colonialism and structural institutionalized racism of a colonial governance actor over its indigenous subjects created a cycle of history, making indigenous marginalization not a thing of history but an enduring reality.

⁴⁰⁵ Benford and Snow, “Framing Processes and Social Movements,” 631-632.

⁴⁰⁶ Smith, *Liberalism, Surveillance, and Resistance*, 23.

⁴⁰⁷ Windschuttle, “The Fabrication of Aboriginal History,” 41-49.

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