# Root Medicine:

# Confronting Indigenous Segregation and Building Partnership in Qu'Appelle Healthcare, 1870-1950

Brittany Lisette Warren

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By: Brittany Lisette Warren

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Signed by the final Examining Committee:

________________________________________Chair
*Dr. Andrew Ivaska*

________________________________________Examiner
*Dr. Rachel Berger*

________________________________________Supervisor
*Dr. Barbara Lorenzkowski*

________________________________________Supervisor
*Dr. Gavin Taylor*

Approved by________________________________________________
Dr. Andrew Ivaska, Graduate Program Director

____________ ________________________________________
April 29, 2024 Dr. Pascale Sicotte, Dean of Arts and Science

## Abstract

Root Medicine: Confronting Indigenous Segregation and Building Partnership in Qu'Appelle Healthcare, 1870-1950

Brittany Lisette Warren

In recent decades, oral history and storywork have transformed the study of Indigenous health histories. Through a desire-based research framework, this study aims to foreground the many ways by which First Nations reserve communities have continuously asserted self-determination through practices of holistic, land-based wellness in Treaty Four territory. The two-part study begins in the context of the All Nations Healing Hospital in Fort Qu'Appelle, Saskatchewan. With a blended approach of clinical Western medicine and a robust offering of traditional Indigenous therapeutics, the hospital reflects the diverse cultural protocols of the Nêhiyawak /ᓀᐦᐃᔭᐤ (Plains Cree), Anihšināpē/Anishinaabe (Saulteaux), Nakoda/Assiniboine, Lakota, and Dakota. Through the voices of three co-researchers, narratives of hope and empowerment are emphasized with on-the-ground examples of healing. Building from these rooted understandings of Indigenous wellness, the study then explores the development of segregated healthcare and biomedicine in the settlement period, 1870-1950. The fight against tuberculosis in the Qu'Appelle region was headed by Doctor R. G. Ferguson, whose activities in the Fort San Sanitorium and Fort Qu'Appelle Indian Hospital reveal ideologies which prevented, and may still prevent, Indigenous-led healthcare collaboration. While Western attitudes of civilization and medical progress have asserted decidedly linear histories, Indigenous perspectives on health present a cyclical and highly adaptive knowledge base. In this way, the present success of the All Nations Healing Hospital is not simply a departure from oppressive medical systems of the past, but an ongoing reflection of cultural continuity and embodied governance in health and healing.

**Acknowledgements**

Let me first acknowledge that this work does not belong to me. As with any story, it comes alive through the minds and hearts of the people who engage with it. It would not have been possible without physically moving to natural spaces, to the river by my home in Quebec or the Great Plains of my childhood, where I could meditate on the significance of the story I was attempting to put into writing. It was made possible through the wisdom and discretion of co-researchers and mentors who helped me interpret the messages that came from this movement. This work is a collaboration of many perspectives and is submitted in the spirit of partnership, that the research and information contained here will not remain contained at all, but lend itself to continuous dialogue, ongoing research, and the renegotiation of the past in all the ways that it weaves into the present.

To Elder Margaret, Mitchell, Claudia, Amanda, and all the brilliant leaders at All Nations Healing Hospital, thank you for inviting me, a bewildered stranger, into your healing space. Thank you for teaching me by sharing with openness, patience, trust, and discernment. I am honoured to have witnessed the wisdom you each carry as you work every day to help bring healing to individuals, families, and nations. This project is yours, and dedicated to collaborative ways that future generations may come to know the fullness of Indigenous wellness.

I was fortunate to have two exceptional supervisors whose experience in journalism, oral history, and expertise in historical sources and methods offered unlimited guidance and structure to this project. Dr. Barbara Lorenzkowski, your kind, encouraging nature is a superpower and your keen advice is invaluable. You reinvigorated my sense of purpose and clarity as I sought ethics approval and went forward with oral history research. Dr. Gavin Taylor, your approachability, creative outlook, and constructive guidance during the writing process helped make each of my steps steadier and more intuitive. Despite numerous personal

and professional commitments, you each still had so much to give to this project, and I am so grateful.

To Dr. Bimadoshka Pucan, your boldness and authenticity challenged me to push past the limits of convention and showed me how I could do research differently. Thank you for sharing your experience, contagious energy and excitement, without which I may not have had the courage to begin this journey in the first place.

To my family, thank you for nurturing my curiosity, challenging the depth of my understanding, and building me up. Thank you for creating a place that I know in my bones is home, and for the love that always calls me back.

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## Introduction: Stories of Place

"We've never lost the ability to hear the plants and talk with the spirit of medicines."[1]

- Elder Margaret Keewatin, July 2022

All Nations Healing Hospital (ANHH) is situated on Treaty Four Territory in the town of Fort Qu'Appelle, Saskatchewan. It stands directly adjacent to the grounds where the Treaty itself was negotiated in 1874. The hospital is co-owned and run by the File Hills Qu'Appelle and Touchwood Agency tribal councils, representing a diverse union of distinct nations including Nêhiyawak /ᓀᐦᐃᔭᐤ (Plains Cree), Anihšināpē/Anishinaabe (Saulteaux), Nakoda/Assiniboine, Lakota, and Dakota.[2] Designed in the form of a circle, the hospital was constructed in 2004, effectively replacing the federally-run Fort Qu'Appelle Indian Hospital and helping to close the doors on an era of racially segregated healthcare in southern Saskatchewan.[3] This project aims to position Indigenous Wellness as an unbroken thread of land-based, community-specific governance in Fort Qu'Appelle, Saskatchewan and throughout Treaty Four Territory. It asks not only how, but *why* traditional healing methods persisted throughout colonization, celebrates the ongoing success of Indigenous-led healthcare, and explores the ideologies behind Western and Indigenous approaches to health in order to better understand how they may work together. To understand how segregation emerged, and more importantly, how Indigenous medicine was never abandoned, we must first establish the land-based context in which this story unfolds.

[1] Personal notes. Conversation with Elder Margaret Keewatin. July 6, 2022.
[2] Conversational interview with Mitchell Soo-Oyewaste, October 5, 2023 and
John Belshaw, Sarah Nickel, and Chelsea Horton. (n.d) "Histories of Indigenous Peoples and Canada," Thompson Rivers University. https://histindigenouspeoples.pressbooks.tru.ca/back-matter/glossary-speaking-the-names-of-indigenous-nations/
[3] "Construction of Fort Qu'Appelle Indian Hospital", Gladue Rights Research Database online. University of Saskatchewan, 2023. https://gladue.usask.ca/node/2783

The Qu'Appelle River Valley is a place where the land and waters speak, and where many nations have come together in both prosperity and hardship. The river flows out into what are known as the four "Calling Lakes," named in reference to Cree oral tradition which holds that spirits inhabit the shores of the valley and can be heard calling out across still water. The Plains Cree of the Qu'Appelle are known as the *Tepwewisipiwiyiniwak*, the Calling River People.[4] The easternmost lake is named Katepwa, a derivative of the Cree word *Kahtapwao*, meaning "who calls?"[5] Stories of how the Qu'Appelle River was named have made their way from storyteller to trader, from grandparent to grandchild, and continue to be preserved through oral tradition as well as in print. The following excerpt is shared by Eleanor Brass of Peepeekisis First Nation:

> When he was drawing near the valley, he suddenly heard his name being spoken and he cried out, "Awayna-cahtay-pwayt? Who calls? Who calls?" There was no answer. He paddled even faster, and twice again he heard the voice, the last time more distinct. He recognized it as the voice of Evening Bird and he thought perhaps she had come to meet him. Again he cried, "Awayna-cahtay-pwayt? Who calls? Who calls?" When he finally arrived at his destination he went right into the camp; it was strangely quiet and suddenly he felt frightened. Finally one of the women came to meet him and said "Evening Bird has just left. She called your name three times, and passed away at the first gleam of dawn." Blue Cloud turned sadly away and left heartbroken. He knew that every time he came to the Qu'Appelle Valley, he would hear her voice calling his name. When his white friends heard the story, they repeated it in French, "Qu'Appelle? Who calls? Who calls?[6]

This is one of many versions of the Qu'Appelle naming story which has become a well-known piece of local folklore, shared widely with visitors to the valley. It was made famous by Pauline Johnson, a poet of Mohawk and English ancestry, whose embellished

[4] Naomi Lynne Mcllwraith, "Nitohta anohc. Nakatohke. Now Listen. Listen Hard: A Creative Study of Nehiyawewin, the Plains Cree Language, and the Reasons for Its Preservation" (Master's thesis, University of Alberta, 2007), 5.
[5] Sheena Koops, Andre Boutin-Maloney, Elizabeth Ingram, "Finding Common Gound: A Treaty Walk (& Roll) of Fort Qu'Appelle Saskatchewan," July 10, 2023. https://storymaps.arcgis.com/stories/e90dc91809a048ec95c2cfcc9a4b7492
[6] Eleanor Brass, ed. Jesse-Rae Archibald Barber, *Kisiskâciwan: Indigenous Voices from Where the River Flows Swiftly* (Regina: University of Regina Press, 2018), 136.

retelling has been criticized as "shamelessly romantic."[7] Many traditional origin stories like these have been taken beyond the trivialization and tropes found in Johnson's poetry, and readapted entirely to obscure Indigenous connection to place as part of a colonial agenda. [8] The survival of this story of place, and Brass's reinfusion of the *Nehiyawewin* (Cree) language in this publicly available narrative, speaks to ongoing resilience. If we engage with this narrative more deeply, it becomes part of a powerful origin story which continues to assert the identity and presence of a people. Stories do not seek to make a one-sided argument, rather, they are an invitation to understanding many perspectives and meanings. Laurie Meijer Drees shares how stories of place and experience "are more than historical facts; they embody an opportunity—a process—for understanding a period of time that has not been fully described or appreciated, a time that occasionally has slipped into shadow."[9] Having learned from the Western Apache, Keith Basso's discussion on "place-making" holds that the landscape tells the story of the personal and social identities of a people, as it provides both "durable symbols of distant events and indispensable aids for remembering and imagining them." As Basso concludes, encountering the landscape to understand the past is an approach which is "ancient but not outmoded" and remains with us today.[10] Historians are indebted to the many Indigenous voices who have contributed their collective histories and personal testimony, as they allow us as listeners to meet with people on the ground where they stood.

The in-person research for this project began in Summer 2022 with a visit to the All Nations Healing Hospital (ANHH). When I first met with Elder Margaret Keewatin, I had

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[7] Trevor Herriot. *River in a Dry Land: A Prairie Passage* (Toronto: Stoddart Publishing, 2000), 8.
[8] Place-name stories like these have often been readapted to feature settler characters and values as a way Christianising the landscape and obscuring Indigenous presence. See Jean L. Manore's discussion of *Le Pin Solitaire* in "The Historical Erasure of an Indigenous Identity in the Borderlands: The Western Abenaki of Vermont, New Hampshire, and Quebec," *Journal of Borderlands Studies* 26, no. 2 (2011): 191.
[9] Laurie Meijer Drees, *Healing Histories: Stories from Canada's Indian Hospitals* (Edmonton: University of Alberta Press, 2013), xxv.
[10] Keith H. Basso, *Wisdom Sits in Places: Landscape and Language among the Western Apache* (Albuquerque: University of New Mexico Press, 1996), 7.

almost no idea where to begin with my inquiry into the survival of traditional Indigenous medicine, so I asked her what questions I *should* be asking. She shared with whole-hearted openness and enough avenues of inquiry to write a dozen Master's theses. I had expected it to be difficult to find positive examples of cultural continuity, already discouraged by the plethora of crisis narratives I'd discovered during my preliminary readings. To my naïve surprise, her answers came with ease, and they came through storytelling.

In these early endeavours to understand the scope of research at hand, I was guided by the approach of Kim Anderson, who holds that consultation with elders yields many positive outcomes, not only to grow in understanding of a historical moment, but to learn a theoretical framework through which knowledge can be interpreted.[11] In Spring 2023 I made a follow up visit to better identify the core objectives of ANHH and to ascertain community interests and desired outcomes that may align with my research. This was part of a desire-based research approach inspired by the work of Unangax̂ scholar Eve Tuck, who also draws attention to the necessity of meaningful collaboration with elders.[12] These early visits ensured that the questions asked during subsequent conversational interviews were relevant to the core missions of ANHH.

Consent is an ongoing process with many checkpoints. From September 2023 to March 2024, knowledge was shared, clarified, and added to by co-researchers both in person and over the phone, and gathered through note taking and audio recordings. Personal notes from preliminary meetings which took place before ethics approval, were subject to the same review and consent process as the "formal" research, according to the guidelines of the Tri-Council Policy Statement. One of the most important parts of the formal ethics certification process was the drafting of a verbal consent script. Dr. Bimadoshka Pucan has written about

[11] Kim Anderson. *Life stages and Native Women: Memory, Teachings, and Story Medicine* (Winnipeg: University of Manitoba Press, 2011), 24.
[12] Eve Tuck, "Suspending Damage: A Letter to Communities," *Harvard Educational Review* 79, no. 3 (2009), 415.

the challenges of restrictive and bureaucratic ethics boards which, in some cases, prevent researchers from accessing oral history in a way that honours cultural protocols.[13] In this project, I was able to present co-researchers with the option to agree verbally and/or through signature, allowing for greater fluidity and natural interactions, as they themselves deemed what was most culturally appropriate. This was a crucial part of honouring oral agreements, past and present, and decolonizing research.

From the beginning, I was graciously instructed by many guides, including friends and staff members of All Nations, on how to follow basic cultural protocols. Upon my first meeting with the Elder on staff, I offered a small gift of tobacco that I extended to her as we shook hands. Her reception of this gift illustrated a meaningful act of consent. As Wendy Geniusz writes, gifts of tobacco, song, or other gifts of value are also a way to ask plants for permission to harvest them as medicine.[14] This practice recognizes that spiritual healing is necessary for physical healing and at the same time, illustrates a consent process which is part of an overarching spiritual value system.

Transforming oral history and storytelling into written form in a way that reflects and incorporates Indigenous epistemologies is a challenge requiring careful consideration. Writer and botanist, Robin Wall Kimmerer, laments that a formal Western writing structure should be required at all to express Indigenous worldviews: "I'm not sure I want to force the teachings of grass into the tight uniform of scientific thinking and technical writing that is required of the academy: Introduction, Literature Review, Hypothesis, Methods, Results, Discussion, Conclusions, Acknowledgments, References Cited. But I've been asked on behalf of sweetgrass, and I know my responsibility."[15] Kimmerer eloquently compares and

[13] Bimadoshka Pucan, "The Anishinaabeg of Chief's Point," PhD Thesis (Ottawa: Western University, 2019), 32. https://ir.lib.uwo.ca/etd/6161.
[14] Wendy Geniusz, *Our Knowledge is not Primitive: Decolonizing Botanical Anishinaabe Teachings* (Syracuse: Syracuse University Press, 2009), 61.
[15] Robin Wall Kimmerer, *Braiding Sweetgrass: Indigenous Wisdom, Scientific Knowledge, and the Teachings of Plants* (Minneapolis: Milkweed Editions, 2013), 158.

bridges Indigenous knowledge and Western scientific understandings of the natural world. Shawn Wilson, author of *Research is Ceremony*, writes that Indigenous research methods not only consider empirical data, but also that which is "extra-intellectual." He asserts that "we need all of the methods available to us that will allow us to fulfill our obligations or relationships to the community."[16] Elders carry knowledge from cultural ways of knowing,[17] which may include a wide variety of "sources" including prayer and dreams. The stories they share may span many different timelines to draw connections and relationships between these moments. Wilson intentionally interrupts his own theoretical discussion to insert personal anecdotes and stories which may have taken place the day before or in the ancient past. I found that emulating this approach to some extent in this thesis was a much more natural way of drawing attention to cultural continuity and prioritizing Indigenous perspectives, rather than adhering to a conventional "change over time" historical progression. Part One intentionally begins in the present day to foreground the historical analysis of Part Two. The historical analysis frequently revisits the present to draw clear links to the survival of traditional healing and the persistence of colonial mentalities. I challenge the common pretense that historical information can only be drawn from the past, and argue that in the case of cultural continuity, the present directly helps us to identify motives and values which existed in history much as they do today.

Wilson also offers valuable guidance in partnered research and allyship. He writes for both Indigenous and non-Indigenous academics, making many constructive comparisons

[16] Shawn Wilson, *Research is Ceremony: Indigenous Research Methods* (Winnipeg: Fernwood Publishing, 2008), 111.

[17] As described by co-researcher Mitchel Soo-Oyewaste, Indigenous ways of knowing refer to foundational teachings and the action of living out that knowledge. Simply put, "this is what I've learned, and this is what I do." Ways of knowing vary greatly depending on the core values and protocols of a particular nation. Each is based on different creation stories and guidelines for living a good life. For instance, "The Seven Grandfather Teachings." The term Indigenous ways of knowing is used frequently in the text to express the active, embodied nature of Indigenous knowledge systems. I have chosen to capitalize the word Indigenous throughout the text in acknowledgement of these cultural systems, rather than using the lowercase indigenous which may simply mean "native to." Conversational interview with Mitchell Soo-Oyewaste, October 5, 2023.

between differing worldviews and systems with the overarching goal of mutual understanding. Grounded in principles like the three Rs of Indigenous research: respect, reciprocity and responsibility, Wilson asks how to situate oneself and be a participant in research and, most of all, how to shift the focus to relationships and remain accountable to them. According to Wilson, positivist and post-positivist epistemologies are invested in finding knowledge that is as verifiable and as objective as possible, even if the ultimate impossibility of this goal is acknowledged. Critical theory and constructivism on the other hand, recognize a fluid set of realities influenced by social determinants such as class, race, and gender. The latter two are more focused on improving outcomes for research participants and the function of the knowledge obtained, rather than on the accumulation of knowledge for its own sake. For Wilson and many others, Indigenous research is about relationships, and it is impossible to separate the academic from the personal, as the latter forms the identity and the path of the person doing research.[18]

The co-learning approach of Etuaptmumk, or Two Eyed Seeing (E/TES) is another empowering reference for Indigenous/non-Indigenous research partnership. Co-authored by the first leader of this approach, Elder Albert Marshall, this study demonstrates how many Indigenous nations retained strength in traditional medicine throughout colonization and traditional therapeutics remained the dominant approach to healthcare in their communities. The publication offers guidance for those researching Indigenous health with an E/TES approach, taking into account the history and community-specific contexts in the co-creation of research and desired outcomes. Kinship is defined as an interdependent network of relationships which implies the moral responsibility of reciprocity. Community engagement

[18] Wilson, *Research is Ceremony,* 91.

in research, in turn, refers to understanding and creating these bonds of reciprocity according to community protocols and desired outcomes.[19]

A relational research approach deliberately acknowledges the subjectivity of the researcher and the direct effect that the study may have on the individuals and communities being researched. This approach is described by Erynne Gilpin, who aptly states that "the commitment for researchers to self-locate in relationship to the Indigenous community establishes unprecedented sites for transformation and state-accountability within the larger context of colonial imperialism."[20] Community-focused projects are necessarily personal and require the openness and transparency of positioning ourselves in our work.[21] To participate in the retelling and reinterpreting of history, especially through engagement with oral tradition and personal testimony, is to participate in storytelling. Laurie Meijer Drees describes this as an obligation and a responsibility, to situate oneself and actively participate in the passing of story from teller to listener and so on. She shares that through this process, "stories change us; they make us share. Stories are not just a form of pristine evidence, an object outside of us, but are rather a living and lively way of 'being together.'"[22]

It is with these reflections that I position myself in allyship and offer the following statement of self-location. I acknowledge that as a cultural outsider, I will never be able to communicate the fullness of Indigenous worldviews. I grew up in Regina, Saskatchewan, with predominantly mainstream suburban and rural influences. My public education and social circles reflected the settler values of extractive economics and industrial agriculture. My ancestry is Euro-Canadian, of primarily Irish, English, and Belgian descent. I was

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[19] John R. Sylliboy, Margot Latimer, Elder Albert Marshall, and Emily MacLeod, "Communities take the lead: exploring Indigenous health research practices through Two-Eyed Seeing & kinship," *International Journal of Circumpolar Health* 80 no, 1929755 (2021): 4.

[20] Erynne Gilpin, "Land as Body: Indigenous Womxn's Leadership, Land-Based Wellness, and Embodied Governance" (PhD thesis, University of Victoria, 2020), 59.

[21] In this approach, to write in a narrative style using first person point of view can be more appropriate than a formal text which places the author as anonymous.

[22] Meijer Drees, *Healing Histories,* xxiii.

fortunate to be raised by loving parents who guided my spiritual growth from a Christian perspective. Although my beliefs have evolved in adulthood, I carry certain spiritual understandings at my core, prompting and guiding my endeavour to relate to diverse belief systems. My childhood was highlighted with summer visits to the Qu'Appelle Valley for its lakes, beaches, and trails. I learned to identify chokecherries, the same brilliant crimson fruit my grandmother would make into jams. It is a special place to all who know it and one that continually calls me back. Unlike the mountains that proudly announce their presence from a distance, there is no way to predict the rush of beauty and wonderment of standing upon a plateau at the edge of a great river valley. If you don't come close, you'll miss it. It is here that I have felt how stories of place are an invitation to journey with the land and its people in meaningful ways.[23]

Growing up in Treaty Four Territory, I remember going to elementary school with children from Métis and Cree families. We went on field trips to powwows, learned in class how to make bannock, and were exposed to Indigenous history and culture at local sites like Batoche and Wanuskewin. Yet for all the beauty and richness of the cultures shared with me, I also observed harsher realities in Regina's marginalized neighbourhoods, like the racialized North Central, where, as children, we knew not to wander alone. As an adult, I saw First Nations people on the streets and ending up as emergency room "regulars" in our hospitals. I have been prompted to ask myself why I have always assumed to belong here on this land,

[23] From the beginning, this project was a process of following my feet. It was about taking time outside on the land I wrote about. It meant going to the physical spaces where I could connect with people face-to-face and understand how they themselves relate to the environment and communities they are a part of. I witnessed how the agency of place holds direct influence on how we gather and interpret information. I found that try as I might to research Saskatchewan's medical histories from Ireland during a semester abroad, with all the conveniences the internet may have to offer, it was not until I was physically back in the prairies that things began to fall into place. While studying in Ireland, I had the pleasure of meeting with Dr. Rosarie Kingston, whose work aims to preserve and promote traditional Irish medicine. Through our conversations, I discovered an intriguing affinity between the guardianship of traditional medicine and language in Ireland and the resurgence of Indigenous healing knowledges in Canada. I quickly realized that the convergence of these knowledge systems is a topic which deserves a much larger work than a master's thesis. Nonetheless, I have been prompted through this exploration to reflect on support that can be found in unexpected places and the potential of shared resistance against the exploitation of cultural lifeways, human health, and the earth.

benefitted from accessible health services, and learned about the heritage of this land without any real clear avenues of relationality or accountability. Certainly, in school we were taught to respect differences and introduced to cultural sensitivity, but as onlookers, at a distance. I wonder why it is only now that I am considering the weakened ecosystems of the grasslands, the vast majority having been divided up for monocultures, and the ways this is reflected through the health of all living beings that call the prairies home. I am learning that partnership calls for participation, action, and accountability in addressing the comfortable disconnect of settler culture.

I believe that strong relationships are central to mutual understanding, community development, and wellbeing. I still have so much to learn; I go forward knowing that some of my steps will be blind, that I require a great deal of guidance, and must have the humility to reorient my path when I am corrected. I acknowledge that I naturally fall into the academic habits of my mainstream educational background and that my research findings and methods are necessarily also products of this style of interpretation. I have attempted to address this dilemma through transparency and accountability, by challenging the status quo of Western historical research and writing, and through the prioritization of the voices of co-researchers to be louder than my own. The term 'co-researchers' is used in place of research participants or interviewees to illustrate a collaborative approach based on non-ownership of the work produced. In the words of Wilson, "if knowledge is formed in a relationship, it can't be owned."[24] In this spirit of partnership, may our sense of responsibility to do what's right be stronger than our fear of making mistakes.

**Histories of Healthcare**

Many of the primary sources available from the settlement period in the Qu'Appelle region are what Wendy Geniusz refers to as "colonized texts", in that they present and

[24] Wilson, *Research is Ceremony,* 114.

prioritize knowledge based on settler philosophies and the theories of the colonizer.[25] Indian agent reports, statistical data from government-funded medical studies, correspondence between state officials, reserve physicians, and religious leaders have long formed the basis of academic historical analysis in this timeframe. Unless approached with a critical eye, these sources can inadvertently perpetuate the same colonized perspectives they contain. Much of the existing literature of Plains First Nations history in the settlement period is thus focused on cultural breakdown and ongoing health crises resulting from economic and social exploitation. While these are important realities to recognize, if cultural breakdown remains the focal point, it supports the colonial ideology of Indigenous bodies as fundamentally damaged and in need of outside intervention. In turn, this negative discourse obscures most, if not all, sense of positive action taken by First Nations people, past and present. In the words of Trevor Herriot, "colonialism, we have learned too late, is an utterly unreliable narrator."[26] In an effort to confront colonial knowledge bases with Indigenous worldviews, the focal primary source base for this study is the contribution of co-researchers at the All Nations Healing Hospital. Existing oral history sources are also woven into the analysis to continue to assert Indigenous perspectives on health. In this way, oral history offers a counter-balance to the omissions and distortions of colonial documents.

This project is about bridging perspectives; thus, it also looks to analyze settler motivations for segregated healthcare. Colonial documents remain useful to this effect, as they reveal a great deal about the attitudes of the people who wrote the records, in some cases more than the accuracy of the content. Early reports of the Dominion of Canada provide empirical descriptions of federal health institutions, but they are presented in such a way as to highlight the government's benevolence toward Indigenous people. The Fort Qu'Appelle

[25] Wendy Geniusz, *Our Knowledge is not Primitive: Decolonizing Botanical Anishinaabe Teachings* (Syracuse: Syracuse University Press, 2009), 5.
[26] Herriot. *Towards a Prairie Atonement* (Regina: University of Regina Press, 2016), 13.

Indian Hospital is described positively as a bright, modern facility, "located in one of the most beautiful spots in Qu'Appelle Valley", yet the facility, in both design and function, in no way reflected the healing power of that landscape and aimed to keep the people separate and contained.[27] Another useful publication is *The Story of a National Crime* released by Peter H. Bryce in 1922. Bryce's expose is well-known by scholars today for having publicly revealed the dismal health conditions in Residential Schools. For the purpose of health histories, the report also demonstrates the broader attitudes and approach of government appointed physicians in the early twentieth century.[28] One of these physicians was Doctor R. G. Ferguson, whose implication in the health administration of Qu'Appelle reserve communities is outlined through patient testimony, private letters, and newspaper publications. Correspondence letters between First Nations chiefs and representatives of the Crown, like those between Yellow Quill and Alexander Morris, show that Indigenous leaders continuously pressed the government to live up to treaty promises. These demands were frequently given hollow responses in line with what Maureen Lux has termed "optimistic paternalism."[29] While these primary documents are useful, limited accessibility to archival material relating to healthcare presents obstacles to thorough research. For example, the Saskatchewan Anti-Tuberculosis League fonds require a lengthy approval process with multiple steps and waiting times, wherein the researcher must identify the exact information they seek, before knowing what is included in the collection. This is standard protocol to protect documents containing confidential health data but can be a stumbling block for researchers of Indigenous health history. Access to health records remains an area of critical

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[27] Dominion of Canada Report of the Department of Mines and Resources Including Report of Soldier Settlement of Canada, March 31, 1937, p. 192. Library/Indian Affairs Annual Reports, 1864-1990, 32985, Library and Archives Canada. https://central.bac-lac.gc.ca/.item?id=1937-IAAR-RAAI&op=pdf&app=IndAffAnnRep&lang=eng

[28] Peter H. Bryce. *The Story of a National Crime: An Appeal for Justice to the Indians of Canada*. (Ottawa: James Hope & Sons Ltd., 1922), 14.

[29] Maureen K. Lux. *Medicine That Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940*. (Toronto: University of Toronto Press, 2001), 142.

concern for Indigenous communities, who for professional or personal reasons, wish to exercise research governance but face “poor quality data” of questionable reliability and completeness.[30] As histories of segregated healthcare exist in the recent past and reverberate into present health gaps, there remains a great deal to be understood and addressed. As Manitoba scholar Paul Hackett wrote in 2005, “one area that is as yet under-utilized, but may yield important insights into the complex question of First Nations health, is history… for, when it comes to health, the past often has something to say about the present.”[31]

Trevor Herriot is one such scholar exploring the direct links between past and present. As a naturalist, Herriot constantly brings his historical narratives back into the sensory realm through immersive descriptions of natural beauty. Although at times his descriptions fall into a certain level of romanticism, his approach succeeds in emphasizing the importance of actually spending time in a place to listen to and learn from it. There is a subtle but intriguing shift in his work, from a kind of heavy nostalgia of the onlooker in his 2000 publication of *River in a Dry Land,* to a more participatory and collaborative approach as he consults with Elder Norman Fleury for his book, *Towards a Prairie Atonement* sixteen years later. This not only reflects Herriot’s growth as a scholar but a larger movement in the ways historians have learned from Indigenous leadership how to begin to decolonize the narrative of settlement. Through his collaboration with Elder Fleury, Herriot shows a tangible movement away from the kind of reconciliation that causes Canadians to turn their heads down, frozen in sorrow and shame, to the kind that leads us to look, listen, and take action together. Herriot has concluded, like many others, that the ongoing barriers to “atonement” are greed and extractive land use: “Any chance to create an economy that nurtures the prairie instead of devouring it, to break down the garrison holding the wealth of the land and keeping its First

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[30] Karen Wright, Tapera, R.M., Stott, N.S., et al. “Indigenous health equity in health register ascertainment and data quality: a narrative review,” *International Journal for Equity in Health* 21, no. 34 (2022), 2.

[31] Paul Hackett. “From Past to Present: Understanding First Nations Health Patterns in a Historical Context,” *Canadian Journal of Public Health* 96, 1 (2005): 17.

Peoples out, will require us to embrace the best of Indigenous and settler values."[32] To move forward, it is necessary to draw on positive examples through a process of remembering. From a Metis/Michif perspective, Elder Feury reminds us that "there are also many good stories that we—Michif and settlers—share, stories from our past that tell of how the Michif and newcomers worked together."[33]

This kind of partnership research through storywork is one of the many contributions of Laurie Meijer Drees's work. Author of *Healing Histories: Stories from Canada's Indian Hospitals*, she brings the experiences of Indigenous patients to the foreground in an extensive exploration of Indian Health Services (IHS) through the mid twentieth century. Meijer Drees contends that "just as the administrators, doctors, and nurses of IHS believed in their manifest destiny to apply Western medicine in Aboriginal communities, so, too, Aboriginal people tell stories that resonate with a pride in their ability to prevail in the face of impacts Indian Health Services had on their own lives."[34] Stories of lived experience show Indigenous courage and resistance despite assimilationist policy, providing an antidote to an imbalanced narrative focused on cultural damage.

The deliberate prioritization of empowering narratives is an approach which has been developed by Eve Tuck. Tuck discusses the "theory of change", whereby testimonies of pain, loss, and damage are gathered in order to hold perpetrators and oppressive systems accountable. However, Tuck asserts that this dually serves to "document failure rather than provide opportunities to redress existing inequities" and that this kind of change theory can cause Indigenous people to feel "over researched yet, ironically, made invisible."[35] Having

[32] Herriot, *Towards a Prairie Atonement,* 107.
[33] As quoted in Herriot, *Towards a Prairie Atonement,* 113.
[34] Meijer Drees, *Healing Histories,* xxxvii.
[35] Eve Tuck, "Suspending Damage," 412.

consulted with elders, she suggests a framework of "desire-based" research, stating in 2009 that "we are in a new historical moment."[36]

In her 2011 publication *Life stages and Native Women: Memory, Teachings, and Story Medicine*, Kim Anderson situates decolonization as healing, and stories as medicine. Bringing together language, place, holism, identity and kinship, story has the power to change the ways we approach healthcare histories and research. She explains Indigenous wellness through the relationship of life stages and how the ceremonies and knowledge that come with those steps ensure "a lifetime of good health and wellbeing."[37] Anderson stresses the importance of working with elders and Indigenous communities not only to collect information but to collaborate on the interpretation of that information. Through her experience, Anderson shares how oral history work often begins with an inquiry into Indigenous perspectives of history and ends up revealing truths about identity instead of "truths" about "what happened."[38] Taking a desire-based approach, Anderson shares histories of healthy and intact traditions with the near absence of violence and abuse that was going on at the same time. To her, there are already many sources devoted to this kind of truth-telling, and perhaps not enough which is aimed at the rebuilding of what was lost or celebrating what has remained intact.

This shift in historiographical framework is a long time coming, yet remains slow to catch on. As early as 1998, Marie Ellen Kelm was writing about how Indigenous health histories based on destruction and disempowerment have perpetuated a view of First People as damaged "bodies," existing separately from their mind, heart, spirit, and disconnected from their environment. In *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-50*, Kelm shows how, from the very beginning of European contact,

[36] Tuck, "Suspending Damage," 416.
[37] Anderson, *Life Stages and Native Women,* 39.
[38] Anderson, *Life Stages and Native Women*, 18.

Indigenous leadership has "consistently critiqued medical portrayals that present Aboriginal people as essentially pathetic, pathological, and powerless."[39] In *Medicine that Walks* (2001) by Maureen Lux and *Our Knowledge is not Primitive* (2009) by Wendy Geniusz, the common notion of Indigenous health as in perpetual crisis is effectively unraveled, and each brings attention to the ways traditional healing methods have survived and proven their viability in facing both past and present health challenges. With her meticulous research into the reserve period in the Canadian plains, Lux shows how the objectivity of allopathic medicine did not acknowledge context-specific, land-based remedies. Both Geniusz and Lux show that despite colonial scientific 'advancement', Western treatments largely failed; for such treatments ignored the culturally-relative frameworks of "explanations, relationships, and world view."[40]

Indigenous scholars like Gregory Cajete also argue for a decentralized view of Western science, recognizing that numerous Indigenous peoples have independently developed paradigms of understanding and studying the natural world. His book, *Native Science* (2000) examines why biomedicine is largely unable to answer to cultural contexts with an interconnected worldview. Cajete brings his background as a Tewa biologist, sociologist, ethnobotanist, and philosopher to the table and employs chaos theory to approach science from a subjective and culturally grounded place. He describes how the Western "trap of abstraction" keeps us from gaining knowledge of nature through personal experience.[41] He addresses the irony of developing technologies aimed to support a certain civilization which, through their estrangement with nature, have a destructive effect on the communities they seek to preserve. Finally, Cajete emphasizes the centrality of Indigenous storytelling as a

[39] Marie Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-50* (UBC Press, 1998), xvii.
[40] Lux, *Medicine That Walks,* 72.
[41] Gregory Cajete. *Native Science: Natural Laws of Interdependence* (Santa Fe, New Mexico: Clear Light Publishers, 2000), 22-23.

process of understanding how energy is distributed and shared, and the inextricable link between Native science and spirituality.[42]

Even as Cajete discussed Indigenous Ways of Knowing in relation to Western science, the early 2000s continued to see scholarship which glorified the latter in healthcare histories. With a particular interest in philosophy and religion, historian Michael Bliss aimed to explore the connections between the economic, social, and political landscape of Canada in the late nineteenth and early twentieth centuries; the era which he claimed to be especially formative of modern society. He wrote several ground-breaking works of Canadian history from the 1970s through to 2010, the last of which was a summary compilation entitled *The Making of Modern Medicine* (2011). In this work, Bliss presents a worldview in which medical achievement and innovation constitute a linear process, where biotechnology has effectively replaced religious faith. As Bliss holds, toward the end of the nineteenth century, secular reasoning was rapidly overtaking religious reasoning in the diagnosis and medical treatment of disease. The notion of cleanliness being next to godliness, or as Bliss suggests, actually displacing godliness,[43] took hold in medical circles in Europe and in Canada. This idea would inform the practice of racial segregation for the protection of "clean" civilization from that of ostracised, unclean others. It was also wielded to dismiss spiritually rooted Indigenous healing methods as fundamentally inferior, superstitious, and behind the times. Bliss celebrates the triumph of insulin therapy for diabetes, yet this illness remains one of the greatest health concerns in Indigenous communities today.[44] He repeatedly refers to the 1920s as a time of achievement in the specialization of surgery, with no acknowledgement of how unsuccessful and damaging surgical experimentation was to Indigenous tuberculosis patients in Canadian sanitoria and Indian Hospitals. Bliss's unilateral summary of healthcare

[42] Gregory Cajete. *Native Science: Natural Laws of Interdependence*. (Santa Fe: New Mexico. Clear Light Publishers 2000), 33.
[43] Michael Bliss. *The Making of Modern Medicine*, 10.
[44] Conversational interview with Mitchell Soo-Oyewaste, October 5, 2023.

development in Canada is rendered even more astonishing by the fact that, in the previous decade, he had served on the supervisory committee for Mary Ellen Kelm's PhD dissertation which would become *Colonizing Bodies*. Bliss was a well-respected expert in his field and rightly highlighted many of the positive aspects of Western medicine. Perhaps his total omission of Indigenous perspectives points to an issue that the settler mind continues to grapple with. If Western scientific medicine is the most advanced form of health intervention, how can another system be held up next to it with equal validity?

Although Maureen K. Lux published the article "Perfect Subjects: Race, Tuberculosis, and the Qu'Appelle BCG Vaccine Trials" in 1998, by the year 2017, the idea that Indigenous peoples were subjected to medical experimentation still left many Canadians "aghast."[45] In *Medicine Unbundled: A Journey Through the Minefields of Indigenous Healthcare* (2017), Gary Geddes draws on personal testimony shared by survivors to assemble an "exposée" on the damage caused by federally administered health institutions. As the title suggests, his work is a hard-hitting compilation of predominantly dark narratives. Like Lux, his meticulous research helps to fill many knowledge gaps when it comes to the Indigenous experience of colonial healthcare. One of the women he interviewed, however, expresses her frustration with the ongoing need to reassert painful testimonials: "I think as a country we need to grow up and own it. Not just what happened with the TRC – that was needed – but enough now with people having to recite and repeat their stories. Enough."[46] As James Daschuk notes in his groundbreaking publication, *Clearing the Plains: Disease, Politics of Starvation, and the Loss of Indigenous Life* (2019), Indigenous health research has become an echo chamber in which scholars "argue over the magnitude of horror unleashed by

[45] Gary Geddes, *Medicine Unbundled: A Journey Through the Minefields of Indigenous Healthcare* (Victoria: Heritage House Publishing Ltd. 2017), 89.
[46] Geddes, *Medicine Unbundled*, 49.

Columbian encounter."[47] He offers an extensive compilation of research beginning with prehistoric Plains People and detailing Indigenous experience in its own right, set against the backdrop of the colonial narrative. Geddes, Lux, and Daschuk have contributed enormously to the kind of raw truth-telling that was missing for so long from the history books. The heavy task of exposing grand-scale injustice and harm on Indigenous bodies and lifeways has been carried by courageous survivors and dedicated Indigenous and non-Indigenous researchers. It is thanks to them that empowering narratives of cultural survival and resurgence may be treated with a new level of credence. Within a desire-based framework, Indigenous research is designed to come back full circle. In the case of health histories in Fort Qu'Appelle, there remains work to be done in order to bring the narrative around, to where it gives back to the community.

The last federally-run Indian Residential School closed in Saskatchewan in 1996.[48] Significantly, in that same year, the File Hills Qu'Appelle Tribal Council and the Touchwood Agency Tribal Council jointly secured the ownership and administration of the Fort Qu'Appelle Indian Hospital.[49] However, a quick Google search of "Indian Hospitals" offers no apparent link between the end of government administration, and the many ways that Indigenous-led wellness initiatives have grown in their place. The Canadian Encyclopedia has been silent on the subject since 2018, the year that Indian Hospital survivors launched a class action lawsuit against the federal government. A brief mention of the lawsuit is the only entry found in the article on Indian Hospitals under the section "Reconciliation."[50] Many

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[47] James Daschuk. *Clearing the Plains: Disease, Politics of Starvation, and the Loss of Indigenous Life*. (Regina: University of Regina Press, 2019), 2.
[48] J. R. Miller, Tabitha De Bruin, David Gallant, and Michelle Filice. "Residential Schools in Canada," The Canadian Encyclopedia online, January 11, 2024. https://www.thecanadianencyclopedia.ca/en/article/residential-schools#:~:text=The%20Gordon%20Residential%20School%20in,funded%20residential%20school%20in%20Canada.
[49] "History," All Nations Healing Hospital, File Hills Qu'Appelle Tribal Council (FHQTC) and Touchwood Agency Tribal Council (TATC), 2023. https://allnationshealinghospital.ca/about-us/#:~:text=History,Indian%20Hospital%20built%20in%201909.
[50] Maureen Lux, "Indian Hospitals in Canada", The Canadian Encyclopedia online, January 31, 2018.

stories of self-determination and resurgence, as Indigenous communities increasingly retake governance of their own healthcare, have yet to be acknowledged and shared.

In her book *Braiding Sweetgrass*, Robin Wall Kimmerer helps to point the way forward. As a Potawatomi botanist and professor, Kimmerer observes how many of her students hold a certain nihilistic outlook on human interactions with the earth. Weighed down with negative examples of extractive land use and environmental degradation, Kimmerer observes "as the land becomes impoverished, so too does the scope of their vision…How can we begin to move toward ecological and cultural sustainability if we cannot even imagine what the path feels like?"[51] Kimmerer concludes that the missing piece is storytelling. Her students were not raised with creation stories like Sky Woman, which act as a compass to living in harmony, generosity, gratitude, and reciprocity. As oral tradition finds its way into historical research, the "new historical moment," announced by Eve Tuck fifteen years ago, is coming into view. Scholars like Erynne Gilpin have built upon the foundations set out by Kelm and Wilson, to reverse the perspective and reveal how Indigenous bodies are crucial sites of self-determination and "embodied governance."[52] This kind of research may not present itself in the form of easily transmitted facts and figures, but the slow communication of story, if met with patience and intentionality, reveals the kind of medicine that adapts to every disease, in every era.

[51] Wall Kimmerer, *Braiding Sweetgrass*, 6.
[52] Gilpin, "Land as Body," iii.

## Part One: Tradition, Holism, and Wellness at All Nations

The Cree term kêhtê-aya / ᑫᐦᑌ ᐊᔭ has been translated into the English language with the non-descript noun elder, which can simply refer to a person of advanced age. In contrast, kêhtê-aya is a verb, describing an active role that has been earned and a vast knowledge base nurtured over a lifetime.[1] As Elder on staff with nearly twenty-five years of experience, Margaret Keewatin understands the fabric of what holds everything together at the All Nations Healing Hospital, among the surrounding communities of Fort Qu'Appelle, and the broader movements and evolutions of Indigenous Wellness and healthcare in Canada. She has travelled for many conferences and exchanges regularly with other Elders and healthcare professionals. With a focus on the welfare of future generations, she is keenly aware of how much is already being done to increase understanding between cultures and nations. She is conscious of the ways that Indigenous leadership and partnership are moving towards accessible holistic healthcare for Indigenous communities. At All Nations she is revered and respected at once as a leader in a governing body and as the head of a family. Those in her immediate circle call her *Kôhkom,* the Cree word for grandmother. Her kinship network not only includes the people she works alongside but extends past the hospital walls and encompasses the unique biodiversity that surrounds the center; the medicines that grow wild and plentiful in the Qu'Appelle Valley.

As I sat with Elder Margaret, she told me about a blended approach to treat patients with kidney disease. The treatment pairs conventional dialysis with a special array of plant medicines. This holistic approach has the ability to increase the functionality of a patient's kidneys, which in the case of kidney failure, could normally only be accomplished through

[1] "Indigenous Elder Process". External Relations, The University of Alberta, 2024. https://www.ualberta.ca/toolkit/communications/aboriginal-elder-process.html

surgical transplant.[2] The recipe for this plant medicine was received by her late colleague and Knowledge Keeper, Rick Favel, in a vision as he himself was undergoing dialysis. The voice he heard questioned him, exclaiming "what are you doing?" It assured him that he already had everything he needed to be healthy. After this experience he collected the medicines that he'd been prompted to and the blend allowed him to get off dialysis. Ever steady and down-to-earth, Elder Margaret explained that this is not the case for every patient and typically this medicine, taken as an infusion, is not a cure. Rather, it works in conjunction with other therapeutics in hospital, rendering each approach more effective than they would be on their own.

During his time as head of the dialysis unit, Favel shared his knowledge of traditional medicines with an apprentice who took over the role after Favel's passing in 2022. Elder Margaret shared how this was a very difficult time for all who knew him, his work having helped so many. His memory and legacy remain strong at ANHH, having contributed greatly to the Rising Bear Healing Centre for kidney patients as well as the Cultural Program at White Raven Healing Centre. The co-researchers of this project draw many of their approaches to healing from the latter program. When Gary Geddes visited All Nations as part of his research for *Medicine Unbundled*, it was Favel who guided him through the ceremonial spaces which serve many purposes, from processing grief to "spiritual instruction and oral education."[3] It was Favel's vision to create a place where "western medicine/medical practices would meet Indigenous medicine/medical practices and walk alongside one another for the overall health of [our] clients, patients, staff, and visitors."[4]

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[2] "Dialysis." National Kidney Foundation online. New York, 2024. https://www.kidney.org/atoz/content/dialysisinfo

[3] Gary Geddes, *Medicine Unbundled: A Journey Through the Minefields of Indigenous Healthcare* (Victoria: Heritage House Publishing Ltd. 2017), 168.

[4] "FHQTC Statement on the passing of Knowledge Keeper Rick Favel." File Hills Tribal Council, May 27, 2022.

Throughout this research journey, I have often been asked by those who are curious about traditional Indigenous medicine for examples of herbal remedies and treatments. As my mind would struggle and fail to formulate a response, I realized that a simple answer would pull the medicine out of context and cause it to lose its meaning. Even our conversational habits are culturally oriented, and an everyday discussion may not be adapted to the kind of knowledge transfer which comes through active engagement and lived experience. I reached out again to Elder Margaret over the phone, seeking clarification about the treatments for kidney patients, but I was in for another learning curve. "It would not be right for me to ask for the ingredients of this medicine," she told me. Even though she herself carries a wealth of knowledge from ceremonial protocols to spiritual guidance, to dozens of plant medicine recipes, this does not mean that she should have easy access to someone else's knowledge.

This is a fundamental concept in Indigenous ways of knowing that Western scientific medicine struggles with because it cannot be empirically tested. Experiential knowledge is not the kind of information that one can simply learn from a textbook and measure for efficacy. It is not the kind of efficiency-obsessed, internet-dependent transfer of information that modern Canadian society has come to expect and takes for granted. Instead, it is earned through intentional listening and reciprocity, in essence, through relationships. In reference to his learnings on the Athabascan Gwich'in people, Gary Geddes puts it plainly: "we begin to understand and hold in awe a way of life that we might have once dismissed as primitive, passé, or inferior but which, in fact, is shown to be subtle, complicated, and heroic in comparison to the technology-laden and overly protected world of privilege many of us inhabit."[5] However, the point of the present exploration is not to pit one way of life (or medical tradition) against another, but to hold that in understanding their differences we may

[5] Gary Geddes, *Medicine Unbundled: A Journey Through the Minefields of Indigenous Healthcare* (Victoria: Heritage House Publishing Ltd. 2017), 187.

see how they work together within frameworks of Indigenous governance. This is not a return to the past, but an acknowledgement of the dynamic and adaptive nature that has always been inherent to Indigenous belief systems. Indeed, as one co-researcher reminded me, a lack of access to information and technology today can be just as much a sign of poverty as a diet of low quality, processed food.[6] Modern medical technology can, and is, being used in empowering ways in tandem with ancestral wellness practices.

The knowledge shared through the following pages is intended to provide a clearer understanding of the functioning, core objectives and unique community-focused context of the All Nations Healing Hospital. It is also to shed light on what is meant by the words wellness, holistic, and traditional through the voices of the people working to make this kind of care accessible. With the insights of co-researchers, a common thread will be drawn between past and present, to illustrate the continuity and non-linear nature of Indigenous-led health support.

The Hospital is comprised of multiple departments, each with its own focus, including Rising Bear, Red Wolf, and White Raven. Connecting each department are winding corridors filled with intentional symbols of the four elements, the four directions, and other principles of the medicine wheel. In the central courtyard of the circular facility stands a tipi. These are not simply decorations. Instead, they embody a conscious reflection of value systems which directly inform the health practices taking place on site. As part of my initial visit, Elder Margaret took the time to show me the room where a careful collection of leaves, flowers, and roots were dried and prepared into medicine. As she described the harmonious combination of yarrow and horsemint, I began to appreciate the wealth of traditional knowledge being preserved in even the smallest of details.

[6] Conversational interview with Mitchell Soo-Oyewaste, October 5, 2023.

Through a traditional naming ceremony, White Raven was chosen by the head Grandmother Spirit by the same name.[7] It is in this department of ANHH that visitors can find the offices of the Elders on staff, the members of the Culture Team, as well as numerous dedicated spaces for ceremony. Some of these rooms are devoted to staff so that they can smudge, pray, and take time for self-care in order to process and navigate the difficulties which arise on the job; a powerful example of embodied practice. The alignment of lifeways and treatment is at the core of the help they provide. In order to teach patients and clients practices of self-care, to strengthen their sense of identity and self worth, the staff find grounding in these methods themselves. Each member of the culture team lives traditionally, meaning that they actively adhere to the protocols and values of their nation. This approach is echoed by Erynne Gilpin in her research on Indigenous embodied governance. Drawing from guided conversations with seventeen Indigenous women and from her own Cree-Michif background, she observes:

> An overarching theme of embodied governance (embodied practices of leadership and wellness), with four domains: 1. Spirit and Culture (sense of personal balance and alignment of mental, spiritual, physical and emotional bodies), 2. Creative Resurgence (self-actualization and vitality), 3. Relational Accountability (belonging and accountability to others) and 4) Kitaskînawî pî kiskinohamâkoya. Sâkihito-maskihkiy î pî kiskinohamâkoya (Relationship to Land/Water).[8]

In this passage, Gilpin defines embodied governance as including practices of wellness. One is necessary for the other if there is to be healing of self or others. During subsequent visits to ANHH in the spring and summer of 2023, I had the pleasure of meeting with co-researcher Claudia Goodwill. Despite her numerous professional qualifications and experience running and creating mental wellness programs, she prefers to be identified simply as a Helper. As she reminds her clients, "we're born as a human being. We're not

[7] "White Raven Healing Centre," All Nations Healing Hospital. File Hills Qu'Appelle Tribal Council (FHQTC) and Touchwood Agency Tribal Council (TATC), 2023. https://allnationshealinghospital.ca/departments/white-raven-healing-centre/
[8] Erynne Gilpin, "Land as Body," 77.

born with titles." [9] When asked about living traditionally, she provides an example of what this means in her life:

> Well, towards the end of July I went to fast. I went to fast way up north at Sandy Bay. It was a challenge – there's wildlife and it's territory that wasn't mine. Because I follow my traditional ways, it was a dream that was shown to me that I had interpreted by a spiritual helper. When I went there, it really challenged me on a physical level. There is a place there called Sacred Hill. It's a rocky hill, so you're like a mountain goat climbing up. It isn't like how our hills are here.

I interjected to mention how hard it must have been to carry up supplies like water, to which she responded:

> No, no water, no. Because that's what fasting is. You don't eat or drink. Once I got up it took a while just to find the location. And since it was all rock, we couldn't put pegs in. And all you do is pray, you sit and pray. If it rains that means you're given permission to drink the rainwater, and if you find blueberries, you're given permission to eat them. I only fast when I'm shown a dream. I used to fast in Sundance before. And then I say that they probably gave me a break, because I didn't dream for about three or four years. So I never say I'm done. I just say they gave me a break. They show me a lot. They show us a lot. It's because of that, not only that awareness, but how much of a belief system I have.[10]

Living traditionally allows Helpers like Goodwill to rely on more than their credentials alone. The choice to follow one's traditional ways can be challenging, but it is also a source of ongoing guidance and grounding for the practitioner, ultimately resulting in greater holistic care for clients and patients. Following a certain set of values is foundational to wellness. Co-researcher Goodwill describes how these come together in her work:

> Not only do I follow the social work policies, procedures and protocols, but I also follow my traditional ways…We all walk with the medicine wheel, meaning our feelings, our thoughts, our physical well-being. It's not only how we take care of ourselves, but what we take in, such as someone else's behaviour and how we approach that behaviour and how it impacts us. So a lot of times it's that, especially with trauma, such as domestic violence, things like that. What happens there is when you receive so much of that unhealthy input, whether it's a relationship with whoever you have in your social environment, we don't realise how much we store it and then get sick, our body gets sick.[11]

[9] Conversational interview with Claudia Goodwill, September 5th, 2023.
[10] Goodwill, September 5, 2023
[11] Goodwill, September 5, 2023.

Indigenous Wellness leaders understand the direct impact that trauma and grief have on mind, heart, body, and spirit and how their effects often manifest in physical ailments. Goodwill describes how the conventional western system copes with complicated mental health issues by treating people as a set of behaviours rather than a multifaceted human being. Part of Goodwill's role is to conduct individual assessments and reports for the Ministry of Social Services and other governmental or legal organizations. During these assessments she seeks to understand the root cause of the person's behaviour. In this way, the report is not a list of symptoms, but includes the *why* behind the behaviour, so that the organizations see a human being, not simply an addict. The staff at All Nations are able to dive into this complexity with holistic care through pooled resources, collaboration, and on-the-job support. Over the years, Goodwill has curated wellness workshops and helped patients reach past the surface and access the root cause of cumulative and complicated grief. She explains how this is intertwined with a loss of cultural identity: "A lot of times we struggle to let go, especially in grief and loss, including loss of our own self."[12] One of the exercises is letter writing, where participants note down thoughts and feelings that are buried and painful. The letters are then released into the fire with a tobacco offering. The offering is a request to the fire spirit to take the burden of what the individual has noted down so that they can begin to heal. It is one step in the process of restoring belief, even if just in oneself, one day at a time. Reaching past the surface can be extremely difficult, and Goodwill is always accompanied by another support person to help if a participant is triggered.

Another empowering form of outreach that the Cultural Team provides is Youth Wellness. Through a variety of programming and education, Indigenous youth of today are given opportunities that the leaders at White Raven wish they had been able to access when they were younger. One aspect of this support is Prevention Programming that sees staff

[12] Goodwill, September 5, 2023.

visiting the surrounding Nations to communicate with people working with youth, including teachers, principals, councillors and clinicians. The team also communicates directly with students through presentations, creating a space to talk about intergenerational trauma and addictions. The Culture Team works to provide the necessary tools to institutional staff to understand what is going on behind the scenes in a young person's life, and to help youth navigate intense, complex emotions and circumstances. In *All Our Relations*, Tanya Talaga discusses how the devastating, unprecedented rates of suicide among Indigenous youth, especially young men, are a result of the historical separation of Indigenous people from their land, of children from their parents, and from their traditional culture and ways of living.[13] The present realities of this history are addressed by the Culture Team on a regular basis, as they work to continuously improve quality of life for future generations.

Co-researcher Mitchell Soo-Oyewaste describes how over the past several decades, Indigenous people moved to cities and lost the connection with their cultural ways, placing them on "standby mode" where they recognize that they look and feel Indigenous, but they are not necessarily taught anything about that part of their identity. In his words, "the opportunity is also for those urban natives that wish to have that little bit of teachings or if they want to get into a little bit of their curiosity that this is a safe space to ask those questions. And you know, this is what your nation would have done a long time ago."[14]

I enquired how this approach reflects ancestral forms of youth support that would have existed prior to colonization. Soo-Oyewaste explained how it comes back to the kinship network and ways of knowing of a given community:

> In regards to how a community would deal with those issues, there would definitely be a lot of love, a lot of understanding. And this is where you would talk to an elder. You would go up to an elder and offer them a gift of tobacco or something of value and say, 'Hey, I've been feeling some type of way' and then they would tell you something with lots of love, lots of culture. At the same time, you would have your

[13] Tanya Talaga, *All Our Relations: Finding the Path Forward* (Toronto: House of Anansi Press Inc., 2018).
[14] Conversational interview with Mitchell Soo-Oyewaste, October 5, 2023.

> contingent of men, if you're a man, that you can consult with and you would have a men's sharing circle. You would have a men supporting men group. If you're a woman, you'd have a women's group, and if you're two-spirited, you'd have a two-spirited group that you would talk to. So the idea of White Raven doing what it is doing today, it is in some ways a modern form of doing that, but also it cannot replace that, like I said, because the complexities of us is that we're not all the same nation. We're not all Anishinaabe or Saulteaux, we're not all Lakota or Dakota, we're not all Nêhiyawak or Cree. We are who we are, and so from our general understanding, we always come to that standpoint of this mutual trust and respect and that's how we hope to heal clients, patients or youth that come through our doors and that utilise our services when we go to their Nation. So there's no substitute for what would have been long time ago but hopefully a healthy alternative that we can continue to build upon.[15]

Similar initiatives in youth engagement and empowerment can be observed in Iona Radu's collaborative research with the Chisasibi Nation in Quebec, where youth play a pivotal role in reconnecting with the land and strengthening intergenerational bonds.[16] Indigenous Wellness encompasses a strong sense of identity, opportunity, and relational support. It is understanding the world around you and your place in it; an important concept to establish, particularly in childhood and young adulthood. A presentation by The National Collaborating Centre for Indigenous Health (NCCIH) echoes this understanding:

> Defined by First Nation peoples, indicators of wellness include social determinants of health (such as speaking Indigenous languages, access to traditional foods, ability to participate in ceremony) and rights to mainstream medicine and traditional practices and medicines. Well-being is also intimately connected to the rights to clean drinking water and food sovereignty and security."[17]

These are all factors in the holistic understanding of Wellness, often used in conjunction with the Cree term miyo-wîcêhtowin, meaning "good relations." The Cree word describes more than the English language can capture in a single term; it is a call to emulate the relationship that the people have with the Creator and "expand the circle" of peaceful

[15] Conversational interview with Mitchell Soo-Oyewaste, October 5, 2023.
[16] Iona Radu, "Miyupimaatisiiun in Eeyou Istchee: Healing and Decolonization in Chisasibi," PhD thesis (Montreal: Concordia University, September 2015), 87.
[17] Aimée Craft and Alice Lebihan. "Treaty Right to Health, a Sacred Obligation". *The National Collaborating Centre for Indigenous Health*, 2021, 6.

unity to other Nations, to the earth, to all relations.[18] Far beyond the Euro-American understanding of health as focusing in on individual bodies, miyo-wîcêhtowin necessarily includes the wellbeing of land and waters. Under the umbrella of youth wellness programming at ANHH, students are given a chance to test the health of the waterways in their homelands. The staff have been running science camps for three years in partnership with local universities including the First Nations University of Canada and the University of Regina. The camps are offered in Regina, Prince Albert, and Fort Qu'Appelle. Soo-Oyewaste describes one of the activities:

> Students get the opportunity to take a water ranger kit, go up to a stream, and we teach them how to diagnose the water with all the essential tools. Then they can learn later why there's less water in there, why there's so many chemicals, and why the fish might die. And the certain area where you get your water samples has an effect on the sample itself. If they do it in the sloughs, where the reeds are by the mouth of the river, those areas are natural filtration systems for the river. If they do it at the beginning of the beach and everything is being pushed towards you, well, maybe that's why your samples are the way they are, because of all that gunk is pushed towards you now. So that's providing an opportunity to foster that imagination, creativity, dreams, and goals.[19]

In your average university biology class, this kind of scientific experiment would not naturally flow into a discussion on cultural ways of knowing. In these camps, however, the biological study goes hand in hand with an understanding of interdependence; how the health of water impacts the health of all beings and vice versa. The staff at ANHH share with youth the foundational beliefs that all living things, whether plants, winged or four legged animals, or humans, all have a spirit. At health conventions, co-researcher Soo-Oyewaste has had some interesting exchanges with people who speak more from a western scientific background and those who express traditional Indigenous worldviews. Both talk about the invisible frequency through which plants communicate, but from different viewpoints. In scientific language, this could be explained through the burgeoning domain of bioacoustics.

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[18] Harold Cardinal and Walter Hildebrandt, *Treaty Elders of Saskatchewan: Our Dream is that our Peoples will one day be Clearly Recognized as Nations* (Calgary: University of Calgary Press, 2000), 14.
[19] Conversational interview with Mitchell Soo-Oyewaste, October 5, 2023.

For example, a recent study published in the scientific journal *Cell*, found that a "cut through the stem, generated ultrasonic clicks that were remarkably intense, reaching ca. 63dBSPL," a sound pressure level similar to that of a human conversation in a living room."[20] Robin Wall Kimmerer draws attention to how, until recently, this reality was completely dismissed: "in the old times, our elders say, the trees talked to each other. They'd stand in their own council and craft a plan. But scientists decided long ago that plants were deaf and mute, locked in isolation without communication."[21] In a similar way, Soo-Oyewaste mentions how the phenomenon of plants talking to each other is something that Indigenous people have known about for a long, long time, and that they are still "living that relationship".[22] He emphasizes the need for mutual respect between differing knowledge systems. Inspired by the work of Dr. Gabor Maté, he asserts that Western medicine can be very effective, but all systems fail when capitalist greed transforms patients into an opportunity for profit instead of a person to be healed.

Indigenous leadership is essential for these systems to come together in a way which prioritizes cultural values and beliefs and embodies resilience. Prairie First Nations people have long navigated the convergence of two worlds, and continue to mediate them today, whether in leadership roles or in simple acts of day-to-day life. In the words of Eleanor Brass, "It has never ceased to be interesting to be an Indian and to walk in two worlds, watching learning and trying to understand the many cultures and the thinking of various races of people."[23] Brass was born to a Cree mother and Saulteaux father on the Peepeekisis reserve, one of the Nations of the File Hills Tribal Council. An active advocate for community welfare, she co-created the still active Regina Friendship Centre and was awarded the Jubilee

[20] Daniel Robert, "Plant Bioacoustics: The Sound Expression of Stress," *Cell* 186, no. 7 (2023): 1307–8.
[21] Wall Kimmerer, *Braiding Sweetgrass,* 19.
[22] Conversational interview with Mitchell Soo-Oyewaste, October 5, 2023.
[23] Eleanor Brass, Jesse-Rae Archibald Barber. *Kisikaciwan,* 137.

Medal upon her retirement. Excerpts of her writing appear in Kisikaciwan, a remarkable collection of stories told by Indigenous voices in Saskatchewan.[24]

First Nations people in the Qu'Appelle and far beyond, are experts in bridging, interpreting, and discerning cross-cultural elements to be preserved, discarded, and adapted. The All Nations Healing Hospital is living proof of the resilience of past generations and inspires hope for future generations. Each nation in the Qu'Appelle region has its own set of beliefs and protocols as well as its own history of hardship. Common to all is the objective of lasting healing. This means tending to meaningful life goals, family ties, and support to move through trauma. Soo-Oyewaste recalls what he once read in reference to Indian Residential Schools, an insight that continues to resonate: "The thing is, that we're not looking to get even. We're not looking to grab your kids. That's the difference between our cultures. How loving and understanding and harmonious our nations are still to this day, the ability of our healers, our language to survive and our ceremonies to survive and our culture to survive is just a testament to how strong our nations really are."[25]

[24] Archibald Barber. *Kisikaciwan*.
[25] Conversational interview with Mitchell Soo-Oyewaste, October 5, 2023.

## Part Two: Displacement, Environment-Specific Disease, and Biomedicine

"Sweetgrass is best planted not by seed, but by putting roots directly in the ground. Thus the plant is passed from hand to earth to hand across years and generations."[1]

- Robin Wall Kimmerer, *Braiding Sweetgrass*

The essential connections between Indigenous wellness and access to traditional knowledge, land-based teachings, and kinship networks has been explored from many angles. It is from this vantage point that histories of segregation may be analyzed without losing sight of essential threads of continuity. Through the process of displacement and settlement, "culturally appropriate responses to illness – the healer and the dance – were actively suppressed" to make way for Christianity and capitalism.[2] An Assiniboine elder remembers observing as a child that her mother, a healer, "did not teach anyone on the reserve how to prepare the roots and herbs."[3] Instead, it remained a secret that she was not free to share. Maureen Lux has concluded that "missionaries were the most vehement advocates for repressing ceremonial dancing and 'the medicine man' because they recognized, as perhaps the secular officials did not, the clear link between healing and faith."[4] However, as historian Michael Bliss has argued, this sense of "faith" in healing was transferred to belief in science and biomedical intervention. Colonial histories of healthcare in the Qu'Appelle Valley show that "secular officials" aimed to supplant First Nations knowledge and therapeutics in much the same way as religious leaders, but through the scientific doctrine of the day. As one of the most influential physicians in the fight against tuberculosis, Doctor R. G. Ferguson is a complicated character whose work with the First Nations of the Qu'Appelle shows evidence

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[1] Robin Wall Kimmerer, *Braiding Sweetgrass: Indigenous Wisdom, Scientific Knowledge, and the Teachings of Plants* (Minneapolis: Milkweed Editions, 2013), 1.
[2] Maureen K. Lux. *Medicine That Walks*: *Disease, Medicine, and Canadian Plains Native People, 1880-1940* (Toronto: University of Toronto Press, 2001), 101.
[3] Lux, *Medicine that Walks*, 101.
[4] Lux, *Medicine that Walks,* 82.

of collaboration with local Indigenous leaders, yet also reveals a certain unwillingness to depart from a belief in the superiority of his scientific discipline. In the following analysis, past and present come together to show that First Nations communities continued to practice governance in adapted circumstances, never allowing land-based structures of wellness to be extinguished.

Stories of place paired with ecological studies in Southern Saskatchewan paint a picture of Plains People who have always lived in close connection with their natural environments and developed sophisticated strategies to respect and manage resources. Practicing this responsibility to the land was the physical expression of spiritual kinship. As Gregory Cajete describes, "native people interacted with the places in which they lived for such a long time that their landscapes became reflections of their very souls."[5] Long before the fur trade, the prehistoric Avonlea and subsequent Old Woman's traditions avoided hunting beaver as a means of managing precious water resources in the dry prairies.[6] Today, the Niitsitapi (Blackfoot) continue to express this relationship through spiritual practices with beaver medicine bundles.[7] In the same way, bison hunting on foot was done strategically as not to disrupt the movement of the greater herd and maintain populations.[8] This kind of organized bison hunting on the plains can be traced back to 3000 BC.[9] The introduction of the horse in the mid-eighteenth century facilitated the bison hunt on a much greater scale than what was traditionally accomplished on foot. Bison hunting on horseback quickly became an essential part of Indigenous autonomy, as First Nations organized trade networks for furs, food, and other supplies. Horses and other domestic livestock changed the landscape as they

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[5] Gregory Cajete, *Native Science: Natural Laws of Interdependence*. (Santa Fe: Clear Light Publishers, 2000), 187.
[6] James Daschuk, *Clearing the Plains: Disease, Politics of Starvation, and the Loss of Indigenous Life* (Regina: University of Regina Press, 2019), 7.
[7] Daschuk, *Clearing the Plains,* 7.
[8] Daschuk, *Clearing the Plains,* 8.
[9] Blair Stonechild, "Indigenous Peoples of Saskatchewan". Indigenous Saskatchewan Encyclopedia. University of Saskatchewan, n.d. https://teaching.usask.ca/indigenoussk/import/indigenous_peoplesof_saskatchewan.php

competed for precious resources of water and pasture on the prairies.[10] It is impossible to exaggerate the importance of bison for plains people as a source of nutrition, economic independence, and land-based wellness. When the principles of respect and reciprocity are thrown out of balance, as in the case of colonial expansion, the repercussions are far reaching and difficult to heal. Two of the most persistent challenges to the health of Indigenous reserve communities today are access to clean drinking water and high quality, nutritious food.[11]

By the end of the eighteenth century, the Nêhiyawak (Plains Cree), Nakota (Assiniboine), and Anishinaabe (Saulteaux) were known as the Iron Alliance, a formidable force in prairie trade.[12] It was at this time that Metis and French traders moved increasingly west through the Athabasca, Saskatchewan, and Qu'Appelle rivers in their work with the North West Company.[13] Hunters and traders long followed the bison to the Qu'Appelle, particularly when the weather turned cold and herds sought shelter in the woods of the coulees.[14] In Michif, the language of the Metis, the word *coulee* refers to the rolling ravines that form the walls of the valley. This one word speaks to the encounter between French, First Nations, and Metis traders that came to know the spirit of the Qu'Appelle and held profound knowledge of its natural characteristics.

Touching on the study of ethnobotany, Wendy Geniuz writes that "a people cannot be understood if one does not know both the geographical and the botanical features of that people's environment."[15] Establishing the essential relationship between the land and people of the Qu'Appelle allows for a more profound understanding of the effects of displacement, and the ways that this relationship continues to be expressed. An Anishinaabe woman from

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[10] Andrew C. Isenberg. *The Destruction of the Bison: An Environmental History, 1750-1920* (Cambridge University Press, 2000), 6.
[11] Elder Margaret Keewatin and Mitchell Soo Oyewaste. Conversation notes, July 6, 2022 and October 5, 2023.
[12] Blair Stonechild, "Indigenous Peoples of Saskatchewan". Indigenous Saskatchewan Encyclopedia. University of Saskatchewan, n.d. https://teaching.usask.ca/indigenoussk/import/indigenous_peoplesof_saskatchewan.php
[13] Herriot, *Towards a Prairie Atonement*, 30.
[14] Scott Hamilton and B. A. Nicholson, "Aboriginal Seasonal Subsistence and Land Use on the Northeastern Plains: Insight from Ethnographic Sources", *Plains Anthropologist* 51, no. 199 (2006): 262.
[15] Geniusz, *Our Knowledge is not Primitive,* 39.

Pasqua First Nation describes the Valley as a place where messages are received if we take up the responsibility to listen: “The plants, they're living. They have spirits. Without them, we literally would not be here. For our people the berries provided us with nutrients, the medicines, the different teas. We can make salves.”[16] She describes how her grandfather shared this knowledge with her and how she is now passing that relationship on to her three children. She also expresses a wish to have greater access to ancestral knowledge, indicating the importance of intact networks of cultural knowledge transfer for health and healing. Supporting these relational knowledge networks is at the heart of programming and services offered by the Cultural Team at the All Nations Healing Hospital.

The settlement period in Saskatchewan can be defined as 1896-1929,[17] from the aggressive settlement strategy of Minister of the Interior, Clifford Sifton, to the beginning of the Great Depression. When looking at the evolutions in health on the Plains, however, disease in this timeframe was prefaced by a series of significant events in the 1870s. As James Daschuk, Paul Hackett, and Scott MacNeil have asserted, this was a decade of unprecedented change in the Western plains.[18] It was during these years that the West saw the rapid disappearance of bison, an ecological and socio-economic crisis that would dispossess the Plains First Nations of their former independence. The 1870s marked the transition from trade and settlement-related diseases like smallpox, to those which are “environment-specific” like tuberculosis, which directly result from poverty, malnutrition, and weakened community structures. [19]

[16] Danna Henderson, ed. Ntawnis Piapot. “Qu’Appelle Valley: A Land of Love, History, and Healing,” CBC News online, November 20, 2020. https://www.cbc.ca/news/canada/saskatchewan/land-of-living-stories-quappelle-valley-lebret-1.5799409
[17] Darren R. Prefontaine. “Metis Communities”. Indigenous Saskatchewan Encyclopedia. University of Saskatchewan, n.d. https://teaching.usask.ca/indigenoussk/import/metis_communities.php
[18] James Daschuk, Paul Hackett & Scott MacNeil. “Treaties and Tuberculosis: First Nations People in late 19th-Century Western Canada, a Political and Economic Transformation”. CBMH/BCHM vol 23, 2 (2006): 308.
[19] Maureen K. Lux. *Medicine That Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940*. (Toronto: University of Toronto Press, 2001), 42.

In 1871, the Canadian government purchased Rupert's Land from the Hudson's Bay Company. For the first time in the Qu'Appelle Valley's long history, the landscape was transformed into a commodity that could be bought and sold. At this point in time, the Canadian government did not have any plans to enter into what would become the Numbered Treaties with the Indigenous nations occupying this territory and beyond. Negotiations for Treaties One and Two were prompted by First Nations resistance to settler encroachment. The government had no choice but to negotiate, as Saulteaux chief Yellow Quill and his band consistently turned back settlers when they attempted to venture west of Portage La Prairie.[20] These early treaties became known for their "outside promises," where stipulations of agricultural assistance and medical aid were promised orally, recorded in writing during negotiations, but never transferred to official treaty documents.[21] Yellow Quill would eventually move his band West and sign an adhesion to Treaty Four in 1876 after slow and bureaucratic correspondence with Alexander Morris, who in 1874, counselled him to "be patient" and assured him that annuities were coming.[22] Like the land, colonial authorities assumed that the First Nations could be "bought off," until they agreed to settle on reserve. Indigenous leaders were not after the monetary value of their homelands, however, and they continued to demand the material assistance they had been promised in exchange for the sharing of their territories. The word sharing is used deliberately, for as Sheldon Krasowski has demonstrated, First Nations had no intention of surrendering their territories.[23] In entering

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[20] John L. Tobias, "Canada's Subjugation of the Plains Cree, 1879-1885," *Canadian Historical Review* LXIV no. 4 (1983): 520.

[21] Blair Stonechild, "Treaty 4", Indigenous Saskatchewan Encyclopedia. University of Regina, nd. https://teaching.usask.ca/indigenoussk/import/treaty_4.php

[22] RG10, Vol. 3613, File no. 4044, p. 7. "Touchwood Agency Correspondence Regarding the Adhesion to the Qu'Appelle Treaty of Yellow Quill's Band from Fort Pelly. October 10, 1874. National Archives of Canada. https://recherche-collection-search.bac-lac.gc.ca/eng/home/record?app=fonandcol&IdNumber=2059994&q=Qu%27Appelle%20correspondence%20RG10

[23] Sheldon Krasowski, *No Surrender: The Land Remains Indigenous* (Regina: The University of Regina Press, 2019). Krasowski's thorough research into the context of each Numbered Treaty identifies the discrepancies between the agreements made by First Nations and Crown officials, concluding that the land remains unceded.

treaty, the Canadian government primarily wished to avoid Indigenous organization and armed resistance, should Westward expansion continue to "unsettle and excite the Indian mind." [24] Intent on guarding their autonomy, the Plains Cree and Saulteaux entered into negotiations for Treaty Four in September 1874 at Fort Qu'Appelle.

The Saulteaux intended to use this meeting as an opportunity to confront the Crown on the sale of Rupert's Land. Communication on this point was led by headman and spokesperson, *Atakawinin*, or Gambler.[25] When asked by Lieutenant Governor Alexander Morris what had been stolen from the people, Gambler responded: "The earth, trees, grass, stones, all that which I see with my eyes."[26] The First Nations leaders who added their signatures to Treaty Four only represented about half the population of the Plains people who would be affected by the treaty. As a result, there was a great deal of confusion and the validity of the terms of Treaty Four was questioned from the very beginning.[27] One of the leaders absent from negotiations was Chief Piapot, who was away on an important bison hunt.[28] Piapot had been captured in childhood and raised by the Sioux, learning their medicine and becoming a significant spiritual leader among the Cree-Assiniboine band in the Qu'Appelle.[29]

Initially, Piapot had chosen to settle at the far West end of Treaty Four where the last herds of bison could be found, in the territory of Assiniboia at Cypress Hills.[30] But by 1879, the bison had disappeared from the Canadian plains and the people faced starvation and

[24] "Treaty Texts: Treaty No. 4 Between her Majesty the Queen and the Cree and Saulteaux Tribes of Indians at the Qu'Appelle and Fort Ellice". Government of Canada online. P.C. No. 944. https://www.rcaanc-cirnac.gc.ca/eng/1100100028689/1581293019940
[25] Archibald Barber, *Kisiskâciwan,* 30.
[26] Archibald Barber, *Kisiskâciwan*, 30.
[27] Blair Stonechild, "Treaty 4".
[28] Maureen K. Lux. *Medicine That Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940.* (Toronto: University of Toronto Press, 2001), 23.
[29] John L. Tobias, "PAYIPWAT," in Dictionary of Canadian Biography, vol. 13, University of Toronto and Université Laval, 2003. http://www.biographi.ca/en/bio/payipwat_13E.html.
[30] James Daschuk. *Clearing the Plains: Disease, Politics of Starvation, and the Loss of Indigenous Life*. (Regina: University of Regina Press, 2019), 105.

widespread disease as they waited to be allocated reserve land. The government responded to the hunger crisis with the ration policy and was quick to use it as a coercive measure.[31] Fearing the organization of multiple Cree bands in a concentrated area, and intent on expanding the Canadian Pacific Railway, the government systematically removed the First Nations out of Cypress Hills throughout the year of 1882.[32] This was accomplished neither through diplomacy nor open conflict. Instead, the Federal government opted for crude manipulation by withholding food from 5,000 people who were already living in "extreme wretchedness and need" until they would sign treaty and agree to relocate.[33] Cree chiefs Big Bear, Little Pine and Lucky Man moved near Poundmaker in the Battleford area, and Piapot settled on the Qu'Appelle as part of a modified plan to remain united even as they moved onto reserve. The leaders continued to press for revisions to the terms of treaty.[34]

There are threads which connect this moment of history to the present in empowering ways, and which deserve a detour from the current timeline. Cypress Hills has known a great deal of Indigenous loss and suffering, yet stories of cultural survival also identify it as a place of healing. Spiritual and medical needs have long been met in this important resource zone, with at least fifty-one known species of medicinal plants in the Cypress Hills alone.[35] Co-researcher Soo-Oyewaste reflects on this history, and affirms an ongoing reality:

> For the Nations and the Elders that survived all the atrocities and loss of language, we're trying to revitalize it and it's coming back, through the continuing of our ceremonies and the teachings of medicine. Because its all oral teachings and nothing's written down, you have to be there and you have to earn that knowledge. You have to earn that wisdom. That's not something you can learn from a book. We did our annual harvest – it was in Cypress Hills, and I had to earn that knowledge to know the medicines, to know what that stem was, what that root was, what that leaf does, why you only harvest in the fall. And just being in nature and realizing my ancestors

[31] John L. Tobias, "Canada's Subjugation of the Plains Cree, 1879-1885," *Canadian Historical Review* LXIV no. 4 (1983): 526.
[32] James Daschuk. *Clearing the Plains*, 123.
[33] Daschuk. *Clearing the Plains*, 123.
[34] Maureen K. Lux. *Medicine That Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940*. (Toronto: University of Toronto Press, 2001), 40.
[35] Robson Bonnichsen and Stuart Baldwin, "Cypress Hills Ethnohistory and Ecology." *Archaeological Survey of Alberta Occasional Paper* No. 10 (Alberta Culture Historical Resources Division, 1978), 28.

> thousands of years ago would have been doing this as well, because the knowledge would have been passed down from person to person, and you feel more part of a whole that's something greater than yourself. It's a reminder to ourselves, that although we may live in an essentially Westernized society today, that doesn't mean that our identity as Indigenous peoples, as nations, was ever supposed to be overlapped or overlooked, and it's a beautiful thing at the end of the day.[36]

Soo-Oyewaste's words resonate with the inter-generational knowledge transfer which was continuing to take place. Among those who were displaced from Cypress Hills in 1882 was the Nakoda/Assiniboine healer, Mrs. Walker. Raised by her grandparents Four Eagle Woman and Chief Take the Coat, she was taught about medicinal roots and plants, the seasons in which to harvest them, and whether each should be administered through decoction, infusion, poultice, or by ingestion. She was taught to leave a gift of tobacco where the medicine had been taken.[37] The descendant band of Mrs. Walker's grandfather is known today as Carry the Kettle First Nation, where they were relocated in 1882, just southeast of Fort Qu'Appelle. The Nakoda Nation continues to experience their spirituality through the many ceremonies taking place on reserve and at Cypress Hills.[38]

The unsung heroes and little-known survivors of this moment in history helped to ensure that healing knowledge would continue to be passed down across southern Saskatchewan despite impossible circumstances. By the year 1883, all but a few hundred Plains First Nations people had settled on reserve and become dependent on government rations.[39] In the wake of the 1885 Metis Resistance, reserve communities came under tight government control. The Severalty Policy dictated that reserve land was to be subdivided for

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[36] Conversational interview with Mitchell Soo-Oyewaste, October 5, 2023.
[37] Maureen K. Lux. *Medicine That Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940*. (Toronto: University of Toronto Press, 2001), 81.
[38] Carry the Kettle First Nation, *Owóknage: The Story of Carry The Kettle Nakoda First Nation,* ed. ed. Jim Tanner, Tracey Tanner, David R. Miller and Peggy Martin McGuire, (Regina: University of Regina Press, 2022), 173.
[39] James Daschuk. *Clearing the Plains: Disease, Politics of Starvation, and the Loss of Indigenous Life*. (Regina: University of Regina Press, 2019), 133.

cultivation by individual families[40] and the Pass System controlled the movement of reserve residents. Permits from Indian Agents were required for all off-reserve transactions. James Daschuk refers to this legislation as a "state sponsored attack on the tribal system."[41] As structures of reciprocal, shared land use broke down, so too did structures of land-based knowledge. Assigned to lands which lacked essential resources, and without their former freedom and autonomy to find sustenance, disease continued to take hold of Indigenous lives. As chiefs and elders were lost, many communities were left without experienced leadership for years after 1885.[42] Marie Ellen Kelm observes, "as cultural knowledge became increasingly concentrated in certain individuals within families, clans, and lineages, the loss of a person meant the disappearance of particular skills, stories, wisdom."[43]

The parcelled-out agricultural landscape is described vividly by Trevor Herriot, as a "scattered archipelago of native prairie islands surrounded by a sea of cash crops."[44] From the settlement era to the present day, grassland ecosystems have been impoverished by a Western agricultural model intent on profit. One resident of the Qu'Appelle considers the implications of land ownership and their responsibility to protect the natural prairie as they learn about local Indigenous histories: "You walk the land, and you can feel how it was a way of governing land use that was communal and completely in relationship to the ecology and geography of the place. The way we have divided up the prairie into squares just seems so wrong. It isolated us from one another and from the land."[45] In Canada, the Western land tenure system, in which one "possesses" the land, is an imposed colonial construct and fundamentally incongruent with Indigenous understandings of kinship. Gregory Cajete

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[40] Similar legislation was implemented in the United States in 1887 with the Dawes Act. See Sarah Carter*, Lost Harvests: Prairie Indian Reserve Farmers and Government Policy* (Montreal: McGill-Queens University Press, 1990), 11.
[41] Daschuk. *Clearing the Plains*, 160.
[42] Daschuk. *Clearing the Plains*, 161.
[43] Marie Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-50* (UBC Press, 1998), 10.
[44] Herriot, *Towards a Prairie Atonement*, 5.
[45] Quote by the "bewildered steward" in Trevor Herriot, *Towards a Prairie Atonement*, 105.

explains that because of the literal transfer of energy which takes place through the life and death cycle, to buy or sell land is to "sell the people who died to give it life."[46] A recent publication also asserts that this is no metaphor, but a fundamental truism; Indigenous people are rooted in distinct territories and grounds of which "they are born and that are born of them."[47] The fissures between land and people, evidenced in extractive industries designed for individual wealth accumulation, are a persistent echo of the colonial attack on land-based knowledge and wellness. As Plains First Nations were displaced and disconnected from ancestral lands, the imposition of state-run biomedical healthcare would take this a step further, removing the individual from community. Indeed, it attacked the holism of the individual, separating mind, heart, and spirit from body.

The destructive effects of displacement were viewed by settler society as further reason for the suppression of traditional lifeways and the intervention of scientific medicine. In 1912, chief medical officer of the Department of Immigration, Dr. Peter Henderson Bryce, petitioned the Superintendent of Indian Affairs, Dr. William James Roche, calling his attention to death rates on reserves which were as high as forty per thousand. Though he was assured of Dr. Roche's commitment to address this "serious medical Indian problem" and that "medical science now knows just what to do," the issue was ultimately dropped.[48] At the beginning of Bryce's appointment, he was highly esteemed and qualified, but his insistent reports on the deteriorating health of Indigenous populations caused him to lose favour with his colleagues who labelled him as "bothersome."[49] Duncan Campbell Scott, who occupied

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[46] Gregory Cajete, *Native Science: Natural Laws of Interdependence*. (Santa Fe: Clear Light Publishers, 2000), 21.
[47] Viviane Josewski., Sarah de Leeuw, and Margo Greenwood, "Grounding Wellness: Coloniality, Placeism, Land, and a Critique of 'Social' Determinants of Indigenous Mental Health in the Canadian Context." *International Journal of Environmental Research and Public Health* 20 no. 4319 (2023), 3. https://doi.org/10.3390/ijerph20054319
[48] Peter H. Bryce. *The Story of a National Crime: An Appeal for Justice to the Indians of Canada*. (Ottawa: James Hope & Sons Ltd., 1922), 7.
[49] Gary Geddes, *Medicine Unbundled: A Journey Through the Minefields of Indigenous Healthcare* (Victoria: Heritage House Publishing Ltd. 2017), 133.

the position of Deputy Superintendent of Indian Affairs from 1913 to 1932, viewed any substantial government intervention as a perpetuation of Indigenous dependency. Scott held the common belief that Western society was the highest ideal, and since "civilization was not easily won", disease and death were seen as a necessary process of this difficult transition. As Maureen Lux concludes, "poverty, then, was seen as the consequence, not the cause of Indigenous suffering."[50] Ironically but perhaps not surprisingly, Bryce also harboured his own set of prejudiced attitudes, believing the people's source of ill health was self-inflicted by dirty habits and Indigenous women's unwillingness to improve their "housewifery."[51] According to Marie Ellen Kelm, it was not until the 1940s that these attitudes gradually gave way to a serious consideration of environmental cause and effect, seeing poor housing, for instance, as the cause of weakened Aboriginal bodies and not vice versa."[52]

After forced retirement from civil service and no longer under oath of secrecy, Bryce published an expose entitled, "The Story of a National Crime" which outlined the health conditions of the "Indians of Canada" from 1904 to 1921. Drawing from a study done by the superintendent of the Fort Qu'Appelle Sanitorium, Doctor R. G. Ferguson, Bryce notes that 93 percent of school-age Indigenous children were infected with tuberculosis, a rate consistent with studies done in Alberta.[53] Additionally, the report shows that in 1919, the Canadian government allotted the sum of $33,364.70 to controlling tuberculosis in Ottawa alone. In sharp contrast, the same population of plains Indigenous people, about 105,000 making up 300 bands across the country, were afforded only $10.00 annually.[54] Bryce's petitions show that health and wellness were indeed understood to be part of treaty promises,

[50] Maureen K. Lux, Perfect Subjects: Race, Tuberculosis, and the Qu'Appelle BCG Vaccine Trial," *Canadian Bulletin of Medical History* 15 no. 2 (1998): 278.
[51] Marie Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-50* (UBC Press, 1998), 40.
[52] Kelm, *Colonizing Bodies*, 39.
[53] Peter H. Bryce. *The Story of a National Crime: An Appeal for Justice to the Indians of Canada*. (Ottawa: James Hope & Sons Ltd., 1922), 14.
[54] Peter H. Bryce. *The Story of a National Crime*, 13.

as he repeatedly accuses the government of its "criminal disregard for the treaty pledges to guard the welfare of the Indian wards of the nation."[55] Equally evident is the government's resistance to expenditure on Indigenous health, as bureaucrats in Ottawa remained comfortably out of context, far removed from the realities on the plains. Finally, Bryce's correspondence with physicians like Dr. Roche reveals a certain glorification of scientific medicine, even as the cause and treatment of tuberculosis remained mysterious.

At the time of Bryce's report, Dr. R. G. Ferguson had just begun his long career as Medical Superintendent of the Fort Qu'Appelle Sanitorium, or "Fort San", where he would remain from 1917 to 1948.[56] During his career, Ferguson was a staunch advocate of segregation in the fight against tuberculosis. The 1922 public health report by the Saskatchewan Anti-Tuberculosis Commission, to which Ferguson contributed, states that "general hospitals are designated for general work; it is impossible to have special wards as are required for the efficient treatment, and the ultimate eradication of tuberculosis, unless we have special and separate buildings equipped for the purpose."[57] Ferguson believed that these separate buildings would help Indigenous patients learn a new way of life, "a spirit of faithful endeavour", and healthier habits.[58]

Fort San was the province's primary tuberculosis treatment centre from 1912 to 1967, with the capacity to accommodate over 350 patients. The site was designed to be beautiful and uplifting, a sort of resort village for long-term treatment. Located on Echo Lake, the manicured and expansive grounds covered 184 acres, with multiple Tudor Revival style

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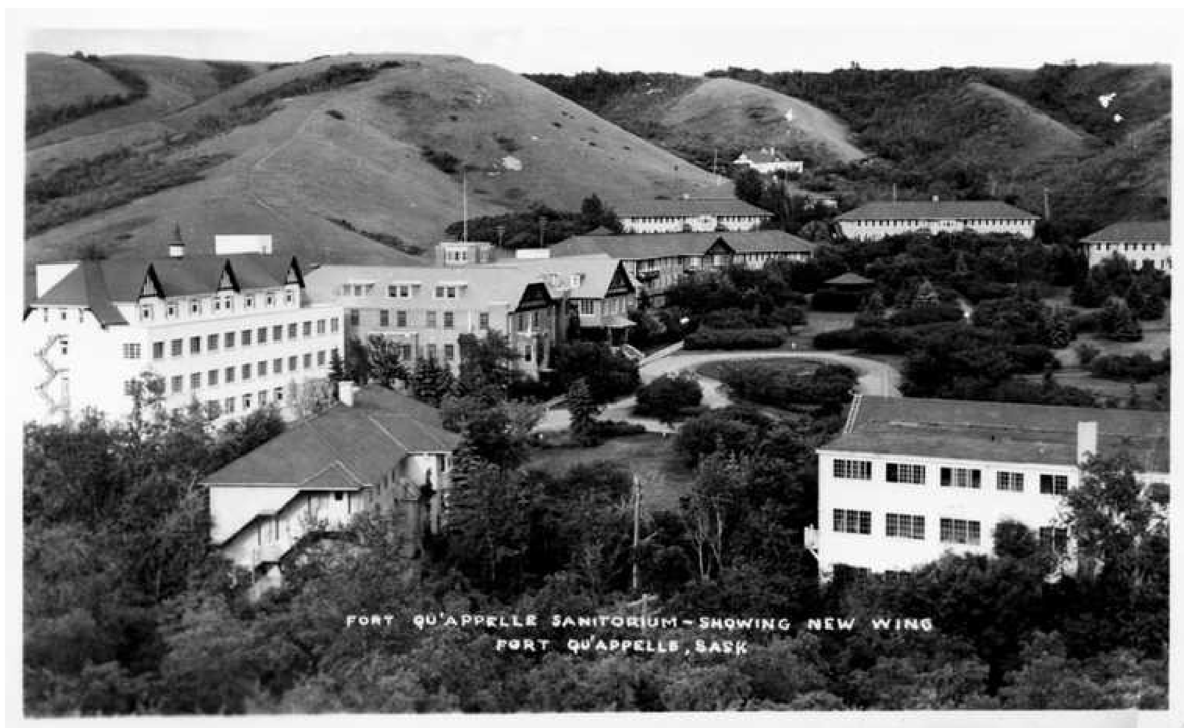
[55] Peter H. Bryce. *The Story of a National Crime,* 14.
[56] Maureen K. Lux. *Medicine That Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940.* (Toronto: University of Toronto Press, 2001), 204.
[57] A.B. Cook, R. G. Ferguson, J. F. Cairns, and R. H. Brighton. Report of the Anti-Tuberculosis Commission to the Government of Saskatchewan. (Regina: J.W. Reid, King's Printer, 1922), 13.
[58] Maureen K. Lux. *Medicine That Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940.* (Toronto: University of Toronto Press, 2001), 204.

buildings for patients as well as resident nurses and doctors.[59] The hospital facilities featured balconies and natural spaces for sun treatment, as vitamin D was "known from the beginning of sanitorium treatment" to play an important role in killing TB bacteria.[60] Dr. Ferguson lived on the premises and thus interacted directly with the surrounding communities of the Qu'Appelle. Of the sanitorium's total capacity, the government reluctantly allowed just forty beds to be reserved for Indigenous patients, and this, only after 1924, when most tubercular war veterans had been discharged.[61] As need vastly outweighed capacity, the patients admitted were those deemed most worthy of treatment by Indian agents and physicians.[62] The luxury model of the sanitoria as a safe haven of healing was almost exclusively reserved for white residents of Saskatchewan.




[59] "Fort Qu'Appelle Sanitorium," National Trust for Canada Archive online. n.d. https://archive.nationaltrustcanada.ca/issues-campaigns/top-ten-endangered/explore-past-listings/saskatchewan/fort-quappelle-sanitorium

[60] "Canada's Role in Fighting Tuberculosis," Scanned Image Catalogue, Library and Archives Canada, VE 1944:25(3):32. https://epe.lac-bac.gc.ca/100/205/301/ic/cdc/tuberculosis/images/default.htm

[61] Maureen K. Lux, "Perfect Subjects: Race, Tuberculosis, and the Qu'Appelle BCG Vaccine Trial," *Canadian Bulletin of Medical History* 15 no. 2 (1998): 280.

[62] Maureen K. Lux, "Care for the Racially Careless: Indian Hospitals in the Canadian West, 1920–1950s," *Canadian Historical Review* 91 no. 3 (2010): 420.

Figure 1. *Fort Qu'Appelle Sanitorium*. Henry Saville, Saskatchewan Bureau of Publications, 1928.[63]

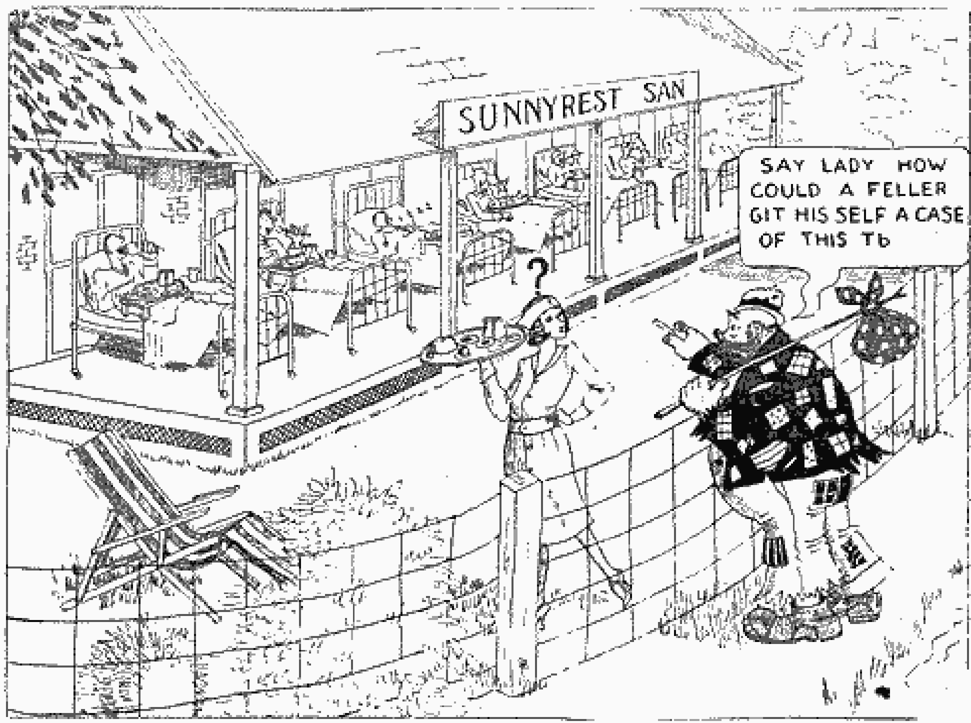



Figure 2. Cartoon showcasing the luxurious treatment at Fort San. The Valley Echo, April 1943.

As discussed by Gary Geddes, government bureaucrats and physicians consistently used the term "Indian tuberculosis" and this "pathologized the very notion of Indianness."[64] For an Indigenous person, entering a sanitorium (if allowed at all) was a dehumanizing experience where they would shed language, culture, and family ties in order for the germs they carried to be contained. For many, it was a place where they would experience traumatic mental and physical abuse under the guise of medical advancement and civilization. Sanitoria and segregated Indian Hospitals often collaborated with residential schools to keep children enrolled rather than being sent home when ill. The school recruited, and the hospital maintained, the required headcounts to obtain government funding for the institutions.[65] Alice

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[63] "Fort Qu'Appelle Sanitorium," National Trust for Canada Archive online. n.d. https://archive.nationaltrustcanada.ca/issues-campaigns/top-ten-endangered/explore-past-listings/saskatchewan/fort-quappelle-sanitorium

[64] Gary Geddes, *Medicine Unbundled: A Journey Through the Minefields of Indigenous Healthcare* (Victoria: Heritage House Publishing Ltd. 2017), 167.

[65] Geddes, *Medicine Unbundled,* 89.

Ironstar grew up at Fort San, hospitalized from the time she was ten years old in 1939 until 1948. She remembers receiving pneumothorax treatments, or the artificial collapsing of lungs, to "rest" them. She also underwent knee surgery describing how she was placed in a cast "right from my foot up to my armpit." She remembers hearing children from the Piapot Reserve speaking Cree and was comforted to hear words she understood. She recalls that Dr. Ferguson was kinder than other doctors and would stop to talk to her. Ferguson was still, however, bound to the norms of sanitoria treatment, where "besides surgery, or often because of it, bed rest was strictly enforced."[66] In one of their interactions, Ferguson "asked if Alice would like to 'go out into the country.' Ecstatic, thinking she was about to be released, she was instead placed on a stretcher and taken outside."[67]

Ferguson's approach to tuberculosis treatment was deeply intrenched in the era's scientific discourse on racial susceptibility and objectivism. With support from the National Research Council (NRC), Ferguson produced a study in 1928 hypothesizing that Indigenous people were a "non-tuberculized" race, arguing that Europeans carried a certain level of immunity in their blood. Ferguson believed that he was observing an accelerated version of disease progression among First Nations that had taken place in Europe over a much longer span of time. Rather than acknowledging the poverty and classism in Europe which allowed epidemics of tuberculosis to persist for so long, Ferguson's argument aimed to prove the existence of an unrivalled European robustness that was, allegedly, thousands of years in the making.[68] To bolster his Darwinian conclusions, Ferguson also listed several examples of high death rates among "primitive" peoples in scattered contexts, notably a South African labour corps in the First World War, showing the all-too-common association of non-whites

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[66] Maureen K. Lux, "Care for the Racially Careless: Indian Hospitals in the Canadian West, 1920–1950s". *The Canadian Historical Review* 91 no. 3 (2010), 429.
[67] Maureen K. Lux. *Medicine That Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940*. (Toronto: University of Toronto Press, 2001), 219.
[68] Frank Froh. "Chief Muskeke-o-kemacan and his work among the Indians." The Valley Echo, 1948. 8. Provincial Archives of Saskatchewan.

as uncivilized, unclean, and therefore biologically more vulnerable to disease. He was likely influenced by the leading British expert on tuberculosis at the time, Lyle Cummins, who had published his findings on "primitive" people in Egypt and the Sudan.[69] Increasingly popular in Britain and Canada alike, theories of biological inferiority used race as a common denominator to remove the very real linkages between human health and local contexts. Under the auspice of linear medical progress, healing became an increasingly universal concept, the same model being applied, and tested, across borders and peoples.

The objectivity and reductionism of biomedicine could not have been more at odds with Indigenous knowledges of holistic, traditional care. Elder and teacher Florence James of Penelakut First Nation describes to Laurie Meijer Drees how Indigenous medicine strengthens the body, with mechanisms of cleansing, support form the four elements, and spiritual belief as means of maintaining a robust state of health. In her view, "no modern medicines heal—they are temporary and only act on symptoms, and the body doesn't know what to do with them. My uncle never healed at the TB hospital. He became more ill from being confined in the hospital and not seeing his family. The hospital confinement only caused exchange of the tuberculosis germ among patients, spreading it among the confined."[70] As Elder Florence James addresses, the "immune system" of a person and of a community is a direct reflection of their environment and maintaining intact networks of healing. Western medical studies done on Indigenous people by physicians like Ferguson considered only the physical manifestations of suffering, drew links across disparate land bases, and prescribed a universal approach that was blind to root causes.

One such study to determine the origin and likely course of tuberculosis in Fort Qu'Appelle is especially revealing. In 1930, the Qu'Appelle Demonstration Health Unit was

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[69] Maureen K. Lux. *Medicine That Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940*. (Toronto: University of Toronto Press, 2001), 205.
[70] Meijer Drees. *Healing Histories*, xvi.

formed as part of Dr. Ferguson's overall research plan. Through this initiative, single room dwellings on reserve were replaced with frame houses, well water supply was improved, seed and hens were provided to families, and nutritious food was given to school children and pregnant women.[71] Ferguson's colleague, Doctor A. B. Simes, admitted reserve residents with active cases of tuberculosis to the local File Hills colony hospital in order to remove spreaders from reserves and schools. By 1932, these combined actions resulted in a much lower death rate of 2.7 per thousand, down from 5.6 per thousand in 1930, the latter rate having continued elsewhere among Indigenous communities in Saskatchewan.[72] Yet, in a 1934 report, Doctor Ferguson concludes that "however bad the living conditions, however changed the environment, or however distressing the mental factors, the tuberculosis death rate among civilized people has not approximated that among these primitive Indians."[73] Again, Ferguson is observed as interpreting research data to make an argument based on biological resistance, removing environmental links instead of drawing attention to them. He argues that a level of resistance similar to that of "older races", by which he means those with European blood, could be "fairly rapidly attained" through segregation initiatives, confirming his "tubercularization" hypothesis of his 1928 study. Yet, an earlier public health report of settler populations published in 1924 clearly indicates that "malnutrition…may last to adult life and then show itself as prolonged ill health and feeble resistance to disease."[74] Ferguson neglects to discuss the benefits of nutrition and clean water typically enjoyed by white society and which was extended exceptionally to Indigenous reserves in the Demonstration Health

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[71] Lux, "Perfect Subjects," 287.
[72] Lux, "Perfect Subjects," 287.
[73] R. G. Ferguson. Some Light Thrown on Infection, Resistance and Segregation by a Study of Tuberculosis Among Indians". American Clinical and Climatological Association 50 (1934), 21. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2441232/?page=9
[74] John Michael Uhrich and Maurice Macdonald Seymour, "Annual Report of the Department of Public Health of the Province of Saskatchewan," (Regina: J. W. Reid, King's Printer, 1925), 36.

Unit project. Instead, he insists that segregation is the single most important measure in the "crusade" against tuberculosis.[75]

Still, the Department of Indian Affairs viewed any long term intervention, whether improved living conditions or major segregation efforts proposed by Ferguson, as beyond the call of benevolence, and turned to a less costly form of tuberculosis control: vaccination. From 1933 to 1945, a total of 306 Indigenous infants from reserves around Fort Qu'Appelle were given the bacillus Calmette-Guerin (BCG) vaccine.[76] Ferguson was reticent about testing on Indigenous children as the people's status as wards prevented them from giving voluntary consent. Additionally, the vaccine had not yet been proven safe and effective. However, "the use of BCG was a far less expensive method for controlling tuberculosis than the alternatives: providing lengthy sanatorium treatment and improving living conditions…the Department of Indian Affairs was enthusiastically supportive of Ferguson's trials."[77] While the vaccine proved largely effective against the development of tuberculosis, infant mortality remained high as children continued to perish from pneumonia and gastroenteritis. The general mortality of the study was 127 per thousand in the vaccinated group and 125 per thousand in the control group. As Maureen Lux has concluded, "poverty, not tuberculosis, was the greatest threat to Native infants."[78]

In honour of Dr. Ferguson's retirement, the *Regina Leader Post* published an article on 14 September, 1948 describing his heroic efforts and crediting him for a lower death rate among "the white population", which decreased from 50 to 17 per 100,000 during his tenure.[79] He is also acknowledged for his "valiant" efforts to aid Indian populations, though

[75] R. G. Ferguson. Some Light Thrown on Infection, Resistance and Segregation by a Study of Tuberculosis Among Indians". American Clinical and Climatological Association 50 (1934), 24. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2441232/?page=9.
[76] Lux, "Perfect Subjects," 281.
[77] Lux, "Perfect Subjects," 288.
[78] Lux, "Perfect Subjects," 290.
[79] "Thousands thank him". Regina Leader Post. Tuesday, September 14, 1948. Retrieved from the Provincial Archives of Saskatchewan on May 12, 2023.

the numbers are left out. Despite his adherence to the paternalistic and racially-biased ideologies of his time, Ferguson appears to have been respected in both settler and Indigenous communities, and celebrated for his work to contain a disease which was cause for so much fear and suffering across the plains. In the year of his retirement, a newspaper article published in the Valley Echo notes that "in 1935, when the bands of the Qu'Appelle, the Pasqua, Piapot, and Standing Buffalo, made Dr. R. G. Ferguson an Indian Chief, it was an honour they paid for his sympathy, kindness, understanding, and healing to their people."[80] Throughout his career, Ferguson interacted regularly with the surrounding reserves and their leadership. He interviewed a 91 year old medicine man named Kiwist of the File Hills reserve, who had observed that with the introduction of rations, children began to experience sore necks (indicating tuberculosis of the lymph nodes) and the majority passed away.[81] Yet Ferguson's studies neglect to recognize malnutrition as a causal factor. It is difficult to ascertain the true nature of Ferguson's relationship with surrounding reserve communities, his research findings having been published in his own words and for a target audience of likeminded officials. His effort to "gain the confidence of the Indians" was likely a mix of good intentions with the desire to propel further "surveying and examination" for planned medical trials like BCG vaccination.[82]

Indigenous perspectives show that at the same moment, reserve communities were exercising political organization and leveraging their relationship with Ferguson to gain necessary health services. According to a recent collaborative study, Chief Ben Paskwa and other council members from the Piapot and Muscowpetung reserves began holding secret meetings in 1928 which would lead to a community-funded, low-profile trip to Ottawa. The community leaders presented a petition to have a new hospital built to serve the needs of their

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[80] Frank Froh. Chief Muskeke-o-kemacan and his work among the Indians. The Valley Echo, 1948. 8. Provincial Archives of Saskatchewan.
[81] Lux, "Perfect Subjects," 283.
[82] Lux, Perfect Subjects," 285.

people, with letters of recommendation from Dr. Simes, Chief Justice Frederick Haultain, and Dr. Ferguson.[83] As a result, the Qu'Appelle Indian Hospital was opened in 1936. Operated by the Department of Indian Affairs, the hospital was responsible for the medical care of the neighboring reserves and students at the File Hills and Lebret Residential Schools.[84] The forty beds reserved for Indigenous patients at Fort San thus went back to being white-only, signalling the ongoing belief and fear of "Indian tuberculosis."[85] The new Fort Qu'Appelle Indian Hospital was a fifty bed facility, with tuberculosis treatment on the third floor.[86] The 1937 report of the Department of Mines and Resources provides a decorated and euphemistic description of the industrial-style facility as it states, "the new hospital is of modern, fireproof, reinforced concrete construction, faced with brick, and is located in one of the most beautiful spots in Qu'Appelle Valley. It has abundant light, and is built throughout on sanatorium principles."[87] Albeit without the resort style grounds and luxurious balconies of the Fort San complex. The facility was built on the principles of sanitation and segregation, in no way reflecting the values and worldviews of the patients it was meant to serve. First Nations leadership had secured access to essential services that they were entitled to under treaty, but the government and its appointed physicians could only conceive of their own interventions for a people whose way of life was still too close to the earth and its "dirtiness." Control over Indigenous bodies and natural resources continued to be solicited in the name of progress.

[83]Sheena Koops, Andre Boutin-Maloney, Elizabeth Ingram, "Finding Common Gound," 2023.
[84] "Fort Qu'Appelle Indian [Indigenous] Hospital." MemorySask. Saskatchewan Council for Archives & Archivists, nd. https://memorysask.ca/fort-quappelle-indian-indigenous-hospital
[85] Gary Geddes, *Medicine Unbundled: A Journey Through the Minefields of Indigenous Healthcare* (Victoria: Heritage House Publishing Ltd. 2017), 212.
[86] Maureen K. Lux, "Care for the Racially Careless: Indian Hospitals in the Canadian West, 1920–1950s". *Canadian Historical Review* 91 no. 3 (2010): 423.
[87] Dominion of Canada Report of the Department of Mines and Resources Including Report of Soldier Settlement of Canada, March 31, 1937, p. 192. Library/Indian Affairs Annual Reports, 1864-1990, 32985, Library and Archives Canada. https://central.bac-lac.gc.ca/.item?id=1937-IAAR-RAAI&op=pdf&app=IndAffAnnRep&lang=eng

Figure 3. *Fort Qu'Appelle Indian Hospital*, opened in 1936. Provincial Archives of Saskatchewan.

It was not until the 1960s that federal Indian Health Services would be subdivided into regional administrative districts in an attempt to meet the needs of Indigenous communities in local contexts. The department began hiring Indigenous health aids based on reserve as part of a plan for "community development" while still controlling healthcare's "form and nature".[88] In 1996, after negotiations at the federal, provincial, and local level, administration of the Fort Qu'Appelle Indian Hospital was taken over by the File Hills Qu'Appelle and Touchwood Agency Tribal Councils. Under the same governance, the facility was replaced with the All Nations Healing Hospital eight years later.[89]

[88] Meijer Drees, *Healing Histories,* 22, 23.
[89] "History", All Nations Healing Hospital. File Hills Qu'Appelle Tribal Council (FHQTC) and Touchwood Agency Tribal Council (TATC), 2023. https://allnationshealinghospital.ca/about-us/#:~:text=History,Indian%20Hospital%20built%20in%201909.

Figure 4. *All Nations Healing Hospital* in Fort Qu'Appelle.[90]

The transfer of institutional ownership from federal to First Nations governments marks a major turning point in this history. It allowed communities to begin healing the separations imposed by the colonial healthcare agenda and decide how best to incorporate Western medicine into a larger approach to wellness. The history of segregation in Fort Qu'Appelle presents a complicated coexistence of loss and survival, separateness and connectivity. Federal strategies of displacement aimed to separate Plains First Nations from ancestral environments, their knowledge systems, and holistic identity. However, as Mary Ellen Kelm has surmised, "European medicine, which generally saw disease in impersonal terms, was not equipped to displace indigenous worldviews. Instead, where indigenous and imported medicine diverged, a contest ensued; where they intersected, hybrid forms developed."[91] The encounter between Western medicine and Indigenous therapeutics is not a

[90] "Contact," All Nations Healing Hospital, 2024. https://allnationshealinghospital.ca/about-us/contact-us/
[91] Marie Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-50* (UBC Press, 1998), xvii.

new phenomenon, but when guided by First Nations leadership, this blending presents unlimited opportunities for healing from the ground up.

## Final Considerations

This year, 15 September, 2024, marks the 150th anniversary of the signing of Treaty Four. Each year, the All Nations Healing Hospital contributes to "Treaty Week," a series of commemorative events held just across the creek from the hospital, at the original site of treaty negotiations. The File Hills Tribal Council governing centre and the powwow ring now stand on that same ground. Upon my last visit to ANHH, which happened to be in early September 2023, I chatted with the staff who run the sweat lodge ceremonies. They were undertaking the arduous task of hand-making pegs for the fifteen teepees that would line the powwow ring in the upcoming commemorations. Offering educational workshops and traditional ceremonies, the event provides a space and time to reflect on what is meant by the treaty promise: "as long as the sun shines, the river flows, and the grass grows…"[1]

The All Nations Healing Hospital could be described as ahead of the curve in Indigenous healthcare delivery, but it is not the only example of self-governance in healthcare and the successful blending of Western and traditional approaches in Canada. Cree-Saulteaux physician Marcia Anderson DeCoteau describes the *Manito Ikwe Kagiikwe* program in Winnipeg, Manitoba, which grounds mainstream approaches with Indigenous teachings and legal rights to help Indigenous at-risk mothers. In the words of Anderson DeCoteau, "we will not wait another seven generations until we are as healthy as the people we've agreed to share this land with … this coexistence of Western healthcare and Indigenous knowledge has created outcomes that the women themselves judge as valuable: strength, pride, voice, reducing the harms of substance use, family, friends, and parenting relationships with their

[1] This Indigenous expression of an eternal promise to share the gifts of Mother Earth appears in various forms long before the numbered treaties and was adopted, however disingenuously, by Crown officials as a show of mutual understanding. During the negotiations of Treaty Six, Gov. Morris assured the Cree of ongoing commitment with the words "what I will promise, and what I believe and hope you will take, is to last as long as that sun shines and yonder river flows." See Alexander Morris, *The Treaties of Canada with the Indians of Manitoba and the North-West Territories, Including the Negotiations on Which They were Based, and other Information Relating Thereto* (Saskatoon: Fifth House Publishers, Saskatoon, 1991), 202.

children." Anderson DeCoteau continues to explain that part of grounding health practice in traditional teachings and healing trauma is "re-examining the assumptions of western healthcare, evidence-based medicine, and the definition of essential services."[2] Through programs like these, the importance of access to Western healthcare *and* access to traditional knowledge is asserted, with the aim that Indigenous people may define what is necessary for their own health and healing.

As we explored in Part Two, segregation was a health measure wielded from the outside, to contain the pathogens and people that the government considered to be a threat to settler populations, and indeed, to the ideal of Western civilization. In the absence of Indigenous leadership and value systems, Indigenous bodies may still be perceived as falling short of this ideal. Without relational accountability and a commitment to community interest, neglect and abuse are allowed to continue in Canadian hospitals today. Even when cultural services have been implemented in hospital policy, they are not always used. The in-hospital death of Joyce Echaquan in 2020 is a well-documented case of racialized neglect and abuse. Held up to histories of healthcare segregation, the case coldly reflects the ideologies that position Indigenous bodies as fundamentally damaged, and their suffering as self-inflicted. While in hospital, Echaquan shared a live video of her treatment, wherein an attending nurse condescendingly blames Echaquan's suffering on "bad choices." The nurse then insinuates that Echaquan came to obtain free drugs, and as if to place her in debt of this service, she adds, "it's us who pay for it."[3] In the investigation report, Géhane Kamel describes a setting resembling that of sanitoria treatment:

> She was mechanically and chemically restrained and isolated without constant supervision. Moreover, the same policy requires that a record be kept of the use of control measures. This restraint was not documented on the form provided. At no time

[2] Marcia Anderson DeCoteau, "Indigenous Knowledge to Close Gaps in Indigenous Health," TEDxUManitoba. April 13, 2016. https://www.youtube.com/watch?v=IpKjtujtEYI&ab_channel=TEDxTalks
[3] Géhane Kamel, "Investigation Report concerning the death of Joyce Echaquan", 2020, 11. https://www.coroner.gouv.qc.ca/fileadmin/Enquetes_publiques/2020-06375-40_002__1__sans_logo_anglais.pdf

> were alternative measures offered to alleviate Mrs. Echaquan's fears, such as the obvious and simple option of having a member of the Atikamekw community stay at Mrs. Echaquan's bedside. However, this idea of cultural accompaniment never crossed the mind of any member of the hospital's caregiving community, despite the availability and presence in due form of an Aboriginal liaison officer.[4]

The provincial government of Quebec responded with increased funding towards "cultural safeguard measures," including sensitivity training and more liaison officers in existing hospitals to "regain trust."[5] Ignoring recommendations to invest in Indigenous-led healthcare made by local Friendship Centre president, Phillipe Meilleur, the province's underwhelming response is a startling reflection of the historical preference to manage Indigenous health issues by inspiring trust and confidence in Western medical institutions. Seeking medical care outside the community requires the patient to make serious adaptations, physically and culturally. Accessing essential services typically means travelling to the next city in a weakened state of health. It may mean dislocating the self from the healing network of family support, elders, ceremony, and land-based medicines. Essentially, it is a modern form of displacement.

Following Echaquan's passing, Canadians expressed their shock, rage, and the ensuing public debate gathered primarily around systemic racism. Gary Geddes describes how he spent endless energy "venting in print and lectures about the effects of racism in Canada" but that after travelling to other countries with a history of colonization, he realized a common motive. In his words, "it's greed that drives colonization. Racism just oils the wheels."[6] When Doctor Ferguson conducted his vaccine trials, it was permitted in a societal context of racial superiority but motivated by the government's interest in finding the most efficient and cost-effective workaround for a real solution to the poverty and destitution that

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[4] Géhane Kamel, "Investigation Report," 9.
[5] Kalina Laframboise, "Quebec looks to improve health-care services for Indigenous patients after Joyce Echaquan's death", Global News online, last updated July 10, 2023.
https://globalnews.ca/news/7446674/quebec-health-care-indigenous-communities/
[6] Gary Geddes, *Medicine Unbundled: A Journey Through the Minefields of Indigenous Healthcare* (Victoria: Heritage House Publishing Ltd. 2017) 179.

Plains First Nations had been experiencing for nearly half a century. Metis author Howard Adams shares these views, as he writes that racism is the product of economics and was used to "reduce natives to a sub-human level to be freely exploited," as he traces events from western imperialism to modern capitalism.[7] Racialized systems can be identified in the modern day anywhere that self-governance is not apparent, that is, where Indigenous people are prevented, directly or indirectly, from making their own decisions regarding their own health and that of their communities.

As we have explored from many angles, Indigenous wellness exists through reciprocal relationships with the spirit of the land. Just as the disappearance of the bison had devastating ripple effects in the plains, extractive industries continue to be a threat to Indigenous communities across Canada. Environmental conservation efforts which draw only on a western scientific model of study are incongruent with Indigenous wellness, and communities are demanding equal representation of their rights and worldviews. A six-year study of the environmental impact of a notorious pulp mill in Nova Scotia boasted a Two-Eyed Seeing approach but deployed only Western scientific methods to measure the scale of environmental crisis. Broadhead and Howard explain,

> The political logic of commissioning such a study is, of course, undeniable—but only because the Settler-colonial status quo would all too quickly have denied, would not have regarded as serious science, an equally thorough study conducted by Indigenous researchers doubtless incorporating such alien concepts as the need to communicate and establish alliances with natural energies.[8]

After over fifty years of heavy pollution of culturally significant waters, the Mi'kmaw of Pictou Landing First Nation celebrated their victory and the mill's closure in 2020, finally able to begin the process of healing. Meanwhile, the provincial government and Northern Pulp continue to quibble in an expensive lawsuit over financial losses involved in the closure.

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[7] Howard Adams. *Prison of Grass: Canada from the Native Point of View* (Toronto: New Press, 1975), 5.

[8] Lee-Anne Broadhead and Sean Howard. "Confronting the contradictions between Western and Indigenous Science: a critical perspective on Two-Eyed Seeing," AlterNative 17, no. 1 (2021) 111-119.

As plans to reopen the mill with greener infrastructure are set for 2026,[9] collaborative studies on human health call for Indigenous-developed frameworks in order to avoid the vicious cycle of greed and willful ignorance that this case and countless others represent.[10] As Pictou Landing community member, Michelle Francis-Denny, told the CBC: "You can't heal in the same environment that made you sick."[11]

On 26 September, 2022, road signs were put up on Saskatchewan's busy highway 11, welcoming motorists into Treaty Six if heading North and Treaty Four going south. The aim of the initiative was to promote dialogue and to educate on the ongoing, living nature of treaty agreements.[12] A major part of the conversation both at the time of treaty negotiations and into the present was Indigenous health and wellness. Representatives of the Crown made numerous verbal commitments to provide agricultural assistance, provisions during transition, and, notably, medical aid. While Treaty Six is most famous for containing an actual "medicine chest" clause, it is not the only one which includes reference to medical care. Oral accounts and written documentation have long maintained that healthcare was a feature of the Numbered Treaties, yet the details of said medical service were often omitted from written treaty documents and amalgamated into a vague promise of the Queen's benevolence. In the words of co-researcher Soo-Oyewaste, "we can go on and on in circles, but the end of the day, the intent of the treaty is that we all live equally amongst each other."[13]

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[9] Taryn Grant, "Environmental assessment of Northern Pulp's mill restart plan begins," Canadian Broadcasting Corporation, 2021. https://www.cbc.ca/news/canada/nova-scotia/northern-pulp-paper-excellent-environmental-assessment-registration-mill-restart-1.6276233

[10] Diana Lewis, Francis, Francis-Strickland, Castleden, and Apostle, "If Only They Had Accessed the Data: Government failure to monitor pulp mill impacts on human health in Pictou Landing First Nation," *Social Science & Medicine* 288 no. 113184 (2021): 7.

[11] Joan Baxter, "For 50+ years, pulp mill waste has contaminated Pictou Landing First Nation's land in Nova Scotia," Canadian Broadcasting Corporation, 2020. https://www.cbc.ca/cbcdocspov/features/for-50-years-pulp-mill-waste-has-contaminated-pictou-landing-first-nations. See also, *The Mill*, CBC Docs.

[12] "Treaty Boundary Signs unveiled on Highway 11," Ministry of Government Relations and the Office of the Treaty Commissioner. March 11, 2023. https://www.saskatchewan.ca/government/partnerships-for-success/profiles/treaty-signage-on-highway-11

[13] Conversational interview with Mitchell Soo-Oyewaste, October 5, 2023.

Having considered examples of cultural divergence, what does it look like, then, to hold Indigenous and Western medicine in equal validity and how could they complement each other? As many voices have asserted in this research, it always comes back to land. A recent public health study describes healing as a process of reversing displacement: "Extending effects of forced displacement is a concurrent lack of understanding about, especially in biomedicine—the Dominant Western model of health care—the health benefits of emplacement and reterritorializing, about land and ground and dirt and ecology also being places of healing, resistance, and decolonisation."[14] Indigenous Wellness links together the individual to the collective, the physical, mental, emotional and the spiritual. Indigenous Ways of Knowing seek communal prosperity through continuous, multi-generational reciprocity and interdependence, with no concept of individual profit.[15] Storytelling acts as medicine, as it reconnects identity with land. Stories are also a pivotal point where notions of science and wellness converge: "Innovative storytelling projects can thus help to engender interconnectiveness and interdependability through their cultural, scientific and ecological teachings."[16]

Elders of the Kainai Nation recall that herbal medicine began to dominate, and exist separate from, spiritual healing after treaty was signed.[17] If treaty is to mean land sharing rather than land cession, the spiritual and material must be recognized as interconnected. The attempt to fit Indigenous healing modalities into Western categories like herbalism or physiology would strip them of their relational potency. In other words, it is the very relationality between each aspect of Indigenous therapeutics that makes it such a dynamic and powerful approach; one that was not abandoned when plains people moved on to

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[14] V. Josewski, S de Leeuw, and M. Greenwood, "Grounding Wellness: Coloniality, Placeism, Land, and a Critique of 'Social' Determinants of Indigenous Mental Health in the Canadian Context," *International Journal of Environmental Research and Public Health* 20 no. 4319 (2023) https:// doi.org/10.3390/ijerph20054319. 6.
[15] Adams, *Prison of Grass,* 18.
[16] V. Josewski, S de Leeuw, and M. Greenwood, "Grounding Wellness," 8.
[17] Lux. *Medicine That Walks*, 101.

reserves. Indigenous medicine outlasted the onslaught of attempts by missionaries, physicians, and federal bureaucrats to discredit and repress traditional practice.[18] Indigenous therapeutics through the reserve period included a range of treatments to address the root cause of illness, or disequilibrium, including herbal medicines, spiritual guidance, and communal ceremony. In some cases this was, and is, achieved by using literal roots. The root of the Western Red Lily, now the provincial flower of Saskatchewan, was made into an infusion by the Kainai people for the treatment of tuberculosis.[19]

[18] Lux. *Medicine That Walks,* 72.
[19] Lux. *Medicine That Walks*, 172.

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CERTIFICATION OF ETHICAL ACCEPTABILITY
FOR RESEARCH INVOLVING HUMAN SUBJECTS

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Name of Applicant: Brittany Warren

Department: Faculty of Arts and Science\History

Agency: N/A

Title of Project: Root Medicine: Confronting Indigenous Segregation and Building Partnership in Qu'Appelle Healthcare, 1870-1970

Certification Number: 30018444

Valid From: August 04, 2023 To: August 03, 2024

The members of the University Human Research Ethics Committee have examined the application for a grant to support the above-named project, and consider the experimental procedures, as outlined by the applicant, to be acceptable on ethical grounds for research involving human subjects.

Richard DeMont

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Dr. Richard DeMont, Chair, University Human Research Ethics Committee