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Medicine That Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940. By Maureen K. Lux.

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Author

Dickason, Olive Patricia

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inescapable aspects of Carson's life is to speculate that the word *sport* was really that of Carson's amanuensis or to excuse Indian slavery by saying everyone, even the Indians, did it. Dunlay is at a loss to temporize Carson's execution of California prisoners, except to suggest again that he was motivated by the ethic of retaliation; he honorably refuses to avail himself of the excuse that Carson was just following orders.

Dunlay makes a good case, however, that the older Carson seems wise in his understanding of the Indian problem. But in his attempt to prepare for his rationalization of Carson's actions in California, Dunlay lets slip the word "invasion" when describing Blackfeet resistance to white incursions in their traditional hunting grounds (p. 74). A few lines later Dunlay insists on the mountain men's "right" to trap in Blackfeet territory "if they were strong enough to assert it." Despite his disclaimer at the end of this chapter that the mountain men "were not conquerors trying to impose their values or their political and social dominion" (p. 84), Dunlay, by use of the word "invasion," tacitly admits that the mountain men were invaders—an advance guard for those who would come later and take because they had the power to do so. In that sense, throughout his life, Kit Carson was the—perhaps unwitting—agent of imperial conquest.

J. Douglas Canfield
University of Arizona

Medicine That Walks: Disease, Medicine, and Canadian Plains Native People, 1880–1940. By Maureen K. Lux. Toronto: University of Toronto Press, 2001. 300 pages. \$50.00 cloth; \$22.95 paper.

This book, a ringing indictment of Canada's health policy in regard to American Indians during the period under study, concentrates on a time when Indians and their cultures were held in low esteem by the dominant majority; in fact, it could well have been at its lowest point since the arrival of Europeans in North America. It was a time when Indians were considered to be a vanishing race; long gone were the partnerships that had been so important to exploration and the early fur trade. Instead, the "Indian problem"—including health—was seen as the consequence of an inferior people struggling to make the "rough transition from 'savagery to civilization'" (p. 110). Human diversity attracted endless attention and racial theories flourished, ranging from the "scientific" to the popular (the ranking of races from inferior to superior was seen as scientifically valid). One result of such an attitude was that health programs for Indians during this period were more concerned with serving bureaucratic goals than the needs of the people.

Lux begins her survey with the starvation the Plains Indians suffered following the decimation of the buffalo herds, the basis of their subsistence, during the last decades of the nineteenth century. In her view that crisis not only affected the people's health, it also reinforced the official perception that Aboriginal peoples were inferior, even racially flawed, a position that justified the political goal of assimilation. Wretched living conditions resulting from

repressive social policies further undermined the peoples' health, a situation aggravated by a medical service the people perceived as self-serving. In 1886 the Battleford reserves had a death rate that was four times higher than the birth rate. Lux argues that in the midst of such challenges, and in spite of official opinion to the contrary, the American Indians faced up to their situation and retained their integrity. As she illustrates in subsequent statistical tables, the people not only survived, but actually increased in numbers after initial setbacks arising from epidemics, deprivation, and starvation.

Lux depicts this bleak situation in excruciating detail. As the herds diminished during the 1870s, indications of looming disaster were ignored as the government sought to control expenses by such measures as cutting provisions for the people (this happened in the Treaty Four area) or reducing them by half (in Treaty Six) and paying inadequate salaries for personnel such as farming instructors. Treaty promises were slow in being fulfilled, if at all. Starvation was already a stark presence, but rations were only available to those bands that had taken treaty. At one point the Indians believed they were being poisoned by contaminated rations. As hunger encouraged the spread of illnesses such as tuberculosis, officials reacted by theorizing that Indians had a hereditary disposition to the disease. Statistics were cited to support the notion, such as a survey conducted by the Canadian Tuberculosis Association in British Columbia in 1924 that found that Indians accounted for one-quarter of the province's deaths from tuberculosis, although they made up only one-twenty-secondth of its population (p. 201).

In her carefully documented survey of this situation as it developed until the mid twentieth century, Lux describes how it was worked out in schools (particularly the residential ones), hospitals, and missions, as well as on reserves in general in the midst of growing poverty and the consequent poor diet, overcrowding, and lack of facilities. She contrasts this with the pre-contact lifestyle, when the Indians lived well as hunters and gatherers. The fur trade, by changing the Indians' roles into that of provisioners for the trade and increasing the exploitation of natural resources, altered this balance, paving the way for the hard times that followed.

Lux finds that the schools did nothing to ease the situation; instead, they denigrated the traditional Indian way of life and banned the use of Indian languages in classrooms. A common practice was to discharge seriously ill children to die in their homes rather than in the school. The children's high death rate was attributed to their families' domestic habits and way of life; administrators did not see that the school system played a part. When parents reacted by keeping their children at home, schooling was made compulsory and police were used to round up missing students. In 1907 the Indian department's chief medical officer, Peter Bryce, published his *Report on the Indian Schools of Manitoba and the North-West Territories*, which details the poor conditions that prevailed. Although the report aroused outraged press reaction, Bryce's recommendations were never made public. What followed was the usual game of "blame the other guy"; reforms were slow in coming.

Hospitals also had their problems, particularly in staffing, so that they were under-used and even vacant at times. It was a situation that was compounded by rivalries between the religious denominations that ran them. Lux

attributes a move to combine the administration of hospitals with that of schools to the official desire to keep students on the school rolls even when they were ailing. She classifies these "cottage hospitals" as more cottage than hospital. A refrain repeated throughout the book maintains that the government never accepted responsibility for Indian medical care. Lux makes no attempt to reconcile this with the fact that care, inadequate as it may have been, was available, although she admits its existence. For one example, the medicine-chest clause of Treaty Six was implemented. However, this was counterbalanced by the Indians' lack of faith in white doctors and their medicine; as Lux puts it, "the people simply did not care for the hospital," and were reluctant to avail themselves of its services (p. 115). She sees this as justified, as a comparison of death rates on reserves in 1890 found that the lowest "were among those with no medical attendants" (p. 147). Even as some Western medical practices were accepted, Native healers continued to operate throughout these years. Lux describes Native medicine as functioning on a number of levels, from the physical and emotional to the spiritual, reflecting "a world view that was remarkably well adapted to prairie existence" (p. 82).

The twentieth century saw an upswing in the conditions on reserves, a trend that continues. However, disparities still exist, some of them wide, especially in economic terms. Lux argues that improving the reserves' economies is a prime requirement for better health; "medicine that walks" is a metaphoric reference to the better diets that will result. She points to self-government as the means to achieve this, by placing in the hands of the people the means to control their own affairs.

The years of the disappearance of the buffalo herds and afterwards were years of high drama in the history of the Canadian-prairie west. Fundamental changes in ways of life entailed extreme hardships which were all-too-frequently inadequately dealt with by government. It is remarkable that the Plains Indians, in suffering the brunt of these events, resorted so rarely to violence; only a scattered few joined the Métis when the latter took up arms. In detailing events of those troubled years, Lux adds a dimension to accepted history. Despite her obvious conviction, she does this with an evenness of tone that makes her account bearable. However, it can be said that in her concentration on the negative aspect, she makes short shrift of the fact that there were attempts at relief, particularly from non-government sources; it must be admitted, though, that they fell far short of the need. On a another track, her Western focus leads her astray when she writes that "the precedent for treaty making stretched back to the British Royal Proclamation of 1763" (p. 22). Actually, treaty-making appeared very early after European arrival. The first that the British signed involving Canadian Indians was the Treaty of Portsmouth in 1713. By the time of the western numbered treaties, 123 had already been entered into. Still, this book is a must, as it presents an aspect of the history of the Canadian prairie west that is all too frequently glossed over.

Olive Patricia Dickason
University of Ottawa
University of Alberta

The Montaukett Indians of Eastern Long Island. By John A. Strong. Syracuse: