

Separate Beds: A History of Indian Hospitals in Canada, 1920s-1980s by Maureen K. Lux

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[See table of contents](#)

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to consider what his minority governments accomplished in just five years.

What made Pearson a great prime minister? His ability to read the future, especially on the subject of Quebec and national unity. Growing up and coming of age in small-town Ontario meant that “Quebec was virtually a foreign part which we read about in terms of Madeleine de Verchères and the Battle of the Plains of Abraham.” (I, 15) But as a civil servant, cabinet minister, party leader, and prime minister, he outgrew his stereotypical understanding of Quebec and came to realize that the country needed to change in order to accommodate the urgency of the Quiet Revolution. The opting-out formula went a long way. So too did the new flag. He was even prepared to make Canada a republic if that was the price of Confederation, once broaching the subject with “Her Majesty and her three corgis” during a private meeting at Buckingham Palace. (III, 301) It’s too bad the republican option wasn’t realized because Canada continues to endure the constitutional absurdity of a foreign head of state and the indignity of watching otherwise rational people become light-headed servile toadies during royal visits. Still, Pearson’s inchoate republicanism was a measure of how far he had travelled from the Aurora train station where, perched on his dad’s shoulders, he welcomed the Duke

and Duchess of York in a “great display of imperial patriotism.” (I, 11)

Pearson also understood the importance of recognizing and advancing the political careers of French Canadians, including a young Jean Chrétien, “the son of a factory machinist from French-speaking, Roman Catholic Quebec.” (I, v) Warm and generous, Chrétien’s foreword includes a handful of anecdotes about Pearson and his personal charm. Whatever. It’s too bad Chrétien wasn’t pushed, or if he was that he ignored it, because his foreword represents a missed opportunity for a former prime minister to reflect on Pearsonianism and how it shaped or didn’t shape his foreign policy agenda. Likewise, it represents a missed chance for the man who led the country during its near-death experience in 1995 to think about Pearson’s answers to questions of Quebec’s constitutional status and, again, how they shaped or didn’t shape his answers to similar questions.

“I Like Mike” was a common election slogan. Indeed, it’s still hard not to like the guy, making his memoirs a real treat and confirming why Donald Creighton’s “giggling bow-tied bastard” got my vote for Canada’s greatest prime minister in the *Macleans*’ survey.

Donald Wright
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***Separate Beds:
A History of Indian Hospitals in Canada, 1920s-1980s***

by Maureen K. Lux

Toronto: University of Toronto Press, 2016. 273 pages. \$32.95 paper ISBN 9781442613867,

\$65.00 cloth ISBN 9781442645578, \$32.95 ebook (EPUB format) ISBN 9781442663121.

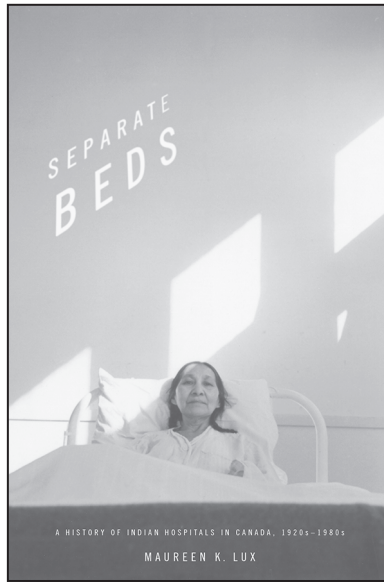
The recent release of Canada’s Truth and Reconciliation Commission’s final report documents the history and legacy of residential schools and recommends

‘94 Calls to Action’. I would suggest that it came as no surprise to experts within the field of Indigenous history that many of those calls to action highlighted the

significant disparities in health status that exist today between Indigenous and non-Indigenous Canadians. In *Separate Beds: A History of Indian Hospitals in Canada, 1920s-1980s*, historian Maureen Lux sets out to identify the origin of those disparities, specifically in the case of tuberculosis (TB) within Indigenous communities and the subsequent development of Indian hospitals intended to deal with the ‘problem’. Through the exploration of two enduring twentieth-century narratives: “the progressive march towards improved health care for Canadians and the seemingly intractable ill health in Aboriginal communities,” Lux argues that it became normal and natural to see those narratives as separate and the result was the establishment of a system of segregated health care. (18)

Using a thematic approach, *Separate Beds* builds a strong argument, at times, that “Indian hospitals isolated and treated the consequences of colonization and operated to maintain if not widen health disparities.” (18) Lux acknowledges that this approach examines “the commonalities in the institutions operated by the bureaucracy initially known as Indian Health Service” and is therefore not intended to be a comprehensive history of all the hospitals. (17) There are however significant contradictions throughout the book’s six main chapters which serve to weaken Lux’s analysis on the whole.

In particular, Lux’s discussion of the push for segregated institutions, the unreliability of tuberculosis statistics and rates,



and the concepts of isolation and segregation are not fully developed. While Lux argues that organizations such as the Canadian Tuberculosis Association (CTA) pushed for segregated institutions (28), she does not adequately explore the underlying jurisdictional challenges and medical expertise of the day—public health associations and the provinces regularly pleaded with the federal government to address the “problem” of tuberculosis and medical

experts at the time widely acknowledged that TB did not manifest itself any differently in Indigenous peoples than it did in non-Indigenous peoples. It could also be argued that the push by organizations like the CTA was less about segregation and more about holding Ottawa accountable for the Indigenous health portfolio, which many believed fell within the purview of the federal Department of Indian Affairs then and still today.

The discussion throughout the book surrounding the unreliability of TB statistics and rates also presents several contradictions. Lux is critical of the statistics available (41) but then relies heavily on those rates throughout her analysis to suggest that they were a major contributing factor to the establishment of segregated Indian hospitals. On the question of segregation and isolation, I think Lux misses a critical opportunity in this book to fully flush out these concepts. It should be made clear to the reader that isolation was in fact a main tenet of tuberculosis treatment, for Indigenous *and* non-Indigenous peoples

(164), and that segregation involved the attempt to keep Indigenous TB patients from mixing with non-Indigenous TB patients by creating separate and distinct Indian hospitals. Instead, the analysis at times conflates these two concepts and thus weakens the broader analysis.

Although a thematic approach can be effective, in the case of Lux's work, it at times leads to a disjointed narrative and analysis. Closer attention to a chronological format might have made it easier for the reader to follow the evolution of the segregated health care system that Lux is attempting to chronicle. For example, Lux's examination of three on-reserve hospitals established in the 1920s, including the Six Nations' Lady Willingdon Hospital in Ontario, highlight various changes, incidences of negligence, and community activism that might be better contextualized had they been discussed in chronological order and in relation to changing regulations, policies, and personnel at specific times in this sixty-year study. Nevertheless, the themes of: making Indian hospitals, expanding bureaucracy, labour force, patient experiences, treaty rights, and getting out

of the hospital business does offer new and important perspectives on our traditional view of Canada's celebrated history of 'universal healthcare'.

The concluding chapter is insightful, progressive and forward-thinking. Lux skillfully outlines the limits of Canada's liberal democracy and the consequences of colonization which marginalized Indigenous Canadians and normalized health disparities as inevitable. Lux effortlessly weaves oral interviews into this work, which enriches her analysis and emphasizes the strength and resolve of Indigenous communities who are regularly viewed as 'subjects' of historical study rather than living, breathing human beings who have been impacted by disastrous colonial policies. Overall, *Separate Beds* is an important contribution to the fields of Canadian history, medical history, and Indigenous studies and raises important questions regarding the historic and present-day intersections of race, medicine and public policy.

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***Commemorating Canada:
History, Heritage, and Memory, 1850s-1990s***

by Cecilia Morgan

Toronto: University of Toronto Press, 2016. 224 pages. \$65.00 hardcover. ISBN 978-1-4426-4128-0, \$26.95 paperback. ISBN 978-1-4426-1061-3. \$26.95 ebook. ISBN 978-1-4875-1077-0.

Between the centennial of the First World War, the bicentennial of the war of 1812, and the 150th anniversary of Confederation, to name just three events, commemoration has been front and centre in the public consciousness recently. Cecilia Morgan's *Commemorating Canada*,

the latest entry in the Themes in Canadian History series from University of Toronto Press, is thus arriving at a very timely moment. Intended for use in courses on public history, historical commemoration and heritage preservation, this concise primer offers an overview of the many ways that