CAMSELL HOSPITAL
RESEARCH SYMPOSIUM

SUMMARY REPORT

EDMONTON
HERITAGE COUNCIL

PLANNING THE SYMPOSIUM

In 2013, while researching her book *Polar Winds*, author Danielle Metcalfe-Chenail came across information on the x-ray tours in Canada's North. These tours screened Indigenous individuals for tuberculosis; many of those found to be infected in the Western Arctic and sub-Arctic were sent by plane to the Charles Camsell Indian Hospital in Edmonton.

In her research and training as a historian, Danielle had not encountered the story of Canada's Indian Hospitals. To her, it was an important connection to the Truth and Reconciliation Commission's mandate to share the truth of the residential school system with Canadians.

Danielle would make the story of the Camsell a focus of her two-year appointment as Edmonton's Historian Laureate, during which she initiated a serial blog, GhostsofCamsell.ca. People from across the country began reaching out to her to share their stories and seek help solving their unanswered questions. Finding answers and sharing this complicated truth has become Danielle's path to seeking reconciliation.

Meanwhile, Edmontonians were beginning their own journey to connect with the untold truths of our past. In March 2014, Edmonton hosted the seventh and final National Event of the Truth and Reconciliation Commission (TRC). Mayor Don Iveson served as an Honorary Witness and declared a year of reconciliation in our city, committing to help others learn about historical trauma. Citizens, leaders, and agencies began to find ways to commit to reconciliation in real, tangible ways.

Like many organizations, the Edmonton Heritage Council (EHC) began to think about how it would move along the path of reconciliation, starting with a talking circle with Chief Wilton Littlechild, Mayor Iveson and Rod Loyola, MLA, and by reflecting on the Calls to Action outlined in the TRC's Final Report. In December 2015 the EHC hired Miranda Jimmy (Cree) as its new Program Manager. One of her first major projects was to begin to help the EHC and the heritage sector work through a lens of reconciliation in telling the story of Edmonton's past; the Camsell Hospital Research Symposium is one example of this work.

The EHC sees the Camsell story as an important example that connects directly to reconciliation in the city, province, and country. This day-long symposium was one way it could host conversations between the many people, organizations, and communities linked to the Camsell's history and legacy. It served as an important starting point for future discussions and actions.

The Alberta Historical Resources Foundation was also pleased to support the symposium.

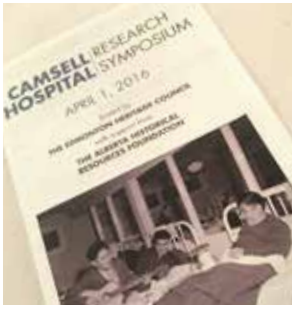
PARTICIPANTS

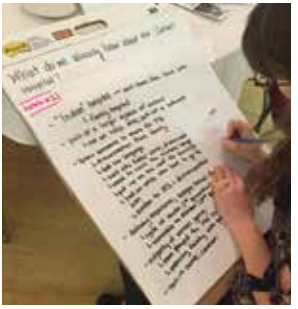
Presenters

Cathy Aitoak & Louisa Baril
Danielle Metcalfe-Chenail
Laurie Meijer Drees
Mary Jane Logan McCallum
Maureen Lux
Sara Komarnisky

Speakers & Facilitators

Courtney Heffernan
Debby Hubbard
Ester Malzahn
Julie-Ann Mercer
Rhonda Kronyk
Zanne Cameron





EHC Staff

David Ridley, *Executive Director*
Miranda Jimmy, *Program Manager*
Monica Roberts, *City Museum Strategy Manager*
Meredith Mantooth, *Grants & Program Coordinator*
Ryan Stephens, *Communications Coordinator*
Azkaa Rahman, *Administrative Coordinator*

Participants

Alanna Harrison	*Edmonton Police Service*
Allan Rowe	*Alberta Culture & Tourism*
Andrea Levey	*Edmonton Police Service*
Angelique Lightning	*Cold Lake First Nations*
Annie Atighioyak	*Kitikmeot Heritage Society*
Bessie Joy	*Kitikmeot Heritage Society*
Brenda Manweiler	*Alberta Culture & Tourism*
Brendan Griebel	*Kitikmeot Heritage Society*
Cheryl Croucher	*Author*
Chris Andersen	*University of Alberta*
Crystal Fraser	*University of Alberta*
Donna Dryden	*Camsell Hospital Staff*
Elaine Minoose	*Community Health Nurse*
Emma Knight	*Royal Alberta Museum*
Eric Gormley	*Edmonton Heritage Council Board Member*
Gene Dub	*Dub Architects*
Jaimy Miller	*City of Edmonton*
Jed Johns	*City of Edmonton*
Josie Auger	*Bigstone Cree Nation*
Judy Half	*Royal Alberta Museum*
Kathi Avery Kinew	*First Nations Health and Social Secretariat of Manitoba*
Kathryn Ivany	*City of Edmonton Archives*
Kelly Jerrott	*City of St. Albert*
Kendal Joy	*Kitikmeot Heritage Society*
Laura Golebiowski	*Alberta Culture & Tourism*
Leslie Latta	*Provincial Archives of Alberta*
Lillian Shirt	*Saddle Lake Cree Nation Elder*
Mabel Etegik	*Kitikmeot Heritage Society*
Mary Avalak	*Kitikmeot Heritage Society*
Mary Jefferies	*Former Camsell Hospital Staff*
Mary Johnson	*Former Camsell Hospital Staff*
Matthew Wangler	*Alberta Culture & Tourism*
Michele Jackson	*Alberta Indigenous Relations*
Mike Chow	*City of Edmonton*
Mini Aodla Freeman	*Edmontonmuit Inuit Group, author and Elder*
Minister Richard Feehan	*Alberta Indigenous Relations*
Minister Sarah Hoffman	*Alberta Health*
Norma Giroux	*Alberta Indigenous Relations*
Pamela Gross	*Kitikmeot Heritage Society*
Raquel Feroe	*Edmonton Heritage Council Board Guest*
Ruth McConnell	*Royal Alberta Museum*
Sara Parker	*Métis Nation of Alberta*
Sharon Morin	*Musée Heritage St. Albert*
Will Truchon	*Dub Architects*

Regrets

Aaron Barner	*Métis Nation of Alberta*
Andrea Hasenbank	*Alberta Health*
President Audrey Poitras	*Métis Nation of Alberta*
Bella Carson	*Saddle Lake Cree Nation*
Councillor Bev Esslinger	*City of Edmonton*
Bobbi Herrera	*The Confederacy of Treaty 6 First Nations*
Brenda Laboucane	*Alberta Health Services*
Calvin Bruneau	*Papaschase First Nation*
Cecile Fausak	*United Church of Canada*
Chris Andersen	*University of Alberta*
Dale Tallman	*Treaty 8 First Nations of Alberta*
Denise Walker	*Health Canada*
Diane Webster	*Indigenous and Northern Affairs Canada*
Father Jim Holland	*Catholic Archdiocese*
Grand Chief Steve Courtoreille	*Treaty 8 First Nations of Alberta*
Grand Chief Tony Alexis	*The Confederacy of Treaty 6 First Nations*
Guy Berthiaume	*Library and Archives Canada*
Jerry Saddleback Jr.	*The Confederacy of Treaty 6 First Nations*
Jim Sisson	*Indigenous and Northern Affairs Canada*
Joe Jobin	*Treaty 8 First Nations of Alberta*
Keavy Martin	*University of Alberta*
Kristina DeGuzman	*Edmonton Arts Council*
Maureen Engel	*University of Alberta*
Morgen Smith	*Yukon Heritage Resources Board*
Noël Habel	*Canada Council for the Arts*
Norma Dunning	*Edmontonmuit Inuit Group*
Paul Adams	*Inglewood Community League*
Phillip Lamouche	*Alberta Indigenous Relations*
Rev. Canon Travis Enright	*Anglican Church*
Dr. Richard Long	*University of Alberta*
Rob Houle	*City of Edmonton*
Ron Lameman	*The Confederacy of Treaty 6 First Nations*
Ryan Kelly	*City of Edmonton*
Sara Parker	*Métis Nation of Alberta Nation*
Sarah Bannon	*Northwest Territories Government*
Sarah Carter	*University of Alberta*
Councillor Scott McKeen	*City of Edmonton*
Shamin Malmas	*Catholic Archdiocese Archives*
Stephen Williams	*Edmonton Arts Council*
Steven Curley	*Nunavut Government*
Tanya Kappo	*Treaty 8 First Nations of Alberta*
Valerie Knaga	*Alberta Culture & Tourism*
Wally Sinclair	*Alberta Health Services*

OVERVIEW

The day began with an opening prayer by Inuk Elder Mini Aodla Freeman, a long-time Edmonton resident and author of the book, *Life Among the Qallunaat* (University of Manitoba Press, 2015). After she lit a traditional lamp and blessed the symposium, she spoke about how she had visited Inuit patients at the Camsell and other Indian Hospitals as a translator when she worked for the Federal Government in the 1950s. She had **"great memories of those Inuit that were there. I still get calls from patients' sons and daughters looking for what happened to their parents. They feel much better after coming to visit the graves."**

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Miranda Jimmy then welcomed participants to Treaty 6 territory and the symposium: "Everyone is connected to the Camsell in some way. Each of you has a place in making sure the history of the hospital told in a truthful way." This set the stage for engaging with the day's program in 'a good way' filled with compassion and integrity — almost twenty years to the day when it was closed.

The Hon. Richard Feehan, Minister of Indigenous Relations for the Government of Alberta, brought greetings from the Province. Minister Feehan thanked those who had travelled so far to take part. He also thanked the Hon. Sarah Hoffman, Minister of Health for the Government of Alberta and MLA for Edmonton-Glenora, where the Camsell Hospital stands, for being present. He talked of his personal connection to the hospital; his daughter underwent surgeries for her club feet there as a child. He said it was important to have this discussion about the Camsell's history "at a time where we're really grappling with the notion of reconciliation. **If we're committed to true reconciliation we have to put in the hard and sometimes gut-wrenching work to find out what it means in this world.** We need to learn how we live that and not simply talk about that. Whatever happens now with the Camsell, I hope that it doesn't obliterate it, wipe it off the map and pretend it wasn't there."

For the rest of the morning, Miranda Jimmy guided participants through the program. First, Danielle Metcalfe-Chenail presented a brief introduction to the history of the Camsell Hospital site, buildings, and uses; then Cathy Aitaok and Louisa Baril of Cambridge Bay, Nunavut shared some patient experiences; then academic researchers looked at different aspects of the Federal and Provincial hospitals through seven-minute spark talks.

After lunch, those present were put into six small groups to discuss the following questions (which had been brainstormed by Miranda Jimmy, Danielle Metcalfe-Chenail, and Sara Komarnisky ahead of time):

- What do we already know about the Camsell Hospital?
- What further information is needed?
- What should happen to the Camsell site?
- What ways should this history be acknowledged and shared?
- Who else should be involved?
- Who should be leading any further actions/discussion?

For one and a half hours, facilitators circulated among the tables to capture the conversations and ideas on flipchart paper. They then gave short verbal reports back to the room.

With a bit of wiggle room in the program, architect and Camsell Hospital site developer Gene Dub was able to give an unanticipated (but welcome) presentation on the current plans and timeline. This was followed by a sincere expression of thanks for the day's work by EHC Executive Director David Ridley, and a closing prayer by Lillian Shirt, a Cree Elder and former Camsell patient, who had taken part in the day's activities.

1. Danielle Metcalfe-Chenail:

INTRODUCTORY HISTORY

Danielle was Edmonton's third Historian Laureate, author of two books of history, and editor of In This Together: Fifteen Stories of Truth and Reconciliation (Brindle & Glass, 2016). She is a founding member of Reconciliation in Solidarity Edmonton (RISE) and is currently researching and writing about the complex history and legacy of the Charles Camsell Hospital from her new home base in Houston, TX. www.daniellemc.com

We often think of the Charles Camsell Hospital as the 'white elephant' currently sitting in the Inglewood neighbourhood of Edmonton, but there have actually been two physical hospitals and the site's history goes back further than we can see today.

I recognize a big blindspot in the record of the site is its traditional use and meanings to the Indigenous peoples of the region — the Cree, Blackfoot, and others who lived or visited this space before it became Edmonton.

The earliest record I can find is this parcel of land being bought by John Norris (1826-1916) a Scottish-born man who went to Fort Edmonton as a labourer and boatman with the Hudson's Bay Company. He was there in 1876 when Treaty 6 was signed and benefited from the Dominions Land Act. He acquired farm lands that included the site; they were on the edge of the HBC Reserve Lands. He had a son with wife Euphrosine Plante, a Métis woman from St. Albert. That son, Malcolm Norris became one of the most influential Métis leaders of the twentieth century and worked toward economic independence of northern Indigenous peoples.

John Norris donated the land at what was Stikine (Stikeen) Ave (now 114 Ave) and 128 Street. He was friends with Father Albert Lacombe and apparently Bishop Legal wanted a Jesuit College set up. Norris, who was from northern Scotland, was schooled by Catholic priests and supported this project. A high school program in English and French for students across western Canada was set up in 1913 and by 1917 university-level classes were offered. It quickly grew from 52 to 158 students and they added a new wing in 1921. In 1920, 200 students were enrolled and there was accommodation for up to 300 students near the end of the decade. With the Depression, however, families couldn't afford tuition and the numbers waned.

During the Second World War, the Canadian military acquired the building and leased it to the American military to house the engineer units building the Northwest Staging Route and Alaska Highway. These included several

African American units. California redwood buildings sprung up around the main brick structure to house soldiers temporarily, but they would remain and be used after the war.

In 1944, the Royal Canadian Army Medical Corps turned it into a military hospital for veterans, but it was soon given to Indian Health Services. The new Indian Hospital was named after Dr. Charles Camsell, a geologist from the Northwest Territories who had gone on to become Federal Minister of Mines and Resources between 1920 and 1946.

The Indian Hospital, which you will learn more about in the other presentations, operated under the Federal Government from 1945-1979. At the beginning, it was primarily a tuberculosis sanatorium, bringing Indigenous patients from throughout what was called the Foothills Region — an area that spanned several Western provinces and the Western Arctic and sub-Arctic. The average stay for TB patients was one to two years. Some were there much longer, as in the case of one patient who was in institutional treatment for 16 years beginning in childhood.

The Camsell was dubbed by some "Camsell City" and was in many ways its own self-contained community. There was a chapel, gym/auditorium, laundry, dining room, and about a dozen wards for patients. It was a training centre for RCMP officers working in the North; and had Occupational Therapy, Education and Rehabilitation programs at various times.

A new building was constructed in 1967 (including a striking mural by famed artist Alexander von Svoboda) and in December 1980 the hospital was handed over to the Province. At this point, it became a Provincial General Hospital.

In the mid-1980s, former staff members created the Charles Camsell History Society to document and commemorate the history of the institution. At about this time, there was interest among the Society as well as St. Albert City staff and area journalists to try and find out the names and locations of patients buried at what was now the St. Albert Municipal Cemetery. Those efforts yielded 98 names of Protestant patients who had been buried on the property of the Edmonton Industrial School before it closed in 1968. A cairn and plaques were erected in their memory and dedicated in 1990.

Then, from July 17-18, 1995, the hospital celebrated its 50th anniversary, bringing together former patients, staff and others in Edmonton. The following year, on March 31, 1996, the hospital was officially decommissioned.

In 2000, Enoch Cree Nation erected a monument at its historic Winterburn cemetery in west Edmonton dedicated to the community's ancestors as well as "people from as far away as the Northwest Territories."

2. Cathy Aitoak & Louisa Baril:

PATIENT EXPERIENCE

Bio: Louisa and Cathy are the daughter and grand-daughter (respectively) of former Camsell Hospital patient Joseph Elulik. They have long been seeking answers about his experience and death in Edmonton, to provide some closure for their family. Louisa is a respected Elder who works at Kitikmeot Heritage Society. Cathy is the Aboriginal Skills & Employment Strategy Coordinator with the Kitikmeot Inuit Association. Both make their home in Cambridge Bay, Nunavut.

(L–R) Louisa Baril, Sara Komarnisky, Cathy Aitoak, and Danielle Metcalfe-Chenail visit the cairn commemorating those buried at Winterburn. They believe Louisa's father, Joseph, is interred there.

Louisa: "We used to sit there and wonder — when you have kids of your own, you think about your ancestry. Mum had died out on the land when I was nine years old and he raised me. When I was 15 I wanted to stay a little kid with my dad but I went to live with this man. I was 17 and I was going to have a baby. Although I lived in Perry River I was in Cambridge Bay because of the doctors. They waited 'til I had my baby and then a few days later my father went on the plane to the Camsell. He looked back at me from the truck: "I raised you when you had no mother. I want to come back and see you. But some people died in the hospital and I don't know if I'm going to come back." After he went I started crying.

One night he spent whole night calling me until he stopped breathing. That night after he passed away, that man I was living with asked me, 'Did you hear something loud outside the igloo last night?' A few days later a dog team came in and told us my dad passed away. Somehow my father landed outside the igloo. All these years I wanted to look for my dad's grave. I never asked anybody. I would travel around different places and see cemeteries. My mum died, my heart broken. My dad died, my heart broken. My husband died, my heart broken."

Cathy: "When my daughter Toby was a year old I started searching to find out where my grandfather is. I got really sick this past January in Ottawa. I was 50, and my daughter is 17. Joseph, my grandfather, left when he was 50 and my mother was 17. I thought to myself: 'At least somebody's going to take me home.' It wasn't like that for him. I wanted to find out where he is — where he's buried. We're going to go look on Monday. My grandfather came down to the Camsell to get prosthetics on his feet. He was really sick as a young man out on the land in the spring or summer. He went into a coma out there and his brother left him to get his parents to come help. He was wearing waterproof kamiks, mukluks and his toes turned black. They cut off half of his foot - his toes. He had prosthetics he made and then went down to Camsell."

3. Maureen Lux:

THE RISE AND FALL OF THE 'NEW' CAMSELL HOSPITAL

Bio: Maureen teaches Canadian and Aboriginal history at Brock University. Her research examines the health effects of colonialism on Aboriginal people on the prairies. She is the author of the award-winning Medicine that Walks: Medicine, Disease and Canadian Plains Native People, 1880-1940 (University of Toronto Press, 2001) and the recently released Separate Beds: A History of Indian Hospitals in Canada (University of Toronto Press, 2016).

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The original Camsell Hospital was converted from a Jesuit College into what would be an Indian Hospital in 1945. The dormitory-style wards weren't appropriate for a hospital because they were dangerous spaces for cross-infection. In 1967 a new one was to be built but it got caught up in the nasty politics of Medicare – there were disputes between the Federal and Provincial governments. Indian Health Services hoped to shut down the hospitals – it had other plans for the Charles Camsell Hospital.

The Camsell had intimate connections with the U of A medical school as well as student doctors and specialists, providing "interesting medical cases." The staff were remarkably loyal - many had lived and worked there since the 1940s, some 'on campus' as they called it. The hospital was the very public face of the Federal Government and pilots, and for Dr. Percy Moore the building of the new hospital was a matter of personal pride. He said at the 1964 sod turning that it was the 'happiest day of my life'.

In 1967 it became the Charles Camsell Hospital and was dubbed a "Gift to the North". Soon after it was opened it became steadily underused because TB infections slowed and more facilities were opened in the North. At that point they turned it into an Edmonton community hospital and fewer than one quarter of patients were Indigenous.

The Alberta Hospital Services Association paid on a per patient, per diem rate. They only paid a rate of $78 to the Camsell while other city hospitals received $125/day. Indian Health Services subsidized the hospital each year with $3 million by the 1960s, but wanted to give the hospital to the province for $1 plus a $3 million transitional grant. When it was built, it was the only new hospital in city and carried a $25 million deficit. It cost $7 million to build it (today - $200 million dollars) and was intended for the health care of Indigenous people, but most of the money was spent on non-Indigenous patients.

Response to audience Question:
There were no hospitals east of the Ottawa River – there was one in Quebec for awhile and 22 Indian Hospitals in Canada at the height of the system. They used chemotheraphy for TB because it was the norm in non-Indigenous community who were treated as outpatients. This freed up beds in large TB sanatoriums, which created large incentives to bring in Indigenous patients. Chest surgery and long-term isolation were maintained on Indigenous patients for much longer than non-Indigenous patients because of the expressed fear they would go home and reinfect people because of 'substandard homes'.

4. Laurie Meijer Drees:

INDIAN HOSPITALS AND RESIDENTIAL SCHOOLS: CARE & CONSENT

Bio: Laurie is a regular faculty member in the First Nations Studies Department at Vancouver Island University, and has worked at universities in Saskatchewan, Alaska and the First Nations University of Canada. She served as a researcher for the TRC, working with the Missing Children and Unmarked Burial Project to investigate medical care and death in the Indian Residential School system.

"We need to broaden our view of the Camsell and see it as existing within a larger circuit of institutions. There were a lot of intersections between residential schools and Indian Hospitals. There were, for example, schools inside the Indian Hospitals and children placed there received educations (IRS record set shows pupil numbers in hospital). IRS had sick wards, called preventoria, which were basically hospitals within them, and children were sent from hospital to a residential school without asking the parents.

Difficult to find people because sometimes children were sent from an IRS, to an Indian Hospital or public hospital, to a Foster Care family, juvenile detention centre or correctional facility — or out into labour positions. This led to missing and dislocated people.

After 1945, in general Canadian society it was important to secure parental consent for the release of children and medical treatment. The Indian Hospital story shows a clear disregard for the need of consent, as well as neglect of consent and falsification of consent.

Question: Did schools or hospitals take the initiative to move children if they couldn't find parents easily?

Answer: Laurie: "Yes, the principal might sign an X on the parent line — anyone could place an X. If it was too difficult to reach parents administrators would do away with it."


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5. Sara Komarnisky:

ART & CRAFT MADE BY INDIGENOUS PATIENTS AT THE CAMSELL HOSPITAL

Bio: Sara is a Postdoctoral Fellow at the Department of History and Classics at the University of Alberta. She is a collaborator on the project "Object Lives and Global Histories of Northern North America" (www.objectlives.com). Her work explores themes of interconnection, mobility and material culture across North America. She is a settler Canadian of Ukrainian heritage.

Mary Avalak examines Inuit artifacts from the Doug Lord art collection at the University of Alberta.
PHOTO BY PAMELA GROSS

When Sara was completing her dissertation at the University of British Columbia, she did part-time work at the tuberculosis program in Edmonton, which sought to treat and prevent that disease among Indigenous peoples. She focused on arts and craft by Indigenous patients, accessing the Museum of Anthropology in Vancouver. She discovered that the Royal Alberta Museum has the biggest collection — 400 pieces — of these patient handicrafts. She wanted to know: how were they created? How did they end up outside the hospital? What do the families who made those things think about it? She received a Postdoc position at U of A to look into some of these questions.

These handicrafts were carved in wood and stone, beaded, and painted. Some patients made blankets, dolls and moccasins, and some made photo albums out of old x-rays. Pieces won prizes at the Edmonton Expo and Calgary Stampede. There were custom orders and some were sold in Vancouver. The money made went to support the OT program and some went into patients' pockets. Douglas Lord, who headed up the occupational therapy program at one point, purchased objects for the U of A Museum collection.

One of Sara's favourite pieces that she's studied is by James Tegiapak. He did 608 carvings of wood and stone. You can trace the biography of a carving — its object life — and she has been fascinated by this one piece of a bird lured into a trap, which feels symbolic of the patient experience at the Camsell. She interviewed one lady who did her nurse training at the hospital in 1948, and really started thinking about the relationships between materials "wrapped up in material objects". These handicrafts link people to their family members; can help people learn about hospital system and TB today, and hopefully make healthcare more equitable.

From her work and pieces like James Tegiapak, she's come to see it as two hospitals. There were "literally two" buildings but there were also two meanings: the Federal Government's broadcasting of the hospital's positives - and the instrument of assimilation.

Question: How did the pieces end up at MOA?

Answer: "Two different people donated items — one was a nurse and that nurse's family, and there was author and illustrator Hilary Stewart who collected them on her Northwest travels. They also kept and collected items at the Camsell hospital and those objects were given to RAM when the Camsell was transferred to the province."

Question: Was there a patient's information on who made what and how many?

Answer: "The hospital had a numbering system in place, so in my case it would be 'SK-1, SK-2'. Because patients were supposed to get some money back for the sales of their arts and crafts they kept track.

6. Mary Jane Logan McCallum:

INDIGENOUS HISTORIES OF TB

Bio: Mary Jane is an assistant professor in the History Department at the University of Winnipeg. She is currently researching topics in twentieth-century Aboriginal histories of health, education and labour, and leading a CIHR-funded project entitled Indigenous History of Tuberculosis in Manitoba, 1930-1970.

"The Camsell Indian Hospital has a lot of similarities with other hospitals and TB sanatoria in Western history. The Department of Indian Affairs always went for the cheapest option for healthcare for Indigenous peoples. Doctors and staff tended to be non-Indigenous and could be very uninformed (support workers — aides, orderlies, kitchen staff — were more likely to be Indigenous). This often led to a situation where the medical staff could fall back on prevalent stereotypes in Canada — stereotypes like TB and ill health were the fault of Indigenous peoples. They also thought that when patients were treated successfully it was biomedical and because they'd assimilated.

In Manitoba, Indian Sanatoriums were run by the san board, so we have to look for records in their archives not at National Archives. The first TB surveys happened in the late 1930s and expanded in 1940s and 1950s, and really generated a myth of control and celebration, so finding alternative histories is really important. Those surveys would happen in summertime in bush planes, following the treaty parties. Indigenous people would have to submit to an x-ray first and then receive their treaty payments.

There were also desegregated/non-Indian hospitals for non-Indigenous people. Beds opened up at Ninette Hospital in the 1950s and were given to Indigenous people, for example. There was also a special pavilion at the St. Boniface Sanatorium for Inuit, First Nations and Métis. Indian Health Services purchased old buildings, often military buildings and created hospitals such as Clearwater Lake Indian Hospital and the Brandon Sanatorium. They all closed in the 1960s and patients were moved around — some to the Camsell Hospital.

Education and labour programs in Manitoba's Indian Hospitals drew significantly on the Charles Camsell Hospital example. There was a whole field called "Indian Rehabilitation" and hospitals encouraged people to stay longer to get 'citizenship training' and then go out and find a job. Their thinking was that FNMI were 'lucky' to get TB because they could come to the hospital and 'improve.'

7. Gene Dub

THE REDEVELOPMENT OF THE CAMSELL HOSPITAL SITE

Bio: Gene Dub is a Canadian architect and former politician. Born in Edmonton, Dub is a first generation Ukrainian-Canadian. Dub created his own architecture firm, Dub Architects in 1975, and served on Edmonton City Council from 1977 to 1980. Dub is noted for his award-winning residential architecture, including condo conversions, and the historic restoration and adaptive reuse of heritage buildings. He was inducted as a member of the Royal Canadian Academy of Arts in 2014. [biography sourced from Wikipedia]

Gene spoke about how he and his associates have been heading up the redevelopment of the site for the past ten years. It began as a group of eight investors and is now down to four (two of whom were former Camsell doctors). After considerable community consultation, the site has been rezoned for apartments and townhouses (495 units total), and he recognizes that local residents are impatient to have the site redeveloped. To help assuage them, his group paid $10,000 to construct a playground in the neighbourhood.

The delays have been extensive because of the difficulty in removing asbestos, disposing of it properly, and securing investments; as of the symposium, 97% of the asbestos had been removed and within a month he anticipated it would be ready for construction.

From the beginning of the redevelopment project, Gene Dub and Associates had contracted historian Michael Payne to investigate the rumours of burial sites on the site. Payne, a St. Albert historian, found no evidence of this in the records and expected that any human remains found would likely date to the pre-1900 era, when the St. Albert Trail passed through the area. Even so, the consortium promised the City of Edmonton that all work would stop if any bone was discovered on the site. So far no human remains have been found.

Dub is known for his passion for heritage, and to this end they are preserving the mosaic mural and cleaning up any graffiti on it. He suggested it might be possible to house travelling exhibits connected to the Camsell's history in the room with the mural. They have also committed to a healing garden on the one acre of land east of the building that will be created under the direction of Métis architect Will Truchon.

Please note: Historian Ian Mosby (www.ianmosby.ca) and author Gary Geddes were also invited to participate but were unavailable. Both are working on projects connected to healthcare, colonialism and Indigenous peoples in Canada.

1 SMALL GROUP DISCUSSIONS AND SUGGESTED NEXT STEPS

What do we already know about the Camsell Hospital?

- For Indigenous communities, it was the only hospital in the area
- Began as a TB treatment centre. Later became a teaching hospital that brought in new medicines, procedures and vaccines. Became a provincial hospital with many different departments but Camsell wasn't considered a technical or progressive hospital. Patients were sent to U of A Hospital for surgeries, generally.
- The majority of patients were Indigenous, while the majority of medical staff were not. They were also not Canadian-trained and often were medical students with no cross-cultural orientation. They were given limited information and there were language barriers (with little to no interpreters). For staff, it felt like a community there.
- Several people at the tables had been former patients at the Camsell or had loved ones sent there from diverse communities including: Slave Lake, Saddle Lake, Cambridge Bay. They spoke of various experiences, including:
    - *Sent by plane from distant locations, or brought in by wagon from closer communities at times (Saddle Lake)*
    - *Disconnection from family, community, culture and language. For those hospitalized for long periods or in childhood, a real sense of having to re-find your identity after being discharged. Staff made new names for patients if they could not pronounce their names. This contributed to a loss of identity (ex. Harry Hospital). In addition, administrators spelled the names incorrectly (or differently than families); this means that it is that much more challenging to track down records today.*
    - *Some said patients were not allowed to speak their own language*
    - *Connection point for Indigenous people of different areas and backgrounds. Often 'culture shock' at learning to live together in the same room or ward*
    - *One nine-year-old was sent there but when they arrived at night the hospital was locked and had to wait until it opened in the morning.*
    - *Know of children sent into foster care directly from the hospital*

- *Called the nurses 'angels'; some were nursing sisters (nuns)*
- *Arts and crafts (rehabilitation and occupational therapy programs): making dolls, beading, carving - sharing these with other patients and staff. This was at a time when Inuit art was being commercialized and some of the people involved in the process were teaching in the hospital. Sold through gift shop and portion of proceeds went back to the patient.*
- *TB treatment included putting people up on the roof for sunlight*
- *Predominantly women went, which some said lead to men playing the role of supporter of women, and ensuring the family was provided for.*
- *Some Inuit were sent there thinking they had TB but it turned out to be cancer caused by mining uranium*
- *Lobotomies performed on the top floor and electric shock therapy performed. These treatments made people crazy and they forgot who they were, so they were sent to Ponoka mental institution.*
- *Experimental procedures were conducted*
- *Concerns around getting informed consent from patients*
- *There used to be a camp surrounding the hospital for visitors to stay on the grounds*

- The Charles Camsell Indian Hospital was not a stand-alone hospital, but rather part of a network administered by the Federal Government. In addition, these Indian Hospitals were part of a system of control connected with the Indian Residential Schools. Often patients/students were transferred back and forth between the schools and Camsell

- Connected hospitalization to colonialism and residential schools — cycles of abuse and vulnerability to disease

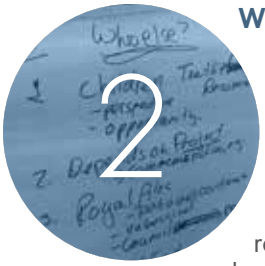
- Families did not always receive information about their loved ones' whereabouts when they were at the hospital, or what happened to them if they died or were discharged. The government would not pay to transport the dead or healthy. There were lost children who never went back to home communities and people who were buried away from their homes.

- At one point developers wanted to turn the site into a golf course

- It is haunted/spirited

- Everybody has a story about the hospital, but these vary widely. Before 1970, predominantly Indigenous patients from outside Edmonton; afterwards, many more Edmontonians have stories connected to it.

- Many Edmontonians (and people/institutions around the world) have handicraft and other artistic items that were made and purchased at the Camsell



WHAT FURTHER INFORMATION IS NEEDED?

- Former patients and loved ones want to find medical records, but find there are a lot of barriers to access (Access to Information – ATIP ; language; cost)
- What were the numbers of patients, deaths, etc?
- Were all people buried in caskets or were some cremated (or "incinerated" and not documented, as one participant said)?
- Where can you find information? Who has kept records connected to this history?
- Find out who was making the crafts and if there was a sharing of traditions between patients and staff. Did any mayors or government officials receive crafts as gifts?
- Learn more about the site of the hospital from its earliest days (before it was a Jesuit College)
- What were patients taught in the school, rehabilitation and occupational therapy programs?
- What did patients eat (what was on the menu)?
- What is the motivation behind the hospital (stated and otherwise) and how does it link to the broader context?
- Would like more information about the current impact on communities in the North
- How did gender impact the Camsell's operations and experiences?
- Need to get correct spellings (and/or various spellings) of patient names

This led to a lot of questions around transparency, ethics, and engagement:

- Who will be the hub of information?
- How will participants stay informed and engaged?
- What will be done with information?
- How does the information get back to families given barriers?
- Confidentiality requirements vary from agency to agency, and region to region
- Will sharing pictures, names, community information have unexpected impacts? Will it trigger retraumatization?
- How do we avoid becoming gatekeepers ourselves?

WHAT SHOULD HAPPEN TO THE CAMSELL SITE?

• There were many creative and beautiful ideas around repurposing the site as a reconciliation centre, and Indigenous health centre, or a large green space. The site has been under development by Gene Dub and his associates for over a decade, however, and has already been rezoned for apartment units and townhouses with significant involvement of the community and support for the plan. Therefore, we have included here the smaller-scale projects that can be incorporated into the established plan for the site.

- Many said the first step would be to cleanse the site through ceremony, to bring it back to a natural state

- Generally: design a space to reflect complex history in a healing way, and offer clues to that history for locals and visitors to learn about the site. Reflect the history of the hospital being a meeting place, a place where Indigenous people from all over Western and Northern Canada came together

- The Camsell mosaic artwork should be preserved at the site (in current plans)

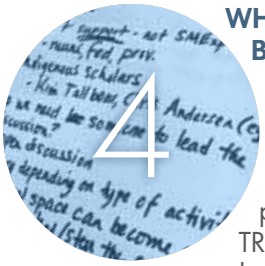
- The developer should continue to keep watch for any human remains, and the Alberta Historical Resources Branch and other relevant organizations and governments should continue to follow up on allegations there are unmarked burials at the site

- Some concrete ideas for commemoration at the site:

  - *Have a park (a healing garden is in the developer's plan already)*
  - *A maze of cairns*
  - *New public art*
  - *Representation of the imagery of North or "gift to the North"*
  - *A place for people to visit*
  - *A centralized story collection or interpretive site*
  - *Connected to original intent of healing and wellness*
  - *Resident artists*
  - *Affordable and accessible place for people from the North to stay when they're visiting Edmonton for medical treatment*

- Should NOT be:

  - *Token inclusions, insensitive, or anything purely historical that leaves it in the past.*



WHAT WAYS SHOULD THIS HISTORY BE ACKNOWLEDGED AND SHARED?

- Connect to the work of the TRC and perhaps use the TRC methodology and calls to action as a framework for the scope of the work. Acknowledgement there are some barriers for TRC researchers who cannot share information with former patients or communities

- Heritage institutions (such as U of A Museum; Royal Alberta Museum; Museum of Anthropology in Vancouver) could make arts and crafts available for viewing and loans; this could also help educate the public about the history and creation of the objects in their personal collections

- Need to gather oral histories from Elders and other Knowledge Keepers (patients, staff, intergenerational stories, for example) before it is too late — that information can be captured through story, video, audio, transcribing, interpreting

- Need to show links between residential schools, Indian Act, Sixties Scoop, and Child Welfare System

- Use different media to showcase multiple stories — not just one narrative; recognize the biases and reconcile different sites; let people interpret the information as it is

- Create an online exhibit of the history that is interactive and searchable. Include relevant information, and point people to different museum and archive collections (as well as any potential barriers). Have a single hub online that includes: who and how to ask; how to do research in this area; a place where people can upload information/supplement the records

- Have a photo documentation/naming project

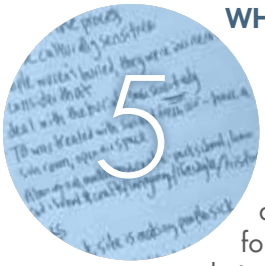
- Have it included in the school curriculum and textbooks

- Return some of the artifacts to families should they want them

- Use Facebook and social media (perhaps create a Facebook page). Potentially crowd-source historical information

- Have someone whose only purpose is to communicate/do outreach and connect to those who may not know or aren't able to access

- Link this with contemporary Indigenous health challenges and initiatives (ex. Centre for Alberta Health)



WHO SHOULD BE INVOLVED?

- Elders, former patients, and family members along with former staff and their children who lived on site
- All genders, generations
- Westmount and Inglewood communities – especially newcomers to Edmonton and Canada who may not be familiar with this history
- Edmonton Community Leagues
- Royal Alexandra Hospital
- National archives
- Libraries
- National religious organizations that were involved
- Treaty 6, 7, and 8 and northern Indigenous orgs to create links and facilitate
- Arts community in Edmonton and beyond to channel and interpret the history and legacy
- Inuit Secretariat and Inuit Tapiriit Kanatami (ITK)
- Métis individuals
- Schools and young people, including City Hall School
- Aboriginal colleges and universities
- Museums, archives and heritage organizations across province and country (ex. Glenbow Archives, Kitikmeot Heritage Society, St. Albert Museum)
- Historians, academics and scholars of different backgrounds
- Media to support and facilitate the stories
- Aviation companies and heritage organizations with links, along with other transportation services
- United Nurses and VON Associations
- Minister of Justice, Minister of Indigenous of Northern Affairs
- Prime Minister's Office
- Inuit Women of Canada – Pauktuutiit; Nunalivut Working Group
- Band Councils and Assembly of First Nations
- Records from Fisheries, Oceans and Coast Guard
- UN Charter – observers and information
- RCMP

WHO SHOULD BE LEADING ANY FURTHER ACTIONS/DISCUSSION?

The majority of participants wanted Elders and former patients to lead the way on further actions and discussions. There was, however, recognition that others would be needed to help uncover and convey the stories, including Indigenous scholars (examples of Kim Tall Bear and Chris Andersen were given) and non-Indigenous researchers/workers, as well as to connect and support individuals and communities. The key for many was that this should not be a top-down approach, led by anyone involved in abuse, or anyone with a direct gain from the outcome. Regardless of who was involved, developing relationships and trust were essential to the majority of participants, as was maintaining a transparent and open process.

There was a lot of enthusiasm for an intergenerational approach, bringing together Elders and students, and finding ways for settler and Indigenous people to work together in the spirit of reconciliation. As one person said, though, "Colonial powers must intentionally take a back seat." Nevertheless, some noted that government, clergy or religious officials might be needed to identify who was working at the Camsell during its long history; translators might be required to interpret records; and health workers to support former patients. Heritage organizations might be able to facilitate future initiatives including conversation circles or, as one participant noted, "Maybe the organization that needs to lead isn't formalized yet." It was recognized that there has been a lot of hurt and pain and so the road forward will likely be bumpy.

Part of this question was also who should be funding these actions. Some said the City of Edmonton could provide grants and do some of the facilitation work. Funding would also be required to generate some of the research materials and to pay researchers to assist former patients, family members and communities.

FINAL THOUGHTS AROUND THE SYMPOSIUM

There was a general sense that, as one participant put it, **"reconciliation will require political will to do things differently"**. This will require multiple levels of bureaucracy to co-operate on the government side of things, and individual "gatekeepers" at institutions to be aware of this history, these issues, and change their ways of doing things. Bureaucrats and staff at connected institutions need cultural training on Indigenous ways of knowing and sharing.

While there were concerns that participation by Indigenous communities in settler systems legitimize those systems, there was a pragmatic sense that having more Indigenous staff and meaningful community partnerships was essential to any initiative about the Camsell Hospital.

There was tremendous hope and energy as people stepped into the warm, sunny afternoon to catch cabs to airports and hotels, or to grab dinner in twos and threes. And the messages that have trickled in to the organizers in the ensuing days and weeks have been full of optimism. **There is a sense that a fuller set of truths can finally be told about this hospital and its role in the city, province and country. And there is a sense that people are finally listening.**

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Thank you for generous support from the Alberta Historical Resources Foundation

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