
Krista Maxwell

By
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The Munk School of Global Affairs at the University of Toronto seeks to be an internationally recognised leader in interdisciplinary academic research on global issues and to integrate research with teaching and public education. We place special emphasis on the fostering of innovative interdisciplinary knowledge through the exchange of ideas and research among academics as well as the public, private, and voluntary sectors.

We are delighted to present this collection of research papers from the Comparative Program on Health and Society based on work that our fellows undertook during 2009–2010. Founded in the year 2000, the Comparative Program on Health and Society (CPHS) is a vital and growing research institute based at the Munk School of Global Affairs at the University of Toronto. Generously funded by The Lupina Foundation, the CPHS supports innovative, interdisciplinary, comparative research on health, broadly defined through our extensive range of fellowships, which for 2009–2010 included CPHS Junior Doctoral Fellowships, CPHS Senior Doctoral Fellowships, Lupina/OGS Doctoral Fellowships, Post-Doctoral Top-Up Fellowships, and Research Associate Positions. Our program builds on the scholarly strengths of the University of Toronto in the social sciences, humanities, and public health.

As the CPHS moves into its second decade, we have adopted a renewed vision of the social determinants of health which recognizes the complexity and interrelatedness of domestic, transnational, regional, and global factors that may impact on health conditions and access to health-related services within any country, including Canada. We recognize similarly that emerging and entrenched health inequalities may require policy-makers, communities, and researchers to grapple with challenging ethical, human rights, and social justice questions. We have accordingly expanded the thematic focus of the Comparative Program to accommodate research which specifically focuses on these definitional and operational challenges. The research papers you will read in this year’s collection reflect these themes, and demonstrate the variety, complexity, and importance of comparative health research.

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Abstract

Red Power activism, Ojibwe cultural revival, and Indigenous and biomedical responses to alcohol abuse, provided fertile terrain for the growth of an Indigenous healing movement in Kenora, northwestern Ontario, during the 1970s. This paper explores how different social actors framed the “problem” of Aboriginal alcohol abuse in Kenora at this time, and the different paradigms underlying approaches to its resolution. I argue that to understand colonization as a determinant of health, we need to consider both geographically and historically-specific manifestations of colonial policies and practices, and how Indigenous people have creatively and strategically engaged with dominant institutions and discourses.

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INTRODUCTION

Aboriginal people living in Kenora, northwestern Ontario during the 1970s had a settler problem. Kenora was widely known as a racist town, where one Native person would die under questionable circumstances each week, on average. Anishnaabeg (Ojibwe people) from the many nearby reserves increasingly made use of businesses and services in the town with improved road access from the 1950s, and some settled in Kenora. But pervasive racism in the dominant pulp and paper industry meant that finding employment was a challenge for many. Exploitative landlords let their most decrepit properties to Aboriginal people at inflated rates. Police routinely harassed and arrested people drinking and socializing on the streets. The local court sentenced an average of more than twenty Aboriginal people per day on charges of public drunkenness, whilst the accused were denied legal aid and, as the court did not employ a translator, were regularly required to translate for one another. Some Anishnaabeg and Métis in the town concealed their Indigenous identities in order to protect themselves and their families from prevalent anti-Aboriginal racism. Euro-Canadian town residents would (apparently without irony) tell Aboriginal people to “go back home.” These challenges, combined with the loss of traditional livelihoods, exacerbated some community members’ longstanding struggles with alcohol abuse.

A researcher from the Addiction Research Foundation in Toronto visited Kenora in May 1970, and provided an account of “what the Kenora townsfolk have labeled their ‘Indian Problem,’” the brazenly public nature of Aboriginal alcohol consumption:

Reserve Indians may not be legally allowed to drink at their home on the reserve. Once drunk in town they may be 20 or 50 miles from home with all their money spent buying “rounds” at the pub. They have nowhere they can easily go to extract themselves from the public eye and further do not seem to be ashamed of being drunk. […] As a consequence, many of the inebriated Indians loiter about the streets of Kenora, sleeping in alleys, and generally causing the “respectable” citizens some small amount of concern and discomfort.
While settler and Aboriginal communities in Kenora both recognized Aboriginal drinking as an issue, their explanations and responses were very different, as we shall see. In this paper I will explore how Aboriginal people in Kenora initiated an urban Indigenous healing movement in response to social suffering, beginning in the late 1960s. My intentions are to show how Aboriginal people have challenged and strategically engaged with colonial policies and practices, and to argue that continuities with colonialism continue into the present within the health sector and Canadian society at large. Denial of Canadian colonialism remains common within political and broader public realms, despite over four decades of Indigenous and non-Indigenous scholarship documenting the significance of colonization for historical and contemporary experiences of Indigenous peoples in Canada.

Over the past decade, researchers’ growing recognition of colonization as a social determinant of Aboriginal health in Canada has been a positive development. However there is a problematic tendency amongst health researchers to conceptualize colonialism as a monolithic force with consistent effects over time and across space. This inadequate conceptualization obscures the particularities of local Indigenous histories, contributes to the entrenchment of victimhood status for Aboriginal people, and, by portraying colonialism as hegemonic, makes it more difficult to recognize continuing colonial discourse in contemporary policy and practice. My approach is influenced by work by colonial studies scholars which recognizes the agency of colonized peoples. As historian Frederick Cooper has argued, we need to attend to “the ways in which colonized people sought – not entirely without success – to build lives in the crevices of colonial power, deflecting, appropriating, or reinterpreting the teachings and preachings thrust upon them.” Thus I will consider how Aboriginal people developed frameworks for making sense of and responding to suffering in urban settings within dominant institutions, as part of conscious community-building in the context of newly-established friendship centres, and emerging out of political protest.

The next few sections provide background, including an overview of how settler-colonialism has affected Aboriginal people in the Kenora area, Canadian colonial policy and practices of Aboriginal prohibition, and Aboriginal people’s increasing consumption of alcohol in Ontario cities, including Kenora, from the 1950s. In the remainder of the paper, I focus on Anishnaabe healing initiatives in Kenora initiated between 1972 and 1980: the work of Anishnaabeg employed by the Kenora Waystation, the Lake of the Woods Powwow Club, the Kenora Street Patrol, and the Lake of the Woods Native Healers program. Primary sources for my analysis include oral history from Elder Joseph Morrison of Kenora, other oral histories, and archival documents. I conclude with an analysis of urban Indigenous healing discourse, its connections with the Red Power movement, and the value of local history for understanding colonialism as an historical and ongoing social force shaping Indigenous health and healing in Canada.

THE ANISHNAABEG, SETTLER-COLONIALISM, AND THE CITY OF KENORA

The Anishnaabeg sustained themselves for centuries prior to colonization, living in egalitarian societies supported by livelihoods based on wild harvesting from forests and lakes, including hunting, trapping, fishing, and the cultivation of wild rice. From the 1670s onward, the Anishnaabeg moved both north-westward and south from their traditional lands on the northern side of Lake Huron in central Ontario, establishing territory throughout what is now northwestern Ontario, southern Manitoba, and southern Saskatchewan, in their efforts to maintain regional control over the fur trade.

In October 1873, Anishnaabe leaders in the area of the Lake of the Woods in northwestern Ontario (just east of the current Ontario-Manitoba border) negotiated and signed Treaty 3 with representatives of the British Crown led by Alexander Morris, with Metis advisors playing a central role in facilitating the negotiations. The Anishnaabeg were interested in protecting their lands from settler encroachment with the expanding road-waterway passage, and in obtaining compensation for lands already taken. The Canadian government had begun to construct roads linking Canada with the north and west of the continent in 1869 as a central thrust of federal post-Confederation national unification strategy, and was eager to secure both the cooperation and the land of the local Anishnaabeg to enable the continuation of this work, and in anticipation of future railway construction.

European economic and religious interests drove increasing encroachment into Ojibwe territory in northwestern Ontario from the latter part of the 19th century onwards, including growing numbers of
European settlers, and increasing large-scale commercial harvesting of natural resources, particularly timber. The Hudson Bay Company was a dominant paternalistic force in Anishnaabe lives at this time, and in 1861 established a trading post on the site of the present-day city of Kenora. Europeans began to settle permanently in the area in the late 1870s, and the Hudson Bay Company trading post became the town of Rat Portage. However, since the land in northwestern Ontario was not considered suitable for settler agriculture, the Ojibwe suffered less settler encroachment during the first half of the twentieth century than did Indigenous people elsewhere in Canada. During the early 1880s, the Canadian government constructed the Canadian Pacific Railway on traditional Anishnaabe land, linking Rat Portage to Winnipeg in the west, and Thunder Bay in the east. Lumber harvesting became an important industry and source of employment for European settlers from the late 19th century: the first sawmill in Rat Portage began operating in 1880, and in 1924 the first pulp and paper mill became productive. In 1905, the name of Rat Portage was changed to Kenora.

Residential schools became an oppressive force in the lives of Anishnabeg families in the region from the end of the nineteenth century. The disruptive and often devastating effects of Canadian residential schools on Indigenous lives and societies, including the loss of Indigenous languages and knowledge, the alienation of intergenerational relationships, and in some cases physical and sexual abuse, have been well documented. Religious groups constructed two Indian residential schools in Rat Portage/Kenora: the Roman Catholics established St Mary’s in 1898, and the Presbyterian Church opened Cecelia Jeffrey Residential School in 1929.

Ojibwe people in the Kenora area experienced the most significant disruptions to their livelihoods and social and political relationships after the Second World War. The rapid expansion of state regulation and programming, combined with the growth of capitalist industry, constituted a violent assault on the social fabric of Ojibwe life. To appreciate the scale of the disruption, it is necessary to understand that wild harvesting activities embody complex social and cultural meanings for indigenous peoples, with profound implications for kinship and broader social relations, spirituality, and individual self-esteem – in short, all aspects of health, holistically defined. From 1947, the Ontario government’s natural resource management policy began to undermine Ojibwe livelihoods, counter to treaty agreements, by restricting trapping, hunting, fishing, and wild-rice harvesting. Industrial pollution and other changes to the environment also disrupted traditional economic practices in the region. Power stations caused extreme fluctuations in the English-Wabigoon river system in the late 1950s, decimating the muskrat population which had been an important trapping species. The pulp and paper industry poisoned the river system with mercury during the 1960s, and this continues to constitute a serious health threat to the present day. Federal Indian education policy during the 1950s and ‘60s centered on the construction of day schools on reserves and the requirement that families remain on reserves to keep their children in school, or risk losing the family allowance which many people had begun to rely upon as traditional livelihoods were eroded. This meant that many families abandoned the trap lines which were central to the Ojibwe worldview. The growth of welfare and federal training programs on-reserve from the mid-1960s provided further incentives to abandon traditional livelihoods. By 1970, the permanent population of Kenora was about 11,000, including about 500 Aboriginal people (non-status Indians and Métis), and the status Indian population of the nearby reserves was approximately 2,500.

**INDIGENOUS PEOPLE AND ALCOHOL IN ONTARIO CITIES**

The history of Aboriginal alcohol consumption in Kenora and other Canadian cities needs to be understood in the context of the colonial Canadian state’s Aboriginal-specific prohibition of alcohol. Regulation of alcohol consumption was an important mode of governance in many colonial states, but as Mariana Valverde has noted, approaches varied across settings. Colonial administrators in former British colonies in Africa, including South Africa and Ghana, exploited colonized populations as consumers of beer manufactured by British-controlled industries, while suppressing Indigenous industries producing alcoholic beverages such as palm wine. In Canada and some other settler colonies, Aboriginal-specific prohibition laws aimed at “protecting” Aboriginal people from the effects of alcohol were in place from the time of the first Indian Act in 1868 until 1985. Such laws were founded on the assumption that Aboriginal people had insufficient self-control to consume alcohol without harming themselves or others.
Aboriginal commentators and others have argued that Canadian colonial prohibition has profoundly affected Aboriginal drinking behaviour. In particular, prohibition laws effectively compounded practices of binge drinking (a social pattern developed through social interactions with early European traders and the work-crews constructing roads and railways) already prevalent in some Aboriginal communities. But Aboriginal-specific prohibition also had social effects which extended far beyond alcohol consumption; these are just beginning to be explored in the academic literature. Some Aboriginal people who could pass as white chose to do so in order to access alcohol, creating further social divisions. Bootlegging industries provided sources of income for settlers and Aboriginal entrepreneurs. Local-level enforcement of prohibition in Ontario and elsewhere, produced and elaborated racializing discourses which purported to define “Indian-ness” and perpetuated stereotypes of Aboriginal people as inherently irresponsible, lacking self-control and prone to violence. And the prosecution and conviction of Aboriginal people for liquor-related offenses criminalized large proportions of many communities.

From the 1950s, changing prohibition policy and the growth of urban Aboriginal populations contributed to increasing alcohol consumption within urban Aboriginal communities in Ontario. Some of the new urban residents and alcohol consumers were Aboriginal veterans from the Second World War, who often settled in cities upon their return. Those who had acquired the habit of drinking while serving abroad commonly shared this habit with friends and family. However the Aboriginal veterans could not be legally served alcohol in Canada, and after the Second World War, increasing numbers of status Indians were convicted for illegal alcohol consumption. Settler society began to be uneasy with prohibition regulations, which were increasingly seen as discriminatory.

The Canadian state gradually lessened restrictions on Aboriginal alcohol consumption from 1951, when the Amendment to the Indian Act allowed for provincial legislation permitting Aboriginal people to buy and consume alcohol in licensed public venues. The government of Ontario made this change in 1954. The Liquor Control Board of Ontario continued to ban Indians from buying liquor from stores until 1959, and it remained an offense for Indians to be intoxicated outside of a reserve until 1967 (at which time section 94 of the Indian Act was struck down by the Supreme Court). During the 1960s and ’70s, some of the early Friendship Centres in Ontario cities served alcohol at weekend fundraising dances, which often led to fallout, and as Sylvia Maracle, Executive Director of the Ontario Federation of Indian Friendship Centres, wryly observed, “We could guarantee our own work on Monday.”

**OJIBWE PEOPLE AND ALCOHOL IN KENORA**

As in other Ontario cities, prohibition policy changes and increasing migration and travel from reserves meant that Aboriginal alcohol consumption both increased, and became more visible to settler society in Kenora from the late 1950s. People living on previously inaccessible reserves such as Grassy Narrows and White Dog, gained ready access to Kenora due to government road-construction projects during the 1950s. During the same period, some First Nations located on islands in the Treaty 3 area voluntarily relocated to the mainland, in order to access electricity and services. Alcohol consumption remained illegal on most reserves, so from 1954, consumption in licensed venues in Kenora became an option for many.

The criminal justice system, central to the enactment of colonial prohibition policy, has been a consistently oppressive force in many Aboriginal lives in Kenora, as elsewhere in Canada. Like other settler colonies, the Canadian state has incarcerated Indigenous people at a hugely disproportionate rate. In 1970, the Kenora court was sentencing more than 20 Aboriginal people per day on alcohol-related charges. The visiting researcher from the Addictions Research Foundation (ARF) noted that court procedures were “only vaguely legal,” and “the Indians on drunk charges are refused legal aid and seem to have no idea of their rights.” As Aboriginal people in Kenora began to engage in political protest during the 1960s, they highlighted the need for systemic changes to curb police harassment and reform the racist justice system.

**OJIBWE HEALING IN KENORA: THE WAYSTATION & THE LAKE OF THE WOODS POWWOW CLUB**

Aboriginal people’s attempts to mitigate the damage inflicted on individuals and communities by alcohol abuse were among the earliest healing interventions in urban communities. Elder Joseph Morrison reported
that there were Aboriginal people struggling with alcohol problems in the Kenora area from the time the town was first established. In particular, he recalls that many people who had attended residential school had problems with alcohol. In his oral history Joe described how his father, Donald Morrison, attended Cecelia Jeffrey residential school from about age nine, and later struggled with alcohol abuse for much of his adult life: “he was known as a town drunk in Kenora.” But Donald had acquired sufficient knowledge of Ojibwe healing practices before he was forced into residential school that he was later able to access it, and he went on to be one of the people responsible for raising up the drum in the Kenora area in the 1970s. 

As Joe described,

"then he sobered up and they had a Waystation in Kenora, which was an overnight place where they looked after people that were intoxicated and had no place to go, eh, a place to sleep, a place to get out of the elements and a place for safety. So he’d started there, and he sobered up and then eventually he was sober long enough to be able to be offered a job by the Addictions Research Foundation as a counselor [...] I think he enjoyed it, you know. He liked going out and talking about his experiences with alcohol, with the AA philosophy, but with the traditional aspect of it involved, eh. He had the drum, and the singing, and he shared that with people, with the different communities that he visited. He was asked to go to a lot of the places to share that."

The Addiction Research Foundation established the Kenora Waystation in February 1967, in a two-storey building in central Kenora, just off the Trans-Canada highway. The Waystation was a response to requests for assistance from the Kenora municipal authorities and some Aboriginal community leaders, who in 1966 had contacted the Addiction Research Foundation in Toronto to ask for assistance with Aboriginal public drunkenness. Managed by white social workers, the Waystation provided several different services based largely on the Alcoholics Anonymous model. The ground floor served as a “flophouse,” a grubby and poorly-furnished space where drunk Aboriginal men and women could take shelter, access washroom facilities and sober up. Ojibwe staff such as Donald Morrison hosted biweekly A.A. meetings in the cleaner upstairs space, and visited reserves around Kenora, screening films, distributing literature and delivering A.A. “confessional style” lectures in Ojibwe. Ojibwe workers also provided individual support to those struggling with alcohol abuse, including assistance with court attendance, transportation, and finding employment.

From at least the late 1960s, Ojibwe community workers in Kenora began to link recovery from alcohol abuse to the reclamation of cultural knowledge, anticipating an analysis which later became central to the broader Indigenous healing movement which gained momentum across Canada and internationally during the 1990s. In their visits to Treaty 3 reserves, Ojibwe workers from the Waystation screened films depicting Aboriginal cultural revival and political protest. These included a documentary about the Indian Pavilion at Canada’s Expo ’67, an exhibit which conveyed both profound anger at broken treaty promises, and articulate demands for self-determination. The visiting researcher from the Addictions Research Foundation in Toronto was clearly mystified as to the connection between Indigenous cultural knowledge, political protest, and healing from alcohol abuse. He commented in his report, “How [such films] will affect the Kenora area Indian’s drinking problem is a bit obscure.” Instead, he advocated a more conventional health promotion approach, urging that the Waystation develop media specifically about “Indian drinking” in Ojibwe and “simple English.” Many non-Aboriginal researchers and health professionals in the present time still fail to appreciate the significance of Indigenous political-historical analyses of suffering to healing strategies.

In the early 1970s, a group of Ojibwe people in Kenora including Donald Morrison founded the Lake of the Woods Powwow Club. They began meeting as an Aboriginal Alcoholics Anonymous group around 1972, but soon decided that whilst the AA philosophy provided some relevant guidance, they were more interested in resurrecting their own knowledge and practices in support of healing. The group developed a new focus – one aimed at recovery from alcohol abuse through resurrecting and applying traditional Ojibwe knowledge, which had been suppressed but not entirely lost by missionary and Indian Agent repression of Aboriginal ceremonies, and the social disruption caused by the residential schools, which all but two of the members of the Club had attended. Joseph Morrison joined the club in 1975, and recalls that
the group progressed further that their children got involved, and it then became a family … activity, I guess, without the use of alcohol or drugs. Then pretty soon it kind of took off into the other communities. (...) They revived their traditional beliefs, people, they got other tribal people who were coming in sharing their traditional beliefs, and the important thing that people in that area were able to look back to their own history, you know, just to how things were done as Ojibwe people, taking that step further to develop a sense of pride of who they were, who they are.45

Thus initial efforts at developing an Ojibwe approach to healing focused on resurrecting knowledge and practices to restore individual and collective identities undermined by colonization, including experiences of residential schools, relocation, and the disruption of livelihoods. This approach was complemented by the emerging critical analysis of ongoing colonial relations with the Canadian state and settler society.

**ACTIVISM AND HEALING**

Around the same period that the Lake of the Woods Powwow club was being established, Ojibwe people were also channelling their anger and frustration into political protest (see Table 1). About 400 people from six reserves in the Kenora area participated in a peaceful march through Kenora in December 1964, protesting against racism in the city and the state's failure to honour their treaty rights.46 During the early 1970s, younger Aboriginal people across North America increasingly took on leadership roles organizing political protests, and the Red Power movement emerged. Their actions built on the efforts of provincial Aboriginal organizations and the National Indian Brotherhood, who were increasingly active in claiming Aboriginal rights at regional, national, and international levels from the late 1960s.47 Louis Cameron, an Ojibwe man from Whitenedog reserve north of Kenora and a member of the Lake of the Woods Powwow club, established the Ojibway Warriors Society with other young Ojibwe in 1972. Members of the Ojibway Warriors Society, and others from the Kenora area, took part in political direct action elsewhere in Canada and the United States at this time, and activists from elsewhere, including members of the American Indian Movement from the United States, and Red Power activists from Toronto, visited Kenora to offer support to the local protestors.48 The 1973 occupation of the Kenora Indian Affairs office occurred shortly after activists had occupied Indian Affairs offices in Ottawa, and some of the same activists took part.49

Ojibwe activists' occupation of Anicinabe Park in 1974 provided significant impetus to community mobilization around issues of Aboriginal health and healing in Kenora.50 Louis Cameron and other members of the Ojibway Warriors Society, organized an Ojibwe unity conference and powwow in Anicinabe Park in Kenora during the weekend of July 20-21, 1974.51 Those present, including people from the Kenora area and Red Power activists from elsewhere in Canada and the United States, discussed alcohol problems and the lack of health and dental care for Aboriginal people, alongside concerns about mercury poisoning, police harassment, substandard housing, and the reserve system.

Discussion during the weekend conference highlighted participants' frustration about the lack of progress on Indian rights, and inspired between one hundred and two hundred people to occupy the park for thirty-nine days. Protestors argued that the park was Ojibwe land, and accused the Federal government of illegally selling it to the city of Kenora. Specific demands were made of federal, provincial, and municipal governments. These included improvements in health care, public transport linking Kenora to nearby reserves, employment of interpreters at government agencies serving Aboriginal people, an end to discrimination against Aboriginal workers by unions and businesses, action against police brutality towards Native people, creation of a local human rights committee, and the removal of Provincial Judge S. J. Nottingham from the bench in Kenora.53 The Canadian state ultimately met many of the demands, including the transfer of Judge Nottingham, who was inflicted on the unfortunate residents of Thunder Bay.54 At the conclusion of the occupation, fifteen people were charged with offences, including possession of dangerous weapons, but all charges were eventually dropped.

The occupation had far-ranging social effects, including the establishment of several important Aboriginal-led projects in Kenora, and an outpouring of increasingly blatant racist rhetoric from some segments of settler society in the city. The local newspaper *Miner & News* printed letters and articles promoting crude colonial stereotypes of Aboriginal people as aggressive, dangerous, and dirty, while white settlers were
Table 1: Aboriginal Activism in Kenora and Elsewhere, 1964-1974

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1967</td>
<td>Indian Pavilion at EXPO ’67, Canada’s 1967 Centennial Celebration, highlighted broken treaty promises and the colonial oppression of Indigenous spiritual practices and governance, and attracted international media attention.</td>
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<tr>
<td>1969</td>
<td>American Indian Movement activists occupied Alcatraz Island in San Francisco – many Aboriginal activists from north of the border participated.</td>
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<tr>
<td>1972</td>
<td>Coalition of status Indians and Inuit from northern Quebec sought an injunction against the James Bay Corporation’s construction of dams and power generating stations.</td>
</tr>
<tr>
<td>1973</td>
<td>First Nations convoy from Winnipeg carried supplies to American Indian Movement activists at Wounded Knee. Native Youth Association organized peaceful 24-hour occupation of the Indian Affairs building in Ottawa in protest against the James Bay hydro-electric project and stalling on BC land issue. Ojibway Warriors Society organized occupation of Indian Affairs Offices in Kenora.</td>
</tr>
<tr>
<td>1974</td>
<td>Occupation of Calgary Indian Affairs office Ojibway Warriors Society, with support from American Indian Movement, organized occupation of Anicinabe Park, Kenora. Native Caravan trek from Vancouver to Ottawa, highlighting issues of housing, education and health, culminating in the September 30th march on Parliament Hill.</td>
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portrayed as “victims.” At the same time the paper’s editors declined to engage seriously with the demands presented by the Ojibway Warriors Society. The theme of white settlers as victims of discrimination was further developed in the noxious self-published tome written by Kenora resident Eleanor Jacobson, “Bended Elbow.”

More positively, the Ojibwe occupation of Anicinabe Park led directly to the establishment of the Ne’Chee Friendship Centre and the Kenora Street Patrol. By the mid-1970s, a critical mass of Ojibwe people in and around Kenora were recovering from alcohol abuse, and taking action to revitalize cultural knowledge and address Indigenous peoples’ suffering in the city. A group of volunteers began to organize the Ne’Chee Friendship Centre during 1975, and it was incorporated May 31, 1976. The Kenora Native Women’s Association (now Kenora Anishinaabe Kweg) was founded around the same time, and the two organizations shared a building for several years from 1978. The Kenora Street Patrol, one of the very first harm reduction programs in North America and the first such initiative by urban Aboriginal people, originated from a proposal made during the Anicinabe Park Occupation. Sylvia Maracle, Executive Director of the Ontario Federation of Indian Friendship Centres, recalls,

> there were people in Kenora, as a result of addictions, who were freezing in the winter time or under boats or drowning, and the community got together and it began with a couple of people who were Elders and who were sober, and teams of men and women walking around at night, with black coats on that said “Street Patrol” in bright letters on the back, and they’d call the police when they needed support or an ambulance. And eventually, ended up saving people’s lives. But not just saving people’s lives, having real impact on those lives.

Joe Morrison and Richard Green began the Kenora Street Patrol in 1976. Between 6pm and 2am, the volunteers would walk the streets. In his typically modest and understated manner, Joe described the work thus:

> We didn’t have any powers to arrest anybody… we were just two individuals that were working to patrol the streets of Kenora and ensure that people that were in need were escorted to a place of safety, or we’d inform the police of persons causing difficulties, youth intoxication or, or come across children that were on the street, you know, without parental involvement.
Krista Maxwell

The Street Patrol went on to be funded over many years by the Ontario Ministry for Community and Social Services. People working in Friendship Centres and homelessness programs from Toronto and Winnipeg visited Kenora to learn about the Street Patrol model, and programs for homeless Aboriginal people, which emerged in many Canadian cities during the 1980s, were heavily influenced by their work.

In 1980, members of the Lake of the Woods Powwow Club collaborated with physician Dr Allan Torrie to establish a traditional healer program at the Lake of the Woods Hospital. According to Joseph Morrison, Allan’s daughter Jill also played a central role, developing the successful funding application to the Ontario Ministry of Health. Both Allan and Jill had long histories of involvement with the Native community in Kenora, and Joseph described Dr Torrie as someone who “always treated Native people with respect” and had a good understanding of the challenges people faced in the urban setting and in seeking medical care.

The “Lake of the Woods Native Healers” program coordinated the services of local Ojibwe healers, who provided healing and support to both inpatients and outpatients at the hospital, and visited reserves in the surrounding area. By honouring and applying Indigenous knowledge within an institutional space historically controlled by the European biomedical paradigm, this program embodied a powerful challenge to continuing colonial domination of Indigenous people in the region. George Councillor was the first Ojibwe healer to be hired, and he was able to recruit the support of a group of other healers, including his brother, Randy Councillor. Joe explained how, as word spread about the ceremonies, people from outside the hospital began to come to participate. Many different healers from across North America also visited Kenora to take part in the program. Two years after the program began, George Councillor drowned in a boating accident, and Madeline Skead, a member of the Lake of the Woods Powwow Club, was hired as coordinator. From the late 1980s Madeline provided “cross-cultural education” for medical students and staff of the Lake of the Woods hospital and Sioux Lookout Hospital, and other groups in the Kenora area, including the RCMP and the Ontario Provincial Police.

The program enjoyed substantial community respect and support for many years, but in recent years Native healers have stopped visiting the hospital, and fewer ceremonies are being held outside of the hospital. Joe attributes these changes to shifts in hospital and provincial government policy. Archival records also suggest that increasing bureaucratic scrutiny and monitoring demands from the late 1990s may have undermined the program. In 1996, during Premier Mike Harris’ rule, Ontario Ministry of Health staff expressed concerns regarding the lack of “appropriate and acceptable parameters” defining the work of the “Native Healer program,” and the unavailability of quantitative data with which to measure actual program activities and services delivered to clients. The program was funded under the Ontario community mental health services programme, and in her program plan/report for 1996/97, Madeline Skead asserted:

> the spirit of the [recent provincial] mental health reforms will be implemented through the guidance of the [Ontario] Aboriginal Health Policy. The Native Healer Program has been at the forefront in this area, since healers associated with the program provide the bulk of primary mental health services to traditional people on Kenora area reserves.

The Ministry of Health Consultant approved the submission for further funding but challenged Madeline’s claim regarding the program’s leading role in community mental health, noting that “this program does not provide community mental health services; a good review is needed.” These conflicting perspectives vividly illustrate the extent to which colonial relations continue in the contemporary Canadian health care system, characterized by prevailing assumptions regarding the superiority of biomedical and bureaucratic over Indigenous knowledge. Further, this foreshadowed the significant gap between biomedical and holistic models which increasing Aboriginal engagement in the field of mental health since the late 1990s has highlighted.

**CONCLUSION**

During the 1960s and ‘70s, Indigenous collectivities, and to some extent Canadian settler society, became increasingly conscious of the scale and extent of Indigenous suffering caused by Canadian colonial policies. In this context, the Indigenous community in Kenora developed a discourse on healing with four prominent elements: the development of historical consciousness; the resurrection and reclamation of traditional
knowledge, particularly in relation to the spiritual; the reframing of individual experience and identity within a collective whole; and Indigenous self-determination. The therapeutic models which resulted were eclectic, synthesizing the revival of cultural practices, Alcoholics Anonymous ideology, and individual and group counselling, creating enduring and widespread practices.

Although the 1970s Red Power movement did not prioritize health and healing to the extent of the issues of land and treaty rights, it was nevertheless an important influence on the emerging healing discourse and practices. In Kenora and elsewhere, the principle of self-determination espoused by the Ojibway Warriors Society and other activists was adopted by community leaders advocating Indigenous control over spirituality, child welfare, and health care. Reclaiming and revitalizing traditional Indigenous knowledge became central to the enactment of healing across all of these domains. Many people experienced a transformation in consciousness through recognizing shared histories and the implications for present-day suffering, contributing to a growing sense among many Native people in urban Ontario that Indigenous suffering was best alleviated by Indigenous healers.

Compared with reserve-based communities at this time, urban Indigenous groups were often better situated to develop healing programs. Being unencumbered by the Indian Act’s administrative bureaucracy, urban groups often possessed both greater autonomy, and readier access to some resources, such as provincial funding. The Ontario Ministry of Community and Social Services, the most important source of funding for urban Indigenous community programs during the 1970s and ‘80s, was supporting over thirty such initiatives by the late 1980s. During the early 1980s, the Ontario Ministry of Health also began to sponsor urban Aboriginal projects through the newly-established Community Mental Health programme. The proximity of dominant biomedical, academic, and charitable institutions in urban centres facilitated collaborations which afforded access to credentialed professionals, as well as financial support. Such collaborations led to several long-running programs, such as the Traditional Healers program at Lake of the Woods Hospital. By the early 1990s, provincial Aboriginal organizations, including the Ontario Federation of Indian Friendship Centres, were actively involved in shaping health policy in Ontario, leading to the 1994 Aboriginal healing and wellness strategy, and the establishment of a network of Aboriginal health access centres, mostly in urban settings, including Wassay·Gezhig Na·Nahn·Dah·We·Igamig in Kenora.

Local social histories can reveal how Indigenous people have resisted and engaged strategically with colonial domination in multiple ways. At the same time, I have tried to show how colonial discourses continue to operate in and through the Canadian health care system. As Ania Loomba suggests regarding the concept of “post-colonialism,” “if the inequities of colonial rule have not been erased, it is perhaps premature to proclaim the demise of colonialism.” Health indicators alone provide ample evidence of the continuation of colonial inequities in contemporary Canada. As researchers in Aboriginal health - Indigenous, settler-descendants, and newcomers, we all need to engage in ongoing reflection as to how our own work is continuous with, or challenges, colonial history.

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Endnotes


2 Anishnaabeg is the term used by Anishinaabe people to describe themselves, meaning “the people.” Indigenous scholars and others supportive of Indigenous self-determination increasingly use Indigenous-language terms of self-identification for Indigenous peoples, as a gesture of respect. “Ojibwe” is the name traditionally used by scholars for this ethno-national group, still currently used by both Aboriginal and non-Aboriginal peoples, and likely more familiar to most non-Anishinaabe readers. I use both terms in this paper.


6 According to Elder Joseph Morrison, some Aboriginal people in the Kenora area had struggled with alcohol problems since the town was first established. Bootleggers were prevalent in the area prior to the Ontario government’s relaxation of prohibition laws in 1954. Morrison noted that alcohol problems were particularly common amongst those who had attended one of the two residential schools in Kenora. Elder Joseph Morrison, Oral history, November 28th 2009, Hamilton.

7 Mercer. The Kenora Waystation.

8 “Social suffering” is an anthropological concept which I use to incorporate the multiplicity of co-existing, collective, interpersonal problems experienced in many Indigenous communities in Canada as a result of historical and contemporary social forces. This concept deliberately destabilizes the categorization of problems such as depression, suicide, alcoholism, and addictions as “principally psychological or medical and, therefore, individual.” Rather, it emphasizes that both social suffering and health are inherently political, cultural, and social issues which cannot be separated from relations of power and historical context. Arthur Kleinman, Veena Das, and Margaret Lock, in the Introduction, to Social Suffering, eds. Arthur Kleinman, Veena Das, and Margaret Lock (Berkeley, London, Los Angeles: University of California Press, 1997), ix.


12 A detailed account of the process of negotiating Treaty 3, and its subsequent implementation, is provided in Robert J. Talbot, Negotiating the Numbered Treaties. An Intellectual and Political Biography of Alexander Morris (Saskatoon, SK: Purich Publishing Ltd., 2009).

13 City of Kenora portal (kenora.ca) Local history “Milestones”: http://www.kenora.ca/portal/tourism/about/history.aspx?id=100


17 Ibid.

18 Ibid.

19 Mercer, The Kenora Waystation.


21 Ibid.

22 Other settler colonies including Australia and the United States also enacted prohibition laws specific to Aboriginal peoples.


26 Maracle, Crazywater: Native Voices on Addiction and Recovery.


28 Aboriginal people volunteered to serve for Canada in the Second World War in disproportionately high numbers; many also served in the First World War, the Korean War and the Vietnam War. Many of those who served developed the habit of drinking alcohol (legally) alongside other Canadians during their service abroad.

29 Thompson and Genosko, Punched Drunk: Alcohol, Surveillance, and the L.C.B.O., 1927-75

30 Ibid.

31 Sylvia Maracle, Oral history, OH 9.1, 2.

32 Ojibwe leaders participating in the 1873 negotiations had specifically requested that Treaty 3 include a provision banning alcohol on reserve lands. A 1958 provincial proclamation allowed for reserves to hold referendums whereby a majority vote would legalize alcohol on reserves. But the threat of provincial police maintaining a stronger presence to enforce provincial liquor laws on "wet" reserves was a disincentive to many reserves, and by 1962, less than one third of the reserves in Ontario had voted in favour of allowing alcohol.


34 Mercer, The Kenora Waystation, 7.

35 Elder Joseph Morrison, Oral history, November 28th 2009, Hamilton. 40m.


38 Mercer, The Kenora Waystation.


42 Mercer. The Kenora Waystation.

43 Ibid., 6-7.

44 Other founding members, as recalled by Joseph Morrison, included his mother Ada Morrison, Bill Skead and Julia Skead, Doug Skead and Madeline Skead, Alex Skead and Elizabeth Skead, Robin Green and Mabel Green, and Sam Copenace and Mabel Copenace. Joseph Morrison and Louis Cameron joined the group around 1977, about five years after it was first formed.


46 Shkilnyk, A Poison Stronger Than Love. The Destruction of an Ojibwa Community, 128.

47 Nationally, Indigenous collectivities demanding better living conditions, state recognition and protection of treaty rights and self-determination were active well before the emergence of a unified national leadership, particularly in the Iroquois-dominated regions of southern Ontario and Quebec and the border States during the 1950s. For an account of provincial organizations growing engagement with national politics in response to the infamous 1969 White Paper, see Sally Weaver, Making Canadian Indian Policy: The Hidden Agenda, 1968-70 (Toronto: University of Toronto Press, 1981). For a discussion of early work of the National Indian Brotherhood and its contributions towards the emergence of an International Indigenous rights movement, see Peter McFarlane, Brotherhood to Nationhood. George Manuel and the Making of the Modern Indian Movement (Toronto: Between the lines, 1993).


51 Burke, Confrontation at Anicinabe Park, 354-56.
54 Burke, Confrontation at Anicinabe Park.
56 Ibid.
58 Nee’Chee is Ojibwe for “a close friend or brother.” Ontario Federation of Indian Friendship centres website, http://www.ofifc.org/ofifchome/page/Office.asp?FCID=16 accessed November 27th, 2009. Ne’Chee’s first Directors were Sam Copenace Sr., Joseph Morrison, Kitty Everson, Steve Skead, Christine Gordon, Len Hakenson (of the Addictions Research Foundation) and Derick Pitawanakwat.
60 Sylvia Maracle, Oral history, April 17th 2009, Toronto. OH 9.2:39m.
62 Sylvia Maracle, Oral history, April 17th 2009, Toronto. OH 9.2:45m.
64 Elder Joseph Morrison, Oral history, November 28th 2009, Hamilton. OH20.1:1hr33m.
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