

*Colonizing Bodies: Aboriginal Health
and Healing in British Columbia, 1900-50*

Mary-Ellen Kelm

Vancouver: UBC Press, 1998. 248 pp. Illus., maps. \$75 cloth, \$25.95 paper.

BY BRUCE MILLER

University of British Columbia

and

LARAINÉ MICHALSON

Vancouver/Richmond Health Board

Colonizing Bodies makes the argument that the ill health of Indigenous people in British Columbia between the years 1900 and 1950 was created by the deadly combination of recently arrived pathogens, colonial policies, and Euro-Canadian medical practices. In making this case, Kelm contests the widely held view that Indigenous people are naturally stressed by the processes of contact and that it is sufficient merely to understand the transmission of disease to know what went wrong in the first half of the century. She argues that government Indian Health Service practices and records serve a surveillance function and reinforce the image of sick, disorganized communities in a manner that appears to justify paternalism. She contends that Indigenous bodies (or people, to avoid the jargon she employs in this book) emerged with practices and beliefs that incorporated both the old and the changing. She contrasts Indigenous views of the provision of health care (i.e., that the government is to provide it free to Indigenous communities) with the Indian Health Service view of it (i.e., that it is a tool of integration) – a contradiction that helps explain

even current conflicts over health coverage. Kelm, an ethnohistorian, relies on archival sources, including Indian Health Service records and interviews with contemporary Indigenous people, to build her arguments.

These claims are not contentious; indeed, they echo current interpretive modes applied to other areas and populations. A similar set of claims was previously advanced by John O'Neill (as reported in the Royal Commission on Aboriginal Affairs), and Culhane and Stephenson et al. have also demonstrated the connections between colonialism and the loss of control over one's own community and health in British Columbia. Given that this is not news, the value of the book lies in its careful attention to the strengths of the various Indigenous communities in addressing health issues rather than to the far more common deficiency models of Native health. We wish to point out that this reflects a fortunate convergence between historiography and public health theory and practice – a circumstance that makes *Colonizing Bodies* important to a wide range of readers and the sort of book that ought to find its way into social science,

public policy, history, medicine, and nursing courses.

There are problems in framing and making the argument, however, and the first concerns the unit of analysis. British Columbia is both too small and too large to easily address Indigenous health. It is too large for the generalizations about Indigenous communities that Kelm makes, relying, as she does, on examples from all over the province (e.g., snippets concerning the Tlingit are mixed in with material regarding the Coast Salish some 2,000 kilometres to the south). Circumstances on the Lower Mainland were not the same as those along the Yukon border, and disease histories and responses to colonialism are not identical on the Coast and in the Interior. On the other hand, stopping at the northern and southern borders arbitrarily divides both Indigenous communities and scholarly discourse. The most relevant material on Coast Salish responses to disease, for example, is found in the work of Guilmet, Thompson, and colleagues (uncited by Kelm), who have proposed significant models of response to epidemics and to how Indigenous people chose among a range of Indigenous and non-Indigenous health practitioners.

Kelm carefully differentiates between practitioners (missionary doctors and nurses, she writes, were generally more committed than government-appointed health care providers). Nevertheless, one of the major efforts of the book is to portray medical and nursing practitioners as

the "advanced guard" (120) of colonization and as legitimating colonial relations. This is fair enough, and a valuable thing to say, but the issue is more complicated, and the data presented can be read to make the opposite point. The activities of health professionals are intrusive, but they also support the ritual practices that buffer communities from intrusion and help keep them intact. The catch here is that these traditional activities (namings, potlatches, spiritual burnings, and so on) are expensive and are dependent on personal and community physical, mental, and economic health.

Although Kelm is an ethnohistorian, there is an ahistorical feel to this book in that, although Indigenous concepts of the body are presented, there is little sense of Indigenous conceptions of what health is or how it has changed; instead, ideas of health are treated as constant, as is the social organization of "Indian doctors" and other community health practitioners. *Colonizing Bodies* makes no attempt to examine what motivates the health discourses in Indigenous communities and how these shift historically. This suggests a passivity that is at odds with the major thesis regarding Indigenous agency. Despite these problems, by discrediting the destructive and paternalistic deficit model, Kelm plays an important role in pointing communities, academics, and public health officials to the vital task of continuing to recognize and support the sources of community resilience and, ultimately, health.