

Ethnohistory Field School Report 2015

**“They’re always lookin’ for the bad
stuff”:**

Examining Coqualeetza Indian Hospital, 1941-1969

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The Ethnohistory Field School is a collaboration of the Stó:lō Research and Resource Management Centre, Stó:lō Nation & Stó:lō Tribal Council, and the History Departments of the University of Victoria and University of Saskatchewan.



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Yakweawioose First Nations Chief Frank Malloway says that “people are always lookin’ for the bad stuff” when conducting research on Canada’s Indian Hospitals and adds that academics have tended to display an interest in “the sensational[.]”¹ These remarks challenge scholars to create space for nuance by reflecting on our assumptions.² For example, Malloway recounts: “when we took over the grounds at Stó:lō Nation and the hospital, the archaeologist was saying ‘just knock that building down; so many bad things happened there.’ And I looked at him and I said ... ‘I worked there for ten years, I know the good things that happened.’”³ From its establishment as a “center for native hospitalization” until the time when “[m]odern drug usage and detection techniques ... brought [tuberculosis] under control,” the hospital at Coqualeetza was the site of a diverse range of social experiences and cultural interactions.⁴ This paper takes Frank Malloway’s concerns seriously and as such will examine how existing scholarship has limited itself in portraying the history of Canada’s Indian Hospitals at a theoretical level. Furthermore, it will utilize an ethnohistorical approach to demonstrate that this body of scholarship has neglected indigenous agency and ignored responses which, in the specific context of the Indian Hospital at Coqualeetza, can be used to put a more balanced picture together.

¹ Interview with Frank Malloway, by Noah E. Miller 19 May 2015 at Matsqui, BC, Stó:lō Nation Archives, Chilliwack, BC.

² What Chief Malloway is describing might appropriately be considered early phases of the ‘expectancy effect,’ which H. Russel Bernard explains, is “the tendency for experimenters to obtain the results they expect, not simply because they have correctly anticipated [a] response but rather because they have helped to shape that response through their expectations.” Robert Rosenthal and Donald B. Rubin, “Interpersonal Expectancy Effects: The First 345 Studies,” *Behavioral and Brain Sciences* 1, no.3 (1978): 377, quoted in H. Russell Bernard, *Research Methods in Anthropology: Qualitative and Quantitative Approaches*, 5th ed. (Lanham, MD: AltaMira Press, 2011), 233.

³ Interview with Frank Malloway, 19 May 2015.

⁴ “To Change Coqualeetza into ‘San’,” *Chilliwack Progress*, 28 Aug 1940, 1; “Coqualeetza Hospital Will be Closing September 30,” *Chilliwack Progress*, 10 Sept 1969, 1.

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Academic inquiry into the nature of 'Indian Hospitals' has been epistemologically problematic for some time. Corinne Hodgson's pioneering article, for instance, equates the treatment of tuberculosis among Native Canadians in the twentieth century as an issue of conflicting perspectives. She writes that to the government, the hospitals were "a humanitarian movement conducted in the manner typical of the time (i.e. long-term institutionalization)."⁵ By comparison, she argues that to Native Canadians, treatment "appeared tardy, motivated by white society's own (i.e. self-protective) interests, and carried out in a manner threatening to the continuity of native families and communities."⁶ Contrasting these perspectives, Hodgson argues that Canada's Indian Hospitals were an instrument of 'medical paternalism.'⁷ By organizing her analytical frame in this way, Hodgson essentializes the range of contemporary perspectives and sets them up as a dichotomy. To her credit, the article includes a disclaimer, which states that "this does not mean ... native groups would necessarily view these developments in the same way."⁸ This insight, however, quickly disappears from the rest of the paper, which continues:

To [natives], medical care for tuberculosis must have appeared late in coming, inadequate in coverage, and motivated more by the government's desire to protect white society than to help natives. Moreover, the 'medical paternalism' typical of western medicine could have been interpreted by many natives as unnecessary, undesirable, or even latently hostile.⁹

The absence of formal attribution for the perspectives presented alongside the use of speculative language like 'must have' or 'could have been interpreted' in this quotation beg the question of

⁵ Corinne Hodgson, "The Social and Political Implications of Tuberculosis Among Native Canadians," *Canadian Review of Sociology* 30, no.4 (1993): 509.

⁶ *Ibid.*

⁷ *Ibid.*, 507. Hodgson writes that, "Although it may be well-intentioned and/or have benevolent effects, medical paternalism can be defined as 'interference with a person's liberty of action, where the alleged justification of the interference is that it is for the good of the person whose liberty of action is thus restricted' (Buchanan, 1978: 371). The medical paternalism exhibited in tuberculosis sanatoria ranged from a strictly scheduled daily regime (e.g. Whittaker, 1978) to the forcible detention of 'recalcitrant' patients (Linwell, 1956; Glass, 1959)."

⁸ *Ibid.*

⁹ *Ibid.*

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exactly whose views this excerpt represents. This is particularly troubling given Lenore Keeshig-Tobias' assertion that "stories are power" in that "they reflect the deepest, most intimate perceptions, relationships and attitude of a people."¹⁰ The extent to which such perspectives can be conveyed by outsiders is questionable, at best. Indeed, as Keeshig-Tobias notes, "Cultural insight, nuance and metaphor and symbols give a [work] ... a ring of truth, but their essence ... is missing ... from most 'native' writing by non-natives."¹¹ This leads one to wonder whether the article is not only overgeneralizing, but appropriating native voice as well.

More problematic still is Hodgson's presumption of a unilateral power relationship between native and non-native societies. Her central research question seeks "to understand the overall effect of tuberculosis treatment on native society."¹² As a result, the possibility of natives as active agents in this representation of the past is precluded. In other words, the only 'answer' that can be produced is one in which tuberculosis treatment had an impact on indigenous Canadians; the research question does not allow for the inclusion of a more complex reality in which natives were active participants in history.

This framework stands in contrast to more recent works which emphasize cultural encounters as 'dialogue.' For example, in his recent book *Makúk*, historian John S. Lutz delineates how "the interactive aspect of speech ... can be extended to include exchange more generally."¹³ Lutz examines how other scholars such as Michael Harkin demonstrate that "dialogue is a process of negotiation of meanings, presentation, and representation of self and other" and, as Harkin himself writes, "its currency include[s] speech acts, symbolic actions,

¹⁰ Lenore Keeshig-Tobias, "Stop Stealing Native Stories," in *Borrowed Power: Essays on Cultural Appropriation*, eds. Bruce Ziff and Pratima V. Rao (New Jersey: Rutgers, 1997), 71.

¹¹ *Ibid.*, 72.

¹² Hodgson, "The Social and Political Implications," 502.

¹³ John S. Lutz, *Makúk: A New History of Aboriginal-White Relations* (Vancouver and Toronto: UBC Press, 2008), 23.

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material exchange, violence, marriage, imitation, legislation ... Each utterance transformed the dialogue, and to a greater or lesser degree, the lifeworlds of the interlocutors.”¹⁴ In light of these ideas, Hodgson’s article appears to consist of “theft of voice,” essentialisms and as crafted around ethnocentric assumptions.

Since the publication of Hodgson’s article, historical scholarship has continued to regard the operation of Canada’s Indian Hospitals through an ethnocentric lens. For example, a recent article by Maureen K. Lux places the creation of Indian Hospitals within the context of “long-standing ... policy [that] aimed to isolate Aboriginal people on reserves and in residential schools” and access to medical care that was “limited by government parsimony and community prejudice.”¹⁵ While she clearly illustrates these people were regarded by white society as “a menace to their neighbours and a danger to the nation,” aboriginal perspectives themselves are noticeably absent.¹⁶ Using the Charles Camsell Indian Hospital in Edmonton as a case-study, Lux depicts a one-sided power relationship by suggesting that these ‘Indian Hospitals’ are best understood as “a very public demonstration of the state’s commitment to define and promote a ‘national health’ by isolating and institutionalizing Aboriginal people.”¹⁷ While other scholars have corrected for this by including acknowledgment of aboriginal agency, their works still tend to contain sweeping generalizations. Mary-Ellen Kelm’s book *Colonizing Bodies*, for example, suggests that “Aboriginal bodies were not simply buffeted by the forces of colonization and resistance but [rather] emerged from the interstitial spaces of the body politic of twentieth century British Columbia, moulded by [centuries-old] patterns of subsistence, education, belief,

¹⁴ Lutz, *Makúk*, 23; Michael Harkin, *The Heiltsuks: Dialogues of Culture and History on the Northwest Coast* (Lincoln: University of Nebraska Press, 1997), viii, also quoted in Lutz, *Makúk*, 23.

¹⁵ Maureen K. Lux, “Care for the ‘Racially Careless’: Indian Hospitals in the Canadian West, 1920-1950s,” *Canadian Historical Review* 91, no.3 (Sept. 2010): 407.

¹⁶ *Ibid.*

¹⁷ *Ibid.*

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and healing[.]”¹⁸ Nevertheless, Kelm maintains that “Euro-Canadian medicine ... served the colonial agenda.”¹⁹ As one reviewer notes, this argument “sometimes appear[s] overly simplistic” especially “in light of recent anthropological literature.”²⁰

The ethnographic technique championed by Clifford Geertz offers historians a way to transcend such simplicity. In his essay “Thick Description: Towards an Interpretive Theory of Culture,” Geertz suggests scholars turn their attention to “the flow of behaviour,” where he argues “cultural forms find articulation.”²¹ Within this framework, he observes that one “characteristically approaches ... broader interpretations and more abstract analyses from the direction of the exceedingly extended acquaintances with extremely small matters.”²² Beyond examining the ‘microscopic,’ Geertz suggests that our aim should be to interpret behaviours within “webs of significance,” located, in part, through selecting, and establishing a rapport with, informants.²³ Soucy corroborates the value of this approach by arguing that “the valuing of a particular kind of knowledge ... ignores the social context and dynamics from which ... explanations emerge.”²⁴ In line with this perspective, this project will seek to include the voices of First Nations people themselves.

This paper will complement the above-noted Geertzian method with a focused engagement with hitherto untapped archival materials to offer a re-examination of the extent to which Hodgson, Kelm, and Lux’s generalizations about the nature of health care policy are reflected within the specific context of the Coqualeetza Indian Hospital. It will make use of the

¹⁸ Mary-Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-50* (Vancouver: UBC Press, 1998), xix.

¹⁹ *Ibid.*

²⁰ Keith Thor Carlson, Melinda Marie Jetté, and Kenichi Matsui, “An Annotated Bibliography of Major Writings in Aboriginal History, 1990-99,” *Canadian Historical Review* 82, no.1 (2001): 162.

²¹ Clifford Geertz, *Thick Description: Toward and Interpretive Theory of Culture*, 17.

²² *Ibid.*, 21.

²³ *Ibid.*, 6.

²⁴ Alexander Soucy, “The Problem with Key Informants,” *Anthropological Forum* 10, no.2 (2000): 182.

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recently-digitized *Chilliwack Progress* archives and the wealth of primary source material hosted at the Stó:lō Nation archives in Chilliwack, BC.²⁵ In adopting this approach, this project will conform to what Darnell identifies as “the new ‘microhistory’” in that it will “challenge its [chronicler] to generalize from very particular experiences, local contexts, and events ... to produce an intimacy for readers far removed from the experience represented.”²⁶ By adopting this hybrid approach, this paper situates itself within the realm of what Carlson, Lutz, and Schaepe define as ‘ethnohistory’ in that it combines “the oral history, cultural focus, and field work of the ethnographer with the archival research and temporal context of the historian.”²⁷

Such an approach has at least one distinct advantage. Raymond DaMallie’s work on the Lak’ota people demonstrates how newspapers and promotional material can engrain any particular study with bias. For instance, DaMallie observes that “most of the contemporary written materials present outsiders’ viewpoints” because “the authors of these documents ... represented a cultural tradition [that was] very different.”²⁸ While he also notes that these observers can be “sympathetic” to indigenous views, he also notes that “underlying the writings of Euro-Americans was the assumption that Indian culture must inevitably pass away before the march of civilization.”²⁹ However, Regna Darnell points out that even the most skeptical anthropologists and historians admit that oral traditions are useful to confirm and flesh out these interpretations based on archival records.³⁰ She also suggests that oral testimony can “transcend

²⁵ See, for example, “Big Occupational Program at Coqualeetza,” *Chilliwack Progress*, 6 Nov 1946, 11.

²⁶ Regna Darnell, “‘What Is ‘History’? An Anthropologist’s Eye View,” *Ethnohistory* 58, no.2 (Spring 2011): 219.

²⁷ Keith Thor Carlson, John Lutz, and David Schaepe, “Turning the Page: Ethnohistory from a New Generation,” *The University of the Fraser Valley Research Review* 2, no. 2 (2009): 1.

²⁸ Raymond J. DeMallie, “‘These Have No Ears’: Narrative and the Ethnohistorical Method,” *Ethnohistory* 40, no.4 (1993): 515.

²⁹ DeMallie, “These Have No Ears,” 515.

³⁰ Regna Darnell, “2009 Presidential Address: What is ‘History’? An Anthropologist’s Eye View,” *Ethnohistory* 58, no. 2 (2011): 214.

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the absence of conventional written documents representing “the other side of the story.”³¹ Similarly, as the research of Hoffman and Hoffman demonstrates, taken on their own, “eyewitness accounts are subject to considerable distortion by factors that occur after the events they describe.”³² However, their experiment also indicates that archival documentation can be used to substantiate or ‘flesh out’ oral testimony. The outcome of this ‘hybrid’ approach is described by a commentator on the Hoffmans’ experiment: “Remarkable intersubjective agreement was found, both across time (in the sense of reliability) and across sources (in the sense of validity).”³³

This approach is not without its challenges. As Madison notes “observations and analysis often accompany the oral history interview to signify its embedded implications as well as the complexities of its surface (or obvious) meanings.”³⁴ This is problematic in that it can ironically silence the very voice the ethnohistorian is trying to incorporate. To expand, Madison explains “the authoritative voice and heavy hand of the researcher overshadows the voice and presence of the narrator it ‘upstages’ the narrative thereby leaving the narrator’s actual words as only whispers against the booming volume of the researcher’s interpretation.”³⁵ In spite of this challenge, Madison suggests that this approach to analysis can “open a deeper engagement with the narrative text and unravel context and connections[.]”³⁶

³¹ Darnell, “2009 Presidential Address,” 214.

³² Alice M. Hoffman and Howard S. Hoffman, “Reliability and Validity in Oral History: The Case for Memory,” in *Memory and History: Essays on Recalling and Interpreting Experience*, ed. Jaclyn Jeffrey and Glenace Edwall (Lanham: University Press of America, 1994), 127.

³³ Hoffman and Hoffman, “Reliability and Validity in Oral History,” 134.

³⁴ D. Soyini Madison, *Critical Ethnography: Methods, Ethics, and Performance*, 2nd ed. (Thousand Oaks, CA: SAGE, 2012), 35.

³⁵ Madison, *Critical Ethnography*, 35.

³⁶ *Ibid.*, 35-6.

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When the Indian Affairs branch of the department of Mines and Resources converted the Coqualeetza Institute into a sanitarium “for Indian patients all over the province” in 1941, it was “more than three times the size of the new 52-bed Chilliwack hospital.”³⁷ As Reverend Scott wrote, “The new wing is beautifully furnished and well-equipped. It affords the advantages for all patients who come in for treatment.”³⁸ Shortly thereafter, patients began pouring in from around the province. Dr. W.S. Barclay, medical superintendent at Coqualeetza, remembers, that “many applications for treatment from Indian patients all over the province were awaiting attention and as we built up our staff, more wards were opened and more patients were brought into the hospital so that by the end of 1941 we [had] about one hundred in our care.”³⁹ Stan McKay, a former Stó:lō patient at Coqualeetza remembers thinking it was “like a dormitory: beds, beds, beds, a wall. Beds, beds, beds, a wall.”⁴⁰ More than a building, however, the sanitarium was intended as a place where medical services could be rendered to “Indians ... without cost,” which included an emphasis on “keeping the patient happy and occupied” through occupational therapy and a “basic education” program.⁴¹ Dr. Barclay would later tell the *Chilliwack Progress* that he considered the opening of the hospital at Sardis “a definitive step” in the fight against Tuberculosis.⁴²

That this so-called ‘definitive step’ receives little direct attention in existing Canadian medical scholarship is perplexing. Within Kelm’s book, Coqualeetza occupies only a couple pages and appears largely disconnected from the overarching narrative. Similarly, Laurie Meijer

³⁷ “Conversion of Coqualeetza to Sanitarium Half Completed,” *Chilliwack Progress*, 5 Feb 1941, 1.

³⁸ Reverend Scott, *Foundations and Progress*, quoted in Stó:lō Nation Site Tour Source Book, Stó:lō Nation Archives.

³⁹ W.S. Barclay, quoted in H. Edmeston, ed. *The Coqualeetza Story*, 10, 96-22, Stó:lō Nation Archives.

⁴⁰ Interview with Stan McKay, by Noah E. Miller 19 May 2015 at Matsqui, BC, Stó:lō Nation Archives.

⁴¹ “More About Health Minister,” *Chilliwack Progress*, 5 Nov 1947, 7.

⁴² “Barclay Outlines Work Done By Coqualeetza,” *Chilliwack Progress*, 4 Aug 1943, 1.

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Drees recent book *Healing Histories* rarely brings the hospital into focus. Yet prior to becoming a non-sectarian hospital, Coqualeetza was “long noted as a center of Indian education in the province[.]”⁴³ According to a speech delivered by staff member Dr. J.D. Galbraith in 1943, after it was converted, the hospital constituted 170 of Canada’s 800 beds dedicated to fighting “tuberculosis among natives.”⁴⁴ Aside from housing a large proportion of Canada’s indigenous who were afflicted with the disease, Coqualeetza was seen as on the cutting edge of modern medical treatment. In 1946 the *Chilliwack Progress* reported that the hospital was “the first complete tuberculosis unit of its kind ... in Canada[.]” This was largely tied to its occupational programming, which according to *The Progress*, did “much to improve the attitude of patients and to help their adjustment to normal living.”⁴⁵

However, it was not just that Coqualeetza innovated these new programs, but rather that it established precedent that was then adopted by similar institutions. A newspaper article written in 1948 conveys that “Coqualeetza was the ‘parent hospital’ for the school system carried out in six other Indian hospitals in western Canada.”⁴⁶ The idea that Coqualeetza set the bar for other institutions of the same type is further corroborated by *The Coqualeetza Story*, a historical pamphlet that acknowledges that while the hospitals later established at Miller Bay and Nanaimo operated as “distinct units ... Coqualeetza remained the headquarters for all Tuberculosis records and for general direction of the overall program for the province.” Moreover, *The Coqualeetza Story* notes that the sanitarium was the “center of operation” for tuberculosis fieldwork within a

⁴³ “Conversion of Coqualeetza to Sanitarium Half Completed,” *Chilliwack Progress*, 5 Feb 1941, 1.

⁴⁴ “Dr. J.D. Galbraith Speaks to Kin: Coqualeetza Important in Tuberculosis Fight,” *Chilliwack Progress*, 17 Nov 1943, 8.

⁴⁵ “Big Occupational Program at Coqualeetza Hospital,” *Chilliwack Progress*, 6 Nov 1946, 11.

⁴⁶ “Six Hospitals Follow Coqualeetza System,” *Chilliwack Progress*, 28 Jan 1948, 17.

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“zone which extend[ed] from Williams Lake to the Southern Border and from the West Coast to the Eastern Border of BC.”⁴⁷

In 1957 Coqualeetza was also something of a gold standard in medical care more generally in that it was “the only fully accredited hospital in the Fraser Valley[.]”⁴⁸ According to the *Canadian Hospital Administration Journal*, when Coqualeetza won accreditation for the sixth straight year in 1963, “less than 25 per cent of Canada’s 1,243 hospitals enjoy[ed] full accreditation.”⁴⁹ Health officials from the Pacific Region are also reported to have gathered at Coqualeetza for health workshops.⁵⁰ If the provision of medical services to Native people indeed serves to “justify, legitimate, and sustain Canada’s internal colonial relations with the First Nations,” the nature of their experiences at this hospital in particular are clearly relevant.⁵¹

While these descriptions of the hospital are useful in setting context, they fail to address the significance of the hospital to the people who lived and worked there. In a letter to *Indian Time* in 1953, Mrs. Rose Abbot, a patient at Coqualeetza, praises the “beautiful” grounds for “bringing encouragement and hope.” She continues her correspondence by applauding the staff for their “help and understanding” and even goes as far as to characterize them as “one big family.”⁵² Comments contained in the Hospital’s official newsletter suggest that this feeling was reciprocated by at least some of the staff. In the January 1959 issue of the *Coqualeetza Courier*, Dr. A.G. MacKinnon addresses the patients as “dear friends” and expresses his appreciation for having learned about their “way of looking at things[.]”⁵³ In retrospect, Frank Malloway

⁴⁷ *The Coqualeetza Story*, 11.

⁴⁸ “Coqualeetza Hospital Accredited,” *Chilliwack Progress*, 8 Aug 1957, 9.

⁴⁹ “Coqualeetza Hospital: Win Accreditation For 6th Time,” *Chilliwack Progress*, 27 Nov 1963, 17.

⁵⁰ See “Health Workshop At Coqualeetza,” *Chilliwack Progress*, 18 Mar 1964, 24.

⁵¹ Kelm, *Colonizing Bodies*, 100.

⁵² “Nov 29 Letter from Mrs. Rose Abbot,” *Indian Time* (Sept – Dec 1953), 19.

⁵³ A.G. MacKinnon, “Hail and Farewell,” *Coqualeetza Courier* (Jan 1959).

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remembers Coqualeetza as a “good place for all [his] people” in that it “cured a lot of [them]” and “kept them from dying.”⁵⁴ At the same time, he remembers some of the more mundane aspects of his 10-year tenure as Nursing Orderly: cleaning, prepping, feeding the patients, collecting bed pans and sputum boxes, and making beds.⁵⁵ In addition to the “good” aspects of the hospital and its monotonous daily routine, Malloway also describes that the hospital could, at times, be depressing: “That’s when I learned how to prepare bodies for, you know, the morgue because there were so many deaths.”⁵⁶ Others associate the hospital with even worse experiences. One Stó:lō woman, for instance, claims that she was sexually abused by one of the other female patients and furthermore describes there being “not much difference” between residential schools and hospital life when she was at Coqualeetza in the late 1940s.⁵⁷ One can conclude, therefore, that even upon vague inspection, listening to various peoples’ perspectives reveals a wide gamut of attitudes towards the hospital.

Such a multiplicity of perspectives makes Coqualeetza a site of contested meanings. This can be more clearly illustrated in how patients understood staff behaviour. Chief P.D. Peters, for example, describes how doctors in his experience “didn’t care” and were involved merely to “line their pockets.”⁵⁸ By contrast, others, like Frank Malloway, remembers a doctor who “used to feel really bad and get depressed when he lost a patient.”⁵⁹ However, such differing interpretations can also be found in the way in which children were handled during an emergency evacuation. When a fire “guttled 60 percent of Coqualeetza hospital” in November

⁵⁴ Interview with Frank Malloway, 19 May 2015.

⁵⁵ Interview with Frank Malloway, by Noah E. Miller 25 May 2015 at Sardis, BC, Stó:lō Nation Archives.

⁵⁶ Interview with Frank Malloway, 19 May 2015.

⁵⁷ Bev Julian, quoted in “Coqualeetza Indian Hospital,” Stó:lō Nation Site Tour Source Book, Stó:lō Nation Archives.

⁵⁸ Interview with Chief PD Peters (Transcript), by Larry Commodore 21 July 1985 Stó:lō Oral History Project 20 85-SR4, 13, Stó:lō Nation Archives.

⁵⁹ Interview with Frank Malloway, 25 May 2015.

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1948, reporters created headlines like “Nurses Carry Dozen Babies to Safety in the Night.”⁶⁰ However, Bev Julian remembers this event somewhat differently: “When they were standing outside you could see – the volunteers were just tossing the babies like this down the line and people were catching them and putting them in the vehicles to bring them to their safety.”⁶¹

Thus, the point of my research here is not to present a rose revisionist interpretation of Indian medical health and colonialism. Indeed, if researchers search out sources that verify Hogson, Kelm, and Lux’s theses about the negative effect on aboriginal culture within the specific context of Coqualeetza, they will find plenty. For instance, *The Chilliwack Progress* contains numerous examples of paternalistic attitudes among the staff. One article discusses the “Philisophical outlook of the Indian” and the need for them to be “educated in western medicine.”⁶² Outlining the work done by the hospital in 1943, W.S. Barclay characterized the “opening of the Hospital at Sardis” as a “definite step forward” in the “breaking down of the prejudice of the Indian towards the hospitals[.]”⁶³ Evidence exists that suggests these attitudes persisted well into the 1950s. For example, in the July 1953 issue of *The Coqualeetza Courier*, Barclay writes about “rights and privileges” in the rhetoric of ‘medical paternalism’ identified by Hodgson: “The government did not have to provide free hospital care for people with T.B., but as they are anxious to help them, good hospitals have been built and all necessary forms of treatment provided...”⁶⁴ Beyond the staff themselves, the testimony of patients seem to further corroborate the ill-effects of the hospital. Some patients recall the hospital as being firmly divided along racial lines. “When I was at Coqualeetza . . . all the nurses and doctors were white

⁶⁰ “...all that remains,” *Chilliwack Progress*, 24 Nov 1948, 1; Stó:lō Nation Site Tour Source Book.

⁶¹ Bev Julian, quoted in “Coqualeetza Indian Hospital,” Stó:lō Nation Site Tour Source Book.

⁶² “Coqualeetza Important in TB Fight,” *Chilliwack Progress*, 17 Nov 1943, 8.

⁶³ “Barclay Outlines Work Done by Coqualeetza,” *Chilliwack Progress*, 4 Aug 1943, 1.

⁶⁴ W.S. Barclay, “Rights and Priviledges,” *Coqualeetza Courier* (July 1953).

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people. The ones that did the cleaning were the Native people.”⁶⁵ In her memoir, Bev Sellars remembers being laughed at by two nurses for always picking out blue clothing: “I did not want them thinking I was so dumb that I didn’t know any other colours ... I got embarrassed and blushed with shame.”⁶⁶ Sellars adds: “blushing is a curse that has plagued me my entire life but the first time I remember experiencing it was at Sardis.”⁶⁷ Moreover, Stan McKay remembers how the use of a newly-developed drug adversely “affected [his] growth.”⁶⁸

However, even a preliminary exploration of other evidence suggests that this image cannot stand as an essential view of Coqualeetza. In 1951, Chief Paul highlighted the existence of tensions within racial groups by saying: “We who are here know that this hospital helps us very much. But there are some people who do not want to come to the hospital. They do not want to know that it can help them.”⁶⁹ Beyond highlighting divisions within aboriginal communities, this quote also serves to support George Jasper Wherrett’s idea that natives were active participants in a discourse and that “there was tangible evidence that the Indians were adapting themselves to changed conditions and were taking an interest in medical services.”⁷⁰ Indeed, in some cases, hospital staff were reliant on aboriginal translators.⁷¹ In addition, white attitudes towards the hospital were not monolithic either. For example, *The Chilliwack Progress* chronicles a schism between city council and Ottawa in terms of allocation of resources to

⁶⁵ Interview with Theresa Pierre (Transcript), 2, Stó:lō Nation Archives.

⁶⁶ Bev Sellars, *They Called Me Number One: Secrets and Survival at an Indian Residential School* (Vancouver: Talonbooks, 2013), 26.

⁶⁷ *Ibid.*

⁶⁸ Interview with Stan McKay, 19 May 2015.

⁶⁹ “Liet.-Gov. Inspects Institution: His Honor Pays Neighborly Call to Coqualeetza Hospital,” *Chilliwack Progress*, 20 June 1951, 7.

⁷⁰ George Jasper Wherrett, *The Miracle of the Empty Beds: A History of Tuberculosis in Canada* (Toronto and Buffalo: University of Toronto Press, 1977), 106.

⁷¹ Interview with Mary Uslick (Transcript), by Nicola Campbell 4 Mar 1994, UM-i-1, Stó:lō Nation Traditional Use Study, 11-12, Stó:lō Nation Archives.

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support the hospital.⁷² During 1968, the newspaper also contained a series of articles which showed a division in attitudes about the use of Coqualeetza moving forward, one columnist arguing that “what must first be decided is what better use could be made of Coqualeetza in terms of overall health service to the Indian people.”⁷³

Even within individual accounts there is a surprising degree of nuance about the hospital’s orientation to aboriginal culture. For example, Frank Malloway remembers encountering racism at the hospital. “There was one nurse, two nurses, three nurses maybe,” Malloway says, “that [he] really had a difficult time with.” He continues on to remember that “they’d treat the white orderlies nice and everything, but they were always pickin’ on me, reporting me to the matron for something that there [was] nothing to it.” However, in his telling of the story, Malloway does not describe himself as a passive recipient of this racism. He goes on to recount how opting to transition to the night shift “kept [him] away from the staff that were racist.” At the same time, Malloway concedes:

The same nurse I was talking about ... felt a ‘soft spot’ for my grandmother. While I didn’t like her that much, I respected her for what she did with my grandmother. She put a ward aide working with my grandmother all morning, all afternoon, bathe her and fix her up. ... My grandmother was in a rest home before that, not taken care of because it wasn’t meant as ‘extended care’ ... She received very good care on her last days. I was grateful for that.⁷⁴

Beyond demonstrating the diversity of attitudes that can be held at an individual level, and a very concrete way in which an aboriginal man could exhibit agency, Malloway’s account also shows how conflict and friendship could, in certain situations, transcend racial boundaries. He

⁷² “Will Send Fire Trucks to Sardis,” *Chilliwack Progress*, 3 Jun 1942, 10; “Will Not Fight Fires At Indian Hospital,” *Chilliwack Progress*, 9 Dec 1942, 1; “Township Fire Protection,” *Chilliwack Progress*, 24 Nov 1947, 2.

⁷³ See “Chilliwack Progressive Conservatives: Claim Federal Bungling Concerning Coqualeetza,” *Chilliwack Progress*, 18 Dec 1968, 1; “Fate of Coqualeetza Discussed,” *Chilliwack Progress*, 22 Jan 1969, 1; “Coqualeetza Storm,” *Chilliwack Progress*, 23 Dec 1968, 12.

⁷⁴ Interview with Frank Malloway, 19 May 2015.

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remembers conflict between nurses and doctors coming to a head when a lady from Chilcootin died of Cancer:

Ohh, the nurses were mad because [they felt] the doctors weren't examining often enough for other diseases. And the nurses were upset about it because that old lady was an angel to them, you know. They got so attached to her, just like a mother to them, you know?⁷⁵

A key part of Corinne Hodgson's argument is that the health care was 'bought' at the price of "familial and community integrity and / or continuity." According to Hodgson, this 'disruption of family life' was "repeated in native communities throughout Canada."⁷⁶ In her book, *They Called Me Number One*, Bev Sellers supports this idea by equating the Sardis hospital with loneliness. She writes:

On November 17, 1960 I was admitted into the Coqualeetza Hospital in Sardis ... more than two hundred miles south of my home. I have many memories ... including the vivid memory of standing at the window in the hospital and looking out in different directions wondering which way was home . . . I was very lonely.⁷⁷

Upon returning home at the age of seven, Sellers said she "had forgotten [her] family" and that it took her a while to "put the right name to the right person."⁷⁸ However, there is evidence which contradicts Hodgson's claim as well. Stan McKay remembers being transferred from Vancouver General to Coqualeetza. He remembers being brought "closer to home" and further recounts a long list of people he knew who would come talk to him "all the time" as a result.⁷⁹ "It picked my world up that I knew someone who came from my reserve," says McKay, "It started to make me feel better there because there were people there who knew me."⁸⁰ Others suggest that feelings of homesickness were often experienced in combination with other emotions. For example, an article in *The Native*

⁷⁵ Interview with Frank Malloway, 19 May 2015.

⁷⁶ Hodgson, "The Social and Political Implications," 509.

⁷⁷ Sellers, *They Called Me Number One*, 23.

⁷⁸ *Ibid.*, 26.

⁷⁹ Interview with Stan McKay, 19 May 2015.

⁸⁰ *Ibid.*

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Voice describes one Christmas morning at the hospital, when patients' "feeling[s] of homesickness" were combined with "exclamations of delight."⁸¹

Frank Malloway also illustrates how the Stó:lō could turn the relocation of people from around the province to their advantage. Malloway describes the 'good part of his job at Coqualeetza' as "meeting people from all over BC," some of whom became close friends.⁸² He recalls a former patient's grandson becoming quite attached to him years after his time at the hospital "because [he] looked after his grandfather." In addition to providing parking space in front of his longhouse in exchange for wind-dried salmon, Malloway remembers being asked by the grandson to open a meeting of the Union of BC Indian Chiefs with a prayer. He recalls opening the meeting and then going for a smoke break: "...this [other] guy followed me. He said, 'Are you Frank Malloway from Chilliwack?' I said, 'Yeah.' He said, 'Im Harvey Mac from Bella Coola.'" Malloway goes on to tell how this man was at one time a fellow patient, who Malloway recalls was "almost the next bed" to him and who would "wake up in the morning smiling" despite being "so far from home."⁸³ As Malloway sums up, "I still see patients today that spent time there."⁸⁴ However, he suggests that the people at Coqualeetza forged stronger connections with communities across the province in other ways as well. "Family members used to get lonely for their brothers, sisters and they'd find out that they could get a job there. So they'd stay and work[.]"⁸⁵ Furthermore, he reflects that "we've got relatives all over now because of marriages." Clearly, then, Coqualeetza Hospital was not something that was simply

⁸¹ *The Native Voice* iv, no.1 (Jan 1950), # 01679, Stó:lō Nation Archives.

⁸² Interview with Frank Malloway, 19 May 2015.

⁸³ Interview with Frank Malloway, 25 May 2015.

⁸⁴ Interview with Frank Malloway, 19 May 2015.

⁸⁵ *Ibid.*

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'imposed' on BC's first nations communities, but rather it was something that was co-opted by those communities and, in some ways, turned to their advantage.

While the Department of Indian Affairs intended to "have instruction of Indian children continued during their hospitalization" and the educators at Coqualeetza were recognized for their "promotion of humane education," hospital protocols meant there were significant restraints on the ability of patients to take part.⁸⁶ The *Coqualeetza Story* claims that "in the early days" school work was "more or less haphazard," but later on young patients would be able "to return to school well fitted to compete with children of their own age."⁸⁷ However, this does not correspond with the oral history testimony of several patients who actually experienced the system. Theresa Pierre, for example, recalls the hospital having schooling up to Grade 6. "It was pretty hard," she says, "because nobody helped them; they were totally on their own in there. They would send in their schoolwork and nobody was there to teach them."⁸⁸ This is corroborated by Bev Julian, who claims she "didn't have teachers that much" and that "maybe once a year" she would see one. As a result, Julian says, she "never learned very much in there."⁸⁹ Frank Malloway had a similar experience and went as far as to say that "TB interrupted [his] education." He remembers going to school for "half an hour a day" and completing "one grade in three years."⁹⁰ By contrast, Stan McKay, remembers a time just a few years later when he was attending school classes "for four or five hours a day."⁹¹ As the hospital teacher, Anne Robertson, later admitted to *The Chilliwack Progress*, "Teaching in a classroom is one thing, but

⁸⁶ "Six Hospitals Follow Coqualeetza System," *Chilliwack Progress*, 28 Jan 1948, 17; "Coqualeetza teacher wins Letham Poster Prize," *Chilliwack Progress*, 26 May 1947, 12.

⁸⁷ Edmeston, ed. *The Coqualeetza Story*, 17.

⁸⁸ Interview with Theresa Pierre, Stó:lō Nation Archives.

⁸⁹ Bev Julian, quoted in "Coqualeetza Indian Hospital," Stó:lō Nation Site Tour Source Book.

⁹⁰ Interview with Frank Malloway, 25 May 2015.

⁹¹ Interview with Stan McKay, 19 May 2015.

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teaching school in a hospital ward is quite a different story. Each child is very definitely an individual and must have work given ... as such.”⁹² Whatever the case, the implementation of education programming at Coqualeetza reflects that there were practical limitations on the execution of paternalistic and humanitarian intentions of government officials.

The hospital’s occupational programming may be understood as another area where a narrative of paternalism does not tell the whole story. Bronwen Midtdal has argued that

Occupational Therapy was firstly a means of recovering funds for the hospital. Sadly however this ... was disguised as diversionary work, and a method of connecting with one’s culture. [It was] in truth ... simply meant to keep patients occupied and sedate, but also had the effect of imposing cultural hegemony.”⁹³

There are several issues with this statement. First, while newspaper sources verify that part of the profits from the sale of craft items were turned into a fund “to purchase more materials,” it neglects to mention this money taken by the hospital went exclusively back into supporting occupational programming. Furthermore, it makes no mention of the fact that the rest of it went to the patients themselves. An article in the *Chilliwack Progress* claims female patients could earn anywhere “from 60c to \$10 a week in ‘spending money’ for their efforts.”⁹⁴ A profile written in the 1950s outlines how Mrs. Robertson sought to make use of items that would otherwise “remain unused on some shelf” by “interviewing purchasing agents for the steamship lines, tourist hotels, and any feasible outlet for the sale of novelties, she gradually built up and market” for bead work, leather work, and carvings.⁹⁵ The second issue with Midtdal’s claim is that it is built solely upon personal correspondence between prominent government officials and hospital administrators and, in doing so, excludes aboriginal voices when so many are readily

⁹² “Community Portrait: Anne Robertson . . . hospital teacher,” *Chilliwack Progress*, 23 Apr 1952, 2.

⁹³ Bronwen Midtdal, “Models of Health: An Examination of Aboriginal Wellness at the Coqualeetza Indian Hospital,” (unpublished paper, Simon Fraser University, 2002), 16, #1250, Stó:lō Nation Archives.

⁹⁴ “Big Occupational Program at Coqualeetza,” *Chilliwack Progress*, 6 Nov 1946, 11.

⁹⁵ “Community Portrait: Anne Robertson . . . hospital teacher,” *Chilliwack Progress*, 23 Apr 1952, 2.

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available. These voices claim to participate in these activities because “It ma[de] them happy.”⁹⁶ Stan McKay further recalls that the occupational therapy was “pretty interesting” to him and that there was some measure of choice in that the program was designed to “figure out what kinds of talents [the patients] had” and what they “were interested in.”⁹⁷ Lastly, Midtdal’s paper is problematic in that encases its central argument in what historian John Langbein refers to as a “legitimation trick.” Within a legitimation trick, explains Langbein, “evidence that cuts against the thesis is dismissed as part of a sub-plot to make the conspiracy more palatable to its victims, to legitimate it.”⁹⁸ In other words, any positive appraisals of the programming at Coqualeetza, if we are to accept Midtdal’s argument, are cast as a ‘pernicious front’ for the cultural hegemony, which lies underneath it. Like the authors critiqued at the beginning of this article, such a reconstruction privileges the voices of society’s elite and precludes the possibility of a history in which the exercise of aboriginal agency in these programs is possible.

Discussing First Nations’ attitudes towards other Indian Hospitals in western Canada, Laurie Meijer Drees’ recent book, *Healing Histories*, found that patients’ daily experiences “varied tremendously” as well.⁹⁹ Tying together accounts from the Indian Hospital in Nanaimo and from the Charles Camsell Hospital in Edmonton, Drees portrays how for some discharged patients “leaving ... friends behind was particularly difficult” while for others their stay in the Indian Hospital was “both physically and emotionally hurtful.”¹⁰⁰ She goes on to outline how engagement in occupational therapy programming could be advantageous in that it allowed

⁹⁶ “Big Occupational Program at Coqualeetza,” *Chilliwack Progress*, 6 Nov 1946, 11.

⁹⁷ Interview with Stan McKay, 19 May 2015.

⁹⁸ John H. Langbein, “Albion’s Fatal Flaws,” *Past & Present* 98 (1983): 114.

⁹⁹ Laurie Meijer Drees, *Healing Histories: Stories from Canada’s Indian Hospitals* (Edmonton: University of Alberta Press, 2013), 77.

¹⁰⁰ *Ibid.*, 81.

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patients who were otherwise secluded “to see one another on a regular basis.”¹⁰¹ However, Drees also includes one example that illustrates that First Nations patients did not passively accept the rules and regulations of these hospitals. She describes how “some patients dared to defy hospital rules and routines to sidestep visiting restrictions.”¹⁰² According to Drees, all of this could be affected by “the patient’s condition and degree of separation from family and community” as well as by “the location, size, structure, and staffing of the hospital[.]”¹⁰³ Furthermore, Drees draws attention to the fact that “Aboriginal peoples in western Canada participated actively in Western medicine as health care workers, caregivers, and support staff” and that their experiences could encompass everything from “racism and underappreciation” to recognition and praise for their abilities as “capable health care workers.”¹⁰⁴

To scholars studying Canada’s Indian Hospitals, the process of colonization has largely been regarded a force that has “played out *on* Aboriginal bodies in particular ways.”¹⁰⁵ This paper has attempted to highlight the ways in which these arguments are problematic from an epistemological standpoint. It has also sought to demonstrate that a portrait of Coqualeetza which depicts whites and natives as always diametrically opposed is deeply flawed. *The Chilliwack Progress* clearly depicts both indigenous people and descendants of white settlers fighting for the hospital to remain in Sardis after the fire destroyed large sections of it in 1948.¹⁰⁶ It also chronicles white residents arguing in the late 1960s that “if Coqualeetza is not required for Indian Health Services [the government] should have agreement from the native people

¹⁰¹ *Ibid.*, 83.

¹⁰² *Ibid.*, 87.

¹⁰³ *Ibid.*, 77.

¹⁰⁴ *Ibid.*, 161.

¹⁰⁵ Lux, “Care for the ‘Racially Careless,” 408.

¹⁰⁶ See “Battle on for Coqualeetza,” *Chilliwack Progress*, 16 Feb 1949, 9, particularly subheading ‘Everybody objects.’

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themselves on the point..."¹⁰⁷ This paper draws into question why Coqualeetza, in particular, has received so little attention given its status as a "zone headquarters." It also reveals that life at the hospital could encompass a whole range of experiences and that individuals could experience this entire range. Mrs. Julian, for instance, remembers times that were sad, abusive, and boring as well as times that were filled with humour, joy, and even spiritual awakening.¹⁰⁸ As Simon Devereaux recently put it, "once we descend from the relative heights of larger social and cultural explanations for events to the level of specific actors and circumstances, things may not appear so simple as we might think."¹⁰⁹ The line of argumentation presented here should in no way be taken as a denial that bad things happened at Coqualeetza. Some of the anecdotes presented support existing arguments while others do not. It should instead be understood as an attempt to restore nuance to the narrative at both theoretical and practical levels, and as such it is a response to Frank Malloway's concern that academics are "always lookin' for the bad stuff."

¹⁰⁷ "Coqualeetza Storm," *Chilliwack Progress*, 23 Dec 1968, 12.

¹⁰⁸ "Coqualeetza Indian Hospital," Stó:lō Nation Site Tour Source Book.

¹⁰⁹ Simon Devereaux, "The Abolition of the Burning of Women in England Reconsidered," *Crime, History and Societies* 9, no.2 (2005): 92.

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