

Breaking up Families

How Medical Colonialism in Canada is Retraumatizing Indigenous People

Marieke Bivar

2021

a review of

Fighting for A Hand to Hold: Confronting Medical Colonialism against Indigenous Children in Canada by Samir Shaheen-Hussain, Foreword by Cindy Blackstock, Afterword by Katsi'tsakwas Ellen Gabriel. McGill-Queen's University Press 2020

On May 30, 2021, the land surrounding a former residential school in Canada was found to contain the unidentified remains of over 200 children. Since then, nearly a thousand other children's graves have been uncovered. A horrified hush fell over those of us willing to accept this reality. Then rage.

Rage born from the tatters of the decorative "reconciliation" the Canadian government pays lip service to. Rage at the impossibility of ignoring holes in the ground filled with the unidentified bones of children who died afraid and alone, far from home, in institutions conceived of and funded by the state.

Painful, deep rage to save us from the pain of knowing that these graves are just the first we will hear of. That the only reason we haven't been learning of new graves regularly is that the state had previously refused to provide funding to allow families to search for their stolen and disappeared ancestors and relatives. The stark and shocking violence of Canada's residential school system is just a drop in the ocean of the glossed-over colonial violence Indigenous people in the Americas have experienced in the all too recent past.

With George Floyd's death cracking the dam of anger and pain at the continued colonial state violence visited on Black Americans, racialized people across the Americas are continuing to speak out about their experiences of institutional violence. And there is at least a sense that they are being heard. Yet the pageantry of politicians taking a knee, donning dashikis, or other traditional clothing, attending pow-wows and so on will soon fade, while the deeply entrenched racism that is not just a part of but in fact is the foundation of many colonial state institutions will remain.

Our outrage is not enough. Even as radicals, after the marches, the solidarity work, and the meetings are over, we cannot begin to shake these institutions out of their routine violence without getting specific.

In 2018, Samir Shaheen-Hussain, a pediatric emergency physician in Tio'tia:ke (Montreal), started a campaign to end one of the many banal instances of this institutional violence towards racialized people.

The #aHand2Hold campaign opposed a long-standing policy that kept children in the province of Quebec from having the right to accompaniment from a parent or other family member when being transported by air to receive medical attention.

This particularly affected Indigenous children in remote northern Quebec communities, some of whom required translators to communicate with medical staff upon arrival. The response from officials, including Quebec's then minister of health Gaetan Barrette, would reveal much about enduring biases that affect the institution that deals directly with the physical and psychological well being of those accessing it: health care.

In 2018, after the government finally reformed the non-accompaniment policy, Quebec Health Minister Gaetan Barrette inadvertently revealed the deeply seated racism affecting how Indigenous people are really regarded in

Canada. Explaining why he believed some Indigenous parents would still be kept from accompanying children on medical evacuation flights, he stated that “...no one—agitated, drugged, under whatever influence—[can] get on [a medical evacuation] plane at any cost. That will not happen. And that happens all the time.”

The violent history of medical institutions is very real, and this legacy is not so distant for some. As Shaheen-Hussain puts it, “the treatments, experiments, and abuses suffered by Indigenous Peoples, including children, in the segregated Indian Hospital system [and other colonial institutions] have contributed to a deep-seated sense of mistrust of health care providers and the medical establishment.”

This sense of mistrust is shared by many, not least other racialized groups in the Americas. The same violence and mistreatment, including forced sterilization and participation in medical experiments, institutionalization, family separation, and the like have been inflicted on Black North Americans, as documented in books such as *Administrations of Lunacy* by Mab Segrest and *Medical Apartheid* by Harriet A. Washington, with similar motivations, including “protecting” the white population, reducing birth rates, and protecting racialized people from themselves.

The #aHand2Hold campaign came after a decade of Canadian politicians bandying about the word “reconciliation” while pushing pipelines through Indigenous land and otherwise continuing to leave Indigenous populations to deal with boil-water advisories, murdered and missing women, lack of access to affordable food and other resources for remote northern communities, and other such predictable contradictions.

Fighting for a Hand to Hold is a multi faceted resource. It begins with a detailed description of the campaign to end the practice of non-accompaniment of minors, which, for health care workers and others working with Indigenous people and communities, could easily serve as a blueprint for other, similar campaigns, then goes on to contextualize the long and complex trauma endured by Indigenous people in Canada in the sections, “Structural Fault Lines in Health Care,” and “Medical Colonialism and Indigenous Children.”

The violent institutional histories described in *Fighting* could, sadly, easily be transposed onto those experienced by many BIPOC subjected to white-dominant and Christian colonial contexts across the world.

In fact, the uncovering of mass graves in Canada has led U.S. Interior Secretary Deb Haaland to launch an investigation into similar schools and mass graves in the U.S., with some scholars estimating the number of deaths in U.S. residential schools in the tens of thousands.

Shaheen-Hussain uses many references and provides a vast amount of data and proof to show that the very foundations of present-day colonial states and their institutions are steeped in anti-Indigenous racism. In a chapter that gives a nod to Ward Churchill, entitled “A Little Matter of Genocide,” he provides an overview of the validity of the use of the term genocide to describe the treatment of Indigenous people in Canada, including a definition of the term medical colonialism.

This care to firmly establish an understanding of the magnitude of present-day colonial violence is no doubt a testament to Shaheen-Hussain’s decades of advocacy and grassroots organizing work on police violence, Indigenous solidarity, and migrant justice.

Fighting provides concrete examples of both historic and current colonial violence and the complicity of the state systems and institutions that perpetuate it. The foreword by Cindy Blackstock, a member of the Gitksan First Nation, Executive Director of the First Nations Child and Family Caring Society of Canada and professor in the School of Social Work at McGill University, and the afterword by Katsi’tsakwas Ellen Gabriel, a Kanien’kehá:ka human rights and environmental activist-artist, neatly bookend Shaheen-Hussain’s insights.

Blackstock’s reminder that our trust in political and other authorities and their narratives can easily obscure the truth. Gabriel’s critiques of the current “reconciliation” narrative and her promotion of Indigenous sovereignty over healthcare add important dimension and support to the book’s arguments.

Overall, they leave non-Indigenous people, and white settlers particularly, with a sense that there is much to do before reconciliation with Indigenous peoples can begin.

Marieke Bihar writes frequently for the *Fifth Estate*.

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