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Narratives of Displacement and Trauma

The Tuberculosis Epidemic among the Inuit of Nunavik in the 1940s–1950s

ABSTRACT The Inuit of Canada have suffered from a plethora of governmental interventions including relocations, residential schooling, and forced hospitalisation due to the tuberculosis epidemic. The hospitalisation of Inuit had a detrimental effect on individuals through physical abuse, disconnection from language and culture, and being removed from their families and communities. These government interventions are examples of structural violence that potentially cause both individual and collective trauma and are recounted through the personal narratives of Inuit Elders. In addition, the ethical concerns of conducting anthropological fieldwork on trauma and memory are investigated.

KEYWORDS Inuit, tuberculosis, ethics, oral history, narrative, hospitalisation, trauma, displacement, structural violence, intergenerational suffering

Introduction

In this article, we explore the trauma of relocation and hospitalisation faced by Inuit, coming from Nunavik in northern Quebec in Canada, who were sick with tuberculosis (TB) in the 1940s–1950s. We compare the hospital experience with the residential school experience. Research focusing on the impact of the TB evacuation on the identities of evacuees has been published elsewhere, by one of the authors of this article (Olofsson, Holton & Partridge 2008). This article continues exploring the theme of identity, but instead of focusing on how individual ethnic identity fluctuates due to cultural context and identification, as was the focus in the other article, this article investigates how historical trauma creates a form of social identity for the group, a topic extrapolated upon by Hirschberger (2018).

At the height of the tuberculosis evacuation in the mid-1950s, the epidemic had wreaked havoc on Inuit families, camps and settlements (Grygier 1994: 54). Approximately 7 to 10 per cent of Canada's Inuit population at the time was hospitalised with a tuberculosis diagnosis (Duffy 1988: 71; Grygier 1994: 71; Jenness [1964] 1972: 143, 146). The literature about the TB-epidemic among the Inuit (e.g. Grygier 1994; Duffy 1988; Jenness [1964] 1972) and among First Nations and Canadians with European descent (Wherrett 1977) have often focused on the work of medical personnel and government officials, not going into depth about the personal experiences of TB patients and the effect this relocation had on both Inuit and First Nations communities. Maureen Lux (2016) has written about the experiences of the hospitalisation both for First Nations (called "Indians" in the past and in historical documents) and the Inuit. The First Nations and the Inuit were treated more or less as the same population by the Canadian government. The history of the TB-epidemic for the First Nations, for example, the Cree Nation, is similar to the Inuit, both the First Nations and the Inuit were evacuated from their home communities and placed in hospitals and sanatoria, and often in so called *Indian hospitals* (Lux 2016).

In this article, we have chosen to focus on the personal experiences of the Inuit who were hospitalised and the effects this had on the Inuit collective. The research questions explored in this article, are the following: What are the similarities and differences between the hospitalisation of the Inuit sick with tuberculosis and the residential schooling of the Inuit and the First Nations? Why is it important for the individual as well as for the collective of Inuit to remember traumatic historical events? We are comparing the hospitalisation of the Inuit to the forced residential schooling of the Inuit and the First Nations, pointing out that there are many similarities, similar events which have been traumatic experiences and directly impacted both individuals and the Inuit collective. We are using the definition of Hirschberger (2018) for "collective trauma" and using it to illustrate the constructing of social identity:

> The term *collective trauma* refers to the psychological reactions to a traumatic event that affect an entire society; it does not merely reflect an historical fact, the recollection of a terrible event that happened to a group of people. It suggests that the tragedy is represented in the collective memory of the group, and like all forms of memory it comprises not only a reproduction of the events, but also ongoing reconstructions of the trauma in an attempt to make sense of it. (Hirschberger 2018: 1)

Collective trauma is often the result of structural violence, which is systematic violence directed towards minority groups by the dominant or colonising population group. We are following the definition of "structural violence" formulated by Paul Farmer, physician and medical anthropologist, who has done extensive research about inequalities in health care, including the effects of AIDS and tuberculosis is the third world (Bourgois 2009: 17). Structural violence is not only actions taken against a minority group by a government or industrial corporation, it also includes, actions not taken, for example, not providing health care (Rylko-Bauer, Whiteford & Farmer 2009: 4).

In the context of this article, historical trauma is defined as an event or series of events that have caused physical or emotional scarring for an individual or group. Intergenerational trauma however, stems from the initial historical event or series of events (example displacement to residential schools and sanatoria), and is transmitted through memory and posttraumatic stress disorder (hereafter written PTSD) in subsequent generations; the experiences described by Inuit Elders have had detrimental long-term effects on their lives and those of their families. Research has shown that suffering a trauma can lead to long-term personal and collective suffering:

> Traumatic events exact an enormous psychological and physical toll on survivors, and often have ramifications that must be endured for decades. This includes emotional scars, and in many cases standards of living are diminished, often never recovering to levels that existed prior to the trauma. These traumas can occur at a personal level (e.g., car accident, or rape) or at a collective level (war, natural disasters, or genocide), and the responses to such events are not identical. In the latter instance, there is now considerable evidence that the effects of trauma experiences are often transmitted across generations. (Bombay, Matheson & Anisman 2009: 6)

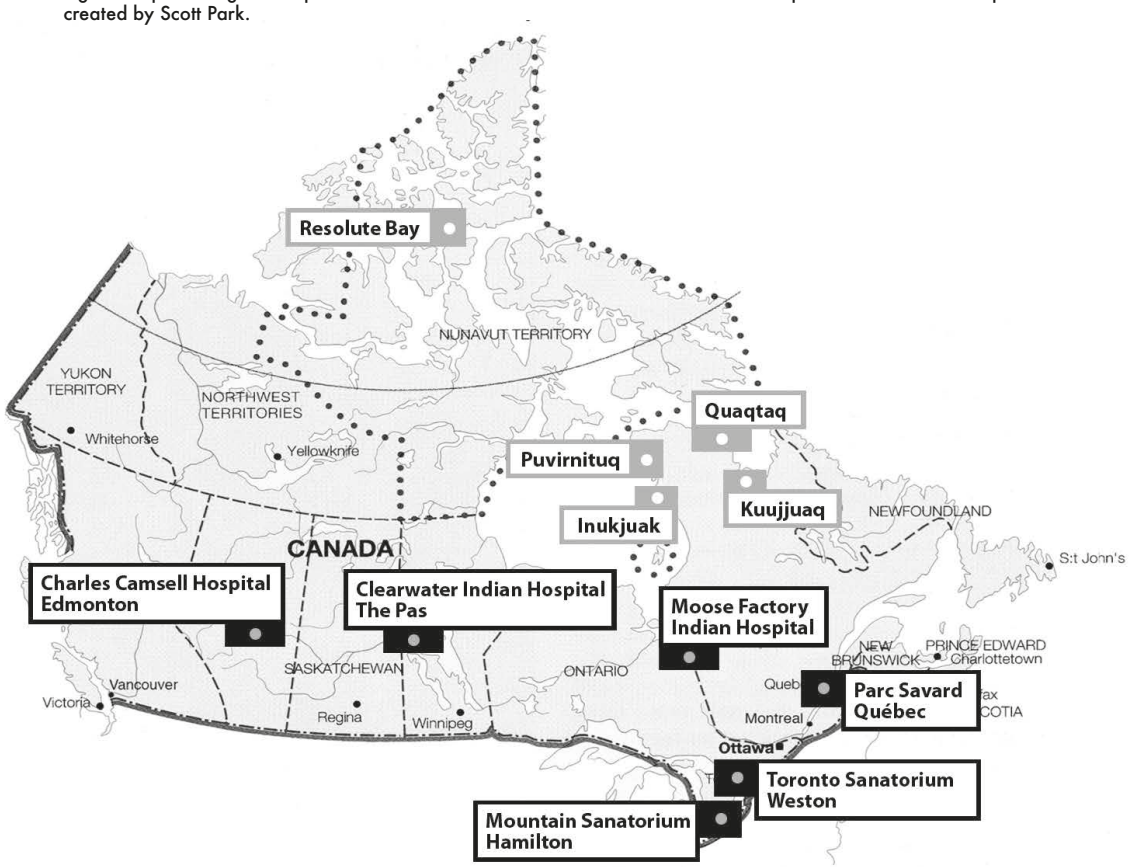
In this article, two stories of hospitalisation of Inuit persons sick with tuberculosis will be recounted in their own words, serving as an illustration of the experiences many Inuit had endured. The research is qualitative with the purpose of understanding the personal experiences of Inuit and does not intend to make larger statistical generalisations about the level of trauma for the entire Inuit collective.

This article is written collaboratively by two authors; Ebba Olofsson conducted the interviews with Inuit Elders, which was done originally for a postdoctoral study (2008), and has written the sections about the hospitalisation of the Inuit. Joseph Folco has written the section about structural violence. The interviews were conducted with the intent of understanding the personal experiences of being removed from your home community and spending many years at a sanatorium or hospital, and later relocated back home. As mentioned previously, the focus was on the individual ethnic identity. The material about residential schooling of the Inuit and the First Nations is taken from the literature. Two of the persons interviewed for the research study had also stayed several years at residential schools (which they mentioned at the interview) and they had also received schooling at the hospitals and sanatoria. Both authors contributed to the article together by making the comparison between the experience of Inuit Elders during relocation and hospitalisation and the residential school experience, suggesting that trauma is experienced both individually and collectively. The comparison is framed by a theoretical discussion of how Inuit have been subjected to structural violence historically through colonisation and the effects this trauma has had on individuals and their families. Moreover, the authors are following Kleinman's approach to the socio-cultural study of disease and illness. Kleinman (1988) distinguishes between illness and disease arguing that disease is that which is symptomatic and felt physiologically, whereas illness is how the person inflicted by the disease and people around that person are handling and understanding the physical effects of the disease (Kleinman 1988: 3–4).

Methods—Practical and Ethical Issues with Collecting Narratives

The methodological approach used for this research involved gathering narratives from twenty-one former Inuit TB patients and two former medical personnel. Former Inuit tuberculosis patients, who were Elders at the time of the interview, shared their stories about their experience of being sent to southern Canada for medical care and treatment for tuberculosis. The first author conducted the interviews as a part of a postdoctoral research project at the Sir Mortimer B. Davis Jewish General Hospital and McGill University in Montreal in collaboration with Avataq Cultural Institute (an Inuit non-profit organisation) in Montreal. The photographs in this article are from Johanna Rabinowitz Collection housed at Health Sciences Archives at McMaster University, in Hamilton. The photographs in this collection were taken mostly by Johanna Rabinowitz but a few

Fig. 1. Map showing the hospitals and sanatoriums used for Inuit and First Nations TB patients in Canada. Map created by Scott Park.



were taken with her camera by other people. The photographs were taken when she was working as a nurse at Mountain San (Hamilton Sanatorium) and when she worked on the *C.D. Howe* hospital boat. She was interviewed for this research project about her experiences and she provided insight about the photographs.

The principal data collection method for this project was oral history. Narratives were collected mainly in northern Quebec—Nunavik—among Inuit Elders who in their youth had been diagnosed with tuberculosis and had been hospitalised due to the illness. The main period for the TB evacuation was the 1940s–1950s, but the evacuation process continued years later. Most interviews were conducted in English, with some being conducted with the help of an interpreter if the interviewee did not speak English. Inuit Elders who participated in this project had specific intentions for how and why these stories were shared; most interviewees believed it was important to tell their story for future generations so that history is not lost.

All project recordings and transcripts of the interviews were donated to the archives at Avataq at the end of the project. This research was conducted differently from standard medical and psychological research. The standard practice is to guarantee interviewee confidentiality and anonymity however our research required a different approach. In addition, the recordings and transcripts are normally destroyed after five years and research institutions request the researcher uses a consent form and each interviewee (or research subject) has to sign the consent form. The consent has to be informed, meaning that the interviewee is not only consenting to the research, but they are made aware of what their

consent and participation entails. This process can sometimes complicate ethnographic research (especially during participant observation) since many people are reluctant to sign a document even if they approve of sharing their life story (Ruttan 2004).

For this research, consent forms were signed by the interviewees, but the additional option was given to each participant whether to be mentioned by name in the publication or to be anonymous. They also had the option to keep the recording and the transcript of the interview at the archives at Avataq Cultural Institute or to have them destroyed. Consent forms, with the options clearly stated so the interviewee could mark their choice, were made in English and were translated into Inuktitut. Another consent form was made for medical personnel. Twenty-one Inuit Elders were interviewed and only two of them choose not to be mentioned by name, which serves as an illustration of how important it is for Inuit Elders to have their names attached to their personal narratives. Before starting the interview, the consent form was explained, and even if the interviewee spoke English, it was sometimes also explained by an Inuk.[1]

In addition, the ethical review board at the Sir Mortimer B. Davis Jewish General Hospital was supportive and accepted the process of adapting without any difficulties, even though this entailed deviating from the standard procedure (which is anonymity of research participants and destroying research material after five years). Olofsson was required to submit a question guide with the ethics application, which consisted of semi-structured questions. During the interviews, Olofsson allowed the interviewees to talk freely, if they wanted to, and if needing guidance, she would use the questions in the question guide. We are of the opinion that going through the ethics application process helped make the first author be more prepared for the interviews, made the research project more integrated and most importantly, gave each interviewee a voice.

Historical Background—The Inuit

The Inuit occupied an area from Greenland to Labrador on the east Coast of the North American continent, over the eastern Arctic, up to the northern Arctic, and west to the Northwest Territories and Alaska. Although they lived over a vast area and made up several different groups, they still had at the time of contact with Europeans a similar way of living, according to John S. Matthiasson (1997). They mostly lived not far from the coast and were dependent on the sea for food (sealing, whale hunting, and fishing) and transport, but most Inuit groups also based their subsistence economy on caribou hunting. The Inuit were a migratory people and they moved after their resources (Burch 1997: 119–120; Matthiasson 1997: 78–86). The development of the Inuit in Canada, after the expansion of the Europeans and European North Americans, follows a similar pattern, even though not everyone was affected at the same time and the impact was felt differently from one place to another (Graburn 1969; Matthiasson 1997). Only as late as the nineteenth century were the Inuit in Canada (except for the Inuit living in Labrador) affected by the Europeans or North Americans (Matthiasson 1997: 102).

The Hudson's Bay Company was trading with the Cree and Inuit for furs (Francis & Morantz 1983: 146–150). The Hudson's Bay Company, after the amalgamation with the Northwest Company (1821), expanded further west (Dickason 1997: 342–356). The trading in furs continued. After the turn of the century more posts were opened up in the eastern and western Arctic, both by the HBC and independent traders. Around 1920, the HBC opened more trading posts around Ungava Bay (in Quebec), and the Inuit came to play a more important role in the fur trade than before. In this period, white (Arctic) fox furs became fashionable and were very much in demand. The fur trade flourished,

more and more Inuit became involved in the trade, and it spread over a larger area. Increasing numbers of Inuit came to the trading posts and stayed for longer periods, and some settled permanently around the post and took up different jobs at the Company. After the traders came the missionaries, first from the Anglican Church and later on from the Roman Catholic Church. According to Graburn (1969), the Inuit in Ungava Bay and northeast of Hudson Bay were converted to the Anglican faith in the first decade of the twentieth century, and the Anglican missionaries taught the Inuit to read and write Inuktitut in syllabics—a system of writing that the missionaries already had introduced to the Cree and Ojibwa Nations. The Inuit from Ungava Bay had already, before the Anglican missionaries came, been introduced to the Lutheran faith by the Moravians (Graburn 1969: 117–125). In the western Arctic, the Inuit were also converted in the same period and were taught to read and write in Inuktitut by the Anglican missionaries, but instead using the Roman alphabet (Jenness [1964] 1972: 16). The Inuit remained in most places faithful to the Anglican Church even after the Roman Catholic Church had arrived. After the churches were established, the Royal Canadian Mounted Police (RCMP) arrived. The RCMP was the government's representatives. In addition to keeping law and order, they kept statistics on the Inuit and helped the missionaries with health care among the Inuit (Graburn 1969: 117–125).

The flourishing fox trade lasted until the Depression started in the 1930s, and the difficult times would continue throughout World War II. Many First Nations and Inuit during this period would die of starvation (Graburn 1969: 117–120), even in areas like Kuujjuaq, that was considered by Graburn as "so long a center of civilization, more than 100 Eskimos and Indians starved to death in the winter of 1941–42" (Graburn 1969:120). The Inuit could no longer completely go back to their traditional hunting methods since they had become dependent on hunting with rifles. The supply ships failed to arrive or brought too little ammunition, which put even the good hunters in a precarious situation. At this time, the U.S. army opened up air bases at Frobisher Bay, Coral Harbour and Kuujjuaq, and offered the Inuit employment and gifts (Graburn 1969: 120). The province of Quebec expanded and obtained jurisdiction over the eastern Arctic in 1917. The federal government intended Quebec to assume responsibility for the Inuit. The Quebec provincial government, which did not want to take on this burden, contended that the Inuit should be considered as "Indians" and therefore the responsibility of the federal government. They even went to court over this matter, and the Supreme Court of Canada declared in 1939 that the Inuit were the responsibility of the federal government and should be considered as "Indians" in terms of their rights. Despite this declaration, the federal government decided that the Inuit would be considered Canadian citizens and have the privileges of Canadian citizens (and not be considered as "Indians" in the legislation) (Dickason 1997: 359: Graburn 1969: 140: Smith 1993: 53).

As when the Europeans colonised the First Nations, the Europeans, Euro-Canadians, and Americans brought with them a lot of diseases for which the Inuit did not have immunity, even a common cold could have a deadly result. Among the Inuit diseases such as measles, pneumonia, and tuberculosis spread (Graburn 1969: 143). Reports on the difficult situation of the Inuit, both in terms of their health—since many Inuit were seriously ill with tuberculosis—and their social condition, came in to the federal government during the 1930s and 1940s from missionaries and from doctors at the American air bases. In the 1940s the federal government decided to ship those Inuit with tuberculosis to hospitals in the south (Grygier 1994: 55–85).

The Evacuation of the Inuit Sick with Tuberculosis

Between 1946 and 1969, the governmental medical evacuation program began known as the Eastern Arctic Patrol. Part of this program involved a ship known as the *C.D. Howe* or "hospital boat" and it was equipped with medical personnel, including medical doctors, nurses, nurse aides, a dentist, X-ray equipment, and X-ray technicians. The Eastern Arctic Patrol would visit the Inuit villages in northern Quebec but also in the High Arctic. All those in the Inuit village where the ship docked, had to board the boat and receive a medical examination. If Inuit were diagnosed with tuberculosis or other serious conditions, they would be transported to a southern hospital for treatment (Grygier 1994: 86; Johanna Rabinowitz 2005; Olofsson, Holton & Partridge 2008). Hospital stays for Inuit with TB often lasted several years and while many returned to their communities, others suffered a different fate. Common reasons for not returning home included death from the illness or disabilities that would have made their former life on the land near impossible to manage (Olofsson, Holton & Partridge 2008).

Fig. 2. Nurse Johanna Rabinowitz escorting children who are returning to their home communities. Photo taken at Mount Hope airport (Hamilton) in 1958. Source: Johanna Rabinowitz Collection, Health Sciences Archives, McMaster University.

Coping with a serious illness like tuberculosis was difficult for the Inuit as it affected them profoundly during the evacuation, hospitalisation and when they returned to their communities. Participants in this research originated from northern Quebec, known today as Nunavik and while some of them remain in Nunavik to this day, others have settled in Montreal and Ottawa. While the medical assistance these Inuit individuals received while in southern Canada was medically beneficial, the process of moving Inuit individuals from their home communities had social and cultural effects that have lasted a lifetime (Olofsson, Holton & Partridge 2008).

Nearly every Inuit[2] community in Canada today includes individuals, often children at the time, who were evacuated and returned years later from TB treatment in the south. As a result, the TB epidemic and subsequent evacuation had a great impact

not only on individual lives but also on the Inuit community and culture (Olofsson, Holton & Partridge 2008). To understand the impact of the evacuation of Inuit with tuberculosis, it is integral to understand the important role of the nuclear family for the Inuit before the modernisation of their communities, starting in the 1940s, but not fully implemented until the 1960s–1970s (Dorais 1997). The family was the foundation for survival and the division of labour in the Inuit society was based on gender with very little specialisation (only the shaman was a specialist). The men would do the hunting and most of the fishing, while women would do the gathering of berries, eggs, and any other useful vegetation. In addition, the women also did all the sewing of the clothing, tents, boots, and even boats. Women would also be responsible for the young children at the camp since men would often have to go on hunting trips. A man could not survive on his own; he depended on his wife to have clothes and shelter, and to take care of his children. Similarly, a woman could not survive on her own; she needed a husband to provide her and her children with meat. Therefore, a complementary arrangement was deeply entrenched in Inuit culture whereby each gender was co-dependent on the other (Billson Mancini & Mancini 2007).

When a man was taken away and sent to a hospital in the south this meant that his wife and children had to survive on their own or at the mercy of others in the community. The same would happen when a woman was taken away; she had to leave her children, even infants, in the care of her husband (Olofsson, Holton & Partridge 2008). Oftentimes, small children and infants would leave with the hospital boat without either of their parents. This situation created as much anxiety for the family member leaving as the ones staying. The man leaving his wife and children behind would worry about their survival, to the point where people even tried to hide out on the land, knowing that if they were deemed sick, they would have to go to the south. The C.D. Howe ship was equipped with a helicopter and a helicopter platform. The purpose of the helicopter was

Fig. 3. The helicopter is taking off from the hospital boat C.D. Howe in 1958. Source: Johanna Rabinowitz Collection, Health Sciences Archives, McMaster University.

Fig. 4. Adults and children, former TB patients, about to board the aircraft beginning the journey back to their home communities. They all are tagged with information such as their name, disk number,[2] and name of home community. Photo taken at Mount Hope airport (Hamilton) in 1958. Source: Johanna Rabinowitz Collection, Health Sciences Archives, McMaster University.

to fly ahead of the ship to check the ice conditions before docking at the community, but also to search the land for anyone trying to hide and bring them back to the ship (Olofsson, Holton & Partridge 2008; Johanna Rabinowitz 2005).

The reason the government evacuated people instead of building hospitals and nursing stations in northern Canada, was that specialised care was needed. This was especially true before antibiotics (penicillin) were developed and deemed an efficient medication for treating tuberculosis in the late 1940s and 1950s. Even when treating TB patients with antibiotics, they still had to perform surgeries, such as, puncturing a lung, or hip surgery (depending on where the tuberculosis had taken hold in the body) (Grygier 1994: 55–195; Jenness [1964] 1972: 84–86). Nonetheless, not everybody diagnosed with tuberculosis was evacuated to a southern hospital. Maggie Ekoomiak (2007), interviewed for this study, had to stay for three years at a nursing station in a community in Nunavik. Therefore, although the government policy was not consistent, they wanted to give the impression that it was through photographs and National Film Board movies about the relocations of Inuit and the tuberculosis evacuation (Lux 2016: 109).

Elders Sharing Their Stories

A young man, only about 16 years old, is on the beach in Inukjuak, he is alone and scared. This young man is Adamie Inukpuk, back in his home community after spending many months at a sanatorium in Hamilton. He has returned on the hospital boat and dropped off in Inukjuak without any concern for how he will manage on his own. Someone else has also returned, a child named Annie Tukai, no longer able to communicate with her parents since she has lost the Inuktitut language. She was just a toddler when sent away to the hospital and she has difficulties to bond with her parents when

she is back with her parents. Their stories about hospitalisation and returning home to Nunavik (northern Quebec) are recounted here.

Childhood Trauma—"My Body Overly Necessary Patient"

Annie Tukai, who was sent away, unaccompanied, to Mountain San (Sanatorium) in Hamilton when she was only two years old, explains how this experience has affected her and her interactions with others. She is saddened by the fact that she did not have the same closeness to her parents as her siblings had:

> Annie Tukai: I used to think—because there's a great distance between me and my parents, there was no bond for a long time. So, it was like a ... I got use to this life style, but it was different to them. I realised that it must have been hard for my parents to deal with me because when I went back—I wanted to go to the toilet, or I wanted a meal, or I wanted a clean sheet or something like that.
>
> Interviewer: And they were still living on the land?
>
> Annie Tukai: Yeah, they were still living on the land. There were no houses. I remember only one person spoke English and I couldn't speak Inuktitut anymore. I stayed with a family here [Inukjuak] and only one person—Inuk—spoke English. I didn't know anybody. I didn't know my parents. I don't remember coming home, but my sister was born in May and I came home after. I remember living in a half igloo and tent on the top. I remember that maybe they didn't understand so maybe they just let me do whatever I wanted to do. If they went fishing I wanted to go with them. Even though it's cold and I'm small. Stuff like that. I think normally people wouldn't let their children go out fishing. (Annie Tukai 2008)

Inuit children who were taken away and sent to hospitals did not learn how to interact in a family environment or how to show closeness to another person because there was no one there to take their parents' roles and show them affection and caretaking; they had no role models. When they returned, many of these children felt alienated from their parents as they spoke a different language and were accustomed to living in another culture. This is explained by Annie Tukai:

> Annie Tukai: I became distant with my parents. My other siblings were closer. They have more human relations [hesitating looking for the right expression] —you know when people have a bond—humanly. I didn't have that [...]—mealtime—no human contact—mealtime—we 're watching TV. [Name of a friend] used to tell me—she the one I used to be in the hospital with—she told me that we used to sit in front of the TV, watching football—boring football—for hours. We're not allowed to go anyway—we just sat there. When we talk about ourselves. We feel comfortable in bed. That's the only time we feel comfortable. When we go inside blankets.
>
> Interviewer: Still today?
>
> Annie Tukai: Yes, when we talk about what is not normal or what was not normal with us. We concluded that—normally kids get hugs—we didn't get that—so the only place we feel comfortable is inside blankets. That's what we came to conclude. I can be overly patient. Even if my mind says that I want to go and do something else—my body can stay for a long time. When people don't like something; they move or they move away from what they don't like. Even if my mind says so my body just sits there and take it.

Interviewer: It's like your body is so used to just staying.

Annie Tukai: Yeah, I call that my body overly necessary patient [laughing]. (2008)

Annie Tukai knows that she was affected by living a life without her family in close proximity and this experience has influenced how she interacts with others today. She also recounts that she has had problems developing a relationship with a man as she felt it was too problematic and difficult to take care of another person (Annie Tukai 2008).

The Story of Adamie Inukpuk—"I Never Had a Chance to Talk About this Before"

Many people have kept quiet about their hospital experience; feeling ashamed or simply not having anyone with whom to share their stories, a similar experience reflected on by those sent to residential schools. Bombay, Matheson & Anisman (2009: 22) use the expression "the conspiracy of silence," which involves children growing up with parents who had endured trauma would not know about it—they never talked about it. The authors point out that the residential school survivors rarely talked with their children about their experience.

Adamie Inukpuk is one such person who had, until the interview, never had an opportunity to talk about his hospital experience. He was sent to Moose Factory Hospital and to Mountain San in Hamilton when he was a teenager (around 14–15 years old) where he stayed for a few years. The interview was the first time that he talked about that experience. The memories were emotionally difficult to recollect during the interview and serves as an illustration of how difficult experiences in childhood and adolescence affect a person throughout their life. Moreover, it demonstrates how silent Inuit have been about their experiences, not knowing whether others had similar experiences.

During the interview, Adamie Inukpuk asked if other people had suffered similar experiences when being sent away to the hospital. He compared the stay at the hospital to being in jail. He was not (as many other tuberculosis patients) allowed to walk around in the hospital for the first months he was there, but once he was better, he was allowed to walk around inside the hospital. The patients had to follow a strict schedule of eating and sleeping. They would have to take a nap in the afternoon and then go to bed after supper. He revolted against all the injections and pills he had to take, which resulted in the doctor explaining that it was better for him to be at the hospital than in jail where he would be sent if he disobeyed. Adamie Inukpuk also experienced violence and bullying by Cree[3] teenager patients who ganged up on him and he shares horrifying accounts of being beaten by these other patients and how these incidents motivated him to train and build up his physical strength to be able to defend himself.

He had schooling at the hospital—a teacher would come to the hospital ward a few times a week to give classes, mostly English classes. Once he was restored to health, he was allowed to travel back to Inukjuak. The return to his home community also posed challenges: he was the last one to leave the boat and no one was told that he was coming, so no one was there to meet him. After disembarking, he was left on the shore of Inukjuak where he stayed until one person took pity on him and saved him.

> When the boat dropped me off in Inukjuak, they didn't tell me where I was going to stay, where I'm going to be. One day I was playing at the shore, out on the beach in Inukjuak and I was getting bit by mosquitos. I remember a man that saved me. (Adamie Inukpuk 2008, in translation)[4]

Eventually, his father and his stepmother came to town (not knowing that he was there, but going there to do some business in town) and he was brought home with them: "I'm very happy I had the chance to talk about this. I never had a chance before to talk about this difficult time in my life" (Adamie Inukpuk 2008, in translation). Adamie Inukpuk was crying when talking about this incident, the bad memories being so overwhelming, but still it was important for him to tell his story.

Traumatic Experiences of Residential Schools and Hospitalisation Due to Tuberculosis

The effects of Inuit being sent to hospitals and sanatoria in southern Canada are similar to that of First Nations and Inuit being forced to attend residential schools. In both instances, there are documented cases of Inuit being forcefully removed from their communities, resulting in childhood trauma. In both cases, children were forced into situations often lacking love and parental guidance, and often involving physical abuse (Olofsson, Holton & Partridge 2008; for the residential schools: York 1990; Stout Dion & Kipling [eds.] 2003). Therefore, we suggest in this article that the experiences of hospitalisation and residential schools are traumatic experiences that may have detrimental effects both individually and collectively. Collective trauma is different from individual trauma because there is a change in the way of thinking and functioning within the community:

> Collective traumatic events can be directed at groups based on political, racial, religious, or cultural beliefs, and can be as random as single natural disasters or those purposely conducted for an extended period [...], as in the case of the Residential Schools. (Bombay, Matheson & Anisman 2009: 22)

Bombay, Matheson & Anisman (2009: 23) bring up how collective trauma affects the whole society or community, "mass trauma have included erosion of basic trust, silence, deterioration in social norms, morals and values, and poor leadership." Moreover, on the community level, both residential schools and forced TB evacuations resulted in family members not knowing where their children, nieces, nephews or grandchildren were taken, or if they would ever return. Forced removals and relocations also resulted in individuals being placed in a completely different cultural context, where another language was spoken, other kinds of food were eaten, and different housing was used. Organisation of time was very different from what most children were used to in their Inuit and First Nation communities: most patients and students adhered to a very strict daily schedule of eating and sleeping.

In addition to being physically removed from their home communities, evacuated children were also physically removed from their cultural learning environments: many young children lost or never learnt the language of their parents, or had forgotten or never learnt important cultural skills such as hunting and making clothing (Olofsson, Holton & Partridge 2008; for residential schooling: York 1990; Stout Dion & Kipling [eds.] 2003). Bombay, Matheson & Anisman (2009) point out that Indigenous people of Canada, suffered many different assaults:

> Numerous assaults against Aboriginal peoples in North America (and elsewhere) have persisted for generations. These cumulative assaults were evident and manifested in battles over land rights, loss of culture, language, and identity, as well as poor health and social conditions (Bombay, Matheson & Anisman 2009: 22).

Experiencing multiple collective traumatic events is also the case for former Inuit TB patients; many of them had not only been sent to a hospital but had also attended a residential school (Marcus 1995). These events were all part of the intention of taking land and resources from the Inuit and to assimilate them into Canadian society (Lux 2016).

Maureen Lux points out in her book *Separate Beds: A History of Indian Hospitals in Canada, 1920s–1980s*, that the governmental interventions where all part of the same governmental policy:

> Many patients recognized the strict discipline and rigid routine in hospital as a continuation of their residential school experiences. Indeed, many became ill in school and were moved from one institution to the other and back again, as students, patients, and, for some, workers. (Lux 2016: 109)

This policy was also sometimes contradicted by interventions encouraging Inuit to live a "traditional life" without the benefits of Canadian modernisation such as the High Arctic relocation in 1954 of Inuit families from Inukjuak (Marcus 1995). Markoosie Patsauq (also interviewed for this study 2005, 2008), was subjected to several governmental interventions: he was relocated to the High Arctic from Inukjuak in northern Quebec, he was sent to a sanatorium since he had contracted tuberculosis and he was sent to residential school (see Olofsson, Holton & Partridge 2008). The individuals who were suffering through these interventions of hospitalisation, residential schooling, and relocations, experienced feelings of being powerless pawns in the hands of the Church, Canadian Government, and Royal Canadian Mounted Police (Marcus 1995).

The interactions at these institutions (residential schools and hospitals) were less affectionate and at times the patients were submitted to physical abuse. While the physical and sexual violence seems to have been less at the hospitals than at the residential schools (Lux 2016), when hospitalised, most children were deprived of love and parental guidance. Similar to the residential school experience, when patients returned to their communities, they were perceived as different to others due to these experiences, which made it hard for their parents to interact with them. It was difficult for parents to create the same bond with the children that had been away as they had with the children who had stayed, even if both the parents and children longed for that bond and connection (Olofsson, Holton & Partridge 2008; for residential schools: York 1990).

Making Sense of Bad Experiences

Storytelling can serve many different purposes, and one of them is healing from bad experiences. In Elder care, life-storytelling is used as therapy, and researchers such as Kenyon and Randall point out that the narrative for Elders (also called *narrative gerontology*) has several aspects. One aspect is placing oneself in a larger context. The individual life stories are framed by the larger context that the stories are part of (Kenyon & Randall 2001; Schacter 1996). Talking about and comparing your life stories to other's stories can potentially ease the pain, especially those pains connected to feeling alone and solitary in your suffering.

> The possibility also exists that the transmission of intergenerational post-memories (or collective memories) may perpetuate the lived experience of collective traumas thereby sustaining their effects over time. It is equally possible that sharing of recollections might also serve to provide a foundation of collective support and the establishment of interpretations that allow the events to be placed within a historical and cultural context. (Bombay, Matheson & Anisman 2009: 28)

"The historical and cultural context" is the larger story. Historical trauma discourse can be helpful for individuals to see their suffering at least partially explained by colonialism and assimilation. As Maxwell points out, the Inuit health centre Mamisarvik in Ottawa has a program for Inuit to learn the history of colonisation. By learning about this history, each individual can gain strength by realising how this history of colonialism contributes to their feelings of pain and suffering (Maxwell 2014: 418).

During the hospitalisation the TB patients struggled as they were ill and away from family and friends at the time they needed them most. In their communities, many families would not get any news about a family member's death until many months later due to the sporadic mail service at that time, and TB patients would on their side lack news about family members back home. TB patients would fall into depression due to worry (Pauloosie Kanayuk 2005). Despite the difficulties however, former TB patients still try to see the positive aspects in their experience. Many interviewees mentioned that without the medical care, they would not have survived the tuberculosis, as this quote from the interview with Pauloosie Kanayuk illustrates:

> I cannot believe that the government already existed in 1912 and were responsible for every citizen in Canada—did they forget the people in the North? They make laws and legislations and yet they didn't think about the people in Northern Quebec. Having said that, I'm not judging them in regards to this issue. They have done a lot to help us to date, but I'd still like to tell that I haven't forgiven them for what they did to us. Although, I thank them for giving me back my health. (Pauloosie Kanayuk 2005)

As with residential schooling, there is a mix of positive and negative reactions to the hospital experience; former TB patients were healed physically at the hospitals, and as Anne Tukai (2008) pointed out, they learnt how to manage in Euro-Canadian society while removed from their families and culture. Lux (2016) also gives examples of conflicting opinions of the hospital experience and mentions that compared to residential schooling, the hospital stay seems to have been less cruel and violent (Lux 2016: 101). That is not to say however that these hospital environments were free from abuse. Children as well as adults would endure punishments such as having "privileges" like visiting rights, and walks at the hospital taken away for disobeying medical personnel. The children could also be physically disciplined for not listening to the nurses. Two interviewees mentioned that the nurses would hit the children with a large wooden ruler to keep them in place and also that children would be forced to wear a straitjacket for several days if refusing to obey the medical personnel (Imaapik "Jacob" Partridge 2007, 2008; Markoosie Patsauq 2005; 2008; Olofsson, Holton & Partridge 2008). At Charles Camsell Hospital in Edmonton, the patients would have a cast put on if they refused to lie in bed during rest periods (Staples & McConnell 1993). Another issue is that the patients were not at the hospital or sanatorium voluntarily. When TB evacuations procedures began, drastic measures were taken to make sure all individuals who were sick were removed from the community and taken to a hospital in southern Canada, as describe earlier in the article.

When at the hospital, Inuit and First Nations patients were not allowed to leave until the doctors decided they were fit to do so. If a patient tried to leave early, they could be jailed, put in isolation at the hospital, or moved to another hospital that was more difficult to escape. There is one known case of a man who was brought to the hospital in leg irons by the Royal Canadian Mounted Police (RCMP) (Lux 2006: 117–119). The storytelling of the historical trauma, in this case the hospitalisation, is a way for the

Inuit Elders to overcome the experiences and to heal. In addition, Inuit Elders are, when passing on knowledge to the next generation, also constructing meaning and creating a social identity for the Inuit collective (Hirschberger 2018). The suffering, which the Inuit endured at the hands of the state and its employees (priests, government officials, medical officers, RCMP, and so on) to change their lives and to relocate to live elsewhere, is the narrative of the social identity of the Inuit collective. This is the history that is making them who they are today as a group:

> Collective trauma, however, does not necessarily have negative impact on group identity and cohesion and often bolsters affiliation with the group through a feeling of shared fate and destiny—an integration of the traumatic experience into one's identity and narrative. (Hirschberger 2018: 4)

Hirschberger claims that the stories of lived experiences passed on to future generations creates cultural continuity as the collective's values and norms are passed on, allowing for historical continuity, and how historical events "are seen as causally interconnected and are incorporated into the group's current identity" (Hirschberger 2018: 7).

Structural Violence, Trauma and Collective Suffering

The Canadian government has admitted and apologised for its involvement in relocations, residential schooling, and forced hospitalisation of Inuit due to the tuberculosis epidemic in the 1940s–1950s (CBC News 2008; Global News 2019).[5] These interventions were implemented to deal with the state's perceived threat of Indigenous people in the latter half of the twentieth century:

> The rise of expert and objective medical authority supplanted often meddle-some Christian missionaries, and redefined what was commonly known as the "Indian Problem," or the anxieties Canadians experienced by Aboriginal people's continued legal and cultural differences. (Lux 2016: 3–4)

The perceived "Indian Problem" and the subsequent development of these institutions were fuelled by coercive neo-colonial ideologies sought to assimilate Indigenous communities. Foucault's stance is that modern government constitutes a space in which the negative and positive dimensions of power come together:

> [...] it is a space in which technologies of domination work through the individual acting on himself, and in which the technologies by which individuals act on themselves coalesce to form structures of coercion. (Bevir 1999: 350)

The ultimate aim of these government sanctioned institutions or technologies of domination, residential schools and southern hospitals (sometimes hospitals especially for First Nations and Inuit patients, so called, *Indian hospitals*), was to further assimilate Indigenous peoples and attempt to justify its interventions as being necessary for the betterment of Canadian society (Lux 2016).

These interventions as well as decisions not to intervene are what medical anthropologist Paul Farmer has termed *structural violence*. As Paul Farmer argues, structural violence does not usually involve weapons in a conventional sense but instead, often involves actions and political initiatives that require justification (Farmer 2010). Bourgois (2009) points out, following Farmer's definition of structural violence, structural vio-

lence is not only actions taken by the state or people in power, it is also actions not taken, such as, not providing adequate health care and education. The evacuation of Inuit sick with tuberculosis is only one example of structural violence implemented by the Canadian government as a means to discriminate against and further control Indigenous communities: there is a pattern to the reproduction of inequalities generated by the actions of state officials: "[M]ost people who are killed by structural violence are the victims of systematic discrimination" (Gupta 2013: 687).

In the case of the Inuit and the tuberculosis crisis of the 1940s–1950s, lives were lost not only due to disease but also through collective social suffering on a psychological level that has had detrimental effects. While patients at these sanatoria suffered physically, they also were victims of coercive ideology; structural violence implemented through state policies and the actions of their primary caregivers. The ideological discrimination described above with respect to the hospitalisation is further evidenced through the National Film Board's propaganda films. Sponsored by the state and Indian Health Service, films like No Longer Vanishing (1955) and The Longer Trail (1956) depict hundreds of images of First Nations and Inuit patients, "portrayed as smiling and happy [...] [and] films depicting the hospitals as fundamental in the process of integration and assimilation" (Lux 2016: 124). The institutions sought to control Inuit bodies, while the propaganda films and photography were used to control the general public's perception of hospitalisation of Inuit as well as First Nations individuals to convey a notion of the benefits of these interventions for Indigenous communities and the general Canadian public. Therefore, structural violence in the case of the TB crisis had two components: firstly, the physical and psychological trauma and secondly the ideological coercion through forms of media. As the examples in this article demonstrate, Inuit Elders recount suffering from physical abuse, forbidden cultural associations with language and history, and the effects of being removed from their families and communities. This relocation during the TB crisis also had a social impact through collective suffering, disclosed when Inuit Elders describe being forced to leave their communities and the difficulties and challenges of reintegration once discharged from the hospital or sanatorium.

Kleinman (1988) distinguishes between illness and disease arguing that disease is that which is symptomatic and felt physiologically, whereas illness:

> [r]efers to how the sick person and members of the family or wider social network perceive, live with, and respond to symptoms and disability. [...] The illness experience includes categorizing and explaining, in common-sense ways accessible to all lay persons in the social group, the forms of distress caused by those pathophysiological processes. (Kleinman 1988: 3–4)

The "illness experience" is the experience of the distress of the disease and for the Inuit also the cure, where families were separated and individuals were submitted to forced bed rest, surgery, and they were also medicated without giving their consent. The Inuit continue to struggle collectively with the "illness experience" as a result of the trauma suffered from colonisation, the disenfranchisement of Indigenous peoples, forced relocation into residential schools and hospitalisation, and the destruction of former cultural practices and Indigenous forms of healing and medicine. Today we see the long-term impact of the collective trauma, which the Inuit lived, illustrated with the staggering statistics from Inuit communities in Canada. Compared to the rest of the Canadian population, the Inuit living in the Inuit regions have a higher rate of smoking (63% compared to 16%), lower life expectancy (72.4 years compared to 82.9 years), and an alarming suicide

rate which varies from 5 to 25 times higher than the rest of Canada (Inuit Tapiriit Kanatami 2018).

As Maxwell points out the popular explanation in psychiatry for the social issues in Indigenous societies have been bad parenting, but instead Maxwell is claiming that the reason for the social issues is that the historical trauma is passed on to the next generation:

> Where the psychiatrists of the 1980s blamed 'traditional parenting practices' for the actual and presumed social problems suffered by indigenous families, today's mental health and child development professionals increasingly invoke the transmission of historical trauma by parents and grandparents. (Maxwell 2014: 423)

Inuit Elders who were hospitalised have a higher risk of suffering an overall emotional distress still today due to past trauma since the experiences are similar to the experiences lived by survivors of residential schools, as we have shown in this article. Research on the impact of residential school shows that this trauma is affecting the following generations (York 1990; Stout Dion & Kipling [eds.] 2003). It is a historical trauma that cannot be resolved since the Inuit continue to live a situation of structural violence. The Inuit living in the Inuit regions are suffering high numbers of crowded homes (52% compared to 9%), higher rates of tuberculosis (181/100,000 compared to 0.6/100,000) (Inuit Tapiriit Kanatami 2018). The Inuit organisation Inuit Tapiriit Kanatami 2018, explains the high suicide rates in the Inuit regions in following way:

> The high rates of suicide in Inuit Nunangat[6] are a symptom of the social and economic inequities that have existed between Inuit Nunangat and most other regions of Canada since the Inuit began to be impacted by colonization and the transition off the land into permanent settlements. The stress our people experienced during this transition, coupled with the prejudice and social inequities families faced in settlements, led to enduring social challenges that create risk for suicide in our communities. (Inuit Tapiriit Kanatami 2018: 18)

Although each historical trauma is different, similarities exist between Indigenous peoples forced residential schooling and Inuit patients in sanatoria, which we see in the way trauma and PTSD continues to haunt victims, their families, and their communities (Bombay, Matheson & Anisman 2009).

Conclusion—Trauma Revisited

In this article, we have explored in depth the life stories of two Inuit Elders who were evacuated and hospitalised and how this impacted their lives individually. The article also draws on interviews with 19 other Inuit Elders who also were hospitalised as well as interviews with two nurses working especially with the Inuit patients. Only individuals quoted or mentioned in the article are listed at the end before the bibliography. The research questions, which are explored in this article, are the following: What are the similarities and differences between the hospitalisation of the Inuit sick with tuberculosis and the residential schooling of the Inuit and the First Nations? And, why is it important for the individual as well as for the collective of Inuit to remember traumatic historical events? During relocation and hospitalisation, Inuit suffered cases of physical abuse, were disconnected from language and culture, and removed from their families and communities. These government interventions are an example of structural violence and its negative impact was extrapolated on in the personal narratives of Inuit Elders

included. This research project also proposes that the trauma of hospitalisation for children and youth had an enduring psychological impact on individuals that continues into adulthood.

As Maxwell (2014) and Bombay, Matheson & Anisman (2009) point out, the recognition of historical trauma provides some options for healing and empowerment. Individuals can find comfort in hearing other individuals' stories, knowing that they are not alone. By sharing the individual truths of this cultural trauma, we can more readily acknowledge its true damage, and more effectively develop plans for healing. The individual truths also make up the social identity of the collective. That is the reason why it is important to remember and to pass on the knowledge to the next generation about collective traumatic events; the collective trauma serves as construction of meaning and the formation of social identity (Hirschberger 2018).

Similar to the trauma of residential schools, the TB evacuees have potentially suffered a similar fate. In both cases, state-sponsored structural violence and neo-colonial ideologies aimed to coercively civilise, educate, and ultimately assimilate Indigenous groups into Canadian society (Lux 2016). The structural violence experienced by the Inuit was both physical and ideological: their bodies were coercively controlled through displacement to sanatoria while ideologically, their minds were coerced into believing that this institutionalisation was ultimately for their personal benefit. In addition, propaganda films and photographs disseminated by the National Film Board sought to convey an image to the general public of these state-run facilities as necessities, neglecting to show the negative impacts of hospitalisation. Although the consequences of these institutions continue to be dealt with individually and collectively, it is important to highlight the resilience and strength of the Inuit community. Inuit Elders want to share their personal narratives; it empowers the storyteller and gives a voice to those who were unable to share their story. The narrative of suffering, similar to the many other populations who endured suffering as a collective over many generations, becomes part of identity making for the collective. It is important to pass on the knowledge of historical traumatic experiences to the subsequent generations, in order for the coming generations to know what events made them who they are today (cf. Hirschberger 2018).

ACKNOWLEDGEMENTS

Our sincere thanks to Annie Tukai, Adamie Inukpuk, and all the other interviewees who shared their stories and gave their kind permission to use them. We would also like to thank the Health Sciences Archives, McMaster University, for their permission to use the Johanna Rabinowitz photo collection, especially archivist Melissa Caza who prepared the photographs for publication. In addition, thank Scott Park and Tara Holton, for the permission to use the map. We would also like to thank the editors of *Journal of Northern Studies* and the anonymous reviewers, as well as the editor and proofreader Ashley Jean Blazina, for their suggestions for change. This research was funded by the Fonds québécois de la recherche sur la société et la culture; the National Network for Aboriginal Mental Health Research; the Culture and Mental Health Research Unit of the Sir Mortimer B. Davis Jewish General Hospital (Montreal); the Avataq Cultural Institute; and "Roots of Resilience. Transformations of Identity and Community in Indigenous Mental Health" of the Canadian Institutes of Health Research.

DEDICATION

In memory of Imaapik "Jacob" Partridge and all the Inuit Elders who lived through a profound transformation of their society.

NOTES

[1] *Inuk*, singular form of *Inuit*, used for up to three persons.
[2] Every Inuit was given an identification number by the Canadian government with the Eskimo Disk List System, developed in the beginning of the 1940s. The number was engraved on a metal disk, which could be worn as a necklace (Smith 1993: 60–63).
[3] The Inuit and the Cree are longstanding enemies going back in history before colonisation.
[4] The interpreter translated the extract in third person (he) instead of translating in first person. The extract has been changed into first person to get closer to his original words.
[5] Stephen Harper (the Prime Minister of Canada at the time) gave his apology for the residential schooling 11 June in 2008 (CBC News 2008). 8 March 2019, the Prime Minister Justin Trudeau gave his apology for the TB evacuation of the Inuit (Global News 2019).
[6] Inuit Nunangat is the territory of the Inuit consisting of the four northern Canadian regions, including Nunavik (northern Quebec) and Nunavut (the High Arctic).

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Markoosie Patsauq, 2005, 2008, Inukjauk.
Annie Tukai, 2008, Inukjuak.

Medical personnel
Johanna Rabinowitz, 2005, 2006, 2007, Hamilton. Nurse at Mountain San (Hamilton Sanatorium) and worked one session on the hospital boat.

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Johanna Rabinowitz Collection. Health Sciences Archives, McMaster University, photographs prepared for publication by archivist Melissa Caza.

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