The MCC Summer Service Program and Clearwater Lake Indian Hospital

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Clearwater Lake Indian Hospital[1] was a racially segregated tuberculosis (TB) sanatorium managed by the Sanatorium Board of Manitoba on behalf of the federal Department of National Health and Welfare. Located twenty miles outside of the town of The Pas in northern Manitoba, it was part of a network of underfunded and abusive hospitals across Canada. Research on Clearwater Lake Indian Hospital's day-to-day operations is difficult because records related to the hospital were not transferred to the federal government and many were destroyed or lost. A collection of records of the Summer Service program of the Mennonite Central Committee (MCC) provides a glimpse into the history of the hospital from the perspective of evangelically minded Christian young people who worked as relief staff during the summer. The goal of my work with these records is to better understand the history of Clearwater Lake Indian Hospital and the practices of racially segregated healthcare in Manitoba. While the MCC Summer Service records are rich and offer excellent opportunities for other kinds of projects, here these archives are analyzed for evidence about the history of Indigenous healthcare. These records are important reminders that large numbers of Canadians observed, engaged with, and influenced First Nations healthcare, and that their beliefs, labour, and everyday lives are entangled in this history too. This reality is important to discuss,

not only in publications about medical history and Indigenous history, but also in publications like the *Journal of Mennonite Studies*, which would normally centre Mennonite thought and experience.

In part 1 of this essay, I outline the distinct, but overlapping, histories of the Summer Service program and the Clearwater Lake Indian Hospital. In part 2, I describe two key issues linking the program and hospital for about a decade (circa 1953 to 1964), namely, a chronic labour shortage and the desire to send predominantly young, white, rural, and urban Mennonite women to "witness" (evangelize) in care institutions during the summer months.[2] The Summer Service program created an archive of evidence, some of which deals with the operations of the hospital from the perspective of missionaries. These records provide a window into a history that, for many reasons, is difficult to access. In part 3, I look at what this history can reveal about the practices and experiences of racial segregation and inequality in mid-twentieth century Canada. I argue that the Summer Service program highlights that Indian hospitals were, like residential schools of that era, by and large not secular institutions but places where staff could freely evangelize among captive patients. I also suggest that an exploration of the Summer Service program helps to elucidate how and why racial segregation, stark inequality, and indifference to Indigenous suffering was not challenged at places like Clearwater Lake Indian Hospital, even by those who actively promoted peace and non-violence, endeavoured to "treat every man as equal,"[3] and pursued an end to discrimination and oppression elsewhere.

Clearwater Lake Indian Hospital and MCC's Summer Service Program, 1940s–1960s

Clearwater Lake Indian Hospital opened in 1945 as one of three "Indian" tuberculosis sanatoriums in Manitoba serving treaty First Nations and Inuit, as well as some non-Treaty, Métis, and white patients. The hospital also functioned at times as a general hospital, but most patients were there because they were identified through TB "case finding" (organized x-ray and skin test surveys) and sent there for TB treatment.[4] Tuberculosis is a very difficult disease to treat. In Canada, it rose sharply in the nineteenth century and remained prevalent during the twentieth century. Isolation of people with contagious cases in special hospitals was part of its management. Additionally, long periods of bed rest and a predictable diet, as well as surgeries to "rest" or remove part or all of the affected tissues (commonly the lung), were standard. By the late 1940s, these

practices were beginning to be replaced by antibiotic regimens.[5] As with many other infectious illnesses, including COVID-19, communities facing the most stress and those least able to access resources like affordable and healthy food, clean water, and secure housing are also the most likely to fall seriously ill and die from tuberculosis. It impacted Indigenous people at much higher rates than white Canadians. While statistics on tuberculosis control gathered by the Sanatorium Board of Manitoba are not fully reliable (for example, it is not clear who counts as "Indian" and who counts as "White"), they do demonstrate this gap. In 1953, when the Summer Service program began working at Clearwater Lake Indian Hospital, the TB death rate for "Indians" was 13.3 times higher than for "Whites." This death rate had declined substantially, especially since 1935, at which point the death rate for "Indians" had been 33 times higher than for "Whites". By 1964, the last year the Summer Service program sent volunteers to the hospital, the death rates for "Indians" and "Whites" had declined, but an eleven-fold difference remained. Case numbers (the number of people each year found to have tuberculosis) tell a similar story. In 1955, 231 "Whites" and 239 "Indians" were identified with active cases of tuberculosis in Manitoba. By 1964, these numbers dropped to 166 and 65, respectively. At this time, Treaty First Nations counted for three or four per cent of the total population of Manitoba.[6]

TUBERCULOSIS DEATHS

	Whites and Indians Combined		Whites		Indians	
Year	Rate per 100,000	Total Deaths	Rate per 100,000	Total Deaths	Rate per 100,000	Total Deaths
1935	60.8	432	38.6	269	1,258	163
1940	50.3	369	27.7	203	1,140	166
1945	42.7	314	25.1	185	793	129
1946	44.6	324	25.1	183	848	141
1947	41.7	310	24.5	182	752	128
1948	38.0	288	19.7	149	754	139
1949	28.9	225	14.8	115	628	110
1950	22.8	181	12.8	102	438	79
1951	20.5	159	12.8	99	321	60
1952	14.4	115	11.2	87	145.1	28
1953	11.0	90	8.6	68	114.5	22
1954	8.6	71	6.9	56	76.1	15
1955	8.5	72	6.8	56	80.0	16

(The figures for 1955 are tentative and based on the 1955 estimated population for Manitoba of 849,000 (829,000 White and 20,000 Indian. Three Eskimo deaths are not included since they are non-residents of Manitoba.)

Figure 1. This table published by the Sanatorium Board in 1956 depicts change over time in tuberculosis deaths and shows the segregation of First Nations and settler populations under tuberculosis control in Manitoba.[7]

While tuberculosis death and case rates remained disproportional across time, hospital treatment in provincial or municipal hospitals was not as accessible for treaty First Nations as it was for other Manitobans. Not only was the federal government reluctant to pay mainstream hospital rates, non-Indigenous citizens did not want Indians in "their" hospitals and relegated First Nations patients to unappealing cut-rate basement and makeshift wards.[8] In 1940, the Manitoba Sanatorium Board contracted with the federal Indian Health Service to manage three sanatoriums: Dynevor Indian Hospital (1940–1958), Clearwater Lake Indian Hospital (1945–1965), and Brandon Sanatorium (1947–1959).[9]

The funding scheme was parsimonious to say the least. In spite of First Nations treaty rights to healthcare, the federal government funded Indian hospitals at half of the cost of per diem hospital fees at mainstream hospitals.[10] This meant that most institutions were barebones operations. This was true of all three Sanatorium Board Indian hospitals, but Clearwater Lake Indian Hospital had the worst reputation. Its distance, twenty miles from the nearest community, made it difficult for the hospital to attract quality long-term staff. In 1953, at 190 beds, Clearwater Lake Indian Hospital employed only two full-time doctors and four registered nurses, while the 260-bed Brandon Sanatorium employed five and fourteen, respectively.[11]

Originally built as part of an American Forces Air Base during the Second World War, the hospital at Clearwater Lake was purchased by the Canadian Department of National Defence. The base continued to be used as a Department of Transport air strip and weather bureau as well as an Indian hospital. A small community of 50–100 families lived on the base, mostly staff of these institutions.[12] When the Department of National Defence purchased Clearwater Lake, the base hospital was not yet equipped. In 1953, it still did not have the capacity to perform surgery, a service that all other sanatoria in the province could provide.[13]

Using recycled mission and army buildings was characteristic of Indian Health Services, and the Clearwater Lake Indian Hospital was never intended to serve as a large and long-standing institution. The wooden barracks were only ever meant to be temporary and their inadequacy was apparent in many of the problems that arose over the course of the hospital's history. For example, the facility had poor ventilation, inadequate flooring, a dangerous heating system constituting a fire hazard, and poor lighting. The smokestacks were too short and resulted in soot and flue gasses settling on hospital grounds and in the buildings. There was inadequate electrical power supply and coal storage space, while the valves from the steam system in the hallways would scald people. The hospital was

also overcrowded to the extent that infectious patients could not be segregated.[14]

For patients, Clearwater Lake Indian Hospital was far from an ideal place for healing. The contemporary race-based medical approach to TB treatment of the time held that Indigenous TB patients required direct surveillance, socially as well as medically. Therefore, treatment for tuberculosis at Clearwater Lake Indian Hospital was often longer and more disciplinary than for non-Indigenous patients. It was an English-only hospital, and so patients who spoke Cree, Inuktitut, Ojibwe, and other languages faced communication barriers. Many did not have a clear understanding of the nature and planned length of their treatment. Indian hospitals also stressed assimilation and integration into Canadian society, and offered schooling as well as labour placement programs. Food was often bland and unappetizing to patients used to their different diet. Exercise was restricted more than at other hospitals due to chronic shortages in staff. The hospital was located far from patients' homes, resulting in little communication with family and community. In the face of these terrible conditions, there were at least two fatal cases of runaway patients from the Clearwater Lake Indian Hospital. A rare set of letters written by Inuit patients illustrates their worries and experiences of deep frustration, depression, and homesickness at the hospital.[15] The letters outline a lack of trust in the head doctor, insufficient food, increased difficulty sending and receiving mail, physical beatings of children by staff, nurses refusing to allow Inuit patients to visit each other, and a practice of locking patients up. Some of this correspondence suggests that Inuit patients were sent to Clearwater Lake Indian Hospital as a punishment for breaking rules at other hospitals.[16]

Unlike other federally funded hospitals, those run by the Sanatorium Board of Manitoba did not transfer records to the federal government and so many relevant archives related to this history have been lost or are highly inaccessible because of strict, obscure, punitive, and protracted provincial access and privacy law practices.[17] In this context, alternative sources including personal photograph collections, museum collections, oral histories, and public media produced by hospital patients, staff, and the sanatorium board itself are all the more valuable.[18]

While researching Clearwater Lake Indian Hospital's history, I came across a series of photos of hospital workers and patients that had been curated and made available by Laureen Harder-Gissing at the Mennonite Archives of Ontario. She did so in the hopes that "our display . . . leads to historical insights and honours the lives of the patients."[19] This is how I came to learn about a program run by the

Mennonite Central Committee called the Summer Service Program, and the records that are now preserved at Conrad Grebel University College in Waterloo as well as at the Mennonite Heritage Archives in Winnipeg.

The Summer Service Program collection is a colonial archive, meaning that it is a collection of records (and is housed at an institution) that was created and maintained under colonial rule and in a context in which Indigenous sovereignty is constantly at risk of being extinguished.[20] The records are a colonial archive much like the Sanatorium Board of Manitoba archives at the Archives of Manitoba and the archives of the Indian Health Service at Library and Archives Canada: they document a particular kind of politics and power structure between Indigenous and non-Indigenous people. In my view, one interpretation of the Summer Service program fits alongside a gendered analysis of colonialism that understands white women to have particular roles in settler colonialism and queries how women, as missionaries and nurses, were put to the service of empire.[21] However, the focus here is not on Mennonite history or even the "contact zone"[22] between Mennonite Summer Service workers and Indigenous patients. Rather, my goal is to read and analyze MCC records the way I would other missionary and federal records—"against the grain." I scour for the odd piece of evidence of Indigenous lived realities in documents that were created for something else entirely. For many reasons, including the stigma associated with tuberculosis and the dislocation of families because of patient removals to hospitals far away, this history is not broadly known even though it unfolded relatively recently. In this respect, the MCC Summer Service Program collection is very special indeed. I am also reading Summer Service records "along the grain" to try to understand the normalization of inequality, indifference to Indigenous suffering, and racism in Canadian hospitals, alongside the stark racial segregation of Canadian society in the 1940s to the 1960s.

The Summer Service program began in the United States in 1944 and in Canada in 1948 as a "sister" of Voluntary Service,[23] a program that sent Mennonites on year-long unpaid work assignments. Voluntary Service grew out of Civilian Public Service for conscientious objectors during and after the Second World War. Voluntary Service workers had only their essential living needs provided (travel, maintenance, medical, personal allowance) and were to serve God and their fellow "man" while not requiring an outside source of funds.[24] Needless to say, this financial arrangement also permitted the church to extend missionary work at very little cost. Summer Service was often considered "training" for a subsequent year-long

Voluntary Service placement. Summer Service workers in the program were expected to teach about Christ and tell people to fear for the welfare of their souls. In Canada, Summer Service was initially undertaken at psychiatric hospitals in Saskatchewan, Manitoba, and Ontario, but locations soon expanded to include other hospitals, camps, children's homes, and Vacation Bible Schools.[25] At its peak, in the summer of 1959, ninety-eight young people enlisted in the Summer Service program.[26] While many of the placements were in Manitoba, workers came from Ontario, Manitoba, Saskatchewan, British Columbia, and, in some years, from Kansas and Minnesota.

The 1957 Summer Service handbook describes the program as follows:

> Summer Service offers an opportunity for Christian young people to serve the Lord and at the same time obtain summer employment. . . . Summer Service is especially designed for students and is particularly valuable for those preparing for the ministry, teaching, nursing or other professions where they are constantly working with people. Summer Service in Canada has been ministering mainly in areas of need where volunteers deal with their fellowmen in abnormal situations. Units have served in hospitals for mental diseases, schools for the mentally retarded, tuberculosis sanatoria, summer camps and the Boys' Farm.[27]

The program put a lot of emphasis on the "unit life" aspect of the Summer Service experience. The "unit" was a cohort of five to twenty-five individuals who were sent to a particular place to do service. Unit members, albeit somewhat different in age, were to "live together as a group." This group would foster Christian fellowship, engage in service within churches (Mennonite and non-Mennonite), and take part in missionary work and proselytizing on-site and at other locations. The Clearwater Lake Indian Hospital units worked together to hold prayer meetings, host Bible clubs, sing hymns in hospital rooms, teach Sunday School, read the Bible to patients, and pray with, and for, patients and other staff members. They would also go on camping and hiking trips, and visit churches in the nearby town of The Pas. In 1961, one student explained that the purpose of her Summer Service unit was to "spread the Word of God and to tell about Christ to the people around The Pas area."[28] The unit system ensured that in the Summer Service program, labour and evangelization worked hand in hand. In fact, in reading the records of the program, it appears that MCC officials running the program had very little interest in the workplaces selected for Summer Service workers and were focused predominantly on Christian service. This could include teaching patients about Mennonite faith, serving as a living witness to the staff, and fostering religious expression,

fellowship, and unit social and religious life. In the face of these broader aims, neither the day-to-day operations nor the function of Clearwater Lake Indian Hospital were relevant.

The records seem to suggest that the Summer Service program became connected to Clearwater Lake Indian Hospital at the instigation of Harvey Taves. As director of MCC's Canadian office, Taves was active in soliciting opportunities for Voluntary Service. He had taught at Norway House Indian Residential School in the 1940s and had a "warm place in [his] heart for leading Indian people to become better Christians." In 1955, he wrote to federal staff at Indian Affairs and the Indian Health Services Branch inquiring about potential service opportunities. Taves initially offered to recruit teachers to serve as principals at the Norway House, Portage La Prairie, and Brandon Indian Residential Schools.[29] Later, Mr. Mingay, the regional inspector of Indian schools in southern Ontario and registrar for the Department of Education of Manitoba, wrote to Taves stating that Indian Affairs could benefit from the MCC seconding teachers. He requested three teachers for Moose Fort, three teachers for Fort George, and three teachers for Sioux Lookout. Mingay also advised Taves to inquire with P. E. Moore, director of Indian Health Services in Ottawa, about sending nurses "into these areas," suggesting that "the Department will be only too happy to have Mennonite nurses serving in their hospitals."[30]

Summer Service nurses were often vague in their remarks on the hospital culture at Clearwater Lake Indian Hospital, stating that it was "new" to them or "different" from what they were accustomed to. Some, however, were more explicit. The "standards on the wards are not of the quality I expected," wrote one nurse.[31] Another noted, "I was very much alarmed at the poor technique they have that is like wearing gowns, scrubbing hands etc. after being with the patients. So it is up to oneself to protect and keep healthy."[32] Some volunteers even suggested that, among Summer Service locations, the MCC arrangement at Clearwater Lake Indian Hospital was the worst. They received little to no communication from MCC before or during the placement, insufficient funds for recreation, and no missionary resources (like pamphlets or literature) to distribute. One charged that MCC just sent them "to this 'nowhere'" and left them "stranded."[33]

Taves put it a different way, stating that Clearwater Lake Indian Hospital was "one of the more needy T.B. sanatoria in Manitoba and merits the interested prayerful support of our young people."[34] Summer Service program material repeated this message, stating, "In T.B. sanatoria, we deal with normal people who have been afflicted with a particularly long, drawn-out illness." It continued,

> Most of them will go home again, cured from tuberculosis, but their stay in sanatoria which sometimes lasts for several years can mean a spiritual as well as a physical recovery. They have ample time to think and are anxious to engage in conversation with those who are ministering to their needs. Therefore volunteers have a unique opportunity of witnessing here.[35]

As far as I can tell, the Summer Service program only entered two hospitals with predominantly First Nations and Inuit patients—Clearwater Lake Indian Hospital and the Ninette Sanatorium—and both were run by the Sanatorium Board of Manitoba. This was an anomaly because, as a rule, the federal government did not accept voluntary labour but rather insisted that all nursing staff be given civil service contracts. Most federal hospital employees at this time would have worked as members of labour unions. It may be for this reason that the Summer Service program only functioned at Sanatorium Board of Manitoba–run institutions and not at hospitals directly managed by the federal government. It could also be that social networks that included both MCC and the Sanatorium Board facilitated this relationship.

There is an important history of Mennonite–federal government relations that in my view demands critical sustained examination: while the roots of Summer Service may have been a rejection of the violence of war in Europe, the program simply never considered its role in the violence of colonialism in North America. Given the distinct nexus of Indian Affairs, the army, the police, and the struggle over land in Canada, it is almost, but not quite, ironic that Mennonite Summer Service workers proselytized among Indigenous patients at a decommissioned military base owned by the Department of National Defence.

"To Relieve the Staff Situation—In the Name and Spirit of Jesus Christ": Witnessing Nurses at Clearwater Lake Indian Hospital

The managers at Clearwater Lake Indian Hospital appreciated and soon came to rely on the annual Summer Service program. It provided not only "relief" for its own regular staff, but was also a means, albeit temporarily, to address a chronic nursing shortage that plagued Clearwater Lake throughout its history.[36] Nursing staff shortages in Canada emerged during the Second World War and increased substantially in the post-war era as healthcare and hospital services expanded. At Clearwater Lake these trends were amplified. As an Indian hospital it was poorly funded and, as a tuberculosis hospital, it did not offer a diverse range of healthcare work or

experience. Along with other federal Indian hospitals, it failed to compete, and nurses were attracted to more lucrative and livable jobs elsewhere. It was also located twenty miles outside of town and offered little in the way of social life. In fact, one of the consistent issues brought to Taves by Clearwater units was the lack of opportunities to get away from the hospital. As a result, much as we see today with nursing and other medical staff shortages, patient care at Clearwater Lake was seriously compromised. Surgeries at Clearwater were suspended for years on end and patients requiring urgent surgeries were transferred to other Indian hospitals such as Brandon Indian Sanatorium, located six hundred kilometres to the south.

Figure 2. Sign at the entrance to the Clearwater Lake Sanatorium near The Pas, 1956. Photo courtesy of Mennonite Archives of Ontario (CA MAO XIV-3.11.5-19).

The MCC Summer Service program meant to "relieve" what was in fact a historically troubled employment situation at Clearwater Lake Indian Hospital. Arguably, this "relief" perpetuated ongoing issues and perhaps even delayed a more meaningful response to the fundamentally inadequate funding structure and human resources management at the hospital. When it opened in 1945, the staff policy

at Clearwater Lake Indian Hospital was to "employ Indian help . . . to the greatest extent possible," and in the early years the hospital drew some graduates of Brandon and Elkhorn residential schools.[37] However, this policy never worked out as planned because Indigenous staff often quit. This history of short-term employment has yet to be fully explored, but given the highly racialized and hierarchical nature of staffing at the hospital, it may well have been very difficult for Native employees to progress through the ranks. Another part of the problem was the inadequate staff accommodation, compounded by the local imperative of racial segregation—not only in schooling and healthcare but also in housing and entertainment.[38] As explained in the minutes of the Clearwater Lake Indian Hospital, "white girls will not room with untrained Indian girls."[39] Accommodation issues plagued the hospital even as administrators attempted to address them. Initially, special cubicles were built in the barracks to house First Nations women staff while white staff moved to maids' quarters. But those staff quarters eventually became extremely overcrowded. By 1952, First Nations women employed as domestic staff were housed in wards (as opposed to private rooms) in a wing of the sanatorium designed for patients. This situation made it impossible to fully isolate staff from infectious tuberculosis patients. Almost without exception, workers who came to Clearwater Lake Indian Hospital rarely stayed longer than twelve months.[40]

While Indigenous staff were critical to the functioning of Indian Health Services and were vitally important in translation and patient care,[41] they were at the bottom of a strictly gendered and racialized professional hierarchy that characterized hospitals in Canada.[42] All of the registered nurses and physicians were white and at no time did an Indigenous person ever break that colour bar. One nurse's aide who worked at Clearwater Lake Indian Hospital in the early 1960s recalled "rigid social and professional hierarchies among the staff" and that "the British doctor and head nurse remained completely aloof from the Aboriginal aides."[43] Mennonite Summer Service workers seemed aware if not self-aware, of the racialized staffing situation at Clearwater Lake Indian Hospital. One worker explained,

> There are only a few trained nurses on staff and there are some practical nurses. The remainder of the staff consists of ward aides (both whites and Indians) who, for the most part, are inclined to be irresponsible and more or less indifferent to the work they should be doing in the wards. There is frequent turnover in staff, some remaining only a few weeks, while there are some who have been there as long as five years. All members of staff live in—nurses and ward aides occupy separate quarters but all under the same roof as the hospital. The government has built houses

> for doctors, administration, etc., in the immediate vicinity of the sanatorium.[44]

Another worker noted that Summer Service workers

> were employed as the rest of the staff and differed from them only in our attitude toward the work and patients and dependability. Especially those working on the General and most difficult ward could prove that they had the love of Christ in their hearts, by wearing a cheerful smile when everyone else was grumbling. It was hard not to slacken and gossip when others did.[45]

The recruitment process for the MCC Summer Service program was very different from the way that Clearwater Lake Indian Hospital normally handled staffing. Each year the hospital administrator would write to Taves outlining the number of MCC Summer Service workers he needed for the summer, the salary they would be paid, and the terms of their work (while salary was not paid to MCC workers in the Voluntary Service program, it was paid to workers in the Summer Service program). For example, C. Christianson, business manager of Clearwater Lake Indian Hospital, wrote to Taves in March 1958, stating, "We would be interested in having a group of five girls for this summer in the same general terms as in previous years. The salary rates would be as follows: Registered Nurses $250.00 per month; Practical Nurses $190.00 per month; Nurses Assistants $115.00 per month. Uniforms are supplied for the Nurses Assistants and there would be a $12.00 deduction per month for room rent and laundry."[46] Summer Service staff worked a forty-hour week of day and evening shifts, ideally beginning in May or June and staying on until September. Those who stayed at least three months had their travel costs covered. Ten per cent of their net salary was deducted as the "unit fee" for the running the program.[47] Work was divided by gender binary and the hospital manager requested specific numbers of male and female staff. Typically, female staff worked under the general description of "nursing staff" while men were given physical plant jobs such as diesel operator, fireman, and boiler room staff.[48] Clearwater Lake Indian Hospital was a predominantly female workplace with the Summer Service and general staff ratio of four to one, with the Summer Service and general staff being approximately 80 per cent women.

Summer Service records bear no sense of the unequal treatment that would have underpinned the hospital staffing and patient care or the cultures of the Indian hospital or the town of The Pas itself. Nevertheless, racism would have been ubiquitous at this time. Summer Service workers at Clearwater Lake Indian Hospital did

complain of the lack of information about the hospital in advance of placements, and although the type of information desired is often not well described, I wonder if this may be what was implied. There was indeed no training given to the Summer Service staff regarding the Indian hospital system, treaty rights and Indigenous and colonial history, or the cultural, linguistic, and contemporary realities of the people with whom they would be working on a daily basis for at least three months. There was also no discussion of the inequality and prejudice faced by Indigenous people in Canada featured in any of the Summer Service materials. Photographs suggest women workers' connections with Inuit and First Nations patients, especially babies and children. However, written references were limited to simplistic observations such as finding the patients "friendly"[49] and "clever" and the tendency for patients to "respond to kind deeds quite readily."[50] One worker was known among her unit as wanting to be an "'igloo' girl": she planned to "work with the Eskimos because, 'I just love them so.'"[51] Another worker was said to "find the Indian patients especially intriguing."[52] One worker in the 1963 program simply stated, "Appreciation expressed for Indian and Eskimo temperament."[53] These feelings towards Indigenous patients stimulated desire for missionization. One Summer Service worker remarked, for example, "Their simple, childlike faith inspired us to greater efforts."[54]

Taves's discussions of patients and patient–worker interactions were similarly narrow. In one of his more lengthy statements, he explained,

> The patients in the sanatorium respond readily to the deeds done out of love rather than out of duty, and show their appreciation by better cooperation and submission to the tedious treatment necessary for tuberculosis. The patients who are Christians have received much comfort and encouragement from the presence of MCC workers, and are very free in showing their sincere appreciation. The Indians are quite illiterate, some having gone to school only a few days or months; and some for a few years.[55]

Of The Pas, he stated, "The moral standards of the people are very poor among both whites and Indians. Liquor is a problem."[56] While Taves was explicit elsewhere about his experience working among Indigenous people, in the Clearwater Lake Indian Hospital Summer Service records he was silent.

Despite this silence, the Summer Service records leave traces of what everyday life was like on the wards. In workers' descriptions of their labour we learn a little of what the daily round was like for patients: waking, eating, resting, washing, and surviving the Indian

hospital system. According to one Summer Service volunteer who worked in the children's ward, the morning was spent bathing, bed-making, and washing bedside tables and, after the rest period, passing out medications and juice. Dinner was served at 11:00, followed by another rest period. At 2:00 p.m., pulses and temperatures were taken and then, on sunny days, the children would be taken outdoors. Another worker described the longer regimen of weekly scheduled tasks with streptomycin injections twice a week, heads washed once in three weeks, and linens changed on bath day once a week. [57]

A nurse's aid described working with the matron and the doctor on Ward H (the women's ward). After the morning rest period, she scanned the doctor's orders: "The first thing on the list is penicillin for [a patient]. I phone . . . the matron, 'Could you please send an RN to Ward H to give a penicillin shot? Thank you.'" After washing the lockers, beds, and table tops, she realized that she forgot a patient's cortone that was supposed to be administered at 8:00 a.m., and went to get it. The wards closed at 8:30, and she then gathered glasses and water jugs and washed, dried, and returned them. She heard the head doctor speak to her over the intercom system: "Is [patient] alone in one room? . . . Put someone in the room with her. She is lonesome." "[The patient] . . . has not slept well for the last two nights. Could you please order something to make her sleep?" At twelve, dinner was served, then tea and milk, trays were collected and returned to the kitchen, and water jugs were washed, refilled, and returned to patients. Wards closed again for rest period at 2:30. One of the staff members who worked at the laundry was admitted as a patient. Patient hair washing came next. She put out a rubber sheet, got a pail of water and a basin, and phoned for some Cuprex. The patient was also given a haircut. Then someone needed a bed pan, there were new patients to admit, and a patient had a headache. Then temperatures were taken, an eye infection was treated, and someone was given "Vaseline treatment." At 4:00, the aide wrote her report and went off duty.[58]

The daily nursing work at the Children's Ward was described by one summer service worker as follows:

> . . . Breakfast is served at 7 a.m. so when we come on duty at 8 a.m. the children are eager and ready to do things. . . .
>
> We start to give baths, make beds, and clean their bedside tables which accumulate many things in a day, such as old toast, eggs, some toys, bibs, or whatever they are able to lay their hands on.
>
> Eight-thirty a.m. is rest period and all the children are to be in bed sleeping, or at least resting quietly—but get thirty boys in one room, all under twelve years of age and see what happens.

10 a.m. medications and fruit juice are passed and enjoyed by all.

Yes, our two little babies are anxiously waiting for their feeding. While I have the formula heating I take their temperature; . . . [a] crib sheet needs changing. . . . They are delighted when feeding time arrives, not only because of the food but also because they are being cuddled for a few minutes.

At eleven o'clock dinner is served and then it is time for another rest period until two-thirty. Most of them go to sleep at this time—especially if they are covered with their kimono and turn their face to the wall.

While they are sleeping there is formula to prepare for the following day, diapers to be folded and cleaning to be done, and the babies to be fed at two p.m.

For recreation [two patients] . . . amuse themselves by catching three huge flies, hitching them up with a string, and actually having them pull a small toy around until the poor flies are practically dead. (At least it's a way to get rid of some flies.)

One day as we were making our regular rounds to see if they were all sleeping [two children] had very mischievous looks on their faces. "Boys! What are you doing?" "Playing with mice." EEEEEEEK!!! Yes, they had real live mice in their hands and were playing with them. Where did they come from? . . . [A] hole in the bathroom floor. [They] had put food on the end of a string and lured them out.

After rest period it is time to take temperatures and pulse, give medications, try to tidy their beds and give them toys to play with.[59]

Other discussions of day-to-day work are more chilling, especially in light of revelations of patient immobilization and force-feeding practices at Indian hospitals.[60] In story titled "Day on the Ward," published in *Clearwater Reflections*, the unit newsletter from 1960, a Summer Service worker writes:

What's that?? A restrainer is an article of apparel similar to a straight-jacket without sleeves. It is designed to restrict the child to a minimum of activity and ensure that the nurse is kept working at maximum capacity. The restrainer is tied to the bed with just enough tension to allow the child to fall out of bed head-first but not quite touch the floor. After the first few times, you get used to looking at a bed and seeing only a pair of frantically kicking ankles and upon examination, finding the child only slightly blue in the face as a result of his gymnastics. Quickly, you haul the child back onto the bed and proceed to untangle him. Chinese puzzles prove to be simplicity itself, after the intricacies of a restrainer.[61]

Lunchtime was described as follows:

For the next hour you encourage, plead, cajole, bribe, threaten, and finally use force to convince an indifferent child that half-cooked dry rice and stale bologna is really is "yum yum" and to "Chooo, chooo, chooooo." You heave a huge sigh of relief as you see the last empty tray loaded onto

> the dinner cart and rolled away. Grim determination takes over as you turn to the task of settling the child for their afternoon nap.[62]

Summer Service workers also tracked arrivals and departures of patients:

> July 29—Seventeen Eskimo arrived—five men, five women, three girls and four boys. Among the girls were two babies. All had to have Cuprex treatment, a hair wash, a bath and then into bed. [One Summer Service worker] looked after the babies . . . [another] washed the women's hair . . . [two others] took the day off to go to Rocky Lake with their company. [Two others] had to work evenings. [Two] went to Mile 25. . . . They went swimming. Then sat and talked over a cup of coffee.[63]

Most observations were broader descriptions of the geographical area that did not engage with the existing medical, ethical, cultural, or social dynamics of their hospital surroundings outside of the unit. The following is a description of the hospital and area from the perspective of a Summer Service worker:

> Approximately five hundred miles north of Winnipeg lies the town of the Pas. Despite its lack of concrete streets, modern shop fronts and familiar faces, The Pas has become an important "little city" for many a summer service worker.
>
> Twenty dusty, gravel miles northwest of this "city" lies an outpost airbase. During World War II the American Army built this airbase which boasts one of the longest runways in Canada. The Weather Bureau also has an office here.
>
> Many of the army barracks or "shacks" are now inhabited by white or Indian workers employed by one of the departments on the base. There are also a number of nice homes and two apartment houses. Roughly speaking, there are about 85 families on the base.
>
> The army hospital was taken over in 1945 by the Indian Health Service and is now operated by the Sanatorium Board of Manitoba. This one-story building has grown in all directions and now has a capacity of 185 patients. The hospital is by no means primitive, most of the modern conveniences and appliances are in use.
>
> Of the 220 patients admitted during 1956, 42% were Eskimo, 38 % were Treaty Indians—meaning they live on a reservation and receive government aid, and 20% were Non-Treaty and white. 40% were below the age of fourteen. It must be no small adjustment for these people that come from the central and eastern Arctic to be suddenly placed into the white man's civilization.
>
> Under the direction of two teachers a very satisfactory school program has been instituted. A special effort has been made to teach adult patients to speak and read English. An occupational therapist helps them in their quilting, carving, leatherwork, and beadwork.

> The whole hospital staff number 110. Of these three are doctors, and six are registered nurses. A large percentage of the staff is Indian. For several reasons the fluctuation in the staff is very great and hence presents trying problems.
>
> Very comfortable living quarters are provided for all the Staff. The men's quarters are just off Ward J. The nurses' quarters are off the long main hall adjacent with the kitchen. The quarters for the rest of the women help are opposite the dining room. All living quarters are furnished modernly. They all have a lounge room and kitchenette with laundry. A cafeteria is operated and serves food at a very reasonable price.
>
> A ten minute walk will take you to the majestic Clearwater Lake.[64]

A need for staff, on the one hand, and a desire for Christian service, on the other, brought Mennonite Summer Service workers to Clearwater Lake Indian Hospital. It was a mix of personalities, networks, individual effort on the part of Taves, and organized missionary zeal that made this seemingly unusual history of inter-racial contact. However, perhaps even more importantly, a terribly underfunded and poorly staffed hospital and a pervasive practice of Indigenous removal and dislocation ensured that nursing Indigenous people would be framed as charitable work. Running the program from afar in Waterloo, Ontario, Taves demanded constant and deliberate reflection from workers in the form of reports and other communications sent to his office. The vast majority of written materials about the Summer Service program are about the social and religious lives of the workers and celebrate the program and its goals of missionization. The materials, including the above excerpts, nonetheless provide important, if seemingly mundane, details about the hospital and staff members' daily work lives that are otherwise not available to researchers. They describe intimate contact with patients as well as procedures for caring for patients' daily basic needs. These descriptions give us a sense of the sights, sounds, and smells of the Clearwater Lake Indian Hospital over fifty years after its doors closed.

Summer Service and Indian Hospital History

MCC's Summer Service program highlights an important but not well-understood aspect of post-war Indian Health Services in Canada: Christian missionizing. Indian hospitals have their roots in missionary work and were once managed by churches before being gradually taken over by the federal government in the early twentieth century. Ministers and priests regularly visited their own parishioners in these institutions. Christian holidays like Christmas

and Easter were celebrated in the hospitals, while local churches and voluntary church organizations donated time, funds, and items to patients. Churches often also played a role in the burial of patients who died while at federal Indian hospitals. Despite this active religious presence, public perception cast the expanding Indian Health Service as a more or less secular healthcare system. Until now, postwar Indian hospital history has rarely addressed Christian proselytizing by staff within these institutions.

The records of the Summer Service program suggest that the Clearwater Lake Indian Hospital was an ideal missionary destination. As one evaluation put it: "Opportunities for a witness [were] numerous. Few restraints."[65] Indeed, as patients were not able to leave their beds, it would have been difficult to avoid the message of Mennonite Summer Service workers singing on the wards, handing out devotional books, and holding prayer meetings and Bible readings. This audience of Indigenous patients was literally captive; they were not, by law, permitted to leave the hospital.

The focus of Summer Service workers on proselytizing to child patients is noteworthy and helps to elucidate the connections and parallels between Indian hospitals and residential schools as federal Indian institutions. In both cases, individuals were relocated to institutions and faced short- and long-term social, cultural, psychological, economic, and other trauma. Many became completely alienated from mainstream healthcare and education. Like Indian residential schools, Indian hospitals were highly regimented—arguably even more so—and followed a strict daily routine which ranged from complete and total bed rest through "grades" of permitted activities. Indian hospitals, like residential schools, ran on the principle that their services should operate separately from, and cost far less than, those delivered to other citizens. The institutions both ran on per diem funding based on how much was needed for institutions to operate at full capacity. This then drove demand to fill seats and beds in the institutions and led to impoverishment when the institutions ran at less than capacity. At both, staffing was a problem contributing to difficult work environments and adding stress which could, under certain circumstances, lead to poor care. Both institutions have been compared to prisons in that all three are disciplinary institutions. At both Indian hospitals and residential schools, there were laws and procedures for preventing, catching, and disciplining runaways. Some people who attended both institutions recall much better treatment at Indian hospitals than at residential schools—in particular, better and more predictable meals, and relief from the forced labour that characterized the schools. At the same time, patients endured a regimen of needles, pills, surgery, and forced rest.

Physical, cultural, and linguistic isolation from their communities, few to no opportunities to communicate with loved ones, and radically unequal treatment of patients at federal institutions led to the pervasive suspicion of experimentation and malpractice. Indian tuberculosis hospitals also ran schools of their own with teachers employed by the Department of Indian Affairs.[66]

From time to time, Summer Service workers observed patients' homesickness and acknowledged that patients rarely had visitors, never went for trips home and had few, if any, opportunities to communicate with friends and family outside of the institution. They pitied their long confinement in the hospital for durations that were basically unheard of at the time in the south. For instance, one worker at Clearwater Lake Indian Hospital reported, "I enjoy hospital work very much, therefore it was a real challenge to work in a place such as this, [where] most of the patients are far from their loved ones and friends and need a lot of attention and Christian love."[67] However, they also practiced an indifference to inferior service provision to Indigenous people that was characteristic of the federal Indian Health Service. Mennonite roles as workers and missionaries in state-controlled institution can tell us something about the toleration Canadians in this era had for Indigenous suffering and how racial segregation—seemingly unjust in some places—became normalized in places like Indian hospitals.

In this project, I researched MCC archives with a deliberate exclusionary focus on material related to Clearwater Lake Indian Hospital and the Summer Service program. However, moving through the records, I couldn't help being drawn into literature on other Voluntary Service programs. This included records created by Harvey Taves as associate director of Voluntary Service, articles on Voluntary Service in back issues of the MCC's Canadian headquarters newsletter, the *Canadian Summer Service Bulletin*, and *The Mennonite*, and short handbooks and pamphlets meant to describe and inspire Voluntary Service. One 1963 book on Summer Service in the United States helped put into words some of the outstanding questions I had about Summer Service at Clearwater Lake Indian Hospital. Images of smiling white and Black people filled pages alongside discussions of civil rights and desegregation. In Atlanta, a group was working with the Student Nonviolent Coordinating Committee (SNCC) registering Black citizens to vote. This work was designed to "understand and improve race relations" in the wake of desegregation. In Washington, DC, a group was working with "interracial groups of children" and observed discrimination in health services, racial hatred towards Black children from white neighbours, and thorny issues related to an "integrated staff set-up."[68] If

these issues were on the minds of American Volunteer Service workers who operated within the broader network of MCC, where did Canadian Mennonites stand on places like Clearwater Lake, a racially segregated and prejudicial hospital that ran services inferior to what Mennonite volunteers would have experienced in their own communities? What, if any, were MCC Summer Service workers' cultural, religious, and intellectual responses to the context of racism and inequality at Clearwater Lake Indian Hospital and what can they tell us about the practices of segregation and anti-Indigenous racism in Canada more broadly in the 1960s?

The summary of the Clearwater Lake Indian Hospital Summer Service of 1963, the last year the program ran there, is a good representation of the kinds of comments made by VS workers:

> Clearwater Lake Hospital, The Pas
> The eight unit members arrived at this Sanatorium between May 1 and July 1. . . .
>
> Off-hour experiences include a wide range of activity—from fish-fries at the Lake to teaching children on this former air base.
>
> One of the surprises that thrilled unit members was realizing that Eskimo and Indian tuberculosis patients are very friendly and likeable.
>
> Our greatest rewards have come during the weekly Bible study with those of other denominations. This has helped us appreciate and understand their views and taught us to see answers to Mennonite doctrines which we have accepted because of traditional belief.[69]

Another member of the same unit reported:

> Right from the beginning I was very impressed with the beautiful scenery. The large Clearwater Lake lives up to its name better than any other lake I have seen. Its calm, clear, and cool water makes it ideal for boating, fishing and swimming. The unusually lovely scenery reminds one of the great Creator and Landscaper.
>
> Being able to enjoy God's out-of-doors seems to help us do our work more effectively. The overcrowded, forty-five bed children's ward, to which I have been assigned, comes to life at 5:30 each morning.
>
> Most of these Eskimo children greet us daily with a cheery "Good morning," accompanied with a broad smile. Generally the children accept hospital routine very willingly, every one taking medications like birds taking worms.
>
> The staff is very friendly and helpful to new hospital workers, although there is some segregation between the professional staff and the non-professional workers. . . .
>
> Singing on the wards has also proved to strengthen our witness. Opportunities to witness to staff members have often come in the form of answering questions about the Mennonite Central Committee.[70]

Mennonite volunteers did not, by and large, articulate specifics about the racial dynamics of working at an Indian hospital. They did not discuss topics like "bridging a racial divide" and rarely identified differences in the quality of healthcare at Indian hospitals versus other hospitals they had worked at or observed, nor were they asked to. While Taves created and distributed Summer Service questionnaires, undertook personal interviews with workers, and hounded workers to describe for him their impressions, experiences, and lessons learned, his questions tended to focus on evaluating if and how the program strengthened workers' Christian faith and how to improve the Summer Service program experience itself. The responses offered descriptions of the (unpeopled) landscape and natural world, the land, water, trees, animals, and birds in the vicinity of Clearwater Lake Indian Hospital. The emphasis on their enjoyment of outings and trips led me to interpret these as cherished opportunities to leave a hospital that was very difficult, lonely, and isolating. Workers also emphasized the functioning of their specific Summer Service Unit, with one individual stating, "I really don't know [how] I could have got along without the unit."[71] My understanding of this focus is that the units may have allowed workers to temporarily escape the radically unequal and substandard context of their work and to enter into a different, more familiar church context in which they didn't have to face the conditions of the hospital. Finally, when asked to report on what they took from the experience, Summer Service workers stated that they learned to appreciate their families, their faith and their health—perhaps an implicit comparison with the isolated patients with tuberculosis at Clearwater Lake Indian Hospital. Like other contemporary youth inter-racial placement contexts, not much of substance was achieved in this obvious, if unstated, inter-racial program.[72] Rather, the experience perpetuated the racial order, celebrated individual acts of kindness and love, and failed to produce any radical change in the day to day lives of patients.

Clearwater Lake Indian Hospital's policies of segregation and inequality were not obvious or detailed. They dovetailed neatly with a much larger process of separation and marginalization of Indigenous people. It would have been very hard to articulate what inequality was in this context. But it is important to continually ask questions about how such relations are created and maintained in a context like this, and the MCC Summer Service program offers a particularly stark picture. The staff and program managers practiced a kind of indifference to racial inequality and Indigenous suffering by focusing on Indigenous conversion or improvement and this is characteristic of Canadian settler colonialism. Staff fit

seamlessly into a racialized hierarchy of labour that marginalized while sanctimoniously "helping" Indigenous people. These minute, day to day practices of segregation are so pervasive and ubiquitous as to seem invisible, but we cannot understand the larger questions of inequality and violence in Canada without also understanding the pervasive cultures and logics that powered it. It is my hope that future studies will help to critically examine practices of segregation and anti-Indigenous racism in ways that help us to articulate how we normalize Indigenous suffering in Canada.

In 1965, the Summer Service Program did not send a group to the Clearwater Lake Indian Hospital. However, the MCC Voluntary Service department remained committed to serving The Pas and, through the 1960s and beyond, turned to various other projects in First Nations throughout Manitoba and elsewhere. In February 1965, the hospital closed permanently, as "the declining incidence [of tuberculosis] and patient population [created] an unsound economic situation."[73] Six years later, in November 1971, a nineteen-year-old student from Norway House named Helen Betty Osborne was abducted, brutally beaten, repeatedly raped, stabbed, and killed by four men from The Pas. However, it was not until 1987 that one—and only one—of the men was convicted and sentenced for her murder. The report of the Aboriginal Justice Inquiry, charged to review the murders of Osborne and of J. J. Harper, stated,

> Many Manitobans asked why it took 16 years to bring people to trial for this brutal murder. It was suggested that many people in the town of The Pas learned the identity of those responsible, some within a very short time after the murder, but chose to do nothing about it. It was suggested that because Osborne was an Aboriginal person, the townspeople considered the murder unimportant. Allegations of racism, neglect and indifference, on the part of the citizens of the town, the police and of the Attorney General's department, were made.[74]

Like patients at Clearwater Lake Indian Hospital, Osborne was not from The Pas but had to leave her community in order to access basic services. She had been in The Pas since she was seventeen years old to pursue her education—first at Guy Hill School, a Catholic-run federal school situated at Clearwater Lake very close to the Indian hospital, and then at Margaret Barbour Collegiate in The Pas, at which time the Department of Indian Affairs arranged room and board for her with a local family. These practices of removal and long periods of being away from home made students and patients isolated from their families and vulnerable in an anti-Indigenous and racially segregated town. When Voluntary Service nurses, nurses' aides, and physical plant workers arrived, with an ethic of

resisting violence and war, they entered into the belly of the beast for three to four months at a time. I think that their archived impressions, limited to descriptions of the beautiful lake and their fellow Mennonite workers, speak volumes about the incipient assumptions and tolerance for violence in places where Indigenous people disproportionately fall ill, are removed for long periods of treatment in racially segregated institutions, and often die. Without a better understanding of this history—one that is inclusive of embedded citizens and organizations like MCC and the Summer Service workers—we cannot adequately understand the untimely deaths of Indigenous people like Helen Betty Osborne and the communities that cover them up.

Notes

1 Clearwater Lake Indian Hospital was also known as Clearwater Lake Sanatorium and Clearwater Lake Hospital. The Summer Service program also ran at Ninette Sanatorium, Manitoba's provincial sanatorium, run by the Sanatorium Board of Manitoba. Initially, patients at Ninette were mostly white Manitobans, until the disease came under control in that population. By the 1950s and 1960s, when the Summer Service program functioned there, Ninette's patient population was mostly First Nations and Inuit.

2 Women outnumbered men in Summer Service positions at Clearwater Lake Indian Hospital and in several years MCC only sent women. At least one non-white Mennonite Summer Service worker went to Clearwater Lake.

3 "Tested Principles for Leaders," Mennonite Archives of Ontario, Waterloo, ON (hereafter MAO), Summer Service Program, XIV-3.11, Box 1, File 4, Summer Service – Leaders' Manual, 1963.

4 For more on the Clearwater Lake Indian Hospital, see *Indigenous Histories of Tuberculosis in Manitoba*, no. 4 (Winter 2015), https://indigenoustbhistories.files.wordpress.com/2015/11/newsletter-4.pdf.

5 For tuberculosis history in Canada see Maureen Lux, *Medicine That Walks: Disease, Medicine, and the Canadian Plains Native People, 1880–1940* (Toronto: University of Toronto Press, 2001); Katherine McCuaig, *The Weariness, the Fever, and the Fret: the Campaign against Tuberculosis in Canada, 1900–1950* (Montreal: McGill-Queen's University Press, 1999); Pat Sandiford Grygier, *A Long Way From Home: The Tuberculosis Epidemic Among the Inuit* (Montreal: McGill-Queen's University Press, 1994); George Jasper Wherret, *The Miracle of the Empty Beds: A History of Tuberculosis in Canada* (Toronto: University of Toronto Press, 1977); and Laurie Meijer Drees, *Healing Histories: Stories from Canada's Indian hospitals* (Edmonton: University of Alberta Press, 2013).

6 Sanatorium Board of Manitoba, *Tuberculosis Control in Manitoba 1955: Annual Report of the Sanatorium Board of Manitoba* (Winnipeg, 1956); and Sanatorium Board of Manitoba, *Annual Report 1964* (Winnipeg, 1965).

7 From *Tuberculosis Control in Manitoba: The Annual Report of the Sanatorium Board of Manitoba* (Winnipeg, Manitoba, 1956), 16.

[8] See Maureen Lux, *Separate Beds: A History of Indian Hospitals in Canada, 1920s–1980s* (Toronto: University of Toronto Press, 2016).

[9] For more information on these hospitals and the history of TB in Manitoba, see the *Indigenous Histories of Tuberculosis in Manitoba* newsletters at https://indigenoustbhistories.wordpress.com/newsletters/.

[10] Mary Jane Logan McCallum and Maureen Lux, "Medicare versus Medicine Chest: Court Challenges and Treaty Rights to Health Care," in *Medicare's Histories: Origins, Omissions, and Opportunities in Canada*, ed. Esyllt Jones, James Hanley, and Delia Gavrus (Winnipeg: University of Manitoba Press, 2022), 103–30.

[11] Canada Health and Welfare, *Tuberculosis Statistics 1953* (Ottawa: Edmond Cloutier, 1954), 14, 20.

[12] "Clearwater Lake Sanatorium," MAO, Summer Service Program, XIV-3.11, Box 2, File 29, MCC (Ont.) Summer Service – Applications, Correspondence, 1961.

[13] Canada Health and Welfare, *Tuberculosis Statistics 1953*, 17, 18.

[14] These and other issues are documented in the minutes of the Clearwater Lake Hospital committee, held in the Sanatorium Board of Manitoba fonds, Archives of Manitoba, Winnipeg (hereafter AM), P7101, 1945–1965.

[15] "Writing Home," *APTN Investigates*, two-part series by Holly Moore and Brittany Guyot, May 15, 2020, https://www.aptnnews.ca/investigates/it-was-censorship-letters-from-inuit-tb-patients-reveal-loneliness-and-government-surveillance/.

[16] Library and Archives Canada, Ottawa, R216-1157-5-E RG 85, Vols. 2356 and 2357, Correspondence of Inuit Patients transcribed, translated and photocopied through Northern Welfare Services.

[17] Mary Jane Logan McCallum, "Laws, Codes and Informal Practices: Building ethical procedures for historical research with Indigenous medical records," in *Sources and Methods in Indigenous Studies*, ed. Chris Andersen and Jean O'Brien (London: Routledge, 2017).

[18] The Manitoba Indigenous Tuberculosis Histories Project brings Indigenous histories of tuberculosis into public discourse on a special website. This website includes a significant database of historical photographs, digital copies of key Manitoba tuberculosis management publications, and a guide developed to assist families and communities searching for loves ones who were sent to Indian hospitals and sanatoriums in Manitoba and never returned home again. https://indigenoustbhistory.ca/.

[19] Laureen Harder-Gissing, personal communication, May 31, 2021.

[20] For more on colonial archives, see Ann Laura Stoler, "Colonial Archives and the Arts of Governance," *Archival Science*, 2 (2002): 87–109; Krista McCracken, "Challenging Colonial Spaces: Reconciliation and Decolonizing Work in Canadian Archives," *Canadian Historical Review* 100, no. 2 (June 2019): 182–201.

[21] Kathryn McPherson, "Nursing and Colonization: The Work of Indian Health Services Nurses in Manitoba, 1945–1970," in *Women, Health and Nation; Canada and the United States Since 1945*, ed. Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson (Montreal: McGill-Queen's University Press, 2003), 223–46; Myra Rutherdale, ed., *Caregiving on the Periphery: Historical Perspectives on Nursing and Midwifery in Canada* (McGill-Queen's University Press, 2010); Melanie Kampen, "The Spectre of Reconciliation: Mennonite Theology, Martyrdom, and Trauma" (PhD diss.,

University of Toronto, 2019); Elaine Enns, "Trauma, White Privilege, and Innocence: Mennonites and Colonialism on the Canadian Prairies," May 17, 2022, Mennonites and Innocence series, Free University of Amsterdam, video, https://www.youtube.com/watch?v=0KXBx_rxq30.

22 Myra Rutherdale and Katie Pickles, eds., *Contact Zones: Aboriginal and Settler Women in Canada's Colonial Past* (Vancouver: UBC Press, 2005).

23 "*Der Jugendbote*," MAO, Summer Service Program, XIV-3.11, Box 2, File 1, Correspondence, 1960.

24 Edgar Stoesz, *Your Reasonable Service* (1963), MAO, Summer Service Program, XIV–3.11, Box 1, File 5, Publicity and Resources.

25 Summer Service destinations included Ailsa Craig Boys Farm, Bethesda Home, Ontario Hospital, London, INCO in Thompson, the Manitoba School for Mentally Retarded in Portage la Prairie, Brandon Hospital for Mental Diseases, (Kiwanis) Camp Belwood in Fergus, ON, (YMCA-YWCA) Camp Nagiwa in Muskoka, ON, Hidden Springs [Rehabilitation] Centre at Brantford, ON, Le Flambeau Homes (for orphaned and destitute children) in Bondville, QC, Vacation Bible Schools in Newfoundland, Sion Children's Home, and a Hebrew Mission Camp in Kearney, ON.

26 Esther Epp-Tiessen, *Mennonite Central Committee in Canada: A History* (Winnipeg: CMU Press, 2013), 59.

27 Hedwig Sawadsky, *Mennonite Central Committee Canadian Summer Service Handbook*, MAO, Summer Service Program, XIV-3.11, Box 2, File 20, Summer Service Questionnaires, 1958.

28 MAO, Summer Service Program, XIV-3.11, Box 1, File 26, Correspondence and Evaluations, 1961

29 H. W. Taves, Associate Director, Mennonite Central Committee to The Principal, Indian Residential School Brandon, Manitoba, Dec. 23, 1955; and H. W. Taves to The Principal, Indian Residential School, Portage La Prairie and Rev. Kenneth McLeod, Principal, Indian Residential School, Norway House, Manitoba, Dec. 2, 1955, MAO, Summer Service Program, XIV-3.11, Box 2, File 3, Correspondence Re: Service Possibilities, Unit Reports, 1953–57.

30 Memorandum of Understanding between Harvey Taves of the MCC and Mr. H. C. Mingay, Director of Indian Schools of Ontario, Department of Indian Affairs, Toronto, July 31, 1954, MAO, Summer Service Program, XIV-3.11, Box 2, File 3, Correspondence Re: Service Possibilities, Unit Reports, 1953–57.

31 Mennonite Heritage Archives, Winnipeg (hereafter MHA), Series s00015 – MCC Voluntary Service in Canada, Vol. 4050, VS Summer Service Clearwater Sanatorium, The Pas, 1963.

32 Mennonite Heritage Centre, Series s00015 – MCC Voluntary Service in Canada, Vol. 4050, VS Summer Service Clearwater Sanatorium The Pas, 1963.

33 MHA, Series s00015 – MCC Voluntary Service in Canada, Vol. 4050, VS Summer Service Clearwater Sanatorium The Pas, 1960.

34 MHA, Series s00015 – MCC Voluntary Service in Canada, Vol. 4050, VS Summer Service Clearwater Sanatorium The Pas, 1960.

35 "Summer Service for Christian Young People," MAO, Summer Service Program, XIV-3.11 Box 2, File 20, Summer Service Questionnaires, 1958.

36 For example, in March 1963, a notice was sent from Clearwater Lake Indian Hospital to MCC about the nursing personnel needed of the Summer Service program: "We are at present entering a serious crisis in the lack of Professional Nursing staff," wrote Mr. H. Davies, hospital manager at Clearwater

Lake Indian Hospital. Positions for service were advertised for four registered nurses, two licensed practical nurses, three nursing assistants, one nursing orderly, and a general duty man. This eleven-person Summer Service unit was needed from May 1 to October. In the end, an eight-member unit served between May 1 and July 1. Memorandum, March 12, 1963, MAO, Summer Service Program XIV-3.11, Box 1, File 5, Publicity and Resources, 1963.

37 AM, Sanatorium Board of Manitoba Fonds, Sanatorium Board of Manitoba Committee Minutes, Clearwater Lake Hospital Committee Minutes, Oct. 23, 1945, P7171, 1945–1965. The hospital notified the principals of Elkhorn and Brandon when openings exited.

38 For more on racial segregation in The Pas at this time, see A. C. Hamilton and C. M. Sinclair, commissioners, *Report of the Aboriginal Justice Inquiry of Manitoba*, Vol. 2, *Helen Betty Osborne and John Joseph Harper* (Winnipeg: Public Inquiry into the Administration of Justice and Aboriginal People, 1991).

39 AM, Sanatorium Board of Manitoba Fonds, Sanatorium Board of Manitoba Committee Minutes, Clearwater Lake Hospital Committee Minutes, P7171, 1945–1965.

40 AM, Sanatorium Board of Manitoba Fonds, Sanatorium Board of Manitoba Committee Minutes, Clearwater Lake Hospital Committee Minutes, P7171, 1945–1965.

41 Mary Jane Logan McCallum, *Indigenous Women, Work, and History, 1940–1980* (Winnipeg: University of Manitoba Press, 2014).

42 Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900–1990* (Toronto: University of Toronto Press, 2003); and Lux, *Separate Beds*.

43 Lux, *Separate Beds*, 73.

44 "Clearwater Lake Sanatorium The Pas, Manitoba," MAO, Summer Service Program, XIV-3.11, Box 1, File 29, Applications, Correspondence, 1961

45 MHA, Series s00015 – MCC Voluntary Service in Canada, Vol. 4050, VS Summer Service Clearwater Sanatorium The Pas, 1960.

46 C. Christianson to H. W. Taves, March 24, 1958, MAO, Summer Service Program, XIV-3.11, Box 2, File 8, Miscellaneous Correspondence, 1958.

47 In 1964, one service worker who was a nurse's assistant was paid $155 per month for four months. With the deductibles (room and board, $130; travel, $70; recreation, $16.00; and unemployment insurance, $9.00) as well as the "unit fee" of $39.50 (10% of net to cover the administrative costs of the Summer Service program and an allowance for units), after the four months, the worker was issued a cheque for $40.00. MAO, Summer Service Program, XIV-3.11, Box 1, File 10, Summer Service, 1964.

48 C. Christianson to Harvey Taves, Dec. 16, 1954, MAO, Summer Service Program, XIV-3.11, Box 1, File 40, Miscellaneous, 1955–56.

49 MAO, Summer Service Program, XIV-3.11, Box 1, File 27, Participant Impressions, 1958.

50 MAO, Summer Service Program, XIV-3.11, Box 1, File 29, Applications, Correspondence, 1961.

51 *Clearwater's Calling*, 1957, MAO, Summer Service Program, XIV-3.11, Box 2, File 3, Correspondence Re: Service Possibilities, Unit Reports, 1953–57.

[52] *Clearwater's Calling*, 1957, MAO, Summer Service Program, XIV-3.11, Box 2, File 3, Correspondence Re: Service Possibilities, Unit Reports, 1953–57, MCC Ontario, MAO XIV-3.11.2.

[53] Report on Trip to Summer Service Units, 1963, MAO, Summer Service Program, XIV-3.11, Box 1, File 8, Summer Service, 1963.

[54] MHA, Series s00015 – MCC Voluntary Service in Canada, Vol. 4050, VS Summer Service Clearwater Sanatorium The Pas, 1960.

[55] "Clearwater Lake Sanatorium," MAO, Summer Service Program, XIV-3.11, Box 1, File 29, Applications, Correspondence, 1961.

[56] "Clearwater Lake Sanatorium," MAO, Summer Service Program, XIV-3.11, Box 1, File 29, Applications, Correspondence, 1961.

[57] *Clearwater's Calling*, 1957, MAO, Summer Service Program, XIV-3.11, Box 2, File 3, Correspondence Re: Service Possibilities, Unit Reports, 1953–57.

[58] *Clearwater's Calling*, 1957, MAO, Summer Service Program, XIV-3.11, Box 2, File 3, Correspondence Re: Service Possibilities, Unit Reports, 1953–57.

[59] *Clearwater's Calling*, 1957, MAO, Summer Service Program, XIV-3.11, Box 2, File 3, Unit Reports 1953–57.

[60] Lux, *Separate Beds*.

[61] *Clearwater Reflections*, 1960, MHA, Series s00015 – MCC Voluntary Service in Canada, Vol. 4050, VS Summer Service Clearwater Sanatorium The Pas, 1960.

[62] *Clearwater Reflections*, 1960, MHA, Series s00015 – MCC Voluntary Service in Canada, Vol. 4050, VS Summer Service Clearwater Sanatorium The Pas, 1960.

[63] *Clearwater's Calling*, "News."

[64] *Clearwater's Calling*, 1957, MAO, Summer Service Program, XIV-3.11, Box 2, File 3, Correspondence Re: Service Possibilities, Unit Reports, 1953–57.

[65] "Unit Evaluation Form," MAO, Summer Service Program, XIV-3.11, Box 2, File 3, Correspondence Re: Service Possibilities, Unit Reports, 1953–57.

[66] Teachers hired by Indian Affairs were initially considered "welfare teachers" but were bumped up to the classification of "day school teachers" in the mid-1950s. Some teachers were arts and crafts people primarily, rather than academically focused, and some were retired Indian school teachers. Usually school was taught for only a very limited number hours during the day. "Bed patients" or "ward students" took their lessons at the bedside while others went to a classroom located within the hospital (at Clearwater Lake Indian Hospital, the classroom was the dispensary). School inspection records noted that emphasis was on English language instruction, spelling, and math, that girls and boys were educated separately, and that hospital schools were often under-supplied. If it was available close by and their health had improved, some of the patients accessed federal residential schools while staying at the sanatorium.

[67] MAO, Summer Service Program, XIV-3.11, Box 1, File 10, Summer Service, 1964.

[68] *1963 Summer Service*, MHA, Series s00015 – MCC Voluntary Service in Canada, Vol. 4052, 100003, VS Summer Service, 1963. Notably, the American service experience did not include Indigenous people in its understanding of "race" or "race-relations."

[69] *Summer Service Newsletter*, Aug. 1963, MAO, Summer Service Program, XIV-3.11, Box 1, File 8, Summer Service, 1963.

[70] *Canadian Summer Service Bulletin*, Jan. 21, 1964, MAO, Summer Service Program, XIV-3.11, Box 1, File 8, Summer Service, 1963.

[71] MAO, Summer Service Program, XIV-3.11, Box 1, File 10, Summer Service, 1964.

[72] See, for example, Tobin Miller Shearer, *Two Weeks Every Summer: Fresh Air Children and the Problem of Race in America* (Ithaca, NY: Cornell University Press, 2017).

[73] Sanatorium Board of Manitoba, *Annual Report 1964*, 37. Patients at Clearwater Lake Indian Hospital were transferred to Ninette or other hospitals for the remainder of their treatment. Most other federal Indian hospitals closed in the 1970s and 1980s.

[74] Hamilton and Sinclair, *Report of the Aboriginal Justice Inquiry of Manitoba*, 2:3.