Assimilation Tactics: Indigenous Women, the Politics of Birth, and the Colonization of Bodies on the Canadian Prairies During the Late Nineteenth and Early Twentieth Centuries

Abstract:

Colonialism is a highly gendered process whose effects are disproportionately felt by women, and within the context of the settler state of Canada, by Indigenous women. The imposition of Euro-Canadian gender norms upon Indigenous Peoples by the settler Canadian government was driven by an explicit goal of assimilation. Consequently, Indigenous women have had their important positions within their communities as matriarchs, elders, midwives, healers, and other positions of significance undermined. While there are numerous dimensions to the Canadian government’s attempt to force Indigenous women into subservient gender roles, this paper is a historical analysis that focuses on the government’s attempt to exert control over the bodies and sexuality of Indigenous women, alongside restrictions placed upon Indigenous women that limited their ability to pursue midwifery following the introduction of the *Indian Act* in 1876.

On April 12, 1876, Sir John A. Macdonald’s Federal Conservatives passed the *Indian Act*. The *Indian Act*, while broad in its scope, ultimately aimed to assimilate and enfranchise the Indigenous peoples who resided and would come to reside within the borders of Canada. While the *Indian Act* had and continues to have negative impacts on all Indigenous peoples, its gendered divisions had harsher effects on Indigenous women. Indigenous women were deliberately targeted by provisions 61 to 63 of the *Indian Act*, as theses clauses legally established that the Canadian government held the sole authority to determine how status Indian societies were to be politically structured and governed.[[1]](#footnote-1) This provision was used by the Canadian government to establish male dominated administrative systems in place of structures that were historically egalitarian, matrilineal, or matriarchal.[[2]](#footnote-2) The restructuring of traditional Indigenous societies into patriarchal systems was designed to hasten assimilation by undermining the influential positions Indigenous women held as teachers, matriarchs, and elders in their communities. Further, the Canadian government used the *Indian Act* to invade the maternal and bodily autonomy of Indigenous women by undercutting Indigenous midwifery and employing reserves and residential schools to increase the surveillance placed on women, which was especially prominent throughout the late nineteenth and early twentieth centuries. I contend that during this period, the Canadian government endeavoured to assimilate and undermine the power Indigenous women held by forcing them into the subservient gender norms contained in Euro-Canadian thought through the invasion and regulation of their bodies, sexuality, and midwifery skills.

 Following the Canadian government’s purchase of Rupert’s Land from the Hudson’s Bay Company on July 15, 1870, immigration into the Canadian West steadily grew. While immigration was somewhat limited until the completion of the transcontinental railway in 1886 and slowing of immigration to the American West in the mid 1890s, the Canadian government nevertheless sought to clear Indigenous peoples from the plains to facilitate settler settlement.[[3]](#footnote-3) Settlers who came to the plains found a difficult terrain that was incongruent with European farming practices and prone to cyclical periods of drought. These two factors, combined with the lack of available infrastructure and government aid, led innumerable settlers to rely on the knowledge and expertise of plains Indigenous peoples in order to survive. Indigenous farming strategies were valued because plains Indigenous people, and particularly Indigenous women, were skilled in cultivating crops and “were experts in the science of plants and their environments.”[[4]](#footnote-4)

Alongside farming strategies, one of the most valuable assets that newcomers to the Canada plains sought to procure from Indigenous peoples were the healing and nursing skills of Indigenous women. As health and medicine historian Kristin Burnett notes, the absence of traditional familial systems of care and Western medical facilities created a void in the medical care system that led many settlers to rely on the medicinal knowledge and midwifery expertise of Indigenous women.[[5]](#footnote-5) Indigenous women, who, over a millennia amassed and refined medical knowledge and midwifery practices, created complex care systems have been formed, with women being accustomed to aiding one other during pregnancy and labour, in addition to providing emotional support and critical pre- and post-natal care. The importance of this support is revealed through the oral narratives of Apphia Agalakti Awa, an Inuk woman from the Amittuq region of the Canadian high arctic.[[6]](#footnote-6) In these narratives, Apphia recalls being scared whilst giving birth, but also how grateful she was for the support she received from Aaluluuq, a community member who was “taking care of [her].”[[7]](#footnote-7) The gratitude expressed in Apphia’s recollection is further reflected in the records of interactions between settler women and Indigenous midwives. For example, during the winter of 1893-1894, Annie Greer, a newly arrived settler, received lifesaving care from an Indigenous midwife named Caroline. During the pregnancy, Greer was attended to by Caroline, who “came prepared with a satchel full of herbs” to aid her and ultimately “saved [her] life,” presumably when complications arose.[[8]](#footnote-8)

Apphia and Greer’s experiences acutely demonstrate that Indigenous women, and particularly those who possessed midwifery skills and knowledge of herbs and medicine, were incredibly valuable assets for settler women in the healthcare desert of the Canadian plains the crucial role of Indigenous midwives played in early settler communities and the value of their knowledge. The Canadian government, aware of the void of expertise in institutionalized healthcare, began to expand health related infrastructure at the turn of the twentieth century in an effort to improve living conditions on the prairies and to remove the presence of Indigenous midwives. However, by displacing Indigenous midwives, the government actually undermined their goal of improving the healthcare system as the majority of settlers lived in largely rural localities until after the end of the Second World War. Consequently, most people, and crucially women, were far removed from the major population centers where formalized healthcare resources were available. Thus, for many isolated settler women, Indigenous midwives were often the only viable option when giving birth. Further, in situations where settler women had the ability to attain the services of a doctor or physician, many women preferred to rely on Indigenous midwifes because they felt more comfortable having an experienced midwife as opposed to a male physician, in addition to Indigenous midwives being a trusted and reliable source of quality care.[[9]](#footnote-9)

Beyond displacing Indigenous midwives as part of a campaign to craft a formalized healthcare system staffed by institutionally educated doctors and nurses, the government was also actively seeking to undermine the freedom of, and bodily and economic agency of Indigenous women. Removing the presence of Indigenous midwives was designed to limit their agency and restrict them to reserves, thereby removing a primary avenue of off reserve employment. Indigenous women had their agency further restricted following the introduction of a controversial and cruel policy known as the pass system in the aftermath of the 1885 North-West Rebellion. The pass system, “perhaps the most onerous regulation placed on the Indians after the rebellion,” was designed to regulate the movements of Indigenous peoples and limit their economic potential by restricting them to the confines of their reserves.[[10]](#footnote-10) According to this system, an Indigenous person who wanted to leave their reserve had to seek approval from their Indian Agent, which was often difficult to attain, as requests for approval were routinely denied.

While the pass system negatively impacted all members of Indigenous communities, it had an especially devastating effect on Indigenous women as it restricted “their traditional subsistence strategies,” while doubly hampering their pursuit of off reserve employment by removing them from towns and cities.[[11]](#footnote-11) In essence, the pass system sought to limit Indigenous women’s agency by restricting their ability to work as midwives and gather the necessary herbs, roots, and other medicines. As a result of the pass system and other draconian governmental policies, Indigenous women’s healing and caregiving knowledge was largely marginalized in Canadian society until a federal mandate was passed in the late 1950s which promoted the training of Indigenous women as community healthcare representatives.[[12]](#footnote-12)

In conjunction with the pass system, the Canadian government employed the residential school system as a means to undermine the practice of Indigenous midwifery. However, the residential school system did not target Indigenous midwifes and midwifery directly, but instead targeted Indigenous children. Children were focused on because of the Canadian government’s belief that assimilating them as opposed to their adult counterparts was an easier and more effective means of solving what Deputy Superintendent of Indian Affairs Duncan Campbell Scott labelled “the Indian problem.”[[13]](#footnote-13) The Canadian government believed that the easiest way to solve this perceived problem was to forcibly remove Indigenous children from their homes and place them in residential schools in order to, as Duncan Campbell Scott put it, “kill the Indian in the child” and replace “the Indian” with a pupil that embodied the very best of British-Canadian values.[[14]](#footnote-14) A measure to further facilitate this goal was the introduction of an amendment to the *Indian Act* in 1920 that made it illegal for Indigenous children between the ages of seven and fifteen to not attend residential school.[[15]](#footnote-15) This amendment was the Canadian government’s way of forcing parents to send their children to residential schools under the threat of fines and imprisonment in order to facilitate assimilation.[[16]](#footnote-16) Further, Indigenous children were often placed in residential schools located hundreds or even thousands of kilometers away from their home communities, thereby creating deep generational disconnects. In effect, the removal of Indigenous children from their communities, as children were largely unable to receive knowledge of their traditional territories, cultures, histories, and languages.

Although the residential school system had profound impacts on all Indigenous children, for Indigenous girls the residential school system robbed them of the opportunity to learn from their elders and community matriarchs on how to gather and prepare herbs, roots, bark, and leaves for medicinal use. The result was generations of Indigenous women growing up without learning and inheriting vital medicinal, caregiving, and midwifery expertise.[[17]](#footnote-17) Instead of learning this valuable and culturally significant skills, Indigenous girls received an ‘education’ centered on activities such as housekeeping, gardening and food preparation, with little time spent on academics.[[18]](#footnote-18) The ultimate goal of this ‘education’ was to assimilate Indigenous girls into the dominant Euro-Canadian society by instilling the acceptance and subsequent embodiment of Euro-Christian binary gender roles, values of marriage, and appropriate sexual conduct.

The teaching of these Euro-Canadian values that were dressed up as an ‘education’ fell on the shoulders of the missionary men and women who worked for the various Catholic, Anglican, Methodist, and other Protestant churches that operated the majority of residential schools. Many of these missionary women viewed themselves as the “Mothers of the Empire,” believing that they were the “guardians of morality” whose moral duty was to civilize, Christianise, and educate Indigenous children.[[19]](#footnote-19) Ironically, as Myra Rutherdale articulates, many of the missionary women who worked in residential schools were unmarried or childless and chose the vocation because it offered freedom from the very same gendered restraints that they were attempting to instill in Indigenous girls.[[20]](#footnote-20)

Upon finishing their time at residential school, Indigenous women continued to be subjected to the regulation of their bodies and sexuality if they lived on reserve or were not married to a white man. The regulation of Indigenous women’s lives beyond residential schools was meant to further enforce their strict obedience to “Euro-Canadian models of correct gender expression”.[[21]](#footnote-21) Regulating Indigenous women’s femininity in this manner was viewed as an effective means of assimilation by the Canadian government and Department of Indian Affairs (DIA), as both believed they could alter Indigenous gender norms and reshape them to fit Euro-Canadian conceptualizations. Indian agents, the on the ground enforcement for the DIA, were instrumental in facilitating this assimilative effort, as they had the power to enforce gendered codes upon Indigenous women. For example, agents could “deny women their right to treaty and interest payments on the grounds of sexual transgressions, …take away their children,” or punish them by “cutting off locks of their hair.”[[22]](#footnote-22) These actions were aimed at restricting and controlling the agency and sexuality of Indigenous women by forcing them to adhere to Euro-Canadian gender norms and place them in a role subservient to Indigenous men, thereby further subverting their status in their communities.

The Canadian government and DIA’s justification for such scrutiny in regard to Indigenous women resulted in part from the prevalence of societal conceptualizations of Indigenous women as squaws; a “squalid[,] immoral,” corrupting and licentious “social and moral problem,” whose removal was deemed “necessary for the progress of civilization.”[[23]](#footnote-23) As a consequence of this characterization, Indigenous women were blamed by the government, DIA, and some members of the public for the abhorrent state of affairs on reserves, including the “deplorable state of housing…, the lack of clothing and footwear, and the high mortality rate.”[[24]](#footnote-24) In actuality, the poor state of affairs on reserves resulted from deliberate government underfunding and the purposeful undermining of efforts by Indigenous peoples to better themselves. For instance, while Indigenous farmers attempted to cultivate what little and often poor land they had, the government discourages the use of farm machinery and failed to provide the farming implements and instruction that had been promised to Indigenous peoples in treaties.[[25]](#footnote-25) Moreover, the pass system, as mentioned earlier, restricted the ability of Indigenous women to go off reserve and seek employment as caregivers and domestic workers, as well as hampered the ability of Indigenous farmers to sell what little excess produce they could potentially cultivate. Therefore, Indigenous women were merely scapegoats used by the Canadian government and DIA to avoid public scrutiny and deflect blame. In turn, the scapegoating of Indigenous women served as justification for the state-led intrusion, regulation, and colonization of their bodies and sexuality.

The Canadian government’s attempts to force Indigenous women into subservient gender roles through the exercising of control over their bodies, sexuality, and midwifery skills was ultimately unsuccessful, as Indigenous women have continued to practice these skills and possess central positions in their communities as important caregivers and teachers. However, the damage caused by government policy and the gendered provisions of the *Indian Act* have had enduring negative effects on Indigenous women. While work has been done to reverse these effects, such as through Bill C-31 and Bill C-3, more change is needed, as has been noted by innumerable Indigenous peoples, activists, academics, government officials, the 1996 Royal Commission on Aboriginal Peoples, and the 2015 Truth and Reconciliation Commission (TRC). Additionally, Indigenous women continue to face discrimination and scrutiny by colonial forces that continually attempt to restrict their bodily and sexual agency. Take for example the story of Brenda Pelletier, a Métis woman from Saskatchewan who was coerced by medical staff and social workers into having a tubal ligation surgery against her will following the birth of her seventh child in 2010.[[26]](#footnote-26) Sadly, Pelletier’s story is not an isolated case. During Alberta’s sexual sterilization program that operated from 1928 until 1972, many Indigenous men and women were recipients of forced sterilizations, especially during the 1960s.[[27]](#footnote-27) Examples of the enduring impacts and legacies of colonialism on Indigenous women are abundant and span numerous decades. Structural changes, education, and true reconciliation is needed for change to occur, for without fundamental change, Indigenous women will continue to face discrimination and marginalization at the hands of colonial institutions, the Canadian government, and members of society.

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