A HISTORICAL ACCOUNT OF THE PANDEMIC: HEALTH, COLONIALISM AND RACISM IN CANADA

Renisa Mawani, Department of Sociology, The University of British Columbia, Unceded Musqueam Territory | November 12, 2020

Abstract

In this paper, I situate the Covid-19 pandemic within a longer historical context in Canada. I argue that settler colonial state has produced the conditions in which certain (white) lives are valued, protected, and nourished while other lives (Indigenous/ Chinese) are left to die. I make this argument by focusing on two examples: the role of the Indian Act and the enactment of Canadian Immigration legislation. While the former has produced unliveable conditions for Indigenous peoples on and off reserves, the latter has suggested that certain migrants – particularly the Chinese - were "foreign" and diseased. The racial inequalities that have surfaced in the current pandemic, I suggest, requires us to consider the long histories of racial violence in Canada, the ways in which certain bodies have been made vulnerable to disease, while others have been blamed for its proliferation, all in the interests of white (re)settlement.

Introduction

Canada is a settler colonial state. Over the course of the nation's history, European lives have been (and continue to be) respected and protected, whereas the lives of Indigenous peoples and migrants of colour have been devalued and destroyed. "At the heart of the colonization of Turtle Island," Kwakwaka'wakw scholar Sarah Hunt argues, "lies the settler colonial project of Native disappearance, which is necessary for the development of a prosperous settler society." This disappearance has taken place over hundreds of years. It has been deliberate, state sanctioned, and remains ongoing. The settler colonial project requires the dispossession of Indigenous peoples from their lands, resources, and waterways, the governmental denial of sovereignty, the violent effects of the Indian Act, assimilationist agendas of residential schools, the coercive force of the criminal justice system, the disregard for murdered and missing Indigenous women and girls, and the lack of infrastructure, including clean water, on reserves. The settler colonial project of Indigenous disappearance in Canada has depended on the destruction of Indigenous people's health.

Settler colonialism in Canada, and "Native disappearance" has been a project of white European resettlement. The unequal racial distribution of life and death, of value and disposability that has become so visible during the COVID-19 pandemic thus far, are not new. According to the First Nations Health Authority, epidemics reached the Northwest Coast as early as 1500, following along Indigenous travel and trade routes. However, the introduction of disease following European contact —including small pox, influenza, and measles — was devastating and irreparable for many communities. People died in mass numbers, and some communities have never fully recovered. The effects of disease on Indigenous bodies, historian Mary-Ellen Kelm argues, has been "made by history." Following the first epidemics, "infectious diseases continued to affect Aboriginal people well into the twentieth century, not because they were genetically ill-equipped to fight disease, but because of decisions made by the governments of British Columbia and Canada." That the current pandemic has disproportionately impacted Indigenous, Black, and communities of colour, and that Indigenous peoples are more likely to experience "complications" due to COVID-19, are not part of a natural order. These conditions are the generational effects of settler colonial violence.

At the same time that disease has been central to creating the vulnerability, death, and "disappearance" of Indigenous peoples, it has also been critical to the regulation and deportation of non-European migrants, especially from China, Japan, and India. Immigration, racism, and disease control are deeply entangled. Canada's first Immigration Act, which was passed in 1869, two years after Confederation, established quarantine stations along the Atlantic coast in Halifax, St. John, and Grosse Ile. These stations were sites of primary landing, where travelers and settlers were inspected for signs of infectious disease and were denied entry if their health was found wanting. The Immigration Act of 1906 was more restrictive than its predecessor. It expanded the Dominion's health regulations, denying entry to those suffering from biological and social diseases including "moral turpitude." Immigration restrictions and racial exclusions have been integral to Canada's national identity as a white Dominion. "Mythologies or national stories are about a nation's origins and history," critical race scholar Sherene Razack reminds us. "They enable citizens to think of themselves as part of a community, defining who belongs and who does not belong to the nation." In Canada, these national stories have erased Indigenous peoples, but they have also obscured the presence of Chinese and other migrants of colour who built the railway, worked in 19th century industries, and continue to contribute to Canada today. Part of this erasure has been reinforced through racial tropes of healthy and diseased bodies.

In this paper, I discuss the history of Indigenous health and the entanglements of disease, racism, and immigration law, especially as it pertains to migrants from China. The paper draws selectively from examples in British Columbia (BC), one of the last regions to be settled in Canada and a province with the highest rates of Chinese immigration, both historically and in our present day. The histories of settler colonialism and structural racism recalled here must be remembered and (re)told, especially if we are to address the racial inequalities and urgencies of the current pandemic.

Colonization and Indigenous Health

The current health challenges facing Indigenous peoples must be situated within the long history of colonization as evidenced by federal and provincial colonial laws and policies, including the appropriation of land, the creation of treaties, the Indian Act, residential schools, and the state's "structures of indifference." Indigenous peoples in Canada experience higher rates of diabetes, high blood pressure, HIV/AIDS, mental health issues and mortality rates than non-Indigenous peoples. This health data cannot be viewed in terms of individual or community vulnerabilities, but must be considered within the conditions of colonization that have produced these vulnerabilities in the first place.
There are many examples from which one can draw to critically examine the links between settler colonialism and Indigenous health. One of these is diet and nutrition. Land and natural resources are vital to the health and well being of Indigenous peoples across Canada. In BC, communities have relied on hunting, fishing, shell fishing, and collecting plants and berries. With British resettlement, however, came the appropriation of lands and resources, and the enactment of repressive and coercive legislation. The Indian Act, which was passed by the Dominion government in 1876, regulated every aspect of Indigenous peoples' lives. Under the Act, Indigenous peoples were dispossessed from their lands and forcibly placed on reserves. The Act was aimed at destroying languages and cultures, including traditional practices of health and healing. The transformation of land ownership systems, and the legal restrictions and prohibitions that made this possible, had a devastating impact on Indigenous peoples' diets. "Hunting territories were cut off from reserves, fenced, and put under the plough or converted to pasturage. Fishing technology was forcibly regulated to favour the commercial fishery at the expense of Aboriginal harvesters." Although on-reserve communities kept gardens and many residents worked as wage labourers, store-bought foods were not as nutritious as those consumed in traditional diets. The Dominion's legislation, which violently appropriated Indigenous lands and resources and restricted the movements of Indigenous peoples, also dramatically altered local ecologies and began a process of destruction that today is termed climate change. Environmental destruction produced by the laws and policies of settler colonial states has devastated certain species of salmon, further impacting the diets of coastal Indigenous communities.

Since its enactment, the Indian Act has created unliveable conditions on reserves. For many Indigenous communities in Canada, water quality has been a serious concern, both historically and in the present. In BC, for example, the provincial government passed regulations in 1888, which sought to separate water from land ownership. Under these changes, on-reserve communities were expected to lease their water from the provincial government. In 1919, the City of Winnipeg built the Shoal Lake Aqueduct. In the interests of the project, which was aimed at securing safe drinking water for non-Indigenous city residents, the city dispossessed the Anishinaabe peoples of Shoal Lake First Nations from their lands and ultimately deprived them of clean drinking water. "The story of the aqueduct is modern Canadian colonialism in microcosm," explains historian Adele Perry. It takes land and resources from Indigenous peoples for the benefit of non-Indigenous peoples. It "works to create conditions of non-Indigenous demographic dominance and to naturalize it, making it hard for people, especially non-Indigenous ones, to imagine a different world." Concerns over water continue to be an urgent problem on many reserves. According to the Regional Health Survey of 2008/2010, one third of Indigenous adults view their water as unsafe to drink. Some reserves, including Attawapiskat in Northern Ontario, have been on a water boil advisory for over three decades.

Given the violent effects of settler colonialism on Indigenous lands, resources, food, water, and diets, many Indigenous peoples experience serious health issues today. The Indian Act, combined with the Dominion's indifference to Indigenous health has created structural forms of racism and a racial distribution of life and death that continues to value non-Indigenous lives over Indigenous ones. The failure to provide adequate health care and treatment for Indigenous communities in Canada, some scholars have argued, is historically rooted in assumptions of the "vanishing Indian." As Lunaape scholar and historian Mary Jane McCallum and Adele Perry argue, "hospitals [and health care] are part of a range of institutional systems in Canada shaped by settler colonialism, Indigenous dispossession and marginalization, Canadian nation-state building in the nineteenth century, and the maintenance of white settler prosperity and priority through the twentieth and twenty-first." The COVID-19 pandemic has made structural racism and the violence of settler colonialism clearly visible. In June 2020, amidst the pandemic, several Indigenous people reported their experiences of racism in BC hospitals to local media. According to Adrian Dix, the provincial health minister, "in some BC emergency rooms, health-care workers are playing a 'game' to guess the blood alcohol level of patients, 'in particular Indigenous people.'" These instances cannot be viewed in terms of individual attitudes but must be considered as symptoms of a wider colonial and racial structure. As McCallum and Perry explain, "structures of settler colonialism that draw on and in turn create ideas about race and indigeneity…reinforce claims of European settler populations as those first and most rightfully served by the state" and most deserving of health care. These racial erasures and entitlements are central to understanding Indigenous health and the current pandemic in Canada.

Immigration Law and the Legalization of Anti-Chinese Racism

Immigration, racism, and disease control have a long and tangled relationship in this country. From the 19th century onwards, state authorities regularly denied entry to immigrants thought to be carrying disease, many of whom were from East and South Asia. These prohibitions were central to keeping Canada white. Chinese men arrived along the Pacific Northwest before Canada became a nation. By the mid-19th century, however, they were actively recruited to the west coast to complete the Canadian Pacific Railway. These men worked in deplorable conditions produced by a virulent and growing anti-Chinese racism. Once the railway was complete, the province, followed by the Dominion, proposed and eventually passed legislation making it financially difficult, if not impossible, for Chinese men to migrate to Canada.

The late 19th and early 20th centuries were marked by the legalization of anti-Chinese racism. In 1864, seven years before BC joined confederation, Victoria authorities proposed a motion to tax the Chinese. In the absence of widespread political support, the motion was dismissed. Over the next two decades, however, these sentiments changed. Between 1884 and 1904, BC politicians successfully passed 22 restrictive acts aimed at regulating Chinese immigrants in various capacities, including where they lived and worked. The most egregious anti-Chinese legislation was the head tax and exclusion act. In 1885, the Dominion government required all Chinese immigrants to pay a $50 head tax on arrival. In 1901, the amount was increased to $100 and then to $500 in 1903, making it prohibitive for Chinese migrants to enter Canada. In 1923, the Dominion government passed the Chinese Exclusion Act. Legal restrictions on Chinese migration were central to defining who was a "citizen" (white/European) and who was a "foreigner" (Asian).

The legalization of anti-Chinese racism in BC was partly accomplished through concerns about sanitation and disease. Government officials and white settlers did not only see BC's Chinese residents as a social and economic threat to the province and the Dominion but also as a serious public health risk. Many argued that the supposedly unsanitary habits among the Chinese, combined with their poor living conditions were perilous to the province and to the nation's health. For example, in 1885, one white resident of Nanaimo claimed that the Chinese "live amongst so much filth and neglect of sanitary arrangements, that they cannot but be a danger to public health." He cautioned that the Chinese quarters in Nanaimo could become "centers from which contagion would spread all around," and "diseases not otherwise dangerous might readily become epidemic." By the 1880s, the links between disease and Chinese migration along the west coast were manifest in rising concerns about "Chinese leprosy." The commissioners for the Royal Commission on Chinese Immigration (1885), established by Sir John A. MacDonald and mandated to investigate all matters connected with Chinese immigration, asked witnesses about the prevalence of leprosy among the Chinese. Although there were no reported cases of leprosy in BC at the time, the commissioners justified their questions by insisting that their objective was to determine whether there was any factual basis to claims that Chinese were more prone to leprosy than Europeans.

The racial arguments linking leprosy to Chinese communities had serious implications for health care and immigration. Leprosy was long associated with Chinese men in BC and in other settler colonies, but it was not until the 1890s that several cases were detected in Victoria's Chinatown. In March 1891, the city's Health Inspector was called to investigate several Chinese men who were sleeping on the sidewalks in the Chinese quarter. During his visit, he discovered five men thought to be afflicted with leprosy. The city's Sanitation Committee recommended that the men be quarantined on an island lazaretto, and so they were. In consultation with the province, the city of Victoria established a leprosy colony on D'Arcy Island, located 17 miles northeast of Victoria on Lekwungen territories. The leprosy colony was operative from 1891-1924, bookended by the head tax (1885, 1901, 1903) and the Chinese Exclusion Act (1923). During this period, 49 men were banished to the island — 43 of them were Chinese, all of them had leprosy. There were no doctors or caretakers, and the men had little contact with the outside world; they awaited deportation or death, whichever came first.

In settler colonies, including Canada, Australia, and the U.S., there is a long historical association between Chinese immigration and disease. "Health discourses and the policy concerning the problematic 'Chinese' or 'Oriental' body," historian Nayan Shah argues, designated Chinese communities as diseased (as was the case in BC), but also "revealed how whiteness and white identity were performed." The history of disease control, it bears repeating, is a history of settler colonialism. Racial mythologies of foreignness and disease, as the COVID-19 pandemic makes clear, remain an integral part of Canada's national story.

A History of the Present

For sociologists, race is a social determinant of health. However, the unequal distribution of disease across racial lines has been historically produced over hundreds of years through the violence of British and French resettlement in what is now Canada and in immigration restrictions and regulations directed at Chinese and other Asian migrants. We cannot understand the current pandemic — its devastating effects on Indigenous, Black, and communities of colour, or the resurgence of anti-Asian racism in Canada and globally — without situating the present within an ongoing history of settler colonialism.

As a settler colonial state, Canada has created the conditions in which certain lives have been valued, nourished, and protected while others have been devastated and destroyed. As Kelm emphasizes, "Aboriginal ill-health was created not just by faceless pathogens but by the colonial policies and practices of the Canadian government." These include the appropriation of land and resources, the denial of sovereignty, the violence of the Indian Act, the coercion of the criminal justice system, and the ongoing racism in health care. Through immigration regulations and anti-Asian violence, Canada has produced a climate in which some communities are designated as "foreign" and as carriers of disease while others are seen as "innocent" and undeserving victims. The rise in anti-Asian racism that we currently witness in the COVID-19 pandemic has a much longer history. The racialization of disease, as the case of leprosy makes clear, has a dramatic impact on how communities are treated and whether they are granted treatment and care. As we investigate the racial inequalities witnessed in the current pandemic, it is crucial to remember that settler colonialism and state-sanctioned racism has produced the conditions in which some lives continue to matter and others do not.

References

Sarah Hunt, "Embodying Self-Determination: Beyond the Gender Binary," in Margo Greenwood, Sarah de Leeuw and Nicole Marie Lindsay (eds.), Determinants of Indigenous Peoples' Health: Beyond the Social. Second Edition (Toronto: Canadian Scholars, 2018), 23-24.

Renisa Mawani, Colonial Proximities: Crossracial Encounters and Juridical Truths in British Columbia, 1871-1921 (Vancouver: University of British Columbia Press, 2009); Sunera Thobani, Exalted Subjects: Studies in the Making of Race and Nation in Canada (Toronto: University of Toronto Press, 2007).

First Nations Health Authority, Health Through Wellness https://www.fnha.ca/wellness/our-history-our-health (accessed August 1/20).

Mary-Ellen Kelm, Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-1950 (Vancouver: University of British Columbia Press, 1998), xvi.

Renisa Mawani, "Screening out Diseased Bodies: Immigration, Mandatory HIV Testing, and the Making of a Healthy Canada," in Alison Bashford (ed.), Medicine at the Border (Palgrave, 2007), 136-158.

Barbara Roberts, Whence they Came: Deportation from Canada, 1900-1935 (Ottawa: University of Ottawa Press, 1988), 12.

Sherene H. Razack, "Introduction: When Place Becomes Race," In Sherene H. Razack (ed.), Race, Space, and the Law: Unmapping a White Settler Society (Toronto: Between the Lines, 2002), 2-3.

Mawani, "Screening Out Diseased Bodies."

Yvonne Boyer, Moving Aboriginal Health Forward: Discarding Canada's Legal Barriers (Saskatoon: Purich Publishing Limited, 2014). I borrow the term "structures of indifference" from Mary Jane Logan McCallum and Adele Perry, Structures of Indifference: An Indigenous Life and Death in a Canadian City (Winnipeg: University of Manitoba Press, 2018), 12.

Boyer, Moving Aboriginal Health, 23-24.

See Cole Harris, Making Native Space: Colonialism, Resistance, and Reserves in British Columbia (Vancouver: University of British Columbia Press, 2002); Kelm, Colonizing Bodies; McCallum & Perry, Structures of Indifference.

Kelm, Colonizing Bodies, 19. On fishing see Douglas C. Harris, Fish, Law, and Colonialism: The Legal Capture of Salmon in British Columbia (Toronto: University of Toronto Press, 2001).

Kelm, Colonizing Bodies, 19.

Kyle Powys Whyte, "Settler Colonialism, Ecology, and Environmental Injustice," Environment and Society, 2018, 9(1), 125-144.

Kelm, Colonizing Bodies, 30.

Sean Carleton, "Stolen Land, Stolen Water: The Story of the Winnipeg Aqueduct," Canadian Dimension, 2016, 50(4): 42-43.

Boyer, Moving Aboriginal Health, 19. See also Perry, Aqueduct.

Boyer, Moving Aboriginal Health, 19.

Boyer, Moving Aboriginal Health, 11; Kelm, Colonizing Bodies, 151.

McCallum & Perry, Structures of Indifference, 62. Indigenous people avoid B.C. hospitals known to be 'racist hotspots,' says friendship centre head, June 2020. CTV News: https://bc.ctvnews.ca/indigenous-people-avoid-b-c-hospitals-known-to-be-racist-hotspots-says-friendship-centre-head-1.4992932 (Accessed August 15/20).McCallum & Perry, Structures of Indifference, 9.

Patricia E. Roy, A White Man's Province: British Columbia Politicians and Chinese and Japanese Immigrants, 1858-1914 (Vancouver: University of British Columbia Press, 1989); Peter Ward, White Canada Forever: Popular Attitudes and Public Policy Toward Orientals in British Columbia. Third Edition (Kingston: McGill-Queen's University Press, 2002).

David Chuenyan Lai, Chinatowns: Towns within Cities in Canada (Vancouver: University of British Columbia Press, 1988), 54.

Kay Anderson, Vancouver's Chinatown: Racial Discourse in Canada, 1875-1980 (Kingston: McGill-Queen's University Press, 1991).

Royal Commission on Chinese Immigration: Report and Evidence (Ottawa, 1885), 85.

Renisa Mawani, "'The Island of the Unclean': Race, Colonialism, and 'Chinese Leprosy' in British Columbia, 1891-1924," Law, Social Justice, and Development Journal, 2003, https://warwick.ac.uk/fac/soc/law/elj/lgd/2003_1/mawani/#fn64 (accessed August 20, 2020).

Mawani, " 'The Island of the Unclean."

Alison Bashford and Maria Nugent, "Leprosy and the Management of Race, Sexuality, and Nation in Tropical Australia," in Alison Bashford & Claire Hooker (eds.), Contagion: Historical and Cultural Studies (London and New York: Routledge), 106-128.

Mawani, " Island of the Unclean;'" Chris Yorath, A Measure of Value: The Story of the D'Arcy Island Leper Colony (Victoria TouchWood Editions, 2000).

Mawani, " Island of the Unclean;'"

In the U.S. see Nayan Shah, Contagious Divides: Epidemics and Race in San Francisco's Chinatown (Berkeley: University of California Press, 2001).

Shah, Contagious Divides, 11.

Kelm, Colonizing Bodies, xix.