A SYNDEMIC PERSPECTIVE OF THE CANADIAN RESIDENTIAL SCHOOL EXPERIENCE

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ABSTRACT

This thesis explores the extent to which syndemic theory can apply to the residential school experience and inform the ongoing archaeological work to locate the missing children and unmarked burials of former schools. Utilizing a theory-based approach that is primarily situated within the critical-interpretive theoretical foundation and the syndemic paradigm in medical anthropology, this thesis aims to shed light on the complex interacting biosocial conditions that contributed to high rates of infectivity and death within the Canadian residential school system. Factors such as overcrowding, malnutrition, unsanitary living conditions, humiliation, and physical and sexual abuse compounded to create the ideal conditions for infectious disease spread and exacerbated the ongoing Indigenous health crisis in Canada. The high student death rate and poor administrative record keeping meant that a number of former students were buried in unmarked and neglected cemeteries on former school grounds. Efforts to locate the missing children and unmarked burials of residential schools, spearheaded by a number of Indigenous communities and Canadian archaeologists, is an important aspect of reconciliation and healing. This work illustrates the importance of using a multidisciplinary approach to addressing reconciliation efforts, drawing on public survivor testimonies to identify evidence of syndemics to then begin to move archaeological research past concepts of comorbidity and emphasize the inherent connection, and consequences, of multiple adverse biosocial interactions.

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DEDICATION

For Brendan and Jax. Thank you for always encouraging me to reach for my goals and for all of your support during the tough times. And for Michelle. Thank you for your friendship and support and for all of the laughs, encouragement, and advice. I am lucky to have worked alongside you and had the opportunity to complete this program with you.

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LIST OF TERMS AND ABBREVIATIONS

Indigenous, Aboriginal, First Nations

Indigenous is used throughout this thesis to refer to people who identify ancestry with the original inhabitants of the land now known as Canada. While many Indigenous peoples in Canada share similar experiences related to residential schools, I recognize that First Nations, Métis, and Inuit people each have a unique historical experiences with the Canadian government and European colonization. Indigenous people in the land now known as Canada come from a very diverse range of backgrounds that have significant social, environmental, cultural, linguistic, and historical differences. The words ‘Aboriginal’, ‘Native’, and ‘Indian’ are used in specific references, only when others have used them.

CIRNAC- Crown-Indigenous Relations and Northern Affairs Canada
GPR- Ground Penetrating Radar
IRS- Indian Residential School
NCTR- National Center for Truth and Reconciliation
RCAP- Royal Commission of Aboriginal Peoples
TRC- Truth and Reconciliation Commission

CHAPTER 1: INTRODUCTION AND THEORETICAL REVIEW

1.1 Introduction

For over a century, beginning in the 1880s, the impetus of Canada's Indigenous policy was to exterminate Indigenous cultures and identity. Through a process of cultural genocide and forced assimilation the goal was for Indigenous peoples across Canada to cease to exist (TRC 2015b). The oppressive forces of colonization and the belief held by Euro-Canadians that Indigenous cultures were inferior to that of the European settlers led to the development of the residential school system (TRC 2015b). This system was meant to separate families and inhibit the intergenerational transmission of culture. "By Christianizing, civilizing and then re-socializing these children, the Federal government hoped that these children, and subsequent generations, would contribute economically to a modernizing Canada" (Elias 2012). The aim of the Indian Residential School system was for "the savage to be made civilized" (RCAP 1996, 425). The education of Indigenous children was an important tactic of the government-controlled, forced assimilation of Indigenous people into Euro-Canadian lifeways. From the 1880s to the early 1990s the Canadian government, along with the Catholic, Anglican, and Presbyterian Churches, set up institutions known as residential schools, to which Indigenous children were sent to gain their education. More than 140,000 Indigenous children were subjected to institutions that systematically degraded their languages, culture, and spirituality as well as disrupted family and community ties (Kirmayer et al. 2014).

The Canadian Indian Residential Schools (IRS) were sites of ongoing misconduct. Mental, physical and sexual abuse, chronic malnutrition, and unsafe living conditions were known issues. These assaults occurred simultaneously, coupled with poor nutrition and a constant onslaught of infectious diseases; combined, they led to high mortality rates throughout the school system (TRC 2015b). The exact causes of death in most cases were, and remain, unknown due to inadequate record keeping. However, the National Center for Truth and Reconciliation (NCTR) lists disease, poor living conditions, suicide, fire, malnutrition, violence or escape attempts as potential causes of death. The Truth and Reconciliation Commission's concluding report (2016)

indicates that many schools lacked infirmaries and basic medical supplies. Consequently, the number of deaths that occurred in IRS is unknown. Although it is estimated that upwards of four thousand deaths occurred, most were not reported. Accurate records were not kept. Bodies were rarely returned to their families (5). This research focuses directly on the intersections of trauma, abuse and health to address the complex and multi-dimensional legacy of IRS in Canada.

This thesis is part of a larger government funded project to locate the unmarked graves of children who died while attending IRS. In June of 2018, researchers from the University of Saskatchewan and the University of Alberta began using ground penetrating radar (GPR) to examine suspected gravesites around the former Muscowequan Residential School building. Following bureaucratic changes in 2020, the Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC) department undertook a series of engagement sessions to gather information in order to develop a national strategy to address the deaths of children at residential schools and locate their places of burial. My research asks: to what extent can syndemic theory apply to (i) historical records and testimonies of residential school experiences to understand interactions among multiple health conditions; and (ii) the current work by Indigenous communities and archaeologists to locate missing children on residential school grounds? I address these questions by meeting two objectives. First, I strengthen the connection between culturally-oriented medical anthropology and bio-anthropological and archaeological research. Second, I identify ways in which Actions 18-24 and 71-76 of the Truth and Reconciliation Commission (TRC's) Calls to Action may be addressed by using a syndemic approach to archaeology and health.

To address the above research questions, I use theory-based methodologies to explore the lived experiences of former residential school students and survivors. Traditionally, anthropological research is characterized by long-term fieldwork involving participant-based ethnographic methods. While community-based research is still the standard, text-based inquiries contribute to projects of decolonization. This project acknowledges the colonial underpinnings of the residential school system and the related ways in which colonialism restricts healthcare and health policies affecting Indigenous peoples. I argue that a syndemic framework and a critical-interpretive approach allow for greater anthropological contribution to ongoing discussions of Indigenous health. By using both frameworks, this research engages with both "dark" anthropology through discussions of abuse, trauma, disease and governmentality, and "positive" anthropology through discussions of agency and survival (Ortner 2016).

This project utilizes a theory-based approach to emphasize individual and social experience. I offer a comprehensive review of ethnographic narratives and non-ethnographic literature relating to experiential aspects of residential school and intersections of multiple health conditions. The identification and application of syndemic theory contributes to the establishment of more holistic policies and clinical practices at all levels from the individual, to the cultural, to the political. I seek to engage with the idea of an ever-evolving field of anthropology through the application of anthropological theory to archaeological research. My hope is that this research facilitates a movement towards more person-centered theoretical approaches in archaeology, starting with the ongoing CIRNAC research, and beyond.

1.2 Theoretical Foundations

1.2.1 Syndemic Approach

A syndemic approach to medical anthropology is utilized throughout this thesis. The term "syndemic" is in reference to "a dynamic relationship involving two or more epidemic diseases or disorders and the socioenvironmental context that promotes their interaction" (Singer 2009, 29). The syndemic approach is developed from anthropological engagements with biomedicine, and it aims to move conceptions of health beyond traditional understandings. Merrill Singer states that the "mere co-presence of two or more diseases and/or other disorders is not the defining feature of a syndemic" (2009, 18). Rather, syndemics exacerbate the negative health outcome of any/all diseases that are involved. The syndemic paradigm is focused on both disease interactions and biosocial connections in health. Diseases along with other factors such as poverty, structural violence, and racism can act synergistically in a variety of consequential ways (Singer 2009, 20). By utilizing a syndemic approach, this thesis examines the intersection of health conditions as consequences of identifiable disease and social environment.

According to the World Health Organization (WHO) there is "evidence…which shows that people who live in disadvantaged social circumstances are more prone to illness, distress and disability and die sooner than those living in more advantaged circumstances" (Currie 2008, 2). Increased disparities in health status and health care can reflect a host of social conditions, including socioeconomic status, location, ethnicity, gender, age, and race. Sections of the population who reside in overcrowded conditions because of social inequalities also 1) have limited access to adequate diet and clean drinking water; 2) have restricted access to adequate

medical services; and 3) endure targeted discrimination and physical violence; thus producing "optimal circumstances for disease spread, concentration, and interaction" (Singer 2009, 124).

A syndemic approach will highlight the direct connection between the socioenvironmental context of residential school and disease susceptibility, interaction, and spread. Furthermore, the emotional experiences and traumas of residential school compounded with structural barriers are significant factors in the development of syndemics. Trauma can pave the way for other diseases to develop due to the somatization of emotional experience by the body (Singer 2009, 55). In keeping with a syndemic approach, it is apparent that physical and mental trauma in conjunction with over-crowding, malnutrition, poor sanitation, and insufficient health care contributed to multiple adverse health conditions within residential schools.

The application of syndemic theory, and the identification of syndemic interactions, are important aspects of this project. This theory goes beyond common comorbidities and draws attention to and provides a framework of analysis for "the health consequences of identifiable disease interactions and the social, environmental, or economic factors" that promote and worsen the disease burden (Singer et al. 2017, 941). While syndemic theory was first developed within medical anthropology, I argue for its use in other fields, primarily in archaeology. While the concept of comorbidities is well known and often studied in archaeology, the syndemic paradigm is not. The application of this theory to archaeological research will emphasize a connection between anthropological disciplines and highlight a biosocial approach. Furthermore, syndemic theory provides an essential framework to better understand the complex interaction of multiple health conditions that subsequently led to high mortality rates throughout IRS across Canada.

1.2.2 Critical-Interpretive Approach

Throughout this thesis I use Margaret Lock's and Nancy Scheper-Hughes' approach to critical-interpretive medical anthropology. This approach refers to "the way in which all knowledge relating to the body, health, and illness, is culturally constructed, negotiated, and renegotiated in a dynamic process through time and space" (1996, 44). This theoretical framework rejects the reductionist practices of clinical medicine. Lock and Scheper-Hughes critique the widely accepted Western "commitment to a fundamental opposition between spirit and matter, mind and body, and real and unreal" (1996, 46). This dichotomy allows for a

desensitized and materialist approach to clinical medicine. The reductionist tendencies of Western epistemology led to restricted, and often xenophobic, understandings of health.

A critical-interpretive framework is well situated to research with a syndemic approach and residential schools because it puts an emphasis on the dynamics of lived experiences and broader political structures. Syndemics is concerned with the examination of pathways in which diseases and other health concerns interact within the individual body, but also within populations. The goal of critical-interpretive theory is to explore political and interpretive intersections among three bodes: individual, social and political.

The individual body represents personal experiences that can be both physical and mental and are unique to each specific individual. Chapter 3 includes an analytical discussion of the individual body and the lived experiences of residential school students and survivors. The social body is a reference to the collective, metaphorical representations of a community through a symbolic individual body. Lock and Scheper-Hughes describe the social body as "symbolic equations between conceptions of the healthy body and the healthy society, as well as the diseased body and the malfunctioning society" (1996, 57). The social body and the ways in which bodily remains are symbols for the cultural forces that surrounded the body during life is discussed at length in Chapter 4. Finally, the body politic can be described as the power and control placed on an individual body through government and non-government surveillance. The body politic can also be enacted through social regulation and can lead to social categorizations. The body politic and the concept of governmentality is expanded upon in Chapter 5.

Critical-interpretive medical anthropology combines well with syndemic theory to bridge anthropology and archaeology, as it explains how biological and social factors interact to produce health and disease (Singer 2009). Thus, syndemic(s) could affect and/or be affected by any one of the aforementioned three bodies. Furthermore, the application of both a critical-interpretive approach and a syndemic approach is highly valuable to the aforementioned ongoing archaeological work. Specifically, the interpretive aspect of this framework is well situated for my research. It will provide room for the necessary interpretation of individual and collective experience. Utilizing the critical-interpretive approach will allow for the focus to be placed on the ways in which knowledge pertaining to the body, health and illness is constructed and negotiated. This theoretical perspective will allow the multiple layers of Indigenous health to be

explored: from the very personal, to that which is shared culturally, to that which is bound by political structure.

1.3 Significance and Thesis Outline

1.3.1 Significance

This thesis seeks to engage with biosocial intersections of health in the areas of trauma, malnutrition, infectious disease, and mortality using both a critical-interpretive and syndemic approach. The identification of syndemics within IRS survivor testimonies can help to shed light on the current status of Indigenous health in Canada. Through this identification, the syndemic paradigm can aid in the development and establishment of a more holistic approach to the health-care rights of Indigenous peoples. Syndemic theory brings attention to social conditions and disease interactions to provide an analytical model for biosocial connections in health, clinical care and social research. By using this framework for the anthropological examination of trauma and health, it has the capacity to contribute meaningfully to policy surrounding Indigenous health and community engagement. Research, albeit theory-based, that places marginalized Indigenous individuals at the center of discussion can positively contribute to societal understandings of capacity and agency.

This thesis, as part of a larger archaeological project to locate the unmarked graves of missing residential school students, will examine systemic inequalities from the past that have shaped the present, and could potentially be reconfigured for the future. Beginning in 2018, the NCTR in partnership with University of Saskatchewan and University of Alberta have worked alongside communities to use ground penetrating radar (GPR) to locate unmarked gravesites on former residential school grounds. By using a nontraditional biosocial approach to this archaeological research, my goal is to explore experiential aspects can be identified through analysis of the TRC residential school documents. Through a theory-based examination of multiple health conditions and biosocial interactions, my hope is that the information gathered can be utilized to directly address current Indigenous health concerns and inform structural changes to address the TRC Calls to Action, namely 18-24 in regard to health, and 71-76 in regard to the missing children and burial information (see Appendix).

1.3.2 Thesis Outline

In Chapter 2, I present the research methodology used to gather data in order to address my research question and objectives. I elaborate on my methods of investigation into the theoretical approaches of archaeology, the application to residential schools, and the policy surrounding current Indigenous health in Canada. Chapter 3 is focused on the residential school experience across Canada and engages with individual stories from IRS survivors. This includes an in-depth discussion of living conditions, abuse, trauma, disease, malnutrition, and cultural assimilation. In this chapter, I explore the synergistic relationship between trauma, malnutrtion, and disease susceptibility. This entails a discussion of prominent infectious diseases and mortality rates within the schools along with a discussion of the individual body and the lived experiences of former students and survivors.

Chapter 4 approaches the current archaeological work that is being done to locate the missing children of residential schools across Canada. This chapter includes a detailed discussion of past bioarcheological research into infectious disease, including the ways in which archaeological evidence of past diseases can provide opportunities to examine potentially syndemic and epidemic disease trends. The data analysis in this chapter includes a discussion of the social body and the ways in which bodily remains can act as symbols for the cultural forces that surrounded the body during life. Finally, I outline the ways in which using a syndemic framework could be a useful theoretical approach to future archaeological research.

Chapter 5 addresses the ways in which a syndemic framework aligns with the Truth and Reconciliation Commission's Calls to Action, particularly Action items 18-24 and 71-76. In this chapter, I discuss the body politic and the concept of governmentality. I conclude by discussing the implications of this work, limitations of this specific research, and suggestions for future projects.

CHAPTER 2: RESEARCH CONTEXT, METHODOLOGY, AND ANAYLSIS

"We have been researched to death. What we need now is to be researched back to life based on our needs and realities."
Elder Harry Bone, Elders Gathering, Turtle Lodge, 2015

2.1 Introduction

2.1.1 Research Context

As discussed in the previous chapter, this research is theory-and text- based and does not include a singular location in which ethnographic research was conducted. However, it is important to reiterate that this project is structured around the legacy of the Canadian IRS system. As such, my physical location in Treaty Four and Treaty Six Territories in Saskatchewan has greatly impacted the methodological and analytical decisions made throughout this research.

According to Statistics Canada, Census of Population, the population of Canada in 2016 was 36.11 million with over 1.6 million self-identifying as Indigenous peoples. This includes, 977,230 identifying as First Nation, 587,545 identifying as Métis, and 65,025 identifying as Inuit (Statistics Canada 2016). Both Canada and the province of Saskatchewan have a long and tumultuous history with colonialism and structural inequality. Saskatchewan, home to the last open residential school, mirrors the country's strained relation with its Indigenous peoples.

Early contact with Europeans and, subsequently, colonization in the Canadian plains began in the 18th and 19th centuries, bringing infectious diseases, violence, hunger, and cultural assimilation to the Indigenous peoples of the Americas, including Canada (Daschuk 2019, TRC 2015b). The cultural genocide of Indigenous peoples of Canada aimed to disrupt families and prevent the intergenerational transmission of culture and identity (TRC 2015b). Cultural genocide is the "destruction of those structures and practices that allow [a] group to continue as a group" and "states that engage in cultural genocide set out to destroy the political and social institutions of the targeted group" (TRC 2015b, 3). The Canadian government asserted control over Indigenous land by seizing and forcibly transferring populations to reserves, and in the 1880s instituted a pass system that was meant to confine Indigenous peoples to economically troubled reserves (TRC 2015b). In some parts of Canada, Treaties with Indigenous communities were negotiated and were seemingly "honorable and legal;" however, in reality they were "often

marked by fraud and coercion" (TRC 2015b, 4). Racist legislation, such as the Indian Act of 1876, banned Indigenous languages, made Indigenous spiritual practices illegal, and jailed Indigenous spiritual leaders. The Canadian government manipulated previously existing forms of Indigenous governments and replaced them with essentially powerless band councils that could easily be controlled. These measures were part of colonial policies meant to eliminate Indigenous cultures. According to Deputy Minister of Indian Affairs Duncan Campbell Scott in 1920, "our object is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic" (Haig-Brown 1988, 27). Dominant beliefs held by Canadian society that Indigenous people were biologically weak and inferior to European settlers justified early colonial expansion and later cultural suppression. The structural animosity towards Indigenous cultural and spiritual practices lasted well into the twentieth century and still continues today. Continuous attempts to reform Indigenous people into civilized assimilated Canadian citizens resulted in the dismantling of culture, spiritual practices, and the subjugation of nations.

"The life of an individual, family, or community is the outcome of a complex web of historical and contemporary events which cannot be reduced to one factor" (Assembly of First Nations 1994). Thus, while the residential school experience is at the heart of this study, it is reductionist to think of residential schooling as the primary cause of all social suffering amongst contemporary Indigenous peoples in Canada. It is imperative not to simplify residential school experiences into a singular story of cultural genocide. The long history of racist policies "based on the assumption that European civilization and Christian religions were superior to Aboriginal culture," were implemented to regulate, control, and destroy all aspects of Indigenous livelihood (TRC 2015, 7). Research into the IRS system provides only a glimpse into the structural racism, political violence, and cultural genocide experienced by Indigenous people across Canada. The tendency to generalize the workings of colonialism to the residential school experience leads to a limited understanding of the deep and complex history of colonial violence. Therefore, the residential school system should be understood as part of the larger state-sponsored system that attacked Indigenous communities, beginning in the 1880s and that still haunts Canada today (Daschuk 2019). In the following chapter, I will more directly discuss the history and impact of the Canadian residential school system.

In 2009, the TRC launched its multi-year project that began the process of listening to survivors and communities affected by the IRS system. The establishment of the TRC stemmed

from the Indian Residential Schools Settlement Agreement (2007), the largest class-action settlement in Canadian history. The TRC then spent six years travelling across Canada, holding seven national events to "engage with the Canadian public, educate people about the history and legacy of the residential school system, and share and honor the experiences of former students and their families" (CIRNAC 2020). The Commission was advised by a ten-member Indian Residential School Survivor Committee and regional liaisons were utilized to "provide a link between the TRC and communities for the purpose of coordinating national and community events" (TRC 2015). In an interview with CBC (2015), Ry Moran, the former Director of the NCTR, said that throughout a six-year period over 200 terabytes of digital information was gathered, including over 7000 survivor statements and millions of documents from government, churches, and schools (CBC 2015). While most statements were given in private, "others [statements] were given at the national, regional, and community events; sharing circles; and hearings organized by the Commission" (NCTR 2015, 1).

Following the years of community engagement, the Commission published a multi-part *Final Report* outlining the history and legacy of the residential school system and specifying 94 Calls to Action. The TRC's initial steps towards reconciliation emphasized the need for academics and researchers to work collaboratively with Indigenous peoples through community-based projects. "Survivors highlighted that community ownership over the stories and experiences related to residential schools are important" (Lessons Learned 2020, 56).

One of the Commission's primary goals was to address the "Missing Children & Unmarked Burials: Research Recommendations." The early recommendations included an examination of the number and cause of deaths, illnesses, disappearances of children; location of burial sites; and a review of all relevant church and government records, as well as information provided by survivors or staff (TRC 2015a). While the NCTR manages the archival records passed on from the TRC research, the Missing Children and Unmarked Burials Unit is currently an ongoing project being overseen by CIRNAC. As mentioned in the previous chapter, the preliminary work to locate student burial sites was led by Canadian archaeologists in 2018, thus, paving the way for researchers to engage with community-led efforts to locate unmarked burials. This thesis aims to engage with the archaeological work being done to locate burial sites by emphasizing a holistic and person-centered approach to research. Chapter 4 includes an in-depth discussion of the ways that syndemic theory can inform the ongoing archaeological work.

2.2 Methodology

2.2.1 Methods: Gathering Secondary Sources

Text-based research, spearheaded by anthropologists like Emily Martin, utilize texts as sets of data to inform qualitative research. In Martin's (1994) book, *Flexible Bodies*, she offers a critical analysis of a multitude of texts that informed understandings of human immune systems. The data I analyzed is also comprised of a variety of secondary text-based sources and, like Martin (1994), with this thesis I offer a critical analysis of narrative and academic texts to explore applications of syndemic theory. While there are many pros (and cons) to using secondary sources in research, it is important to have a rationale driven plan when sampling secondary data (Braun and Clarke 2013, 155). For this research, I utilized a systematic approach as I collected data and kept lists of how, when, and from what source I collected each item. This approach allowed for the examination of multiple texts and other types of secondary sources to explore experiential aspects of residential schools, socio-cultural understandings of health, and the interconnectedness of anthropological disciplines. Braun and Clarke (2013) emphasize the usefulness of secondary data when focusing on a specific cultural or historical moment, or when examining changes over time. The use of secondary sources can be used to examine the socio-cultural understandings of a particular topic, and when "exploring how particular cultural fragments work, the effects they have and the socio-cultural ideas they incorporate, rework or resist" (2013, 153).

The use of secondary sources as data is generally considered as bypassing ethical concerns because there are no direct interactions with participants. However, there are still a multitude of ethical considerations that must be taken (Braun and Clarke 2013). Discussion of the ethical nature of online research has emerged and is primarily concerned with public versus private material on the internet. It is argued that "it is not always clear whether materials are public or private, but… the greater the acknowledgement of the public nature of the materials, the less obligation there is to protect the privacy…of the people who created the material" (The Association of Internet Researchers, 2002). Consideration was therefore given to whether this research could cause harm to the groups, the communities, or the individuals that are being discussed in the material. This research uses only sources that are publicly accessible and were made readily available through academic and/or government outlets. Using publicly accessible

material not only ensures an ease of access; it also ensures that the content is already approved for public access. For example, I analyzed sections of the TRC Final Report entitled T*he Survivors Speak* (2015), rather than the archival sources, although still public, that may contain sensitive material that was not intended for public engagement. *The Survivors Speak* (2015) document includes material that was approved by the TRC and intended for public consumption to shed light on the atrocities experience by IRS survivors. The nature of secondary sources ensures a level reliability, a measure that addresses the probability that more rounds of data collection and analysis will reveal similar or same results (Bernard 2015). In particular, using secondary sources means that a restudy, or second application of data collection, by a separate researcher is possible.

2.2.2 Narrative Secondary Sources

This research, in part, focuses on the narratives of syndemics contained within *The Survivors Speak: A Report of the Truth and Reconciliation Commission of Canada* (2015). Narratives are "stories [that] express a kind of knowledge that uniquely describes human experience in which actions and happenings contribute positively and negatively to attaining goals and fulfilling purposes" (Polkinghorne 1995, 8). For the purpose of this research, the understanding of a narrative will be pushed to include sections of a story. *The Survivors Speak* (2015), the primary document that I used to explore the narratives of syndemic connections experienced by residential school students (Chapter 3), is a more than 200-page document, organized into 31 thematic sections, and is comprised of hundreds of personal accounts from residential school survivors across Canada. "Such secondary sources are valuable because we can access people's experiences and perspectives without shaping their responses through our own data collection questions and methods" (Braun and Clarke 2013, 153). *The Survivors Speak* (2015) document is useful in the context of this research project because it provids concise, fist-hand perspectives of the residential school experience from a multitude of survivors. It allows for an engagement with narrative data in a secure and ethical manner. Furthermore, I offer a detailed discussion and analysis of *The Survivors Speak* (2015) in the following chapter as it informs an important part of this research.

2.2.3 Other Secondary Sources

Because of the multifaceted nature of this project, I gathered data from a variety of sources, including scholarly journals, academic books, academic textbooks, online news sources, and government publications. Throughout the data collection process of the study, I used specific criteria to select samples, such as relevance, historical implications, academic relevance, and level of comprehensiveness. I organized my data into three units based on content: syndemics/ health, residential schooling, and archaeology project. I used different criteria to inform my sampling choices for each unit. For example, I chose data that included information regarding the frequency of infectious disease outbreaks within the schools but omitted samples that were irrelevant to this study, such as data about sporting activities. I chose news articles that offered meaningful discussions about the TRC/ NCTR community involvement, including articles about the government funded archaeology project that is at the heart of this study. However, I omitted articles from my sample concerned with departmental bureaucratic changes, and articles discussing individual residential school experiences. I made this decision so that all narrative data would be consistent in order to reduce analytical discrepancies.

2.3 Analysis

In order to answer my research question, I relied on an analysis of secondary sources. I employed a critical content analysis, using first cycle descriptive coding followed by second cycle theoretical coding. Saldaña asserts that descriptive coding allots labels to data to provide a catalog of topics and is typically the first step in data analysis for many qualitative studies (2016). First cycle descriptive coding summarizes the basic topic of a passage into one-word or short phrase identifiers. This method not only codes, but also provides an initial categorization of the data to "examine comparable segments' commonalities, differences, and relationships" (84). Following the initial categorization, second cycle theoretical coding links all categories and subcategories with a core category. The core category is understood as the category that seems to have the most explanatory relevance (224). However, it is important to note that the theoretical code is not the theory itself; rather it specifies the potential relationships between categories and moves the analysis in a theoretical direction (224).

Throughout this study, I used detailed analytic memos to document my thoughts and feelings as I gathered data. This process is akin to the field-note procedure in ethnographic

fieldwork, whereas my laptop and notebook were my field, and the texts were my participants. I physically printed hard copies of each text and document that made up my dataset and used a rough form of first cycle descriptive coding throughout each copy. I used a number of highlighters and physical markers to keep tabs on emergent themes, important ideas, significant words, narrative data, and interesting quotes. Once emerging themes are determined, the next step is to select new respondents who can add new ideas or novel connections within the data (Bernard 2015; Drauker et al. 2007). New respondents, in terms of this research, can be understood as new texts. And, while codes can be over-arching and broad or specific and minute, they tend to evolve as the research gathers more data (Madden, 2010).

Following the initial reading of each document and the subsequent first cycle descriptive coding, I organized the data set into categories associated with broad topics. These categories then form the basis for an in-depth analysis across topics (Saldaña 2016; MacQueen et al. 2008). First cycle descriptive coding laid essential groundwork for further analysis and interpretation and allowed me to cross-reference codes from a variety of texts and documents. While theoretical coding is typically used to synthesize categories to create new theory, original theory development is not always necessary (Saldaña 2016, 86). I was able to use this method to elaborate on existing syndemic theory. It was important during this cycle of theoretical coding to address the 'how' and 'why' questions to explain how the theory works, how it was developed and how it compares to others (Saldaña 2016, 224). The main goal of theoretical coding is to link together all categories and subcategories to the primary theme of the research, or core category, which "consists of all the products of analysis condensed into a few words that seem to explain what the research is all about" (224). The process of categorizing and cross-referencing codes, categories, and subcategories acted as a useful organizational tool to critical content analysis.

Critical content analysis is the systematic analysis of a data corpus using a critical lens (Saldaña 2016). Krippendorff highlighted that, "content analysis allows researchers to establish their own context for inquiry, thus opening the door to a rich repertoire of social-scientific constructs by which texts may become meaningful in way that a culture may not be aware of" (1989, 404). However, my analysis was neither entirely indicative nor deductive, but rather positioned on a continuum to allow for both. While I allowed for codes and categories to emerge whilst I read through my data, I also allowed for the concepts of the three bodies and syndemics

to inform coding decisions. I was able to use the codes to organize the data into categories that aligned with my research questions. Once my data were coded and organized, I was able to apply the gained knowledge from the data to the phenomena (syndemics) that I was researching. The aim of this analytical framework is to "infer what cannot be observed directly and for…validating evidence [that] is not readily available" (Krippendorff 1989, 407). This included the close reading, re-reading, and re-visiting of texts in order to develop themes and more specific categories. I used analytic memos detailing how these categories interrelated and transcended to themes to formulate the basis for answering my research question (Saldana 2016). This process continued until I felt confident making a definitive assertion about the extent to which syndemic theory applies within my research.

Limitations in the data set include the commentary, bias, and interpretation inevitably associated with secondary sources. For example, *The Survivors Speak* (2015) and *Lessons Learned: Survivors Perspectives* (2020) are organized according to over-arching themes that were determined by the TRC and NCTR. Secondary sources that utilize interview data typically only provide brief exerts of each interview depending on what the researcher deems necessary to include. Therefore, it is important to recognize that some secondary sources may include data that have been manipulated to induce a certain tone or point of view.

2.4 Conclusion

My research recognizes that, while residential schooling is at the heart of this study, the residential school era is but a piece of the long, tumultuous, and troubling history of colonialism in Canada. As the TRC emphasizes in its book *A Knock on the Door: The Essential History of Residential Schools*, "for over a century, the central goal of Canada's Aboriginal policy was to eliminate Aboriginal governments; ignore Aboriginal rights; terminate the Treaties; and, through a process of assimilation, cause Aboriginal people to cease to exist" (2015, 3).

In the subsequent chapters, I move beyond the limited understanding of the residential school experience as the marker of colonialization and instead situate it as part of the larger and continuous state-sponsored colonial system meant to dismantle Indigenous cultures. I offer a critical content analysis of secondary text-based sources to inform a well-rounded and holistic discussion of syndemic theory and its application to the residential school experience and the government funded archaeology project to locate the graves of missing students. As discussed in

the methodology section of this chapter, the theory and text-based nature of this project aligns well with the work of well-known anthropologist Emily Martin (1994), and more specifically her book, *Flexible Bodies*, in which she offers a critical analysis of popular and technical texts that informed understandings of human immune systems. Furthermore, Martin's revolutionary work examining text-based data provides a well-trodden space in which I can situate my work within anthropological literature.

CHAPTER 3: NARRATIVES OF SYNDEMICS WITHIN CANADIAN INDIAN RESIDENTIAL SCHOOLS

3.1 Introduction

The Indian Residential School system, as established in the previous chapter, was a significant aspect of the state-sponsored attempt to dismantle Indigenous communities and eradicate Indigenous cultures by the Canadian government. In this chapter, I outline the history of the IRS system, discuss the evidence of syndemics contained within survivor testimonies, and offer a critical analysis of narrative, government, and academic texts. I utilize the survivor stories contained within *The Survivors Speak: A Report of the Truth and Reconciliation Commission of Canada* (2015a). The testimonies documented in the TRC *Final Report* are the stories, experiences, and knowledge of hundreds, if not thousands, of residential school survivors. While I include survivor stories and testimonies as a prominent aspect of this research, I aim to avoid the victimization of former students through narratives of trauma, and rather acknowledge these traumatic stories as narratives of survival. An emphasis on narratives of trauma can overshadow the complexity of experience, while also insinuating that former residential school students are traumatized and need to be medicalized. As I demonstrate in the following sections of this chapter, the complexities associated with the residential school experience shed light on the synergistic relationships between trauma, health, and survival.

3.2 The History

The Canadian government, alongside a number of churches, sought to assimilate Indigenous children into Euro-Canadian society through the forced attendance at 'educational' institutions. As early as the 1860s, Canadian churches were operating a small number of boarding schools for local Indigenous children and as settlement expanded westward in the 1870s, churches continued to establish missions and boarding schools. It was not until 1883 that the federal government established the first three "residential schools" for Indigenous children in western Canada (TRC 2015b). The residential school system quickly expanded and ultimately comprised 139

institutions across Canada and the northern territories. Roman Catholic, Anglican, Methodist, and Presbyterian churches were the major denominations involved in the IRS system (TRC 2015b). The church-administered schools operated until the 1960s, and, while most schools closed shortly after in the 1980s, the last federally operated and supported schools remained open until 1997. It is estimated that in the 160 years of operation, at least 150,000 Indigenous children passed through the IRS system. The hostility towards Indigenous cultures and languages were based on the "assumption that European civilization and Christian religions were superior" and the belief that Indigenous people should be "civilized" (TRC 2015b, 7).

Indigenous children often began their residential schooling with the arrival of an official letter, a visit from a priest, or a visit from a government official requiring their enrollment in school. Many parents were told they had no choice but to send their children. "If I didn't go to school, he'd go to jail, that's what he told me," recalled Survivor Ken A. Littledeer (2015a, 12). For many children, their transition to being a student was lonely, alien, and traumatizing. Once children arrived at school, "every aspect of the child's life was regulated…sleeping, eating, playing, working and learning were regulated…and supported by strict codes of conduct and corporal punishment" (Waldram 2004, 230).

The school buildings were usually located on poor land, inadequately built, and ineffectively maintained. Often times, the first sight of the large foreign brick buildings were frightening for students. "I thought in my child's head I said: 'you would…you would make me go there, but I will learn nothing, nothing, nothing'" stated Survivor Pauline St-Onge recalling her traumatization at the first sight of her new residence (2015a, 23). On their arrival at residential school, students were required to exchange their homemade clothes for school supplied uniforms. Students were then forcibly separated, deloused, forced to have their hair cut, and assigned an identification number. Survivor William Herney recalled, "within those few days, you had to learn, because otherwise you're gonna get your head knocked off. Anyway, you learned everything. You learned to obey, and you were scared, you were very scared" (2015a, 68). Students quickly learned that the educational goals of the schools were overshadowed by physical labor and chores to ensure that the schools were self-sustaining (TRC 2015b, 6). The schools were severely underfunded and thus self-sustaining methods were necessary. Staff within most schools were limited and staff members were recruited by Christian missionaries. Thus, teachers were underpaid and unqualified.

Students were required to speak English or French, and "children throughout the history of the system were often beaten for speaking their language" (RCAP 2006, 432). Survivor Marcel Guiboche recalled a time when "a sister, a nun started talking to me in English and French, and yelling at me. I did not speak English, and didn't understand what she, what she was asking. She got very upset, and started hitting me all over my body, hands, legs and back. I began to cry, yell, and became very scared" (2015a, 48). The rules against Indigenous languages were intended to force students to learn English and French quickly. According to the TRC, the rules and the accompanying anxiety they fostered are among some of the most commonly cited features of the residential school experience (2015b, 50). The policies surrounding language, cultural teachings, and Indigenous spiritual practices were meant to isolate students further from their families and traditional lifeways. Loss of language was one of the most damaging factors associated with the IRS system. After Survivor John Kistabish left the Amos Residential School, he could no longer speak Algonquin. "I had tried to talk with my parents, and no, it didn't work…I knew that they were my parents, when I left the residential school, but the communication wasn't there" (2015a, 55).

Child neglect was institutionalized throughout residential schools. More than that, abuse was widespread and included: physical punishment, involving caning, strapping, whipping and the use of various other objects, and burning; sexual abuse, including forced sodomy, intercourse, fondling, and masturbation; inadequate food and nutrition; forced labor; physical confinement; emotional abuse, such as public humiliation, and denial of emotional support (Waldram 2004, 230). Shame and humiliation were popular punitive strategies. Survivor Mary Courchene recalled, "I was made to feel humiliated. And there were, there was always humiliations like that, that made you feel small" (2015a, 53).

Students were surprised by the violent and aggressive nature of the discipline at many residential schools. Survivor Fred Brass recalled that his time at school was "the hellish years of my life. You know to be degraded by our so-called educators, to be beat by these people that were supposed to have been there to look after us, to teach us right from wrong" (2015a, 140). Many students compared residential schools to jails. The appalling level of physical violence was never adequately monitored and there was no real limit. There were countless acts of violence committed against children of all ages in residential schools. Margaret Plamondon said that she once saw a nun push another student down a flight of stairs, "as I turn around, I see the nun push

that girl down a flight of stairs, and she never got up, and…I don't know what happened but she never came back" (2015a, 144). The strict discipline and violence bred animosity and many students came to hate their supervisors.

Reports of sexual abuse were common throughout the history of residential schools. The TRC states that many survivors spoke of having been raped or experiencing some form of sexual abuse (2015b). However, the full extent to which students were abused may never be fully known. Some abusers recruited victims and lured them with treats and favors; others used threats and physical violence. There was not a singular pattern for abuse, with many "students of both sexes reporting assaults from staff members of both the same and opposite sex as themselves" (TRC 2015b, 94). Many students recalled the fear they felt at night in the dormitories, afraid of being called to a staff member's room. Abuse left students shocked, confused, isolated, and afraid. Little to nothing was done when students reported abuse, and some students never reported abuse for fear of being either disbelieved or blamed. The abuse of students by staff created the perfect conditions for students to abuse other students. Former victims of abuse by staff sometimes became perpetrators. Conflict between students within the schools was significant and left children vulnerable and victimized; "underfed, poorly housed, and starved for affection, students often formed groups based on age, community of origin, or First Nation" (TRC 2015b, 96). Such groups were used to not only provide protection to members, but also to dominate more vulnerable students. Louisa Birote recalled, "We hated each other. So, this little gang didn't like the other gang. That's the way at the school, that's what we were taught, fears, and we were scared" (2015a, 97).

The food served at residential schools was unfamiliar, unpalatable, and scarcely nutritious. In home communities, many students were raised on food that their families had hunted, fished or harvested (TRC 2015b). This stark change in diet only added to the sense of disorientation that many students experienced. While the food was monotonous and poor in quality, it was also scarce in quantity. Indian Agent John Smith (1918) reported his "suspicion that the vitality of the children is not sufficiently sustained from lack of nutritious food, or enough of the same for vigorous growing children" (TRC 2015b, 71). The severe lack of fresh nutritious food led to constant hunger. Survivor Andrew Paul stated, "we cried to have something good to eat before we sleep. A lot of the times the food we had was rancid, full of maggots, stink" (2015a, 71). Students were forced to eat the less than desirable fare and if they could not keep their food

down the conflict often turned to abuse. Survivor Bernard Catcheway recalled, “there were times I seen other students that threw up and they were forced to eat their own, their own vomit” (2015a, 74). In fact, the food was so deplorable that many schools provided students with vitamin-enriched snacks that were provided by Indian Affairs in the 1940s (TRC 2015b, 75). The consistent hunger led students to find edible food from a variety of other sources, including raiding the school kitchens and cellars, taking dumped spoiled fruits and vegetables from nearby stores, and eating the leftovers from the staff meals. Clergy and staff were served much better and nutritious fare than students. Survivor Inez Dieter stated, “the staff used to eat like kings, kings and queens” (TRC 2015b, 72). At many schools, students were tasked with farming and preparation of staff food while simultaneously surviving on limited and unpalatable food themselves. The insufficient diet consumed by residential school students was due to the severe lack of funding from the Canadian government. “The federal government knowingly chose not to provide schools with enough money to ensure that kitchens were properly equipped… and that food was purchased in sufficient quantity and quality for growing children” (TRC 2015b, 92).

There were a multitude of health issues experienced within residential schools and an estimated 4,000 students died during their enrollment. However, according to the TRC (2015), the number of students who died in the schools is unknown and it is unlikely that the correct number will ever be known. Health records were destroyed regularly and deaths were often not recorded at all. Until the 1950s, many schools were the sites of an ongoing tuberculosis crisis. While the record keeping was insufficient, nearly 50 percent of the scarcely recorded deaths were attributed to tuberculosis. The death toll attributed to tuberculosis in residential schools was so large that it led doctors in the 1922 Anti-Tuberculosis Commission report to the misguided conclusion that tuberculosis was hereditary and Indigenous people were inherently susceptible to the infection (Daschuk 2019). And, according to the TRC (2015b) the next most frequently recorded causes of death were influenza, pneumonia, and general lung disease. The health crisis in the schools was part of the larger Indigenous health crisis that was caused by the colonial policies enforced by the Canadian government. For many children, the relocation to residential schools was no healthier than their homes due to the ongoing tuberculosis crisis.

In 1897, Indian Affairs official Martin Benson reported that schools were “hurriedly constructed of poor materials, badly laid out, without due provision for lighting, heating, or ventilation” (TRC 2015b, 77). Furthermore, water and fuel supplies were often inadequate, little

regard was given to proper drainage, and many schools were fire hazards. The students' health depended on clean water, nutritious food, proper sanitation, adequate ventilation, and safe living conditions. But very little was done to improve the dilapidated conditions. In 1940, Indian Affairs agent R.A. Hoey concluded that the construction of the schools failed to meet the "minimum standards in the construction of public buildings, particularly institutions for the education of children" (TRC 2015b, 78). The schools were incubators of disease and served to intensify the ongoing health crisis in the broader Indigenous population. In the 1906 annual report, Dr. Peter Bryce, the chief medical officer for Indian Affairs, concluded that "the Indian population of Canada has a mortality rate of more than double that of the whole population, and in some provinces more than three times" (TRC 2016b, 79).

Due to the severity of the ongoing health crisis and high mortality rates, many of the institutions were overwhelmed with death. The TRC (2015b) reported that at some schools the dead were buried in common graves, while at other schools the burial spots of students were identified with only a white wooden cross. The schools were charged with determining the location and nature of burials and parental requests to have children's bodies returned home were refused. While the schools were poorly maintained, the school cemeteries received even less care. Often times, the closing of a school led to the complete abandonment of the school cemetery.

The closure of residential schools began in 1968 when the federal government restructured the system to create separate day schools and residences and took control over all the schools in southern Canada. From the 1970s to the 1990s, the government was committed to the closing of all residential school facilities. For 160 years, Indigenous children were subjected to institutions "that systematically denigrated their Indigenous languages, culture, and spirituality as well as disrupting family ties and community involvement in child rearing" (Kirmayer et al. 2014). While the aim was for "the savage to be made civilized, made fit to take up the privileges and responsibilities of citizenship," the IRS system was largely ineffective, and the closing of the schools did not mark an end for the history of residential schooling (RCAP 1996, 425).

The legacy of the IRS system remains. A system that disrupted families and degraded Indigenous cultures whilst subjecting children to abuse and humiliation has had a lasting impact. "The health of generations of Aboriginal children was undermined by inadequate diets, poor sanitation, overcrowded conditions, and a failure to address the tuberculosis crisis" that resulted

in the deteriorating health status that was, and remains, far below that of Canada's settler population (TRC 2015b, 127). Furthermore, residential schooling was only a portion of the colonial policy aimed to suppress and assimilate the Indigenous peoples of Canada.

3.3 The Lasting Impact of the IRS System

The colonial policies of the Canadian government aimed to disrupt Indigenous economies, suppress Indigenous cultures, and control Indigenous identities. The legacy of residential schools can be seen throughout Canada today and is reflected in significant socioeconomic disparities that condemn many Indigenous people to difficult lives plagued with racism and systemic discrimination (TRC 2015b). The legacy of residential schooling is further apparent in the disproportionate placement of Indigenous children in the child-welfare system as well as the disproportionate imprisonment of Indigenous peoples in provincial and federal prison systems. By subjecting thousands of children to a system that mocked and degraded their families' cultures, languages, and traditions, the IRS system policed their bodies and intensely damaged students sense of self and identity.

3.3.1 Child-welfare

The central objective of the IRS system, as part of the larger colonial agenda, was the separation and isolation of Indigenous children from their family in order to "civilize and Christianize" a new generation of Indigenous Canadians. Instead, children exposed to the strict, regimented, and suppressing disciplinary tactics of the IRS system later struggled in parenthood. According to Survivor Alma Scott, "a direct result of those residential schools, I was a dysfunctional mother…I spent years of my life stuck in a bottle" (2015b, 131). Furthermore, the beginning of school closings in the 1960s was accompanied by the large-scale apprehension of Indigenous children by child-welfare agencies, now known as the Sixties Scoop (TRC 2015b). The negative effect of residential schooling, in conjunction with injurious attitudes towards Indigenous parenting practices and the tendency to view Indigenous poverty as a symptom of laziness and neglect, directly contributed and continues to contribute to the disproportionate rates of Indigenous children in the child-welfare system. Indigenous parents became constructed as lesser and inadequate compared to the settler nuclear family model, which further legitimized the

removal of children from their birth families. According to Statistics Canada in 2011, 3.6 percent of all Indigenous children under the age of 14 were in foster care compared to the 0.3 percent of non-Indigenous children. Youth in the child-welfare system in Canada are more likely to suffer with mental health and behavioral issues (Fraser et al. 2015, 67). It should be emphasized that the child-welfare system, much like residential schools, were and are underfunded and placements are culturally insensitive and damaging (TRC 2015b; Macdonald and Gillis 2017). Much like the IRS system, the loss of cultural knowledge and identify is a significant concern for children who are placed in the welfare system.

3.3.2 Education

The residential school system failed to meet the educational needs of students for the entirety of its existence and continues to impact the educational and economic success of Indigenous peoples across Canada. According to the TRC, "poor educational achievement has led to the chronic unemployment, underemployment, poverty, poor housing, substance abuse, family violence, and ill health that many former students of residential schools have suffered as adults" (2015b, 133). The lack of suitable teachers and adequate curricula led to nothing more than elementary schooling and religious training. The lower educational attainment for survivors and the children of survivors significantly limited employment opportunities and earning potential. According to Statistics Canada in 2011, 29 percent of working-age Indigenous people had not graduated from high school and had a lower median after-tax income. In conjunction with the dismal educational success rates, the curriculum in residential schools was taught in a language foreign to a majority, if not all, of the students. Forcing students to learn English and French was a direct attempt to destroy Indigenous languages. Students were severely punished for speaking their own languages and as a result many students left school unable to communicate with their families. Due to the forced oppression of Indigenous languages in residential schools, in the 2011 census only 14.5 percent of the Indigenous population claimed that their first language learned was an Indigenous language (TRC 2015b, Statistics Canada 2011). The failure of residential schools as an educational system coupled with the blatant attack on Indigenous languages and cultural traditions resulted in generations of former students stuck at the fringes of contemporary Canadian society, unable to communicate with their families yet not accepted by the mainstream settler population. According to the TRC (2015b), "overcoming this legacy will require an

Aboriginal education system that meets the needs of Aboriginal students and respects Aboriginal parents, families, and cultures" (134).

3.3.3 Health

As discussed in the earlier section of this chapter, residential schools negatively impacted student health and endangered the overall well-being of the Indigenous children that attended them (TRC 2015b). The continued inequality in health outcomes between Indigenous and non-Indigenous Canadians is exponential (Daschuk 2019, 179; TRC 2015b; Waldram 2004). While residential schools presented a myriad of negative health outcomes, including infectious diseases, malnutrition, and sexual and physical abuse, the unprecedented ecological and economic changes that occurred to Indigenous populations due to colonial conquest and violence had enormous adverse health outcomes that were then exacerbated in the IRS system (Daschuk 2019). According to the TRC (2015b, 137) some of the gaps in health between Indigenous people and non-Indigenous Canadians include the following. Infant mortality rates among Indigenous infants range from 1.7 to over 4 times the rate for non-Indigenous infants. Indigenous peoples aged 45 and over have nearly twice the rate of diabetes compared to non-Indigenous people in the same age group. Indigenous people are six times more likely than the general non-Indigenous population to suffer alcohol related deaths and three times more likely to suffer drug induced deaths. The suicide rates among Indigenous populations are approximately twice as high as the general non-Indigenous Canadian population.

The overwhelming gap in health and socio-economic status between Indigenous people and non-Indigenous Canadians is directly attributed to the catastrophic colonial policies enforced by the Canadian government, including the residential school system. Daschuk (2019) argues that the adverse health outcomes experienced by many Indigenous peoples are physical manifestations of social-inequality and marginalization. The shocking contrast in living conditions and other social determinants of the health between Indigenous and non-Indigenous Canadian populations continues today and is a direct result of colonialism and the government incited residential school system.

3.3.4 Incarceration

Residential Schools, not dissimilar to penitentiaries, were institutions that incited fear and treated students as offenders (Waldram 2004; Assembly of First Nations 1994). The over-incarceration of Indigenous men and women can be directly linked to the colonial policies of the Canadian settler state and the IRS system. Traumatization experienced at residential school led a number of survivors to succumb to addictions and substance abuse (TRC 2015b, 139). Furthermore, the IRS system, in conjunction with the Sixties Scoop era, were instances of child incarceration that have a distinct link to the high rates of Indigenous imprisonment in the Canadian settler justice system (MacDonald and Gillis 2017). The larger climate of suppression made it extremely difficult for Indigenous peoples to avoid the coercive nature of the settler legal system following residential school. When the IRS system failed to mold generations of Indigenous youth into controllable and Christianized Canadians the over-incarceration began as Indigenous people became cast as delinquent. In 2016, Indigenous adults made up over 25% of the inmate population in federal prisons despite the fact that Indigenous peoples comprised only 4.3% of the total population (Office of the Correctional Investigator Canada 2016; Macdonald and Gillis 2017). As of 2020, the proportion of Indigenous people in the correctional system surpassed 30% (Office of the Correctional Investigator Canada 2020). Within a larger understanding of colonial suppression, it can be understood that the policing of Indigenous bodies through the IRS system and the subsequent increase in Indigenous inmates in federal and provincial prison systems demonstrates the statewide marginalization and stigmatization of Indigenous peoples in Canada.

3.4 Evidence of syndemics

A syndemic, as defined by medical anthropologist Merril Singer (2009), is a dynamic interaction that involves two or more diseases or disorders and the socioenvironmental conditions that influence their relationship. The defining feature of a syndemic is more than comorbidity. As outlined in Chapter 1, the syndemic presence of two or more diseases and/or other disorders exacerbate the negative health outcome of all diseases involved. A syndemic can include both disease interactions and biosocial adversities. Diseases along with other factors such as poverty, structural violence, and racism can act synergistically in a variety of consequential

ways (Singer 2009). This leads back to the initial research question: To what extent can syndemic theory apply to historical records and survivor testimonies to better understand interactions among multiple health conditions within residential schools?

The connection between the health problems in residential schools and the health problems on Indigenous reserves situates the schools' high levels of infectivity and mortality within the larger colonial practice of negligence in regard to the health of the Indigenous communities of Canada. Historically, the death rates of students enrolled in residential schools were significantly higher than the death rates of the general Canadian population. According to the TRC, "until the 1950s Aboriginal children in residential schools died at a far higher rate than school children in the general population" and even when the death rates began to decline, "they were still double those of the general school-aged population" (2015b, 74).

3.4.1 Environment and Living Conditions

As established, the conditions within residential schools, like many government funded reserves, were abysmal. Not only were schools poorly built and maintained, they were serious fire hazards. In conjunction with overcrowding and inadequate ventilation, many schools did not have fire escapes nor opening windows. According to the TRC, the school buildings were not only fire hazards, they were also incubators in which diseases and illnesses could flourish (2015b, 79). While a number of infectious diseases plagued the residential school system, tuberculosis was by far the most deadly. However, the 1918 influenza pandemic also had a significant impact on many schools. Principal J.F. Woodsworth complained, "for sickness, conditions at this school are nothing less than criminal. We have no isolation ward and no hospital equipment of any kind" (TRC 2015b, 81). Survivor Roger Cromarty recalled:

> Even though a lot of times once somebody caught something and it spread in the whole school like wildfire, and they would just more or less, we had to live out whatever it is that we caught, whether it's measles, mumps, sores, bedbugs, all that kind of stuff, we just had to live with it. We got some stuff from the matron. We used to have a matron that sort of acted as a nurse as well. So, a medical doctor we never saw. (2015, 177)

The Survivors Speak (2015a) document includes many stories of the deplorable conditions at many of the residential schools. Furthermore, many survivors state that not only were the living conditions criminal, the food was of low quality and lacked nutritional value. Survivor Daisy

Diamond recalled the meals at school added to her feelings of displacement. “When I was going to Shingwauk, the food didn’t taste very good, because we didn’t have our traditional food there, our moose meat, our bannock, and our berries. Those were the things that we had back home, and we were very lonely without those berries” (2015a, 69). The unfamiliar and unpalatable food served within many schools created a sense of disorientation, stress, and anxiety. Malnutrition combined with stressful and unsanitary living conditions interact adversely and lead to weakened immunity (Singer 2009, 171).

3.4.2 Tuberculosis

Tuberculosis, an infectious disease of significant antiquity, is a highly complex and contagious illness. As Roberts and Manchester (2007) explain, when an individual infected with tuberculosis coughs or sneezes, their excreta containing bacilli is then spread into the air. A healthy individual that comes into contact with these bacilli may quite easily become infected themselves. If the individual’s immune system is unable to kill the tubercle bacillus and stop the bacteria from growing, or if the individual does not receive proper treatment, death can occur. Therefore, tuberculosis should be understood as a disease of poverty and overcrowding. While tuberculosis typically affects the lungs, it can spread through the blood stream and affect other parts of the human body, including the brain, spinal cord, stomach, bones, joints, and lymph nodes (Robinson et al. 2008, 15). There has been considerable research conducted on the complexity of the disease and its historical impacts. For the scope of this research, a basic understanding of tuberculosis is important because it contextualizes the syndemic relationship with biosocial adversities.

Overcrowding and poor nutrition compounded with abuse and neglect contributed to the systemic tuberculosis crisis in residential schools (Daschuk 2019). Furthermore, the tuberculosis crisis coincided with the larger Indigenous health crisis that was caused by colonial policies that forced people from their traditional land, disrupting economies and food supply. Starvation and malnutrition caused by the inadequate and agriculturally-poor reserve land weakened the immunity of many Indigenous communities. The housing on reserves was poorly constructed, crowded, and had poor sanitation and limited access to clean water. Under these conditions, diseases such as tuberculosis flourished. Some children were infected with tuberculosis in their home communities and were then admitted into school. And, for many Indigenous children, the

relocation to residential schools did not provide a healthier living environment. In 1907, Dr. Peter Bryce published a report labeling several factors that contributed to high levels of tuberculosis in residential schools. He noted a significant lack of medical knowledge among the school principals, physicians, and administrators. Infected students were often not isolated, and the overcrowded nature of the schools encouraged infection. Overcrowding in conjunction with poor ventilation increased the rate of infection considerably within a number of schools. Survivor Joseph Dion recalled, "my schoolmates and I were not long in concluding that the lung sickness was fatal, hence as soon as we saw or heard of someone spitting blood, we immediately branded him for the grave" (2015a, 82). Survivor Louise Moine emphasizes that tuberculosis was "on the rampage in that school. There was a death every month on the girls' side and some of the boys went also" (2015a, 82). While the recognition that adequate ventilation in buildings was a significant step in the control of airborne tuberculosis spread, unpasteurized milk from infected cows was a continuous vector for the spread of bovine tuberculosis in residential school children (Daschuck 2019). Furthermore, according to the TRC, many of the schools lacked an infirmary and adequate isolation facilities (2015b, 81).

According to Singer, tuberculosis "tends to be involved in syndemics featuring complex biosocial interactions" (2009, 83). Thus, tuberculosis is most commonly found in populations made susceptible by a number of adverse socioeconomic factors, such as the "instability of residence, mixing of populations, forced migration, breakdown of social institutions that provide order and protection, major life-threatening events, poor sanitation, [and] high rates of certain other diseases" (Wallace 1998, 84). Residential school students faced a majority of the aforementioned biosocial complexities. Students were often moved from their home communities to a residential school with students from different communities, and sometimes students went to multiple residences. Survivor Archie Hyacinthe recalls the feeling of displacement. "So that was the, I think that's when the trauma started for me, being separated from my sister, from my parents, and from out, our home. We were no longer free" (2015a, 36). While life at school was highly regimented, protection and order were non-existent. Survivor William Garson recalled, "we were always like hiding in the corners; you know away from any abusement. From other, older, from older, elder boys" (2015a, 165). Students often found the discipline and abuse at school to be life threatening. Survivor Fred Brass recalled, "I saw my brother with his face held to a hot steaming pipe and then getting burned on the arm by the

supervisor" and "I saw my cousin get beat up to the point where he was getting kicked where he couldn't even walk" (2015a, 140).

Generally weakened immune systems, as a result of a multitude of harmful biosocial interactions, led to an increase in students' illness burden. This, compounded with the fact that proper sanitation, adequate ventilation, and clean facilities were not the standard at many schools created the ideal conditions for tuberculosis to thrive. As a result, the rates of tuberculosis infectivity and death among residential school students were disproportionately high.

3.4.3 Emotional Experience and Trauma

Residential school students' immunity was directly affected by both physiological and psychological factors. Social and environmental stressors have significant impacts on the mental and emotional health of individuals. According to Singer, "alterations of the emotions and mental health (owing to trauma or posttraumatic stress, for example), no less than physical diseases, can pave the way for other diseases to develop because our bodies biologize emotional experience" (2009, 55). A number of survivors spoke of the environmental turmoil, including loneliness, fear, isolation, and displacement that they experienced throughout their enrollment in the residential school system.

As discussed in the background section of this chapter, there were a host of adverse social conditions that increased disparities in the mental and physical health status of students. For example, the prohibition of Indigenous language was a primary isolation tactic that directly impacted the mental health of students. Survivor Margo Wylde recalled not being able to communicate upon her arrival at school, "I said to myself, 'how am I going to express myself? How will I make people understand what I am saying?' And I wanted to find my sisters to ask them to come get me. You know it's sad to say, but I felt I was a captive" (2015a, 27). The loss of Indigenous languages experienced by many IRS students not only hindered communication, but isolated them from their fellow classmates, and further isolated them from their families, spirituality, identity, and culture. Robinson (2008) suggests that the fear, stress, and anxiety caused by the separation of children from their families and normal lives caused increased susceptibility to illnesses. It is clear, then, that negative emotional experiences acted synergistically and contributed to the high mortality rates of students.

Researchers Wright, Hanrehan, Tager, and Speizer (1997) maintain that violence may be a contributing factor to the increased severity of respiratory issues among certain demographics of children. And, while violence and abuse were and are, heavily discussed in terms of traumatization, discourse surrounding the residential school experience often focuses on mental and sexual abuse as the main causes for emotional impairment. Therefore, it should be understood that violence compounded with a multitude of emotional stressors acts synergistically to increase susceptibility to illness and severity of outcome. A number of students shared stories of the extreme disciplinary measures they experienced throughout the IRS system. The severe corporal punishment inflicted upon students within the IRS system led many students to compare the schools to jails: some survivors spoke of being confined in dormitories, closets, basements, and crawl spaces (TRC 2015b). Within the *Survivors Speak* (2015a) document, stories of public humiliation were the most common punishment coupled with physical violence. For instance, survivor Mary Viver recalled seeing her brother publicly beaten:

> I don't know what my, what my brother…what he did. All I know is that it was, we were all in the dining area when they brought him in, when they brought them in. They had, I don't know, I was just pretty small, but it looked like a big, long rod to me, maybe it was smaller. That's when they were hit in front of all the students. Maybe it was a lesson for us, or scare tactic, I'm not sure, but I was, I cried. I had one of the nuns holding me down, so I don't go running to my brother. They had another one by my sister. I remember that day. I cried, I cried and I cried (TRC 2015a, 145).

These types of testimonies, containing traumatic, violent, and humiliating individual experiences fill the pages of TRC *Final Report*. Public humiliation, in the form of public mockery and abuse, and voyeuristic humiliation, in which staff would watch students shower and change, intensified students sense of isolation. The narratives of trauma permeated throughout the *Survivors Speak* document emphasizes the syndemic interaction between the socioenvironmental contexts of residential school and student health. Singer emphasizes that "emotional experience, in short, is a biological phenomenon of no less significance in the formation of syndemics than is disease seen as organic" (2009, 55).

Survivor narratives symbolize more than the evidence of physical and psychological trauma. They also highlight the direct syndemic connection between emotional experiences and disease susceptibility, interactions, and spread. Distress and illness, as experienced by the

individual body, can be understood as an unconscious form of protest against an oppressive social order (Lock & Scheper-Hughes 1996, 65). As the findings from this research indicate, the oppressive social order experienced by the individual Indigenous child's body was the entirety of the residential school system. The individual body as a student and a subsequent survivor is and was directly affected by the state sponsored cultural genocide enforced by residential schooling. The power exerted over students was the attempt to produce malleable and docile Indigenous bodies. In reality, this led to the syndemic interaction between trauma, health, and disease. The individual body including sense of self and identity is representative of the individual narrative and experience of former residential school students. Thus, by employing a syndemic understanding to the individual body the collapse of the mind and body becomes evident. It is clear, then, that the dynamic relationship between the healthy body and the healthy mind coincides with the notion of the controlled mind and sick body. It emphasizes the syndemic understanding that trauma can pave the way for diseases to develop due to the somatization of emotional experience by the body.

3.4.4 Continued Evidence of Syndemics

By situating the residential school system within the larger colonial landscape, it also firmly places the health disparities experienced by former students, and families of former students, within the larger history of colonial, racist, and paternalistic policy. While I briefly outlined some of the transgenerational impacts of the residential school system in section 3.3 of this chapter, there has been ample research into Indigenous health and the disparities associated with the colonial history of Canada. Adelson confirms, "scholars across all sectors of Aboriginal health studies concur that, despite inadequacies in the health care delivery system and regardless of peoples' relative access to or use of the biomedical system, the problems are entrenched in the history of relations between Aboriginal peoples and the nation-state" (2005, S45). Socioeconomic marginalization is subsequently part of the history of colonization. Issues such as incarceration, substance abuse, injuries, suicide, violence, infectious and chronic diseases all occur in disproportionately high numbers across Indigenous communities in Canada (Adelson 2005; Bethune 2017; Hayward 2019). Such instances of political and economic disadvantage, along with poor education, limited employment opportunities, reduced access to resources, and other societal stressors are also part of the complex notion of disease within a syndemic context.

Much like the cultural divides within the IRS education system, there are many instances within biomedical health care delivery to Indigenous patients that involve practices and issues that do not easily translate across cultural and linguistic barriers. Adelson explains that, "issues of time management or diet control, for example, may make little sense to an Aboriginal elder or, for that matter, a young mother with little income or social support" (2005, S46). Furthermore, biomedical health care, in relation to Indigenous communities, has been shaped by over a century of colonial policies that aimed to marginalize and displace Indigenous peoples from the prominent system of care.

The issues experienced within the residential school system, namely over-crowding, unsanitary living conditions, poor access to nutrient dense food and clean drinking water, violence, sexual abuse, racism, and high rates of disease and illnesses are issues that persist in modern populations of Indigenous peoples across Canada. These biosocial complexities are a distinct modern-day symptom of colonialism and the residential school system. Thus, they indicate that these health disparities are directly related to the syndemic interaction of social, economic, and political inequalities experienced by First Nations, Métis, and Inuit peoples. The end result is a disproportionate burden of negative health and social suffering.

3.5 Conclusion

Residential school students resided in overcrowded and unsanitary conditions because of social inequalities and structural barriers. Students had limited access to adequate diet and clean drinking water, resided in overcrowded and unsanitary living conditions, had extremely restricted access to proper medical services, endured targeted humiliation, physical violence, and sexual abuse. These factors acted synergistically to create ideal conditions for disease spread, concentration, and interaction, and hence, the ongoing health crisis that plagued the IRS system for over a century. This research is situated well within discussions of syndemic theory regarding the Indigenous peoples of the Americas. For example, Singer discusses how clustered health conditions acted as evidence that the Sioux people "were victims of a syndemic that combined a number of interacting infectious diseases, malnutrition…and stressful and extremely disheartening life conditions" and, thus, experienced high mortality rates (2009, 171). While the residential school experience is the crux of this research it is reductionist to think of residential

schooling as the main pillar of colonization. Rather, it is but a piece of the long and continuous story of colonial policies and cultural genocide.

The survivor stories contained within *The Survivors Speak* (2015a) document tell of isolated, traumatized, fearful, abused, and sickly children. It is apparent that physical and mental trauma in conjunction with over-crowding, malnutrition, poor sanitation, and insufficient health care contributed to multiple adverse health conditions within residential schools. However, it is imperative to emphasize that while these narratives contain trauma, they also shine with evidence of resilience and survival. To understand the biosocial complexities of the residential school experience through a syndemic lens situates the overall Indigenous health crisis within the larger colonial landscape that intended to exterminate Indigenous cultures. Furthermore, syndemic theory provides a framework to explore social conditions and disease interactions for the analysis of biosocial complexities experienced by former residential school students and the intergenerational impacts of the residential school legacy. This framework offers an approach that is effective in multidisciplinary research to mitigating adverse health outcomes by addressing social initiatives to change socio-economic environments (Singer 2017).

In the following chapter, I focus on the current archaeological work that is being done to locate unmarked graves on residential school grounds across Canada and discuss past archeological research into infectious diseases.

CHAPTER 4: USING A SYNDEMIC APPROACH IN ARCHAEOLOGY

"There are thousands of families across our Treaty territories that have been waiting for their children to come home"- Chief Bobby Cameron, Federation of Sovereign Indigenous Nations (2021)

4.1 Introduction

The search for the missing children of residential schools, guided by TRC Calls to Action 72-76, is arguably one of the most crucial, dark, and complex projects to stem from the initial TRC inquiry into the legacy of the IRS system. The presence of significant syndemic interactions experienced within residential schools increased mortality rates and escalated adverse biosocial conditions (Singer 2009, TRC 2015a). Exceedingly high student death rates in conjunction with grossly underfunded institutions meant that student graves were scarcely marked nor recorded. According to the TRC, "parental requests to have children's bodies returned home for burial were generally refused as being too costly" (2015c, 85). The exact number of students who died in the IRS system may never be known in full due to the incompleteness of documentary evidence from the government. According to the TRC (2015c), the federal policy in 1935 was to destroy school records after five years and destroy reports of accidents and deaths after ten years. "Between 1936 and 1944, 200,000 Indian Affairs files were destroyed" (TRC 2015c, 72). Health records were also regularly destroyed, and the lack of regulation led many school principals to report non-specific information. The TRC/NCTR have since confirmed 4,131 deaths, and counting, through the creation of the Register of Confirmed Deaths of Named Residential School Students and the Register of Confirmed Deaths of Unnamed Residential School Students (2015c, 1). Prior to 2015, TRC archaeologists recorded 20 burial sites with both marked and unmarked graves, thus creating the basis for a Registry of Residential School Cemeteries. However, Alex Maass (2021), current manager of the Missing Children and Unmarked Burials Unit of CIRNAC, estimates that there were more than 6,000 deaths at 140 residential school locations across Canada.

As established in the previous chapter, Indigenous children attending residential schools died at a far higher rate than non-Indigenous children in the general school-aged population.

According to the TRC, for just under one-third of the confirmed 3,200 deaths (32%), the name of the student who died was not recorded. For almost one-quarter of these deaths (23%), the gender of the student who died was not recorded. And, for just under one-half of these deaths (49%), the cause of death was not recorded. Due to the overwhelmingly high death rates students were often buried with little to no markers, parents were rarely informed, and bodies were almost never returned to their home communities. Many cemeteries that were documented are abandoned and highly vulnerable to disturbance (TRC 2015c, 2). Even more troubling, the unintentional discovery of burial sites has been recorded on numerous occasions in multiple locations across Canada. In 1993, during the installation of a new sewage system, 19 unmarked graves were uncovered at the Muscowequan residential school in Saskatchewan, which was still operating at the time and later closed in 1997. Again, in 2001, water erosion from a nearby river exposed the remains of 34 former students of the High River, Alberta, school (TRC 2015c, 3). The search to locate unmarked graves has since become an intentional and highly publicized endeavor. Spearheaded by the NCTR, CIRNAC, and a number of Canadian archaeologists, work to locate the missing children has begun in a number of Indigenous communities. This chapter discusses the ways in which studying archaeological inquiries into past epidemics, non-specific physiological stress and social inequalities, in conjunction with a syndemic approach, can inform the ongoing work to locate the burial sites, and possibly identify the remains of former residential school children.

4.2 The Archaeology of Disease

It cannot be overstated that the Canadian government's failure to establish adequate sets of regulations to guarantee health and safety for students attending residential schools, in conjunction with the failure to properly fund the institutions, led to syndemic disease interaction and resulted in disastrously high mortality rates. According to Singer, "researching syndemics of the past is hampered on the one hand by the limited availability and quality of health records and on the other hand by less than complete level of disease knowledge" (2009, 158-161). However, within the context of this research, studying infectious diseases and syndemics of the past can help to discern the role that disease interaction had on the history and legacy of residential schools.

While the syndemic perspective is most often applied to living populations, and in the previous chapter was applied to historical testimonies, I argue that the syndemic perspective can be a useful tool to inform archaeological research. The population of interest in this research is the thousands of students who died during their enrollment in residential school and are presumably buried in unmarked locations near former school grounds. To reiterate, the peak of the health crisis in Canada's residential school occurred in the late nineteenth and early twentieth centuries, with tuberculosis being the most frequently recorded cause of death. The next most frequently recorded causes of death were influenza, pneumonia, and general lung disease (TRC 2015c, 76).

DeWitte states that "the existence of archaeological evidence of past diseases and the persistence of some ancient emerging diseases to the present day provide ideal opportunities to examine long-term trends in emerging and epidemic disease dynamics" (2016, 65). Researching diseases of the past can help to better understand the causes and effects of current emerging diseases and provide means for mitigating illnesses in living populations. For example, Singer (2009) uses the research of DeWitte and Wood (2008) to outline an instance in which archaeological research and syndemic theory intersected. Using the skeletal remains of 490 Black Death victims to test the theory that the Black Death was so lethal its victims were killed indiscriminately, researchers counted bone lesions that were suggestive of prior infection and poor health conditions and cross-compared the data to a similar medieval skeletal sample. The data indicated that Black Death victims tended to already be in poor health and the epidemic most affected those who were already suffering from physiological stress. More specifically, DeWitte and Wood (2008) suggest that the lesions from prior health conditions were most likely caused by malnutrition. Singer asserts that this is evidence that the Black Death "was a syndemic caused by diet-related immune system damage and infection" (2009, 159-160). It is important to note, however, that the Black Death was highly fatal, killing too quickly to leave visible skeletal lesions and preventing any paleopathological diagnosis of the epidemic. Therefore, DeWitte's research is, in part, only possible because of the historical and archaeological evidence that links mass burial sites in Europe to victims of the Black Death.

DeWitte indicated that elderly people and frail people of any age, meaning those who had experienced physiological stress prior to contracting the disease, were at heightened risk of death during the Black Death epidemic (2016, 66). The evidence that the Black Death targeted frail

people (of all ages) coincides with evidence that the standards of living, including diet, and health conditions were extremely poor during the time of the epidemic. Changing demographics caused by climate fluctuations and famine, such as the bovine pestilence (AD 1318-1350), acted synergistically to reduce overall health, making populations vulnerable to infection (DeWitte 2015). Thus, DeWitte concludes that the Black Death "killed selectively and was not an indiscriminate killer" (2016, 63).

As discussed at length in the previous chapter, tuberculosis was the highest recorded cause of death in the residential school system. Tuberculosis is a well-researched disease that can produce diagnostic skeletal lesions, thus providing researchers with a disease, of the past and present, that can be investigated using osteological material without requiring supporting historical documentary evidence. Primary tuberculosis is usually contracted during childhood by children who have not previously been exposed; the child either survives or dies. Secondary tuberculosis occurs when the latent infection in the individual becomes reactivated, or the person become infected again with another repeated dose of tubercle bacilli (Roberts and Manchester 2005, Roberts and Buikstra 2019). The secondary form of tuberculosis is when skeletal changes can occur. Tuberculosis spreads to the bone from its original entry point via the bloodstream and lymphatic system, with the vertebral column being the most commonly affected area of the body. A majority of tuberculosis diagnoses are made based on the presence of significant lesions on the spine (Ortner 2003, Roberts and Manchester 2005).

The current research project is unique because while there is no physical osteological material for researchers to examine there is historical evidence and testimonies that account for the tremendous impact tuberculosis had on the IRS system. Furthermore, the tuberculosis epidemic is of special interest to anthropologists because of its vast historical impacts, and the role that biosocial and environmental factors have in "determining susceptibility to and driving transmission of the disease" (DeWitte 2016, 68). For example, in living populations, tuberculosis is historically known as a disease linked with poverty and poor overcrowded living conditions. Examining tuberculosis in past populations improves the understanding of how environmental and sociocultural factors play a role in the dynamics of the disease in more recent or current populations. "High population density, poverty (with attendant poor diet and living conditions), and contact with animals appear to have allowed tuberculosis to flourish in the past…and contribute to its persistence in living populations" (DeWitte 2016, 69). Studying the

archaeological evidence attributed to tuberculosis also contributes to an understanding of the biosocial consequences of urbanization and migration to urban centers. The research surrounding this epidemic, both in antiquity and in current populations, is crucial to better understand the symbiotic relationship between socioeconomic status and patterns of disease susceptibility and clustering.

The next most frequently recorded cause of death in the IRS system was influenza, with many schools noting severe outbreaks of the disease (TRC 2015c). Until the emergence of the HIV/AIDS pandemic in the late twentieth century, the 1918 influenza pandemic was believed to be one of the worst outbreaks of an infectious disease in history (Walter 1978). Due to the time period, it is unknown when the epidemic reached Canada, but it is suggested that it arrived with troops returning from World War I. Sattenspiel and Herring (1998) discuss the influenza epidemic of 1918 in the central Canadian Subarctic as being, in part, due to the dispersion and general isolation of family groups, as they were sparsely located along fur trade trap lines. This type of relative isolation made it difficult for families to survive outbreaks of influenza, in which most family members were infected, and food supplies were low, as is common during winter. Thus, it is evident that "patterns of dispersion and agglomerations need to be taken into account in the analysis of epidemics, past and present" (Sattenspiel and Herring 1998). There are no physical osteological markers on individuals affected by influenza due to the speed with which the infection caused death. However, historical and documentary evidence of an influenza outbreak, similar to DeWitte's (2016) research into the Black Death, provides context for situations where cause of death may not be readily available. An example of this can be seen in Davis and colleagues' (2000) research, in which GPR was used to locate and subsequently excavate the graves of seven individuals who died of influenza in Svalbard, Norway in 1918. Similar to current research to locate the remains of former residential school children, the use of GPR, a non-invasive archaeological tool, proved useful to accurately locate burial sites. GPR technology allows researchers the ability to map fine details in archaeological and forensic situations and can allow for precise and safe exhumations under a relatively high degree of isolation (Davis et al. 2000). The use of GPR minimized the extent of the excavation process and limited damage to the surrounding area. While the primary goal of Davis and colleagues was to recover viral RNA from victims of the 1918 influenza pandemic buried in permafrost conditions, this study supports the application of archaeological techniques to infectious disease research.

One cannot discuss the syndemic interaction among infectious diseases, living conditions, and health without touching on the impact of malnutrition. Infection, and the risk of adverse outcomes from infectious conditions, is positively associated with nutritional deficiencies. Thus, it can be assumed that the observed relationship between malnutrition and disease susceptibility acts synergistically (Roberts and Brickley 2019). Anthropological and archaeological research concerning famine, defined here as a period of extreme food scarcity, is abundant (Gowland 2015). And, in the context of the current research project, malnutrition, as determined in the previous chapter, was a defining feature of the IRS experience.

The Dutch Hunger Winter of 1944-45 is an often cited and well-known example of famine, in which a five-month period of scarce food rations (under 1000 Kilocalories per day) resulted in a discrete period of famine (Gowland 2015; Portrait et al. 2011). "In the Dutch famine, food supplies soon returned to normal, thus creating a 'mismatch' between the starvation level [and adequate post-natal nutrition] essentially resulting in maladaptation and leading to greater chronic disease susceptibility later in life" (Gowland 2015, 523). A similar link could be drawn between the early life stress experienced in residential schools and later life morbidity experienced by IRS survivors, as was discussed in section 3.3 of this thesis. Thus, it is clear that nutritional stress has implications for immune response. Gowland argues that the link between early life stress, such as a famine, and later life morbidity can be examined in the archaeological record and that skeletal evidence could be used to create "osteobiographies" of health using the development bones and teeth (2015, 532-533). The use of skeletal growth markers could reveal age-specific disruptions in growth due to nutritional deficiencies and other adverse social factors. It is important to note that many commonly assessed indicators of adverse health conditions analyzed in archaeology/paleopathology (e.g., enamel hypoplasia, growth disruption, cribra orbitalia) are thought to be non-specific because of their overlapping etiologies (Gowland 2015). However, nutritional adversity has been proven to cause growth disruptions and increase infectious disease susceptibility. Examples of food insecurity, such as the Dutch Hunger Winter, highlight the effect that malnutrition, especially during periods of growth and development, can have on long-term health and frailty. Furthermore, the notion of epigenetic health impacts due to early life trauma and stress, including malnutrition and food insecurity, could also be applied to understand intergenerational trauma and susceptibility to illness (Gowland 2015). The syndemic experienced by survivors of the IRS system, similar to the stress experienced by the Dutch

Hunger Winter survivors, could be a contributing factor to intergenerational morbidities and adverse health outcomes.

Social status, one of the strongest social determinants of health, along with the social construction of race, act as two social structures that interact synergistically to directly affect health. Gowland (2015) argues that health it is not solely explained by nutrition and disease load, but that social structures play a pivotal role. For example, the enslavement of African peoples for generations, along with the psycho-social stresses from continued racist ideologies and social inequalities continue to have detrimental effects on the health of contemporary African American descendants (Gravlee 2009; Gowland 2015). Archaeological evidence of social inequalities in past populations and the subsequent adverse health outcomes of these material and psycho-social disparities must be considered when examining skeletal abnormalities (Gowland 2015, 536). For example, skeletal evidence from the Roman occupation of Britain (AD 43-410), shows that the indigenous population that was forcibly assimilated into the hierarchy of the empire experienced a decrease in stature and an increase in nonspecific indicators of stress (Gowland 2015; Roberts and Cox 2003; Redfern and DeWitte 2011). This demonstrates that archaeologists should be aware of the impact that social inequalities and psycho-social stress may have on phenotypic skeletal expressions along with infectious disease susceptibility and nutritional deficiencies.

Investigating past diseases can provide spatiotemporal depth into the understanding of the dynamics that give rise to epidemics and syndemics. Studying the mortality patterns that are associated with specific diseases and social structures throughout history can help to explain individual susceptibility and risk. Furthermore, studying epidemic health trends allows for an understanding of how diseases shape populations and can explain the evolution of emerging diseases. Studying archaeological evidence associated with past infectious diseases, historical events, and adverse biosocial conditions can inform the current research project and can also help to integrate social theory with archaeological methods of analysis. The following sections of this chapter look to discuss the ongoing archaeological work that has begun to locate the remains and burial sites of missing residential school children and looks to integrate a syndemic approach within this work.

4.3 Current and Ongoing Archaeological Inquiries

4.3.1 TRC: Missing Children and Unmarked Burials

According to *Volume 4: Missing Children and Unmarked Burials* of the TRC Final Reports, prior to 2015, a working group of unspecified technical experts, established by the TRC, worked to identify 20 burial location and residential school cemeteries. Many of the cemeteries identified by the TRC were abandoned, disused, and vulnerable. Schools often moved locations when structures became too small, were damaged by fire, or were re-built in more suitable locations. As a result, many school cemeteries were established near former school grounds and most were established informally. Statistical evidence indicates that the residential school death rate was highest in the late nineteenth and early twentieth centuries (TRC 2015c, 127). However, because a majority of the schools opened prior to 1950 it is assumed that most schools likely had a cemetery. The TRC explains, "some burial places are within or near old school grounds, but few seem to have been formally identified and designated by the provincial and territorial agencies…many of these inactive and overgrown cemeteries are not readily identifiable" (2015c, 129). Thus, the use of local knowledge to locate burial sites is increasingly important. For example, community knowledge was critical to locating the cemetery associated with the Red Deer, Alberta, residential school. Former student Albert Lightening, whose brother died at the school, worked with a team to locate the abandoned cemetery using memories from his time at school (TRC 2015c, 132).

The marked and unmarked burial sites located by the TRC (2015c) team of experts include 20 former schools. At the Edmonton Residential School cemetery, in which patients who died at the local hospital were also buried, boys from the school were tasked with caring for the cemetery and digging graves. According to the TRC, 98 adults and children are buried in the Edmonton residential school cemetery. In Lebret, Saskatchewan, the cemetery linked to the Qu'Appelle Residential School remains in operation by the Sacred Heart Catholic Church even though the school building was closed and demolished. Similarly, the school on Cowessess First Nation was destroyed and replaced but the cemetery remains. The Desmarais School in Alberta was also demolished while the nearby cemetery remained in operation. The Cranbrook, British Columbia school was transformed into a resort with the cemetery remaining on the grounds. The Catholic school at Squamish in what is now North Vancouver was demolished and the land redeveloped, with the cemetery now surrounded by residential development. Fort Williams First

Nation Residential School, in what is now Thunder Bay, Ontario, was demolished and replaced with another school but it was identified that some residential school children were buried in the nearby St. Patrick's Cemetery. The Cecilia Jeffrey school was built along the Manitoba-Ontario border but was later moved to Kenora, Ontario and had two abandoned cemeteries. A third is thought to be present but not yet identified. In some situations, residential school grounds became parks or heritage sites, and thus received maintenance. These include the ones located at Mission, British Columbia, Notre Dame des Victoires at Lac La Biche, Alberta, and McDougall Orphanage at Morley, Alberta. Other cemeteries that are well-kept because of their continuing operations include the site of the Moose Factory First Nation and the Moose Factory School in Ontario and Couchiching First Nation and the Fort Frances School, also in Ontario. Two cemeteries are associated with the Brandon Residential School in Brandon, Manitoba. In Fort Providence, Northwest Territories, local initiatives have led the protection of the cemetery associated with the residential school. The Regina Residential School cemetery became privately owned and an archaeological survey in 2012 identified 22 possible grave sites. This initial research conducted by the TRC became the impetus for the Registry of Residential School Cemeteries. Given the aging population of survivors with first-hand knowledge, there is an urgent need for continuing work to locate burial sites and cemeteries in a timely manner (TRC 2015c). More burial site findings are discussed in subsequent "Findings" section of this chapter.

4.3.2 Technology

Ground Penetrating Radar (GPR), briefly discussed in Section 4.2 above, is the archaeological tool at the forefront of the search for unmarked burial sites of missing residential school children. GPR is a technologically advanced tool that "sends a few nanosecond long pulse of radio-frequency energy into the ground. Part of the signal is reflected whenever it encounters changes in the electrical properties in the ground and this is detected on the surface" (Davis et al. 2000, 69). Essentially, GPR penetrates the ground to indicate disturbances in the soil. Davis and colleagues argue that GPR differs from conventional radar in two key-ways: first, by "looking" into the ground and second, by moving past the target of interest. This compares to a conventional radar, where the target moves in the air relative to the radar unit (2000, 69). GPR works by passing over a gridded survey area with a portable unit to produce data, that is then interpreted offsite at a later time. The evolving GPR technology allows researchers to more

accurately locate and identify human remains. However, archaeologist Terence Clark asserts, "GPR findings can be further refined in combination with electronic magnetometry, which picks up disruptions in magnetic fields, and drone imagery…along with environmental technology, which could be used to detect human DNA near a gravesite without disturbing the remains" (The Globe and Mail 2021). Oral information can also assist researchers using GPR technology. In the case of Davis and colleagues' research, using all available information, including oral data, while interpreting the geophysical data allowed for an accuracy that could not be corroborated by just documentary evidence (2000, 75).

4.3.3 Canadian Archaeological Association 2021 Virtual Conference

Community-led archaeology was at the center of discussion in the *Commemorating Indian Residential Schools through Archaeology and Digital Heritage* presentations at the Canadian Archaeological Associations 2021 Virtual Conference. Archaeologists from across Canada presented on a number of projects relating to techniques and tools that are being utilized at IRS locations. The "community-led" aspect of these projects was continuously emphasized, along with the overarching complexity that coincides with working on IRS burial sites. Alex Maass' (2021) presentation directly addressed the archaeological work to locate the unmarked residential school burial sites at former IRS locations across Canada. She outlined the creation of an oversight committee, comprised of survivors and Indigenous experts, to liaise with Indigenous communities and partners and to advise the federal government. The three-year goal is to (1) develop community plans and gather local knowledge; (2) access professional and archaeological services to identify and investigate burial sites; and (3) conduct memorialization initiatives and reburials of remains in home communities when requested (Maass 2021). Maass (2021) emphasized a number of considerations that must be acknowledged when discussing this work. First, while the number of burial sites is unknown, estimates begin with the total number of schools. Second, a number of sites are located on provincial, territorial, municipal, and/or privately held land which can create legal difficulties. Third, multi-site burials for a single school are a possibility that must be considered, along with community burials. Overall, however, Maass (2021) spoke of a need to ensure that elderly survivors have information about relatives and classmates and are able to participate in commemorating those losses.

The community-led approach was mirrored in Clark and colleagues' presentation on using non-invasive methods to locate burial sites in historic cemeteries. Clark and colleagues (2021) emphasized community goals as project goals, asserting that leadership and organization must come from the community that is requesting archaeological services. Each project will require an individualized approach and researchers will have to operate within the bounds of each communities' belief system. Clark (2021) outlined a collaborative model where communities plan and direct the survey projects using organizations they trust, CIRNAC and other large consulting firms support large scale organizational, logistic, and technical needs, while academic partners provide support with equipment expertise and training. Kisha Supernant's (2021) presentation further emphasized the need for research that is tailored to each individual community, including individualized data collection methods and clear translation of results for community partners. Supernant (2021) called for a "heart centered approach" while following the community's lead, listening to oral history, and learning from Indigenous knowledge. Furthermore, Supernant emphasized the importance of working quickly and providing preliminary findings with more detailed reports following analysis.

Simons and colleagues' (2021) presentation directly addressed the IRS and settler legacy. Through acknowledging the extensive history of violence, denial, relegation of the past, and failure to adequately respond, Simons and colleagues (2021) identified the untrustworthy nature that non-Indigenous researchers can carry. They asserted that archaeologists have a duty to build trust through a process of learning and unlearning. This includes interactional expertise and a shared understanding, purpose centered engagements, and attention to values, norms and expectations. Simons and colleagues (2021) explained that, "as archaeologists help produce an indirect form of witnessing of the history of violence against Indigenous youth and children, we are also called on to listen and learn to bear witness in ways that go well beyond the remit of out radar machinery and academic expertise." Again, in correspondence with the previous researchers, Simons and colleagues called for cultural and spiritual guidance from each community. Most importantly, they emphasized the importance of being transparent and staying until the work has been completed and the communities' expectations have been met.

As of August 2021, there have been no exhumation of remains at any IRS site. However, Eldon Yellowhorn (2021), asserted that IRS cemeteries are "grey areas" because they are too modern to be considered historic, and too old to be considered crime scenes. However, the notion

that IRS cemeteries are neither historic nor crime scenes could be debated. Yellowhorn (2021) believes that researchers should strive to recover the identities of each child and that excavation should be a possibility. Again, however, each community's wishes will be different, and some might not wish to exhume the gravesites for a multitude of reasons. Honoring the wishes of each community directly correlates with the "community-led" approach being taken by many researchers.

4.3.4 Findings

In June 2018, Muskowekwan First Nation, in partnership with researchers from the University of Alberta and the University of Saskatchewan, used GPR to identify a number of potential burial sites. Archaeologists Kisha Supernant (University of Alberta) along with Terence Clark (University of Saskatchewan) and a team of students surveyed an area of land, based on local knowledge from the community, near the former Muscowequan Indian Residential School. The team returned in August and October 2021 to continue searching for unmarked burial sites. Muskowekwan stated that at least 35 burial sites have been located, including the 19 unmarked graves that were accidentally uncovered in 1993 during the installation of a new school sewage system.

In May 2021, Tk'emlúps te Secwépemc First Nation, in partnership with GPR specialist Sarah Beaulieu, surveyed one hectare of a 65-hectare area and located 200 possible burial sites near the former Kamloops Indian Residential School. According to CBC news, Beaulieu and team used GPR to survey an apple orchard near the school based on evidence from survivors recalling burials in that location (CBC 2021a). Beaulieu noted that a "juvenile tooth and rib bone" were located in the area, and the length and depth of the burial sites coincide with the typical size of juvenile burials (CBC 2021a). A more detailed report has not yet been published due to the ongoing nature of the work.

In the following month of June 2021, Cowessess First Nation worked with a "technical team from Saskatchewan Polytechnic" to survey a 44,000 square meter area using GPR technology (CBC 2021b). According to the preliminary findings, the team located 751 disturbances in the soil that could be possible burial sites. It is unclear if the burial sites are all juvenile and related to the nearby Marieval Indian Residential School. The current Chief of Cowessess First Nation, Cadmus Delorme, asserted that some of the remains may be individuals

who attended the nearby Catholic church and oral history suggests that adults may have been buried there too. Delorme further proclaimed that the community is treating the site "like a crime scene" and wants to identify each individual (CBC 2021b).

The Penelakut First Nation announced in an online newsletter in July 2021, that it had located more than 160 unmarked burial sites on the grounds of the former Kuper Island Residential School. There is no information regarding the methods used to locate these sites and no news sources have any official statements from Penelakut First Nation. Eric Simons, PhD student in anthropology at the University of British Columbia, explained to CBC news (2021c) that researchers have been working with the Nation since 2014 and this work is ongoing.

This list is not exhaustive; a number of Indigenous communities across Canada are working to begin the difficult process of locating their lost children.

4.4 Taking a Syndemic Approach

This thesis aims to explore the extent to which the syndemic paradigm can be applied to the current archaeological work that is being done to locate the missing children of Canadian Indian Residential Schools. As previously stated in Section 4.2, the syndemic perspective is most often applied to living populations. In the previous chapter, it was applied to historical testimonies. Here, I argue that the syndemic perspective can be a useful tool to inform archaeological research into past populations.

Syndemics, as a concept, moves beyond the medical and/or archaeological conceptions of comorbidity and multimorbidity, in which diseases merely occur simultaneously, because it is concerned with the consequences of multiple disease interactions and the social, environmental, or economic factors that engage with the disease and subsequently shape the disease interactions (Singer et al. 2017). Syndemics encompass adverse disease interactions of all types including, but not limited to, infections, mental health conditions, behavioral conditions, malnutrition, chronic non-communicable disease, and toxin exposure. These are most likely to occur under conditions of health inequality caused by stress, poverty, or structural violence. Singer and colleagues assert that "syndemic theory seeks to draw attention to and provide a framework for the analysis of these kinds of biosocial connections, including their causes and consequences for human life and wellbeing" (2017, 950). The syndemic framework has gained recognition in the fields of public health, medicine, nursing, oral health, psychology, chronic illness management,

infectious disease prevention, and sexual and reproductive health. However, this framework, has yet to be meaningfully applied to disciplines like archaeology and, even more specifically, palaeopathology. Syndemic theory will provide a framework for archaeological analysis that accounts for biosocial connections and understandings of health.

The current research project offers a unique situation in which the disciplines of archaeology and medical anthropology can meaningfully intersect. In the previous chapter, I argue that the IRS system, a system in which oppression, trauma, and violence thrived, created overtly stressful living conditions that in turn subjected thousands of Indigenous children to stark health inequalities and exacerbated adverse disease interactions. Palaeopathology, a subdiscipline of archaeology, borrows from a number of disciplines like biomedicine and medical anthropology to combine biological and cultural data to examine the evolution and progression of diseases throughout history. Through a focus on variation in skeletal remains from archaeological sites, palaeopathology uses a multidisciplinary approach and concentrates on primary and secondary sources of evidence (Roberts and Manchester 2005). Primary evidence in palaeopathology is comprised of skeletal and mummified remains, while secondary evidence is comprised of documentary and iconographic data from the time period under investigation (Roberts and Manchester 2005).

While the methods of study in palaeopathology can range greatly, they primarily involve visual observation of abnormal bone changes. These bony changes tend to represent chronic adaptation to a disease with the body reacting to it by forming and/or destroying bone (Roberts and Manchester 2005, 7), meaning that these individuals survived the onset of the disease and it progressed into the chronic stage. A skeleton with pathological lesions may therefore be representative of a healthier individual, while an individual lacking lesions may represent an unhealthy individual who died before bone changes could occur (Woods et al. 1992). Considering skeletal remains as the sole evidence of a disease significantly limits the scope of understanding a disease load in any given population. Documentary evidence becomes increasingly important when studying diseases that historically affected only the soft tissue, such as cholera and typhoid. However, Wood and colleagues suggest that differing disease processes interact with one another while also simultaneously interacting with an individual's susceptibility to stress which in turn determines frailty (1992, 375). Thus, a distinct connection can be recognized between medical anthropology, specifically syndemics, and paleopathology because

both disciplines consider diseases within the context of a population's or individual's living conditions, diet, economic status, and stress load. Furthermore, syndemics, along with palaeopathology, are concerned not only with disease interactions in the individual body, but also with disease interactions at a population level that increases disease risk and susceptibility.

In paleopathology it is uncommon to have a complete skeleton for observation and even more unusual to have complete excavation of a cemetery. In fact, a cemetery population is rarely representative of a living population, and rather, is representative only of those who died and were interred (Manchester and Roberts 2005, Waldron 1994, Wood et al. 1992). While there have been no excavations of any IRS burial sites, as I outlined in the previous section, this research could offer a unique instance in which researchers could potentially observe complete cemeteries comprised of non-adult remains, in which some documentary evidence is also available and a known syndemic was experienced during life. However, there are ethical and scientific limitations present within this research. First, the decision and right to excavate any IRS burial sites lies solely and completely within the jurisdiction of each Indigenous community that was forced to send their children to these horrific institutions and no archaeological work can be done without extensive community approval. Second, due to the young age at death and weakened immunity experienced by many residential school students, it is possible that there could be few signs of pathological lesions associated with infectious disease, and/or that poor preservation could prevent any lesions from being observed. On the other hand, markers of non-specific physiological stress could be present on the remains of IRS victims, including skeletal growth stunting, enamel hypoplasia, fractures and other evidence for violence, and indicators of nutritional deficiencies (Roberts and Manchester 2005; Roberts and Brickley 2019). These would suggest a syndemic interaction similar to the evidence that was observed on victims of the Black Death to determine frailty (section 4.2). While researchers might not have primary evidence from IRS burial sites, the secondary evidence, including historical, documentary, archival, and testimonial evidence, provides ample proof of syndemic disease interactions experienced within the IRS system.

To reiterate, the circumstances experienced in the IRS system included but were not limited to, overcrowded, unsafe, and unsanitary living conditions; nutritional deficiencies; physical, mental, and sexual abuse; forced cultural assimilation; isolation; and corporal punishment, all of which occurred simultaneously and subsequently impacted student immunity,

overall health, susceptibility to infectious diseases, and mortality rates. Only by understanding these dynamic and synergistic interactions of the social, biological, and environmental conditions that gave rise to syndemics in residential schools can the biosocial impact left by the legacy of the forced assimilation of Indigenous youth be more fully revealed (Dewitte 2016, Singer 2010, Singer and Clair 2003).

Finally, using a syndemic approach to archaeological research supports taking an informed holistic approach to research on the body and society. Furthermore, while a holistic and human centric approach to health is increasingly possible within archaeology, poor health and the inheritance of poor health raises greater theoretical questions about current western medical conceptualization of health as discrete and bound (Gowland 2015, Niewohner 2011). Similarly, the critical-interpretive medical anthropology concept of the three bodies challenges the notion of the mind and body as discrete entities, as this dichotomy allows for a desensitized and materialist approach to the body and understandings of health (Lock and Scheper-Hughes 1996). The social body, the second of the three bodies within the context of this thesis, can be understood as a symbol for the cultural forces that surrounded the body during life in residential school. The skeletal remains of missing students act as a link between the conception of the diseased, sickly, and deceased body and the malfunctioning, traumatizing, and abusive schools in which these bodies resided during life. Thus, archaeologists should adopt a medical anthropological lens to think more holistically about the human body during life and after. According to Gowland, interpretations of the archaeological evidence should seek to consider the accumulation and effect of multiple environmental and social exposures and circumstances to understand that bodies are not biologically discrete but commingled "bodies within bodies" (2015, 537).

4.5 Conclusion

The work to locate the missing children and unmarked burials of residential schools is an ongoing and complex endeavor. These community-led projects call on archaeologists and other researchers to work in accordance with communities' traditional belief systems and ways of knowledge. Community-led and person-centered research challenges traditional epistemological approaches to archaeology and instead acts to serve Indigenous communities through a more holistic approach. While palaeopathology is the most applicable subdiscipline of archaeology

when observing infectious disease history, the lack of osteological data currently suitable in the current research calls for the use of documentary, archival, and local evidence to illustrate the dynamic interactions of the tragic social, biological, and environmental circumstances that gave rise to the residential school syndemic. Much like DeWitte's (2016) research into the Black Death, this research is, in part, only possible because of the historical and testimonial evidence provided by survivors. The syndemic paradigm moves archaeology past conceptions of comorbidity and emphasizes the distinct connection, and subsequent consequences, of multiple disease interactions and the biosocial factors that engage with and shape adverse health outcomes. By elevating archaeological research from reductionist conceptions, like comorbidity, to a more holistic approach, like the syndemic paradigm, it can provide a framework for a more person-centered approach that allows the discipline to continuously evolve.

On a final note, the intersection of medical anthropology and archaeology serves to collapse the cultural and biological divide that has informed western epistemological understandings of the body. By taking a person-centered and holistic approach to archaeology it can reinforce connectivity and fluidity between disciplines to offer better and more well-rounded approaches to archaeological research and allow for knowledge about the body and health to be reconstructed and renegotiated.

CHAPTER 5:
CONCLUSION AND GOING FORWARD

"Tuberculosis and pathologies that have emerged in Indigenous communities in recent decades are the physical manifestations of their poverty and marginalization from mainstream Canadian life" – James Daschuk (2019, 186)

The TRC operated within a larger mandate aiming to facilitate healing in Indigenous communities and encourage reconciliation between settler Canadians and First Nations, Métis, and Inuit peoples. Following the multiyear truth gathering process, and publishing of the Final Reports, the TRC remade itself as the NCTR to house the archives and collections of "truths" about the residential school system with a goal of "fostering reconciliation and healing" (NCTR 2021). In conjunction with the NCTR, CIRNAC also offers support to IRS survivors through a variety of government led programs and funding opportunities in an attempt to "bring closure to the legacy of Indian Residential Schools" (CIRNAC 2021). These settler government entities have attempted to seek the "truth" and reconcile hundreds of years of structural violence with Indigenous people today. This attempt at reconciliation is being undertaken with a "one-size fits all" approach. Naomi Adelson warns that overarching political attempts at reconciliation may not be inclusive enough to facilitate long-term healing "Inseparable from these broader political processes, are diverse personal and community acts of recuperation, as people attempt to reconcile the embodied legacy of colonization" (2009, 275-276). The TRC comprehensive *Final Report* came to include 94 Calls to Action that are broad in scope, but also adaptable to diverse local contexts to "redress the legacy of residential schools and advance the process of Canadian reconciliation" (TRC 2015c).

In Chapter 1, I asked the following research questions: To what extent can syndemic theory apply to: (i) historical records and testimonies of residential school experiences to understand interactions among multiple health conditions; and (ii) the current work by archaeologists to locate missing children on residential school grounds? This question is significant in that the work to locate the missing children of residential schools is ongoing and the application of the syndemic framework could create a more anthropologically informed and holistic approach to serve community needs better.

Throughout this thesis, I have discussed the evidence of syndemics within narratives of the residential school experience and advocated for the application of syndemic theory to

archaeological research locating the missing children and unmarked burials of residential schools. Utilizing a syndemic approach in the archaeological work underway will allow researchers to meet the concerns of Calls to Action 71-76 that address information on the missing children and burial sites (Appendix) more fully. In addition, utilizing a syndemic approach could also be useful in addressing Calls to Action 18-24, *Health*, as syndemics "offer a biosocial framework that supports extensions of health-science understandings of disease while suggesting the need for new strategies to both improve public health and treat individual patients" (Singer 2017, 948; Nichter 2009). Specifically, this research most directly coincides with Call to Action 18:

> We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous government policies, including residential schools, and to recognize and implement health-care rights of Aboriginal peoples as identified in international law, constitutional law, and under the Treaties.

Expanding biomedical care to consider social along with biological components of a disease is an integral aspect of the syndemic paradigm. The same consideration can be expanded upon in archaeological research. Farmer and colleagues (2001, 2006, 2008) advocate that "structural interventions" can be more beneficial within a biomedical space than "conventional clinical interventions" (Singer 2017). Through the program Partners in Health, Farmer and team (2008) used a socially informed approach to health care services in a number of low-income areas. Partners in Health "removed clinical and community barriers to care, providing free diagnostics and treatment to patients living in poverty; delivered health care in community settings where patients live and work; addressed health-related social conditions; modelled treatment plans to the realities of patients' lives; and, paid for transportation costs" (Singer 2017). Essentially, using a model of health care that is socially conscious and utilizes a comprehensive approach to address disease comorbidities can have a greater impact than mere clinical treatments (Farmer 2008).

Similarly, adapting a socially conscious model of research within archaeology could foster more holistic working relationships between archaeologists and the sometimes marginalized and underserved communities they work with. Broadening archaeological methods to consider not only physical but also social and cultural components of a location is an inherent

part of the syndemic application to archaeology. Similar to Partners in Health, removing barriers of access to archaeology, providing quick preliminary results, addressing social concerns, and modelling research to meet the communities' needs will have a great impact than traditional research approaches. There is not a "one size fits all" approach that can be universally applied to this type of research instead, it will vary from community to community and will require flexibility and transparency. Applying the syndemic perspective within archaeology creates a more person-centered approach to research within the discipline. As such, this approach will most directly address Call to Action 75:

> We call upon the federal government to work with provincial, territorial, and municipal governments, churches, Aboriginal communities, former residential school students, and current landowners to develop and implement strategies and procedures for the ongoing identification, documentation, maintenance, commemoration, and protection of residential school cemeteries or other sites at which residential school children were buried. This is to include the provision of appropriate memorial ceremonies and commemorative markers to honour the deceased children.

Using a syndemic approach by adapting a more socially conscious model of research means acknowledging the institutional causes of trauma, suffering, and inequality that compromised and continue to compromise Indigenous health in Canada. A socially conscious approach to this research means acknowledging that knowledge relating to the body and health is culturally constructed (Lock and Scheper-Hughes 1996). And, by understanding the dynamics of lived experiences, both individual and collective, it emphasizes the synergistic relationship between health, environment, and the body. The complex relationship between the healthy body and the healthy mind coincides with the notion of the controlled mind and the sickly body, as discussed in Chapter 3, and further highlights the syndemic phenomenon of trauma and the somatization of experience by the body. The understanding that experience and environment effect the body and understandings of the body further emphasizes that the interpretation of archaeological evidence must consider that bodies are not discrete but rather comingled and fluid. A body becomes fluid and highly susceptible to changes through the impact of its own past, the biosocial environment in which it resides in, and through impacts of "evolutionary and transgenerational time" (Gowland 2015, 537). The idea of commingled bodies moves from conceptions of bound, autonomic, and discrete individual bodies to an understanding that the

accumulation of multiple environmental and social exposures over many generations is heavily impregnated upon an individual. This coincides with Daschuck's (2019) assertion that the pathologies that have and continue to plague Indigenous communities across Canada were and are the physical manifestations of decades of structural violence, racism, poverty, and suffering. Colonialism, and the legacy of the IRS system, showcase some of the most malicious instances of political oppression and controlled assimilation (Lock and Scheper-Hughes 1996). In terms of this research, it was an attempt for "the savage to be made civilized" (RCAP 1996, 425). The intersection of the political and the physiological- the body politic- justifies control based on differences seen as natural and thus moral (Haraway 1978, 22).

As discussed in Chapter 4, Supernant and Clark (2021) spoke of using "community-led" and "heart-centered" approaches to the work of locating missing children and unmarked burials of residential schools. Whether it is referred to as "person-centered", "community-led", or "heart centered," the approach should be socially-informed and account for the importance of social, environmental, and economic interactions. This approach should consider historical, archival, documentary, and oral evidence when available; should take cultural and spiritual guidance from community partners; should work to build mutual trust and respect; should clearly define and outline expectations; should provide clear results; and should allow for equal community involvement and learning. Similarly, if skeletal analysis is completed, social, economic, and environmental conditions during life must be considered. Historical and oral evidence, when available, must also be taken into consideration to better understand possible syndemic interactions during life that could more holistically inform skeletal analysis.

This thesis aims to contribute to academic scholarship in the following ways. First, the research presented here offers a critical evaluation of IRS survivor narratives with a focus on the ways in which syndemic interactions were presented through individual experiences to offer a better understanding of collective health within residential schools. Second, this project calls for more person-centered and holistic approaches to be used in archaeological research. The syndemic framework discussed throughout this thesis can be used to inform the ongoing work to locate the missing children and unmarked burials of residential schools. This work also begins a discussion on the ways in which the syndemic framework could be effectively applied in paleopathological research to offer new and possibly more relevant diagnoses. Third, this research can be used by scholars to address a number of TRC Calls to Action to continue the

processes of reconciliation through person-centered research methods. Specifically, archaeologists working with Indigenous communities can utilize this research in an applied way. By outlining the syndemic pathways and institutional oppression experienced by IRS survivors, this research can be used to inform new practices aimed at future healthcare policy and advocacy.

This research presents certain limitations, understood here as boundaries of the project. While I utilized public survivor testimony from the TRC and NCTR, there is ample unarchived testimony along with church owned and unpublished archival data, housed with the NCTR, that was not accessed. Studying testimony based on a theoretical research method as opposed to more immersive ethnographic fieldwork may also limit exposure to current community understandings of health and possible new syndemic interactions.

To move forward with using a person-centered approach in archaeology, further community-based research would be useful to gain a more holistic understanding of how locating the missing children and unmarked burials of residential schools could facilitate healing and advance reconciliation. This thesis outlines the syndemic forces that gave rise to the above average death rates in residential schools, citing experiences of trauma, abuse, malnutrition, unsanitary living conditions, and overcrowding. Future research should take an informed approach and work to build capacity in Indigenous populations by promoting autonomy and equality whilst also learning from the colonial past. As researchers, we must recognize survivors of residential schools as producers of knowledge and the voices of survivors, and family members of survivors, should remain at the forefront of this ongoing research.

My goal in the writing of this thesis was to engage with anthropological theories of the body and health and apply such frameworks to archaeological research in an attempt to encourage more socially aware methods. Examinations of historical records and survivor testimonies highlighted adverse interactions among multiple biosocial conditions within residential schools that contributed to grossly high student death rates. The knowledge of such syndemic pathways can be used to inform reconciliation efforts in a number of TRC Calls to Action. As I explained in Chapter 3, the complexities associated with the IRS experiences emphasize the synergistic relationships between trauma, health, survival, and by extension, reconciliation. This intersection of the biological and the social serves to collapse the mind-body divide and aims to renegotiate reductionist understandings of the body, health, and lived

experiences. Throughout this thesis I have situated the residential school system and its lasting impacts within the larger colonial landscape, and thus, this research and ongoing and future archaeological research must then be situated well within the landscape of decolonization and reconciliation.

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APPENDIX:

TRC Calls to Action: Health

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long- term trends. Such e orts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.
20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and on reserve Aboriginal peoples.
21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.
22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
23. We call upon all levels of government to:

    i. Increase the number of Aboriginal professionals working in the health-care field.

    ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.

    iii. Provide cultural competency training for all health- care professionals.

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, and Indigenous teachings and practices. is will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

TRC Calls to Action: Missing Children and Burial Information

71. We call upon all chief coroners and provincial vital statistics agencies that have not provided to the Truth and Reconciliation Commission of Canada their records on the deaths of Aboriginal children in the care of residential school authorities to make these documents available to the National Centre for Truth and Reconciliation.

72. We call upon the federal government to allocate sufficient resources to the National Centre for Truth and Reconciliation to allow it to develop and maintain the National Residential School Student Death Register established by the Truth and Reconciliation Commission of Canada.

73. We call upon the federal government to work with churches, Aboriginal communities, and former residential school students to establish and maintain an online registry of residential school cemeteries, including, where possible, plot maps showing the location of deceased residential school children.

74. We call upon the federal government to work with the churches and Aboriginal community leaders to inform the families of children who died at residential schools of the child's burial location, and to respond to families' wishes for appropriate commemoration ceremonies and markers, and reburial in home communities where requested.

75. We call upon the federal government to work with provincial, territorial, and municipal governments, churches, Aboriginal communities, former residential school students, and current landowners to develop and implement strategies and procedures for the ongoing identification, documentation, maintenance, commemoration, and protection of residential school cemeteries or other sites at which residential school children were buried. is to include the provision of appropriate memorial ceremonies and commemorative markers to honour the deceased children.

76. We call upon the parties engaged in the work of documenting, maintaining, commemorating, and protecting residential school cemeteries to adopt strategies in accordance with the following principles:

i. Aboriginal community most affected shall lead the development of such strategies.
ii. Information shall be sought from residential school Survivors and other Knowledge Keepers in the development of such strategies.
iii. Aboriginal protocols shall be respected before any potentially invasive technical inspection and investigation of a cemetery site.