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Quarantined Within a New Colonial Order: The 1876-1877 Lake Winnipeg Smallpox Epidemic

RYAN C. EYFORD

Abstract

This paper examines the link between the public health measures of quarantine and sanitation and the creation of racially-segregated reserves in the Canadian Northwest. In the fall of 1876, a smallpox epidemic broke out among Icelandic settlers and Aboriginal people living along the southwest coast of Lake Winnipeg. In response government officials formed a Board of Health and took measures to prevent the spread of the disease. The affected district was placed under a rigid quarantine and health officers were sent out to treat the victims and vaccinate people in adjacent communities. Due to both these measures and the diligence of local people, the disease was effectively contained and the number of dead, while significant, did not reach the levels of previous smallpox epidemics. However, the public health response to the crisis had far reaching consequences. By extending and legitimating the authority of the Canadian state over a region where its influence was previously quite limited, quarantine and sanitation helped reify a new colonial order mandating the compartmentalization of land and people into a system of Indian and immigrant reservations.

Résumé

Cet article étudie le lien entre les mesures de santé publique et d'hygiène prises lors de la quarantaine et la création de réserves fondée sur la ségrégation raciale dans le Nord-Ouest canadien. À l'automne 1876, une épidémie de variole se propage parmi les pionniers islandais et les Autochtones vivant le long de la côte sud-ouest du lac Winnipeg. Pour faire face à la situation, le gouvernement met en place un service d'hygiène afin de contrer la propagation de la maladie. Le district touché est mis en quarantaine sévère et des agents de santé sont dépêchés sur les lieux pour traiter les victimes et pour

Thanks to Social Sciences and Humanities Research Council of Canada and Adele Perry, Canada Research Chair in Western Canadian Social History, for their financial support. Thanks also to Adele Perry, Gerry Friesen, Esyllt Jones, Wendy Mitchinson, and the four anonymous JCHA reviewers for their helpful comments and suggestions.

vacciner les habitants des communautés voisines. Grâce aux mesures prises et à l'empressement des résidents, la maladie est vite maîtrisée et le nombre de décès, quoiqu'important, n'atteint pas celui des épidémies de variole antérieures. Cependant, la réaction des autorités publiques à cette crise entraîne de profondes conséquences. La quarantaine et l'hygiène accentuent et légitiment l'autorité de l'État canadien dans une région où son influence était très limitée, ce qui contribue à faire régner un nouvel ordre colonial avec comme mandat la compartimentation des terres et des habitants en un système de réserves d'Autochtones et d'immigrants.

On 24 September 1876, the Reverend James Settee conducted Sunday services at Sandy Bar, a native village on the southwest coast of Lake Winnipeg, in what is now the Interlake region of Manitoba. In his capacity as a Church of England missionary, Settee was a regular visitor to the native settlements around the lake and counted several converts among the Sandy Bar band. However, that day the congregation also included a group of Icelandic immigrants who had recently settled in and around the native village. Settee said prayers in Cree, Ojibwa, and English, and one of the colonists provided Icelandic translation. Settee's sermon was drawn from the first Epistle of John, a passage emphasizing God's infinite love, and the duty of God's children to love one another.[1] The missionary probably chose this particular passage as part of an effort to diffuse tensions between the natives and the settlers; the arrival of the Icelanders earlier that summer had triggered a tense confrontation over land that almost became violent.[2] Still, their joint attendance at Reverend Settee's service suggests that the two groups had a complex relationship; fear, suspicion, and resentment did not preclude cooperation and friendly interaction in specific circumstances. However, in this context, as in many others, the mixing of indigenous and settler populations had fatal consequences. Smallpox broke out in the fall 1876 and within two months had decimated the Sandy Bar band. A doctor sent by the Canadian government reported that their numbers had been reduced from fifty or sixty to only seventeen. He found the scarred survivors huddled in tents surrounded by newly dug graves.[3] The band's homes

1 Church Missionary Society (hereafter CMS), C C 1 O 57, reel 55, "Extract from the journal of Rev. James Settee, 8 September 1876 to 15 May 1877"; 1 John 4:16, "God is love; and he that dwelleth in love dwelleth in God, and God in him."

2 Friðrik Sveinsson, "Endurminningar frá Landnámstímanum," in Thorleifur Jóakimsson, ed., *Brot af Landnámssögu Nýja Íslands* (Winnipeg, MB: Columbia Press, 1919), 33.

3 Library and Archives Canada (hereafter LAC), Department of Indian Affairs and Northern Development fonds, RG 10, Black Series, vol. 3638, file 7213, Reel C-10112, "Clandeboye Agency – Correspondence Regarding an Outbreak of Smallpox among the Indians of Lake Winnipeg and the Subsequent Vaccination campaign"; Dr. J.S. Lynch to J.A.N. Provencher, 11 April 1877.

and possessions were ordered burned to prevent further infection, and shortly thereafter Dominion Land Surveyors arrived to plant posts marking the boundaries of the proposed Icelandic town of *Sandvík* (Sand Cove).[4]

This paper examines the role of the 1876-1877 smallpox epidemic in establishing a new settler-oriented colonial order in the Interlake region of Manitoba. At first glance, this case seems to confirm general understandings about the relationship between disease and colonialism: the arrival of a group of Europeans on a colonial frontier precipitated an epidemic that devastated the native population and cleared the way for the appropriation of their land and resources. This generalized story, at best, serves only to highlight the tragic outcome of a complex set of events. At worst, it obscures that complexity by casting Aboriginal demographic decline as a primarily biologically driven process. What happened at Lake Winnipeg in 1876-1877 was not inevitable; it was the product of a historically contingent set of circumstances. Historical geographers of medicine Jody Decker and Paul Hackett have demonstrated that the impact of disease on Aboriginal populations in Northwest North America varied greatly over time, and changed with shifting patterns of trade, migration, and settlement.[5] From the onset of European contact, epidemics stimulated migrations, shifted balances of power, and altered boundaries between peoples.[6]

The 1876-1877 smallpox epidemic demonstrates how Aboriginal dispossession and settler-colonialism were linked through the overlapping governmental apparatuses of territoriality and public health. The measures taken in response to the epidemic allowed the Canadian state to exercise new forms of power over spaces and people where its influence had previously been quite limited. This occurred both through coercive means and — perhaps more significantly in a context where the state's presence was relatively light — the self-regulation of individuals and groups acting in their perceived best interests. Ultimately, however, quarantine and sanitation measures helped to reify a new spatial order mandating the compartmentalization of land and people into a system of racially-segregated reserves that was integral to the Canadian colonization of the Northwest during the late nineteenth century.

In October 1875, the Canadian government reserved a tract of land in the Northwest Territories for the exclusive use of Icelandic migrants. This reserve extended forty-two miles north from the 1870 border of the Province of

4 Archives of Manitoba (hereafter AM), Department of Mines and Natural Resources fonds, GR 1601, Land Surveyors' Field Books, vol. 664, "George McPhillips, Survey of the Villages of Sandy Bar and Riverton, 23 September-6 October 1876."

5 Jody F. Decker, "Depopulation of the Northern Plains Natives," *Social Science and Medicine* 33, no. 4 (1991): 381-93; Paul Hackett, *"A Very Remarkable Sickness" : Epidemics in the Petit Nord, 1670-1846* (Winnipeg, MB: University of Manitoba Press, 2002), 237-38.

6 Hackett, *"A Very Remarkable Sickness,"* 242.

Manitoba along the southwest coast of Lake Winnipeg and included Big Island and several smaller islands nearby.[7] The first group of approximately 200 Icelandic colonists arrived in late October 1875, and 1,200 more joined them the following summer. These two groups were composed primarily of families with young children; most single people and older children stayed behind in Winnipeg to work as domestic servants or general labourers. Initially, the settlers concentrated around their new village of Gimli in the southern portion of the colony, but by October 1876 they had occupied much of the reserve, which they called *Nýja Ísland* (New Iceland).[8] The migration and settlement of the Icelanders in this colony were given substantial financial support by the Dominion government. Officials in Ottawa hoped that the Icelanders would facilitate the northward expansion of European agricultural settlement from its base in the Red River valley into the region between lakes Winnipeg and Manitoba.

The Icelandic reserve's legal status as a homogeneous ethnic colony did not mean that the colonists were isolated from the other inhabitants of the region. From the time of their arrival, the Icelanders were engaged in a web of economic, social, and cultural interactions with the local indigenous population, the established settler community, and Canadian government officials. Lake Winnipeg had long been a vital transportation corridor linking the Red River settlement in the south with the fur-trading centres of the north. By the early 1870s it was being regularly traveled by Anglo-Canadian explorers, journalists, and government officials. In addition, a handful of settlers were attracted by the region's fish, timber, and mineral resources.[9] The lands around the lake were home to a substantial Ojibwa, Cree, and mixed-blood population including the area that became the Icelandic reserve.[10] These people continued to occupy their homes, even as treaty negotiators, surveyors, and the immigrants themselves disregarded their claims and sought to impose a new order. In short, the Icelandic reserve was a dynamic contact zone in which frequent and sustained interaction across ethno-cultural boundaries was the norm,

7 LAC, Department of Agriculture fonds, RG 17, General Correspondence, vol. 143, docket 14915, "Order in Council – Icelanders' Reserve," 8 October 1875.

8 For a general overview of Icelandic migration to Canada and the development of the Icelandic-Canadian ethnic community, see Anne Brydon, "Icelanders," in *Encyclopedia of Canada's Peoples*, Paul Robert Magocsi, ed. (Toronto: Multicultural History Society of Ontario and University of Toronto Press, 1999), 685-700.

9 See Frank Tough, '*As Their Natural Resources Fail': Native Peoples and the Economic History of Northern Manitoba, 1870-1930* (Vancouver: University of British Columbia Press, 1996).

10 See Alexander Morris, *The Treaties of Canada with the Indians of Manitoba and the North-West Territories, Including the Negotiations on Which They Were Based, and Other Information Relating Thereto* (Toronto: Belfords Clarke & Co., 1880), 155-7.

and was fundamentally shaped by the asymmetrical power relations of colonialism.[11]

Strangely, a contact perspective emphasizing co-presence and interaction has been largely absent from the historical writing about New Iceland. Instead, it is the notion of the colony's separateness and isolation that has shaped historians' interpretations. Recent monographs by the Icelandic writers Guðjón Arngrímsson and Jónas Thor construct New Iceland as a *terra nullius* where the immigrants attempted to replicate their old-world networks of kin and community and fulfill previously frustrated national aspirations.[12] Their brief mentions of Aboriginal people simply repeat well-worn racial and cultural stereotypes about native passivity in the face of white encroachment that have long ago been exposed as convenient fictions of colonialism.[13] One important exception is anthropologist Anne Brydon's analysis of Icelandic-Canadian mythic narratives about contact with Aboriginal people. Brydon reveals how stories stressing cooperation, friendly interaction, and mutual respect have obscured a more contentious history involving protracted disputes over land and bitterness over the tragedy of the smallpox epidemic. She argues that this refashioning of history is part of an Icelandic-Canadian narrative strategy to diminish the painful legacy of colonialism.[14] While this article also recognizes and explores the role of the Icelanders as colonizers, its primary concern is with identifying how both they and the Aboriginal people they displaced were caught up in the same project of colonial governance. It therefore seeks to draw connections between immigration and colonization, two topics frequently treated as historiographically distinct. As Adele Perry has pointed out, dispossession of Aboriginal people and the building of an orderly settler population is a relational process.[15]

The discourses of race, progress, and civilization, typically used to legitimate rule over indigenous people could also mark other Europeans as racially

11 My use of the term "contact zone" follows Mary Louise Pratt's definition of it as a place where "peoples geographically and historically separated come into contact with each other and establish ongoing relations, usually involving conditions of coercion, radical inequality, and intractable conflict." See Mary Louise Pratt, *Imperial Eyes: Travel Writing and Transculturation* (London and New York: Routledge, 1992), 6.

12 Guðjón Arngrímsson, *Nýja Ísland: Saga of the Journey to New Iceland*, Robert Christie, trans. (Winnipeg, MB: Turnstone Press, 2000); Jonas Thor, *Icelanders in North America: the First Settlers* (Winnipeg, MB: University of Manitoba Press, 2002).

13 In describing the native inhabitants of the Icelandic reserve, Arngrímsson, states, "The Salteaux [*sic*] were a peaceful people, who offered little resistance when the white man came and took their land. Like the animals they hunted, they were a semi-nomadic people, seldom settling for long in one place …." Arngrímsson, *Nýja Ísland*, 194. Also see Thor, *Icelanders in North America,* 102-3.

14 Anne Brydon, "Dreams and Claims: Icelandic-Aboriginal Interactions in the Manitoba Interlake," *Journal of Canadian Studies* 36, no. 2 (2001): 164-90.

15 Adele Perry, *On the Edge of Empire: Gender, Race, and the Making of British Columbia, 1849-1871* (Toronto: University of Toronto Press, 2001), 19.

and culturally degenerate.[16] The 1876-1877 smallpox epidemic exposed the ambiguous position of the Icelandic immigrants in the emerging colonial order of the Canadian Northwest. While they were unquestionably the agents of European colonization at the local level, actively displacing the indigenous population with the backing of the Canadian state, as impoverished, non-English speaking immigrants, unfamiliar with local conditions and dependent on government rations for survival, they were also clearly subordinate within the wider settler-society. Their susceptibility to smallpox was interpreted by some Anglo-Canadians as a function of their inherent racial characteristics as well as their specific material circumstances. In a report commissioned by Lieutenant Governor of Manitoba and Keewatin Alexander Morris, Dr. James Spencer Lynch provided a detailed description of the Icelanders' colony, and an evaluation of their future prospects as settlers and as citizens of Canada. Dr. Lynch's experience as medical officer at Gimli during the epidemic led him to a mainly negative evaluation: "Centuries of isolation and intermarriage have had the effect of reducing their physical condition to a point below which they are likely to be successful in the rude contest with western pioneers." According to Dr. Lynch, the principle way for the Icelanders to survive and thrive in their new home was to assimilate with more vigorous peoples. Apart from exogamy, Dr. Lynch prescribed modifications in diet, hygiene, and housing that he believed would ameliorate the worst defects of the Icelandic character.[17] The essential problem that Lynch addressed was the Icelanders' ability to participate successfully in western colonization. The smallpox epidemic had brought this into question, and, as a physician, Lynch was called upon to translate his knowledge of medicine and health into recommendations that would serve the prerogatives of state policy. In his view, the improvement of the Icelanders' health and their ultimate success as colonists was inextricably linked to their adoption of new modes of behaviour and even integration with Anglo-Canadian settlers.

This example illustrates Michel Foucault's insights on the importance of public health and medicine as instruments of governmental power.[18] The literature on public health in colonial contexts that has followed from Foucault's work has demonstrated how medicine functioned not simply as a means of relieving human suffering, but also as a key instrument of governance. Public health was part of the matrix of governing power that rendered subject populations knowable in the statistical languages of state bureaucratic admin-

16 Pratt, *Imperial Eyes*, 10.

17 LAC, Department of the Secretary of State fonds, RG 6, General Correspondence, vol. 28, docket 536, Alexander Morris to R.W. Scott, 21 April 1877.

18 Michel Foucault, "The Politics of Health in the Eighteenth Century," in Michel Foucault, *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*, Colin Gordon, ed. (New York: Pantheon Books, 1980), 176.

istration.[19] As Nayan Shah has noted in the context of nineteenth century San Francisco, public health was one of the most powerful mechanisms used by the civic government to regulate the property and conduct of the city's immigrant population.[20] During the late nineteenth century, migrants were subject to coercive public health measures such as quarantine, forced hospital confinement, and destruction of personal property to a far greater degree than more established sections of society.[21] In the Canadian context, Maureen Lux and Mary Ellen Kelm have demonstrated how Aboriginal people were subject to even more intense and sustained regimes of public health and sanitation that reinforced ideas about Aboriginal inferiority and served as a powerful justification for the policy of assimilation.[22] By placing migrant and indigenous experience with colonial medicine in the same frame, we can analyze their mutual constitution as colonial subjects through what Nicholas Thomas calls the project of *sanitizing-colonizing*, in which there was "a constant slippage … between interests in reducing mortality and other agendas; political, moral, and cultural impositions were justified by their association and conflation with the programme of sanitation."[23]

In the case of the 1876 smallpox epidemic in the Icelandic reserve, the other agenda at work was the creation of a new system of racial reserves that distinguished white from Aboriginal space, and new immigrants from the older settled community. Australian historian of medicine Alison Bashford has noted how both race and public health were segregative discourses, as "spatial segregation on public health grounds often dovetailed with already existing spatial management of people through racial rationales: indigenous people in various systems of reserves and mission stations."[24] In the Icelandic reserve, the spatial management of people had, prior to the epidemic, been implemented only partially and unevenly. It was the disruption created by the emergency that allowed the new order to be translated into a more concrete form.

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19 Alison Bashford, "Medicine, Gender, and Empire," in Philippa Levine, ed., *Gender and Empire* (Oxford: Oxford University Press, 2004), 112-3.

20 Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisc's Chinatown* (Berkeley, CA: University of California Press, 2001), 3.

21 Esyllt W. Jones, "'Co-Operation in All Human Endeavour': Quarantine and Immigrant Disease Vectors in the 1918-1919 Influenza Pandemic in Winnipeg," *Canadian Bulletin of Medical History* 22, no. 1 (2005): 58.

22 See Mary-Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-50* (Vancouver: University of British Columbia Press, 1998); Maureen K. Lux, *Medicine That Walks: Disease, Medicine and Canadian Plains Native People, 1880-1940* (Toronto: University of Toronto Press, 2001).

23 Nicholas Thomas, *Colonialism's Culture: Anthropology, Travel, and Government* (Princeton, NJ: Princeton University Press, 1994), 116.

24 Alison Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health* (New York: Palgrave Macmillan, 2004), 130.

Territoriality

The concept of *territoriality* is useful in analyzing the spatial management of the land and people in a colonial state. Territoriality implies the strategies and devices through which people construct and maintain spatial organization with the goal of directing and controlling the behavior of the resident population. It involves three basic human behaviours: "a form of classification by area, a form of communication by boundary, and an attempt at enforcing."[25] A systematic survey dividing the land into a geometrical grid in which the basic unit was a one mile square section, was the chosen device of territoriality employed by the Canadian government in the Northwest.[26] Under the 1872 Dominion Lands Act, settlers could obtain a quarter section in exchange for a fee of ten dollars and after fulfilling a residence requirement of three years.[27] Throughout the entire period of the smallpox epidemic there were two teams of surveyors traveling through the Icelandic reserve, marking out the sections, quarter-sections, and town sites with iron stakes. A third surveying and construction crew worked on a colonization road connecting the three proposed Icelandic town sites of Gimli, Sandvík, and Icelander's River.[28]

During the 1870s, three key terms were used for communities that surveyors traversed: *settlement*, *reserve*, and *colony*. These terms were often used interchangeably; however, each had more specific meanings that illuminate some of the transformations taking place in the Canadian Northwest during this period. *Settlement* described both a particular place and a process: the taking possession of a space often constructed as empty or inadequately utilized. It is therefore associated, quite correctly, with the ideas and practices of acquisitive European settler colonialism.[29] Yet during the mid- to late nineteenth century settlement was also used to describe communities of native people who had adopted some modes of living traditionally associated with Europeans, such as living in permanent houses and cultivating plots of land. Examples of such places include the Swampy Cree and Ojibwa villages that developed near

25 Thongchai Winichakul, *Siam Mapped: A History of the Geo-Body of a Nation* (Honolulu: University of Hawaii Press, 1994), 16-17.

26 On the use of the survey as an instrument of governmental power, see Rod Bantjes, *Improved Earth: Prairie Space as Modern Artefact, 1869-1944* (Toronto: University of Toronto Press, 2005). For a comparative international perspective on the same issues, see Kate Brown, "Gridded Lives: Why Kazakhstan and Montana Are Nearly the Same Place," *American Historical Review* 106, no. 1 (2001): 17-48.

27 Gerald Friesen, *The Canadian Prairies: A History* (Toronto: University of Toronto Press, 1987), 182-3.

28 AM, Department of Mines and Natural Resources fonds, GR 1601, Land Surveyors' Field Notebooks, Notebooks 651-654 and 674-678.

29 R. Cole Harris, *Making Native Space: Colonialism, Resistance, and Reserves in British Columbia* (Vancouver: University of British Columbia Press, 2002), 47.

Christian missions and Hudson's Bay Company posts around Lake Winnipeg during the mid-nineteenth century. Many of these places, such as Norway House and Fort Alexander, ultimately became Indian reserves.[30]

Today, the term *reserve* is of course most commonly associated with Aboriginal people, particularly with their dispossession and marginalization. The extinguishing of Aboriginal title by treaty and the creation of Indian reserves was an integral part of the nascent Canadian state's efforts to assert control over its newly acquired lands in the early 1870s. However, the language of reserve was also used to describe land grants made to a wide variety of corporate entities and social groupings. Reserve, essentially denoted the legal relationship of these groups to the land distribution policies of the state. As a means of encouraging immigration to Manitoba and the Northwest Territories, reserves were set aside for the exclusive use of particular ethno-cultural or religious communities after — and sometimes before — the extinguishment of Aboriginal title. The Icelandic reserve on the southwest shore of Lake Winnipeg in 1875 was the first such experiment launched by the Canadian government in the Northwest Territories. Its creation followed the successful example set by Mennonites from Russia and French-Canadians from New England in Manitoba the previous year.[31]

These settlement reserves were also sometimes referred to as *colonies*. This term was used to emphasize their status as a collective arrangement based on shared ethnic, religious, or ideological characteristics.[32] In the case of subordinate ethno-cultural groups, colony could also be used to indicate — in a more precise way than settlement or reserve — their dual status as the local agents of empire and the subjects of its civilizing mission.[33] These groups of course had their own names for their communities and often renamed local physical features to underline their possession of the land. Hence, the Icelandic colonists renamed the White Mud River *Íslendingafljót* (Icelander's River). They called each of the districts within New Iceland *byggð* or settlements. Immigrant Friðrik Sveinsson also used the later term to describe the native settlement at Sandy Bar and White Mud River, which occupied the same territory as the developing Icelandic *fljótsbyggð* (river settlement).[34]

According to the missionary James Settee, a permanent Ojibwa village at Sandy Bar was created in the autumn of 1871. He told the Church Missionary

30 Tough, '*As Their Natural Resources Fail*', 143-4.

31 Friesen, *The Canadian Prairies*, 186.

32 See A.W. Rasporich, "Utopian Ideals and Community Settlements in Western Canada, 1880-1914," in R. D. Francis and Howard Palmer, eds., *The Prairie West: Historical Readings*, 2nd ed., rev. and exp. (Edmonton, AB: Pica Pica Press, 1992), 352-77.

33 See, for example, the reports of Lord Dufferin's visit to the Icelandic reserve in 1877 in *Manitoba Daily Free Press* (17 September 1877).

34 Sveinsson, "Endurminningar frá Landnámstímanum," 33.

Society that "some of the Indians who are still wandering about had agreed amongst themselves … that they wanted to take the example of the Whites and follow a civilized life." Settee stated that many had been born in the region and considered it their home. They chose the site for permanent settlement because its abundant fisheries and game offered many advantages for "new settlers."[35] When Settee visited the village in 1875 he found a total of twenty-four families and a few widows residing there. He expected that the village would soon be a large one, and reported that a school house was under construction, and that the people had requested a teacher be provided for them.[36] By this time, the population may have included a group of Swampy Cree from Norway House who had also selected the site for an agricultural colony. They wrote to Lieutenant Governor Morris and requested that the region be designated an Indian reserve. This proposal was looked upon favourably until the prospect of an Icelandic reserve in the same location appeared in the summer of 1875.[37] The delegation of Icelanders that chose the site as the heart of their proposed colony stated that the Indians living at Sandy Bar were "Christianized and civilized" and not to be feared. Based on the assurances received from Morris, they confidently asserted that "as soon as the Icelanders begin to settle here, these few Indians will be located elsewhere."[38]

This location did not happen as expected. The Sandy Bar band, and a related band on Big Island, continued to live in the region long after the Icelanders arrived. In spite of aggressive behaviour on the part of the settlers, including the occupation of native-built log cabins, it was only the death of the majority of the band members during the smallpox epidemic and the destruction of their homes by public health officials that muted their resistance to Icelandic encroachment.[39] Both bands attempted to assert their claim to the region at negotiations with treaty officials in the summer of 1876. The land in question was technically included in Treaty 2 (1871), although neither band had taken part in those negotiations. Kat-te-pe-nais, Chief of the Big Island band, wrote to the Minister of the Interior insisting that his band be included in a treaty, and plans were made for a meeting at Dog Head in late July 1876 to bring his and several bands under the provisions of Treaty 5 (1875).

35 CMS, C C 1 O 57, reel 55, Settee to CMS, 9 December 1872.

36 Ibid., Settee Annual Report, 23 November 1875.

37 LAC, Department of Indian Affairs and Northern Development fonds, RG 10, Black Series, vol. 3636, file 6743, reel C-10111, "Norway House Agency. Correspondence regarding the removal of Indians from Norway House to Grassy Narrows."

38 LAC, Department of Agriculture fonds, RG 17, General Correspondence, vol. 140, docket 14663, John Taylor to the Minister of Agriculture, 31 August 1875. On Morris's assurance to Taylor that the Sandy Bar band would be moved, see Ibid., vol., 166, docket 17253, Taylor to John Lowe, 20 August 1876.

39 Nelson S. Gerrard, *Icelandic River Saga* (Arborg, MB: Saga Publications, 1985), 264-5.

The ensuing treaty settlement was a profound disappointment for the Big Island and Sandy Bar bands. The treaty commissioners, through a combination of open threats and gentle persuasion, forced a uniform template of Indian administration onto several resistant groups that held different ideas about their formal relationship with the government. First, the treaty commissioners demanded that the five Island bands — Big Island, Blood Vein, Jack Fish, Dog Head, and Sandy Bar — elect a single chief and four councillors. The bands protested, saying that they were distinct from each other and did not wish to unite. Kat-te-pe-nais was especially vocal in his opposition to the plan; he claimed that if he signed under the conditions outlined by the commissioners, it would create a schism in his band. Commissioners Thomas Howard and J. Lestock Reid told him to sign or go home with nothing. Ultimately, Ka-te-pe-nais acceded to their demands and signed, resulting in forty members of his hundred-member band renouncing his leadership and the treaty.[40] Part of the reason for the split was Ka-te-pe-nais's failure to secure Big Island as a reserve; the band was directed to remove to the Bad Throat River on the east side of the lake, which some of them apparently did.[41] The treaty was even more of a disappointment for the Sandy Bar band. The commissioners denied that they were a distinct band, arguing that they should properly be considered part of the St. Peter's (Peguis) band. The Sandy Bar band attempted to have the White Mud River set aside as a reserve, but were rebuffed by the commissioners. In the end, only twenty-seven of the approximately sixty band members signed the treaty.[42] The Big Island and Sandy Bar bands were the only island bands to be denied their chosen reserve sites; all of the small reserve sites suggested by the other bands were accepted. It is clear that the reason for this decision was the fact that the land in question had been granted to the Icelanders. However, in defiance of the treaty settlement, even among those who signed, many members of the Sandy Bar and Big Island bands returned to their homes for the remainder of the summer of 1876. By this time the Icelanders were beginning to move north from their settlement at Gimli to claim homesteads at White Mud River, Sandy Bar, and on Big Island. In September 1876, John Taylor, the Canadian government's Icelandic agent at Gimli, reported that the Indians living in the Icelandic reserve had refused to leave the area, and predicted that their continued presence would be a source of problems.[43]

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40 *Manitoba Daily Free Press* (23 September 1876).

41 On 21 March 1877, Health Officer William Drever found the body of the Old Chief and three others at the Bad Throat River. See AM, Alexander Morris fonds, MG12 B1, Lieutenant Governor's Collection, Correspondence, no. 1517, Drever to Morris, 3 August 1877.

42 The correspondent for the *Free Press* gave the band's total number, including women and children, as 40. See *Manitoba Daily Free Press* (23 September 1876).

43 LAC, Department of Agriculture fonds, RG 17, General Correspondence, vol. 166, docket 17253, Taylor to John Lowe, 20 August 1876.

The Icelanders' northward migration resulted in a dispute between the two groups that almost turned violent. The only record of this encounter is Friðrik Sveinsson's 1919 reminiscence *'Fyrsta viðkynning við Rauðskinna'* (First Acquaintance with the Red-skins). Sveinsson, who was ten years old at the time, was among a group of three families who were the first Icelanders to settle at White Mud River in the summer of 1876. According to his account, there were a few *fjölskyldur villimanna* (families of savages) living in tents by the river when they arrived. Friðrik's stepfather, Ólafur Ólafsson, became embroiled in a dispute with John Ramsay, one of the principal men of the Sandy Bar band. When Ramsay attempted to stop Ólafur from building on a piece of land that he claimed, the Icelander threatened him with an axe. Ramsay retreated, but returned several days later supported by several armed men and a translator. He told the Icelanders that they were building illegally because the north side of the river was not part of the Icelandic reserve. Ólafur agreed to consult with the authorities, which satisfied Ramsay. After Ólafur's right to build on the land had been confirmed by a Dominion Indian agent, he and Ramsay worked out an agreement whereby Ramsay could continue to cultivate a garden and camp on Ólafur's homestead.[44] Once smallpox broke out, friendly exchanges between the two groups appear to have come to an end. Ramsay later reported to Dr. James Spencer Lynch that the Icelanders had refused to offer assistance to his people when they became ill, and even demanded payment for helping to bury the dead.[45] In forwarding the report to Ottawa, Acting Indian Superintendent J.A.N. Provencher stated that he had previously received similar reports of the Icelanders' behaviour.[46]

The Epidemic

It was in this fractious contact zone in the northern part of the Icelandic reserve where the smallpox epidemic began. It appears to have been part of a world-wide outbreak of smallpox in 1876 that was reported in major ports such as Liverpool, Halifax, Quebec, Montreal, and San Francisco.[47] The group of Icelanders who arrived in the colony in late summer 1876 had recently passed through several of the Atlantic ports where the disease was prevalent. According to the journal of immigrant Þorgrímur Jónsson, smallpox was carried to the colony in some clothing purchased in Quebec City by a man named

44 Sveinsson, "Endurminningar frá Landnámstímanum," 31-7.

45 LAC, Department of Indian Affairs and Northern Development fonds, RG 10, Black Series, vol. 3638, file 7213, Reel C-10112, "Clandeboye Agency – Correspondence Regarding an Outbreak of Smallpox among the Indians of Lake Winnipeg and the Subsequent Vaccination campaign"; Lynch to Provencher, 11 April 1877; Provencher to Mills, 16 April, 1877.

46 Ibid.

47 See *Manitoba Daily Free Press* (4 January 1877).

Jón Jónsson.[48] Þorgrímur, Jón and their families were part of a small group that sailed north from Gimli to claim land along the White Mud River in early September 1876. Jón had been too weak to help with the rowing during the journey and shortly after their arrival he broke out with a fever. It is likely that he was among the group that occupied the house of Elizabeth Fidler, a mixed-race woman who lived with the Sandy Bar band.[49] In the cramped quarters of the 23x14 foot cabin the disease soon spread to other members of the group, including Þorgrímur's family. On 5 October, his two-year old son became the first Icelandic victim of the disease.[50] Fidler's house became known among the Icelanders as *Bóla* (pox) because of its association with the beginning of the epidemic.[51]

While the immigrants believed that the sickness was related to their recent migration experience, there was confusion and disagreement over what disease it was. John Taylor, the resident government agent responsible for administering the Icelandic reserve, stated that the "Icelandic doctors" — referring to several individuals who possessed various kinds of formal and informal medical training — were convinced that the disease was not smallpox. Taylor reassured his superiors in Ottawa that there was no need for alarm, and proposed vaccinating the settlers as a precaution.[52] While Taylor was able to procure some vaccine, it ultimately proved to be ineffective and the disease spread through the colony unchecked. When three Icelanders and seven Indians died at White Mud River in early November, Sigtryggur Jónasson, the assistant government agent, requested that Taylor immediately send for medical help: "I think it is necessary to have a skilled physician from Manitoba to come down here to examine some of the patients, provide medicine and prescribe the proper treatment of the disease, of which the Icelanders, if it be the small-pox, are totally ignorant, that disease not being prevalent in Iceland."[53]

In 1876, neither the Icelanders nor their Aboriginal neighbours had much first-hand knowledge of the physical effects of the smallpox virus. However, the devastating results of past epidemics were preserved in their oral and written historical traditions. When recording the epidemic in their respective journals

48 Þorgrímur Jónsson in *Brot af Landnámssögu Nýja Íslands,* 32.

49 Fidler was staying in the St. Peter's reserve at the time. She later claimed that she had been ordered to leave the area by John Taylor, the Icelandic agent at Gimli. See LAC, Department of the Interior fonds, RG 15, Branch Registry, vol. 409, file 105883, reel T-13113, "Elizabeth Fidler, Claim for loss of houses and improvements occasioned by the occupation of Icelandic settlers."

50 LAC, Department of Agriculture fonds, RG 17, General Correspondence, vol. 183, docket 18913, Sigtryggur Jónasson to Lowe, 26 February 1877.

51 Gerrard, *Icelandic River Saga*, 219-20.

52 LAC, Department of Agriculture fonds, RG 17, General Correspondence, vol. 170, docket 17669, Taylor to the Minister of Agriculture, 12 October 1877.

53 Ibid., vol. 179, doc. 18595, Jónasson to Lowe, 20 January 1877.

Þorgrímur Jónsson and James Settee both made reference to previous epidemics that had afflicted their people.[54] Over the long term, these two groups had remarkably similar histories with the disease. Both had been affected by disastrous smallpox epidemics in the eighteenth century. In 1707-1709, the disease killed twenty-six percent of Iceland's population.[55] Iceland was affected by the world-wide epidemic of the early 1780s, which also devastated a village of Cree, Assiniboine, and Ojibwa at the mouth of the Red River around 1780.[56] The effects of smallpox were mitigated after 1800 with the introduction of vaccination as a preventative measure. In the late 1830s, there were vaccination campaigns in Northwest North America by the Hudson's Bay Company and in Iceland by Danish colonial authorities that helped stop another epidemic in its tracks.[57] But by 1876, neither the Icelanders nor the natives had been subject to a comprehensive vaccination campaign, and therefore the generations born since 1840 were susceptible to smallpox. In his 1877 report on the epidemic, Jónasson blamed the authorities in Iceland for becoming lax in their duty to vaccinate every person in the country. He asserted that those settlers who had been properly vaccinated in the past five to seven years did not contract the disease.[58]

By the time John Taylor wrote to Dr. David Young at Lower Fort Garry requesting medical help, rumours of smallpox among the Icelanders and Indians at Sandy Bar had been circulating at Red River for some time. News had been carried to St. Peter's by friends of the Sandy Bar band, and from there conveyed to Winnipeg. Local government officials began to take these rumours seriously only after the *Manitoba Daily Free Press* published a letter from one of the surveyors at work at Sandy Bar on 15 November. Based on this report the paper's editor asserted, "there can be no doubt that it is the small-pox that is raging, and that too of a most virulent type."[59] J.A.N. Provencher, Acting Superintendent of Indian Affairs in Manitoba, sent Dr. James Spencer Lynch to the Icelandic colony to assist Dr. Young and to treat the Indians of the district. On 22 November, Drs. Young and Lynch reported from Gimli, "The disease here is smallpox of a mild variety varioloid but very fatal owing to unfavourable circumstances bad food,

54 Þorgrímur Jónsson in *Brot af Landnámssögu Nýja Íslands,* 32; CMS, C C 1 O 57, reel 55, Settee to CMS, 8 February 1877.

55 See Jón Steffensen, "Smallpox in Iceland," *Nordisk Medicinhistorisk Årsbok* 41 (1977): 41-56.

56 Hackett, "*A Very Remarkable Sickness,*" 105-6. On this epidemic, also see Jody F. Decker, "Tracing Historical Diffusion Patterns: The Case of the 1780-82 Smallpox Epidemic among the Indians of Western Canada," *Native Studies Review* 4, no. 1 and 2 (1988): 1-24.

57 Guðmundur Hálfdanarson, *Historical Dictionary of Iceland* (Lanham, MD: Scarecrow Press, 1997), 139-40; Paul Hackett, "Averting Disaster: The Hudson's Bay Company and Smallpox in Western Canada During the Late Eighteenth and Early Nineteenth Centuries," *Bulletin of the History of Medicine* 78, no. 3 (2004): 607-9.

58 LAC, Department of Agriculture fonds, RG 17, General Correspondence, vol. 179, docket 18595, Jónasson to Lowe, 20 January 1877.

59 *Manitoba Daily Free Press* (15 November 1876).

want of ventilation. About twenty persons had died in this immediate neighbourhood within the past ten days; it is reported that only two Indians are left living at Sandy Bar out of twenty."[60] With this official pronouncement, government officials began to formulate their response, but it was too late; the disease had already spread throughout the Icelandic colony and its immediate environs. By the time the epidemic had run its course, 103 Icelanders had died out of a population of approximately 1,200. According to a list compiled by Sigtyggur Jónasson, the vast majority of the victims were children; only twenty-five persons out of the total dead were older than twelve years of age.[61] No precise numbers, either of population or mortality, are available for the Aboriginal population. According to the *Manitoba Free Press* reporter who attended the Treaty 5 negotiations in July 1876, the Big Island band consisted of 100 persons and the Sandy Bar band of 57. In January 1877, Lt. Governor Morris stated that the number of ascertained deaths was 52, but based on information received from Dr. Lynch, he believed the number of Indian dead could be as high as 200.[62]

The disease was only identified as a problem of public health and governance when officially pronounced upon by two white physicians working as agents of the Canadian government. However, at least one person had correctly identified the disease two months earlier. On 25 September Sarah Settee, the mixed-blood wife of the missionary James Settee, told the Sandy Bar band that the disease afflicting the Icelanders was smallpox, and that they should leave Sandy Bar if they valued their lives. This advice was apparently ignored by all but one man who fled with his family, possibly spreading the disease to the other side of Lake Winnipeg. James Settee also disregarded his wife's claims even though he acknowledged that she had first hand knowledge of the disease.[63] Sarah's medical knowledge was discounted because of her race and gender and lack of professional credentials. The same can be said for the Icelandic immigrant Rebekka Guðmundsdóttir, who had received training as a nurse and midwife in northern Iceland. Rebekka's role in distributing helpful medicines to smallpox victims was noted in community histories, but her name does not appear on the list of Icelanders employed by the Keewatin Board of Health or in any of the official documentation.[64]

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60 AM, Alexanders Morris fonds, MG12 B3, Ketcheson Collection, Telegram Book # 3, no. 6, Drs. Young and Lynch to Provencher, 22 November 1876.

61 *Canada, Sessional Papers*, 1878, no. 9, "Report on Icelandic Colony in Keewatin (Mr. S. Jonassen, Assistant Icelandic Agent)," 69.

62 AM, Alexander Morris fonds, MG 12 B2, Ketcheson Collection, Correspondence, no. 221, Morris to R.W. Scott, 23 January 1877.

63 CMS, C C 1 O 57, reel 55, Settee to CMS, 8 February 1877.

64 Wilhelm Kristjanson, *The Icelandic People in Manitoba: A Manitoba Saga* (Winnipeg, MB: Wallingford Press, 1965), 67; Thorleifur Jackson, *Framhald á Landnámssögu Nyja Íslands* (Winnipeg, MB: Columbia Press, 1920), 100; LAC, Department of Agriculture fonds, RG 17, General Correspondence, vol. 179, docket 1851, Taylor to J.C. Taché, 15 January 1877.

Epidemics are not only the naturally occurring result of discrete biological processes, but also events produced by public health authorities reading a situation and taking particular courses of action. As the epidemic is pronounced upon and actions are taken to address it, new forms of knowledge about a population are generated and new modes of governance are created.[65] The response to the 1876 smallpox epidemic was, literally, the creation of a new government that served both as a Board of Health and as a territorial authority for Keewatin, the region north and east of the province of Manitoba and including the Icelandic reserve. This territory was created in October 1876, largely at the behest of Lieutenant Governor Alexander Morris, to respond to the planned transfer of the government of the Northwest Territories from Winnipeg to a point further west. Morris argued that because of limited transport and communication networks in the region, it would be utterly impossible to govern the areas north and east of Manitoba. The Keewatin Act stipulated that the region was to be governed by a council of five to ten men, headed by the Lieutenant Governor of Manitoba. The Dominion government did not appoint this council until the emergency of the smallpox epidemic forced its hand.[66] Morris recommended a council of six senior civil servants from various departments and agencies of the Dominion and Manitoba governments. The constant slippage between the council's role as a territorial government and as an instrument of public health enforcement was manifested in how it was alternately referred to in official documents as the Council of Keewatin and as the Keewatin Board of Health.[67]

The Board of Health directed a massive mobilization of state resources to stem the spread of the disease. In the first instance this effort was directed toward the containment and treatment of smallpox within the Icelandic reserve and adjacent locations. Dr. William Augustus Baldwin was sent to assist Drs. Young and Lynch in this task. Native guides and assistants transported the doctors and relief supplies through the district, buried the dead and burned infected property. The doctors centralized the treatment of the sick at a hospital at Gimli and employed several young Icelanders as nurses, orderlies, and translators. Towards the end of the epidemic, an old Hudson's Bay Company physician, Dr. Henry Beddome oversaw the disinfection of Icelanders' property.

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65 Alison Bashford, "Epidemic and Governmentality: Smallpox in Sydney, 1881," *Critical Public Health* 9, no. 4 (1999): 306.

66 The Council of Keewatin only ever functioned during the smallpox epidemic. It was never again re-constituted, leaving the Icelandic reserve under the direct authority of the Lieutenant Governor of Manitoba until 1881, when it was incorporated into the province. See Lewis H. Thomas, *The Struggle for Responsible Government in the North-West Territories, 1870-97*, 2nd ed. (Toronto: University of Toronto Press, 1978), 83-5.

67 See *Canada, Sessional Papers*, 1878, no. 10, "Special Appendix A," xxix-xxx.

The second part of the response was the attempt to contain the disease geographically. Doctors were sent out to vaccinate the residents of the adjacent native communities of St. Peter's, Brokenhead, Fort Alexander, and Fairford. The Icelandic reserve was put under quarantine and a *cordon sanitaire* was established at Netley Creek, just inside the northern boundary of the province. This boundary line was enforced by a thirteen member military garrison, and was part of a larger quarantine station that also included a hospital. The Health Officers at the Netley Creek station regulated the passage of people and goods from north to south.[68] Before being allowed to pass individuals were forced to remain at the quarantine station for a fixed period of time and to discard their clothes and other possessions, which were often destroyed. Those who were deemed infected were confined to hospital. This quarantine remained in place until late July 1877.[69] The final goal of the Board of Health's activities was to protect the northern fur trade in order to avert the institution of an American blockade. The Board sent Health Officers to Dog Head, Beren's River, and Norway House to inspect and tag furs bound for the south.[70]

While the above summary accurately describes the activities of the Board of Health during the epidemic, it does not convey the often fractious and contested process by which these measures were adopted and implemented. The official response was devised on an *ad hoc* basis through often acrimonious negotiations between Lieutenant Governor Morris and the cabinet in distant Ottawa that were frequently punctuated by fundamental disagreements over jurisdiction and practice and bickering over money.[71] Yet the Keewatin Board of Health was able to carry out its policies in a way that not only contained the smallpox epidemic but also furthered the Canadian state's goal of segregating native and settler space. Because the number of government officials on the ground remained limited, implementation of the Board's directives was dependent on the compliance of local people, secured both through overtly coercive means and the self-regulation of individuals and groups acting in their perceived best interests.

Quarantine and Sanitation

Following from the work of Foucault, historians and sociologists of medicine have traced the process, beginning in the eighteenth century, by which brute force public health measures such as the *cordon sanitaire* were increasingly

68 AM, Alexander Morris fonds, MG 12 B2, Ketcheson Collection, Correspondence, no. 264, Morris to R.W. Scott, 28 June 1877.

69 *Manitoba Daily Free Press* (23 July 1877).

70 *Canada, Sessional Papers*, 1878, no. 10, "Special Appendix A," xxx.

71 LAC, Privy Council Office fonds, RG 2 A-1-a, Minutes, Annexes, and Reports, 1877-0316, "Memorandum from the Minister of the Interior on the Keewatin Smallpox visitation."

abandoned in favour of measures aimed at regulating and promoting the health of populations in more subtle and generalized ways. By the 1870s, public health advocates increasingly saw attempts to impose blanket quarantines over larger geographical areas as an obsolete and ineffective practice. The regulation and regimentation of space, objects, and people according to regimes of hygiene was presented as a better alternative.[72] A central aspect of this new public health was fostering internalized self-discipline, particularly the desire for good health among a subject population.[73] Alison Bashford argues that in colonial contexts, the practice of public health encompassed both the exercise of coercive, sovereign power and new disciplinary modes of governance.[74] In settler societies such as Australia, New Zealand, and Canada, migrants and indigenous people continued to be subjected to rigidly enforced regimes of quarantine. By quarantine, Bashford means not only a specific public health practice, but also a wider network of cultural practices involving isolation, containment, and the policing of spaces. In the Lake Winnipeg region, the public health practices of quarantine and sanitation and the spatial practices of treaty, survey, and colonization reserves operated hand in hand as apparatuses of governmental power.[75] The quarantine and sanitation measures used by the Keewatin Board of Health during the smallpox epidemic belong within Bashford's model. It was the dynamic interaction between the state's coercive force and disciplinary modes of governance that allowed the new colonial organization of space to take hold around Lake Winnipeg.

The tension between coercion and self-discipline was evident in the debate over the use of a *cordon sanitaire* to prevent travel between Manitoba and the "infected district" of Lake Winnipeg. Lieutenant Governor Morris and Manitoba Premier R.A. Davis argued that a rigid quarantine, enforced by the military, was essential to prevent the spread of the disease throughout the Northwest, and the death of thousands of Indians. Dominion government officials, by contrast, believed that this measure was unnecessary. Prime Minister Alexander Mackenzie argued that responsibility for the maintenance of health rested with the individual. In an encrypted telegram to Morris, Mackenzie stated bluntly, "People themselves must avoid contagion decline expenditure for Quarantine."[76]

72 David Armstrong, "Public Health Spaces and the Fabrication of Identity," *Sociology* 27, no. 3 (1993): 352.

73 Ibid.

74 Bashford, *Imperial Hygiene*, 11.

75 Alison Bashford and Claire Hooker, *Contagion: Historical and Cultural Studies* (London: Routledge, 2001), 39.

76 AM, Alexander Morris fonds, MG12 B3, Ketcheson Collection, Telegram Book 3, no. 14, Mackenzie to Morris, 27 November 1876; no. 17, Morris to Mackenzie, 27 November 1876.

Ambivalence about the use of a quarantine also appeared in public discussion. The editor of the *Manitoba Free Press* came out strongly in favour of the measure:

> The Dominion has a grave responsibility. Let them keep watch and guard over their colonists in Keewatin. Let the Indians be confined to their reserves and vaccinated. Let the public give the authorities their moral support. What has already been accomplished at Gimli proves that the disease can, humanely speaking, be controlled. Let us all bear in mind that "an ounce of prevention is worth a pound of cure."[77]

On the other side, *The Manitoba Herald* opined: "[T]he quarantine line is distinctly announced as being made of red tape."[78] A correspondent to the paper wrote: "Small Pox!! Bah! All we have to do is keep ourselves clean, live well, observing the laws by which God governs the world and allow science (medical men) to do the rest and none of us will die from that loathsome disease."[79] After the crisis was over a letter writer to the *Free Press* complained that the destruction of clothes and property at the Quarantine Station had been useless. The editor saw fit to rebut this claim, and congratulated the people of Manitoba for adopting and enforcing the quarantine regulations.[80]

The editor was correct in recognizing that the quarantine was successful only because local people chose to enforce it. The area which the quarantine covered was simply too large to have been effectively policed by the small number of soldiers and health officers employed by the Board of Health. Prominent among those who were recognized by Lieutenant Governor Morris for helping to stop the spread of the disease through their strict adherence to the rules were the Ojibwa bands at St. Peter's (Peguis), Fort Alexander, and Brokenhead.[81] In 1869-1870, these bands had been spared from an epidemic that killed more that 2,600 Blood, Peigan, Blackfoot, Cree, and Assiniboines on the Plains.[82] They therefore recognized the danger posed by smallpox, cut off their communication with people who had been to the Icelandic settlement, and voluntarily confined themselves to their reserves. Keeping the Lake Winnipeg Indians on their reserves was a policy goal of the Dominion government that the emergency itself enabled. While this action served to protect the bands from smallpox, it nonetheless had negative effects on their health. Being confined to their reserve prevented them from venturing farther out when

77 *Manitoba Daily Free Press* (4 December 1876).
78 *Manitoba Herald* (15 January 1877).
79 Ibid. (11 January 1877).
80 *Manitoba Daily Free Press* (22 June 1877).
81 AM, Alexander Morris fonds, MG 12 B3, Ketcheson Collection, Telegram Book 3, no. 59, Morris to Scott, 26 February 1877.
82 *The Manitoban* (16 September 1871).

their local resources failed, as happened with the fishery in the fall of 1876. The chief and councilors of the Fort Alexander reserve wrote to Lieutenant Governor Morris stating that they required provisions from the government in order to make it through the winter, and that the local Indian agents and Acting Indian Superintendent J.A.N. Provencher had turned a deaf ear to them.[83] They also stated that Dr. Willoughby Clark, who was sent to vaccinate them, was doing nothing because he had run out of vaccine matter.[84] Dr. Clark confirmed the Fort Alexander band's account of poor health owing to causes other than smallpox: "I found a great deal of sickness at this place caused principally by want of proper food and clothing — scrofula and pulmonary complaints predominantly." He recommended that assistance to the band be increased, although there is no evidence that his recommendation was acted upon.[85]

The Icelanders also conformed to the quarantine, though the longer the regime continued, the more their resentment grew. Increasingly, the quarantine came to be seen by the colonists as a key source of their continued poverty and ill health. It restricted the flow of supplies into the colony, and therefore contributed to hunger and malnourishment. It also created a greater strain on what resources were available by preventing the able bodied from leaving the reserve to find work in Manitoba. At the end of the epidemic in April 1877, Dr. Henry Beddome reported that the colonists were suffering from scurvy and diarrhea.[86] In early July John Taylor wrote to Ottawa complaining that the quarantine was maintained even though no fresh cases of smallpox had appeared for five months and the colony had been thoroughly disinfected. On 1 August, Minister of Agriculture C.A.P. Pelletier wrote to Morris saying that the quarantine should be removed at once as it was "extremely cruel and unnecessary."[87] The military garrison was finally recalled on 21 July, but no notice was sent to the colonists. According to Taylor, they discovered the fact by chance when a group of one hundred young Icelanders, both male and female, set out to force their

83 Shortly after the epidemic, Provencher was embroiled in a scandal over his conduct, especially regarding his provision of supplies to the Indians. See Brian Titley, "Unsteady Debut: J. A. N. Provencher and the Beginnings of Indian Administration in Manitoba," *Prairie Forum* 22, no. 1 (1997): 21-46.

84 AM, Alexander Morris fonds, MG 12 B1, Lieutenant Governor's Collection, Correspondence, no. 1381 and 1384, William Pennyfeather to Alexander Morris, 11 December 1876 and 17 December 1876.

85 LAC, Department of Indian Affairs and Northern Development fonds, RG 10, Black Series, vol. 3638, file 7213, Reel C-10112, "Clandeboye Agency – Correspondence Regarding an Outbreak of Smallpox among the Indians of Lake Winnipeg and the Subsequent Vaccination campaign," Dr. Willoughby Clark to Provencher, 1 February 1877.

86 AM, Alexander Morris fonds, MG 12 B2, Ketcheson Collection, Correspondence, no. 1458, Henry Beddome to Morris, 13 April 1877.

87 LAC, Department of Agriculture fonds, RG 17, General Correspondence, vol. 196, docket 2062, Taylor to the Minister of Agriculture, 5 July 1877.

way through the quarantine barriers.[88] In a later report Taylor made a scathing attack on the administration of the Keewatin Board of Health: "The oppressive quarantine, so unnecessarily prolonged, has done more serious injury to the colony than can be repaired easily …. No quarantine procedures of a like character would have been submitted to for half the time by Canadians."[89]

The quarantine was only lifted when officials were certain that the Icelandic reserve and its residents had been completely sanitized. This was a protracted process that began with the arrival of the doctors in November 1876 and did not conclude until the following July. Dr. Lynch produced a series of letters and reports that provided the Keewatin Board of Health and the Dominion cabinet with information about the Icelanders racial characteristics and modes of living. Lynch believed that centuries of inbreeding had made them racially degenerate, but thought that they were ultimately redeemable through intermarriage with other more vigorous races.[90] Lynch claimed that the Icelanders' racial degeneracy was manifested in their indifference to material advancement and their habit of living in over-crowded, dirty, and poorly ventilated houses. Many of Lynch's official statements were echoed in a private letter Dr. William Augustus Baldwin wrote to his sister in Toronto. Baldwin said that the Icelanders' poor health was the result of their living "like pigs." The letter conveys his general revulsion at conditions in the Icelandic colony, and includes specific references to the unsanitary behaviour of his patients:

> In one house a woman asked me if I would have a cup of coffee. I said yes, as the day was cold, so while I was making up some medicine for a poor sick boy — What do you think I saw the woman do — She no doubt thought that the cup was not clean enough for me, so she licked the cup all around with hir [*sic*] tongue and then took a towel as balck [*sic*] as could be — without it being a bit of black coth [*sic*] and dryed with it, and then gave it to me to drink. A nice sight to see for a man who wanted a drink to warm him.[91]

When expressing his sympathy for the suffering of the Icelanders, Baldwin cast himself in the role of the man of science and reason attempting to bring order to a disordered set of people badly in need of reform.

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88 LAC, Department of Agriculture fonds, RG 17, General Correspondence, vol. 198, docket 20421, 24 July 1877; Kristjanson, *The Icelandic People in Manitoba*, 52.

89 *Canada, Sessional Papers*, 1878, no. 9, "Report of Icelandic Agent (Mr. John Taylor)," 64, 66.

90 LAC, Department of the Secretary of State fonds, RG 6, General Correspondence, vol. 28, docket 536, Morris to Scott, 21 April 1877.

91 AM, New Iceland Collection, MG 8 A6-3, Dr. W. Augustus Baldwin to Phoebe Lefoy, 13 March 1877.

The Icelanders both accommodated and resisted the colonizing-sanitizing mission of the Canadian doctors. At least nineteen Icelanders worked as nurses, attendants, and translators in the Gimli hospital and others assisted the medical officers on their travels through the colony.[92] Dr. Lynch complained that many smallpox patients refused to be moved from their homes to the hospital. It was only when attendants entered the homes and threatened to remove them by force that they complied.[93] While the Icelanders employed these strategies to meet both the disease emergency and the demands of the government officials, Sigtryggur Jónasson attempted to present an alternate picture of his people's character to officials in Ottawa. He portrayed his countrymen in ways that he knew would be appealing to officials interested in building an orderly settler population. "[They] have kept up a remarkably good spirit during this great calamity, which many who don't know their general disposition nor understand their language call indifference."[94] In sharp contrast to Dr. Lynch, Jónasson saw the Icelanders as hard-working and deeply committed to progress. By the end of the epidemic, the leaders of the Icelandic colony self-consciously adopted some of the institutional mechanisms of public health as practiced in Canada. One of the first actions of the colony's municipal council was to take measures to disinfect the entire colony with soap and boiling water.[95] Each *byggð* (settlement) within the colony formed a Board of Health to coordinate these efforts.[96]

In Icelandic settlements, disinfection did not involve the wholesale destruction of bodies and property. This was not the case among the region's Aboriginal communities where burning of bodies, houses, and possessions was practiced at Sandy Bar, Sandy River, Black River, Bad Throat River, and Punk Island. The survivors who witnessed this activity sometimes allowed it, at other times resisted fiercely. William Drever, one of the doctors' assistants, traveled to Bad Throat River on the east side of the lake to burn or bury the bodies of several members of the Big Island band. He was permitted to bury the body of the chief, Kat-te-pe-nais, but when Drever attempted to burn two others he was chased away.[97] John Ramsay, one of the few survivors of the Sandy Bar band, helped Dr. Baldwin and Magnús Stefánsson burn the Indian

92 LAC, Department of Agriculture fonds, RG 17, General Correspondence, vol. 179, docket 18531, Taylor to Taché, 15 January 1877.

93 AM, Alexander Morris fonds, MG 12 B1, Lieutenant Governor's Collection, Correspondence, no. 1377, Lynch to Morris, 3 December 1876.

94 LAC, Department of Agriculture fonds, RG 17, General Correspondence, vol. 179, docket 18595, Jónasson to Lowe, 20 January 1877.

95 Ibid., vol. 187 ,docket 19318, Jónasson to Taylor, 28 March 1877.

96 AM, Alexander Morris papers, MG 12 B1, Lieutenant Governor's Collection, Correspondence, no. 1458, Beddome to Morris, 13 April 1877.

97 Ibid., no. 1517, Drever to Morris, 3 August 1877.

village of Sandy River on the east side of Lake Winnipeg.[98] However, Ramsay deeply resented the burning of his own village at Sandy Bar, conducted on the orders of Dr. Lynch.[99] With most of the band members dead, this act had the effect of erasing an important physical vestige of the Sandy Bar band's presence in the Icelandic reserve. It cleared the way for the land to be settled according to the survey of the area that had been completed near the end of 1876. Lynch apparently felt some remorse over this act and advised the government to compensate the surviving members of the band, although this does not appear to have been done. In June 1877 Ramsay traveled to Winnipeg to personally express his aggravation over this act to Lieutenant Governor Morris, but did not receive any guarantees. Morris suggested that Ramsay and the other survivors should leave the Icelandic reserve and settle at Fisher River to the north.[100]

Conclusion

In the summer of 1876, exactly how Ramsay's people and the Icelanders would resolve their joint claim to the southwest coast of Lake Winnipeg remained an open question. The Sandy Bar and Big Island bands repeatedly protested the appropriation of their land, and refused to abandon their settlement even after their request to form an Indian reserve was denied. The smallpox epidemic resulted in their dispossession, and the appropriation of their land and resources by the Icelanders. This outcome was not only due to the disease's devastating physical effects, but also to the public health measures implemented by the Keewatin Board of Health. The quarantine boundaries that the Board enforced, and which were observed by local people, mirrored the boundaries of land distribution that the Canadian state wished to impose on the region. The crisis gave a new reality to the system of racially-defined reserves, and the rigid separation of native and settler populations. What had once been a dynamic zone of Icelandic-Aboriginal contact became a far more homogeneous Icelandic space.

At the same time, the epidemic also dealt a serious blow to the Icelanders and their settlement. For many families, who had hoped for a new beginning in North America, it was a terrible personal tragedy. Many settlers emerged from quarantine impoverished and disillusioned with the government's handling of the crisis. This disillusionment was an important contributing factor to the out-migration that resulted in the colony's near extinction in the early

98 Thorleifur Jackson, *Frá Austri til Vesturs: Framhald af landnámssögu Nýja Íslands* (Winnipeg, MB: The Columbia Press, 1921), 81.

99 AM, Alexander Morris fonds, MG 12 B1, Lieutenant Governor's Collection, Correspondence, no. 1455, Lynch to Provencher, 12 April 1877; no. 1461, Provencher to Morris, 16 April, 1877.

100 Ibid., no. 1503, Meredith to Morris, 13 July 1877.

1880s. Smallpox also accentuated the distance of the Icelanders, both literally and symbolically, from the wider settler community. In ways similar to those applied to Aboriginal people in later decades, the Icelanders' poverty and sickness were interpreted as functions of their racial and cultural inferiority, rather than their specific material circumstances. The 1876-1877 smallpox epidemic is an example of the linkages between discourses used to justify Aboriginal dispossession and marginalization, and those that sought to bring migrant populations into line with the norms and values of the dominant settler society. It is a reminder of the need to consider European migrants and Aboriginal people together as constituents of the same projects of colonial governance.

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