

# Northern University Teaching Storms, Isolation and Grannies

by Agnes Grant

*Cet article relate l'expérience personnelle de l'auteure en tant que professeure à l'université lors de la mise sur pied des programmes autochtones de formation des professeur(e)s du Nord.*

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It was in the early 1980s and the March wind howled around the old Indian Affairs schoolhouse on the remote northern reserve of Norway House, each gust sending fingers of cold seeping through the uninsulated walls and poorly fitting windows. Inside, I gripped my stomach in agony and staggered to the bathroom at the end of the hall. I had used up the last of my medication hours ago and the searing cramps had not abated.

When I had last been in Winnipeg I had seen a doctor. He could not understand why I would be flying into remote northern communities on a regular basis. His tone of voice suggested that if I were to stay in the south I would not be ill.

I tried to explain. "We train Native teachers in isolated northern communities," I said. "I am a university professor. I train teachers."

"Uh hmmm," he said as he wrote on his note paper. "And what grade do you teach?"

I tried again. "I work for the university. We deliver a university program to groups of students in northern communities. Instead of students coming on campus, professors go to where the students are living. When they finish the program they will have Bachelor of Education degrees."

"So will they be able to teach in their home communities?" the doctor asked.

"Yes, but they will be qualified to teach anywhere else in Manitoba as well, or any place that accepts a Manitoba teaching certificate." I replied somewhat impatiently. I had answered this line of questioning so often it was quite irritating to me.

"But do you suppose people in the city will hire your students?" he asked doubtfully.

"Do you suppose our students will want to teach in the city?" I shot back, wishing the conversation would end.

I was in the doctor's office not to discuss the teacher training program but to discuss my health. I had undergone a series of tests and I was hoping for a diagnosis that would end the recurring bouts of diarrhea that left me weak and depressed.

The doctor sat back in his chair and said, heartily, "I am very pleased with your test results. You are in fine physical condition; in fact, you are in excellent health." He closed the file.

I assumed that my visit was over and panic rose in my throat. "But why do I have these terrible bouts of diarrhea if all is well?"

"I am as puzzled as you are," the doctor replied. "I really don't know. How often do you fly into the north?"

"Every week, for four weeks at a time. Then I usually get a month's break and then I go to another community. I am up north six months of the year."

"Ah," he said, as a slight smile played around the corners of his mouth. "It's probably fear of flying that is creating tension for you."

Tears thickened my voice as I said, "I have been doing this for ten years and I have never been afraid of flying!"

No wonder he thinks I'm a nervous wreck, I thought, blinking back the tears.

"I'll give you a prescription for your next bout of diarrhea," he said, reaching for the prescription pad. "This should do you nicely."

Wearily, I left the office. I placed little faith in the small slip of paper I carried. And I was not relieved because this meant that the bouts would continue and that there was nothing I could do to prevent them.

I could call in sick, I told myself wryly, but I didn't want to. I loved my work because it was a program that was exhilarating and interesting. But it was also taxing and relentless. University courses were offered in four week time blocks so if the professor missed even one day, which sometimes happened due to weather conditions, it was time the students could not afford. An instructor's illness meant the students might not get credit for their course. Regular professor schedules were crucial to the success of the program.

Norway House is a fly-in community. Usually a university staff member, called a centre coordinator, resided in the community for the four years it took to complete the program. But the centre coordinator in this community had not lasted long. Some people found the isolation and culture shock so great that they could not do the job. The centre coordinator had left one weekend, not even bothering to pack all her belongings, and there was no word about where she had gone.

"Well, at least we have Agnes going in to teach there,"



gram, I was disappointed that it was so hard to make contact with the people in the communities but understood that I was only one of an endless procession of southerners who had been sent up north to spend a few hours of their lives there and then go on their way. The students were enthusiastic learners. For most of them, university had been an unattainable goal and this opportunity to get an education came as an unexpected windfall. They made the most of the opportunity available to them.

Whenever I went to a new community I was met with a wall of suspicion which hurt more than I cared to admit. But after meeting other northern travelers and listening to the derogatory comments they made about the Native people and observing the irresponsible way in which some performed their jobs, I came to understand and accept the suspicion. I did my best to follow community protocol as quickly as possible and soon had friends in every community who made me feel welcome when I returned. I was feeling happy and comfortable in my job—and then this illness struck.

Northern nurses suggested stress, the new buzzword. I was reluctant to accept their diagnosis, but when the southern doctor also could come up with no other explanation I began to believe them and I determined to take a long rest when I finished teaching this one course. Now getting this course finished was becoming an almost insurmountable problem! Weak from pain and despair, I watched the snow against the window panes and listened to the howl of the wind. "This is the kind of night when Weetigo is abroad," I thought, "and people are well advised to stay close to their fires!" There was a small hospital at the far end of the reserve and my thoughts skittered to the possibility of going there for solace. "I could at least talk to a nurse," I thought, looking out into the dark night. A conversation with a nurse would reassure me that there were other human beings who were awake in the howling storm. I picked up the phone and dialed the hospital number only to find that the line was dead. Miserably, I put my head on the table and sobbed.

As a particularly severe cramp racked my body I knew that I would have to take some action. Waiting until the thin light of dawn appeared, I began to dress slowly in my snow pants and parka. I pulled on high fur-trimmed moccasins and added a scarf that a student had knit for me for Christmas. Pulling on my gaily-decorated gauntlets I began the long walk to the principal's house which lay between me and the Hudson's Bay store. I knew he had a vehicle and I hoped the main road would be passable.

The principal was enjoying his first cup of coffee of the day when I knocked at the door. He was not used to disruptions so early on a Saturday morning, but he was

used to various emergencies among the non-Native teaching staff. Every year he helped new teachers through the trauma of culture shock and taught them to live with the extreme northern climate. The school van was always plugged in and though he made sure he had his trusty shovel we did not need it on the way to the hospital.

The principal was kind and solicitous as he handed me over to the admitting nurse. When I explained the situation and my reason for being in the community the nurse suggested they check me into the hospital.

A very young doctor examined me and my throat ached as I bit back the tears, answering all the too-familiar questions. I anticipated the doctor's cheery reassurances that nothing major was wrong and that with some medication I would be as good as new. "Codeine," the doctor said to the nurse as though I were not present, "that should do it. As well, she needs a good rest so we will give her some Demerol for the cramps."

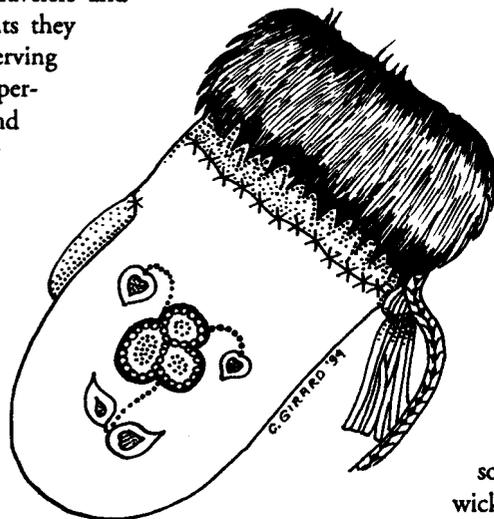
My relief was short lived. No sooner was I settled in bed than the wicked cramps began again sending me scuttling to the washroom down the hall. The hospital was staffed only by the one nurse and one aid. They were busy with other minor emergencies which were brought in at intervals. When the nurse checked on me an hour later she was surprised to find me still wide awake with unabated pain.

I accepted that nothing had changed except the place where I was trying to rest. I did feel better because I was no longer alone but hour after weary hour dragged by. I dozed fitfully for two days and medication and sleeping pills saw me through more peaceful nights than I had experienced in a long time. Monday morning the sound of hospital routine was broken by different voices and I raised my head to see a group of four old women peering into the rooms as they went down the hall.

The aid, who was tidying up the room, smiled. "The grannies come to catch up on 'who is who' in the world of the sick," she explained. "And they come to watch TV. Since they don't have electricity they don't have TVs in their homes. They never, never miss the soaps on a weekday afternoon!"

My sense of isolation deepened. Here I was, miles away from my family. They did not even know where I was and I felt too ill to phone! I told myself not to wallow in self pity but involuntary tears trickled down the sides of my face.

Just then I felt a feathery touch on my hand which rested on the covers. Opening my eyes slowly I was met by a pair of kindly brown eyes full of concern in a deeply wrinkled brown face framed by a red kerchief. Gnarled brown



hands pulled the blanket up to my chin and then, with a final pat and a determined nod of her head the "granny" sat down beside the bed and pulled out her knitting. I dropped into a deep, dreamless sleep and when I awoke she was gone. But the next afternoon she was back, and the next.

There was always the light touch to the hand or face, the slight nod of the head and then the knitting. I did not attempt to speak with the old Cree woman but as I felt better I eagerly looked forward to my visitor and greeted her with a smile.

In a few days I was well enough to travel. I made arrangements via the hospital telephone for students to finish the course at another time and then I flew home.

Several months of rest did, indeed, clear up my condition. I was prepared to accept that I had become "burned out" and all I had needed was a rest. That is, I accepted this until I read a news item about northern reserves in the

*Winnipeg Free Press.* Water, the newspaper stated, was contaminated on most northern reserves and repeated appeals to Indian Affairs to remedy these third world conditions had fallen on deaf ears. Though most reserves were bad, none was as bad as the reserve with the small hospital at one end and the school complex at the other which regularly dumped raw sewage into the lake for the community to consume.

*Agnes Grant is employed by Brandon University in southern Manitoba to train teachers in the Brandon University Northern Teacher Education Program (BUNTEP). She has also worked for the Program for Educating Native Teachers. Brandon University was the first university to take training into isolated, Native communities instead of expecting students to up-root families and move south. Dr. Grant teaches Native Studies and Education courses in Language Arts.*

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