

Unit 7: Megan Davies: What interests you about the history of rural health and health issues?

A: I was drawn to the topic of rural health and the history of rural health because I was interested to see how the story of health unfolded when medicine, in the forms in which we're familiar, wasn't present. When people were 100 miles down a road totally snowed in, 100 miles from a doctor or a hospital, when they didn't have access to help with childbirth or with influenza or with infectious disease or with dealing with accidents. So I was interested as a historian of health and medicine in how things unfolded when the structures of medicine were not there. I began looking at the Peace River District in Northeast B.C. because I discovered that the Rockefeller Institute had invested heavily in that, in rural health in that region, and I thought, "Why the heck were they interested in that place? In the early 20th century, it was indeed the back of beyond." I think they were interested because it was considered the last best west and the last frontier for agricultural settlement in Canada, in English Canada. And so I went up to the Peace River, and I wanted to talk to the older women about their mothers' memories of the local health unit. And I was also interested in women's institutes and in the role played by the women's institutes in pushing the government for better health services in rural parts of Canada. But when I got a group of women together to talk to me, these are older women who would've been young girls when their families had moved to the Peace River as pioneers in the early 20th Century. A lot of people went there during the depression years because they were pushed out of their prairie farm homesteads by the drought. So they had nothing left, except for this opportunity of cheap or free land in the Peace River District. So I got these women together and instead, they regaled me with stories of frantic trips to the hospital and dousing deep cuts with kerosene. Instead, they regaled me with stories of dousing deep gashes with kerosene and using flour in a bag, wrapping a wound to stop the flow of blood and giving birth, their mothers giving birth en route to the hospital when it was minus-30 because they didn't make it there in time. Or calling their neighbor to come and help them give birth and the kinds of home remedies that they would use, mustard plasters. Things that I knew nothing about, but I do now, about having nine different gardens and the kind of canning they would do, picking berries with their neighbors and preserving those for the winter so they wouldn't get scurvy. Bringing rhubarb roots with them to the new place or learning about food and health options from the indigenous peoples of the region. So it exploded my notion of health, actually. It totally reworked my notion of health, and it made me realize how

hard I'd been working as a mother, creating health in my own home. So, for me, it became a much different research project, but I think really speaks to rurality and rural health

So I think what took away from my research in the Peace River was this notion that health is both much more complicated than we think of it, because we think of health equals doctor, nurse, hospital, and much more every day. And that it's in the actions that we perform every day, what we eat, how we take care of our kids, how we take care of our parents and how we take care of our own bodies. So I think I learned a lot doing my work on the Peace River, from the women of the Peace.