



Sick student at the Edmonton school (sometime between 1925 to 1935). *The United Church of Canada Archives, 93.049P870N.*

been at the school for eight years and was still only in the fourth grade, her school record consisted of a single page of test scores.⁶³ As Bernard Pinay philosophically summed up his educational experience, "I have nothing against File Hills School. The only thing is I didn't get much schooling because I spent a lot of time working on the farm."⁶⁴

Group 3 → Health: "My kingdom for a nurse."

During the period the residential schools were in operation, no matter how bad health conditions were for the general Canadian population, they were worse for Aboriginal Canadians. From the outset, death rates at residential schools were high. In the Qu'Appelle school's first decade of operation, 174 students (out of a total enrolment of 344) were, to use the school's term, "discharged." More than half these students died either at the school or shortly after being sent home. In 1887 the Battleford school, down to an enrolment of fifteen, lost two children to spinal meningitis.⁶⁵ In 1909, nearly all the High River school's sixty students were diagnosed with tuberculosis.⁶⁶

Seven years later, an entry in the school's journal plaintively read, "A nurse! A nurse! My kingdom for a nurse."⁶⁷ A 1900 report showed that twelve of sixty-six former students of the Red Deer school were dead. Three years later, six students at the school died of tuberculosis.⁶⁸

Disrupting a people's relationship with the environment, and increasing their stress levels, can leave them susceptible to illness and epidemic. In the 1880s, the Canadian government altered the Aboriginal relationship to the environment in western Canada in two profound ways. First, people who had long been hunters were confined to reserves where they were expected to become peasant farmers. Reserve housing was poor and crowded, sanitation inadequate, and access to clean water limited. Second, many of their children were placed in crowded, poorly ventilated residential schools. In these schools, students were subjected to the intense stress of separation from their families, and the requirement to learn a new language and new culture. The result was tragic: from the 1880s until well into the twentieth century, smallpox, measles, influenza, dysentery, and tuberculosis cut

a trail of death and suffering through western Canadian Aboriginal communities.⁶⁹

This trail led to the schools. In 1907 Dr. Peter Bryce, the chief medical officer for Indian Affairs, published a damning report on the health conditions at boarding and residential schools on the Prairies. He was particularly alarmed by the poor air circulation in the thirty-five schools he inspected: "with but two or three exceptions no serious attempt at the ventilation of dormitories or school-rooms has hitherto been made; that the air-space of both is, in the absence of regular and sufficient ventilation, extremely inadequate; that for at least 7 months in the long winter of the west, double sashes are on the windows in order to save fuel and maintain warmth and that for some 10 continuous hours children are confined in dormitories, the air of which, if pure to start with, has within 15 minutes become polluted...."⁷⁰

Bryce asked the principals to conduct surveys on the health of former students. Only fifteen of the thirty-five principals submitted the requested information, but the results painted a devastating picture. According to their reports, between 1888 and 1905, 1537 students had been admitted to their schools. Bryce reported that of this enrolment, "nearly 25 per cent are dead, of one school with an absolutely accurate statement, 69 percent of ex-pupils are dead, and that everywhere the almost invariable cause of death given is tuberculosis."⁷¹ Aside from the poor condition of the schools, Bryce was alarmed by the high number of sick children being admitted to the schools, where disease, particularly tuberculosis, could spread quickly to virtually every student.

A 1909 follow-up study of prairie schools was just as worrisome: two schools in Alberta, Old Sun and Peigan, had death rates of 47 percent.⁷² Similar studies were not carried out in British Columbia or Ontario, but problems existed there as well. From 1896 to 1904, as many as twenty-five children a year were on sick leave at the Kuper Island school in British Columbia, which had a maximum enrolment of fifty-eight. By 1905 fifty-five of the Coqualeetza school's 269 former students were dead.⁷³ In 1908 seven of the thirty-one children attending the Chapleau school in northern Ontario died in a three-month period, making it all but impossible for the school to recruit new students.⁷⁴

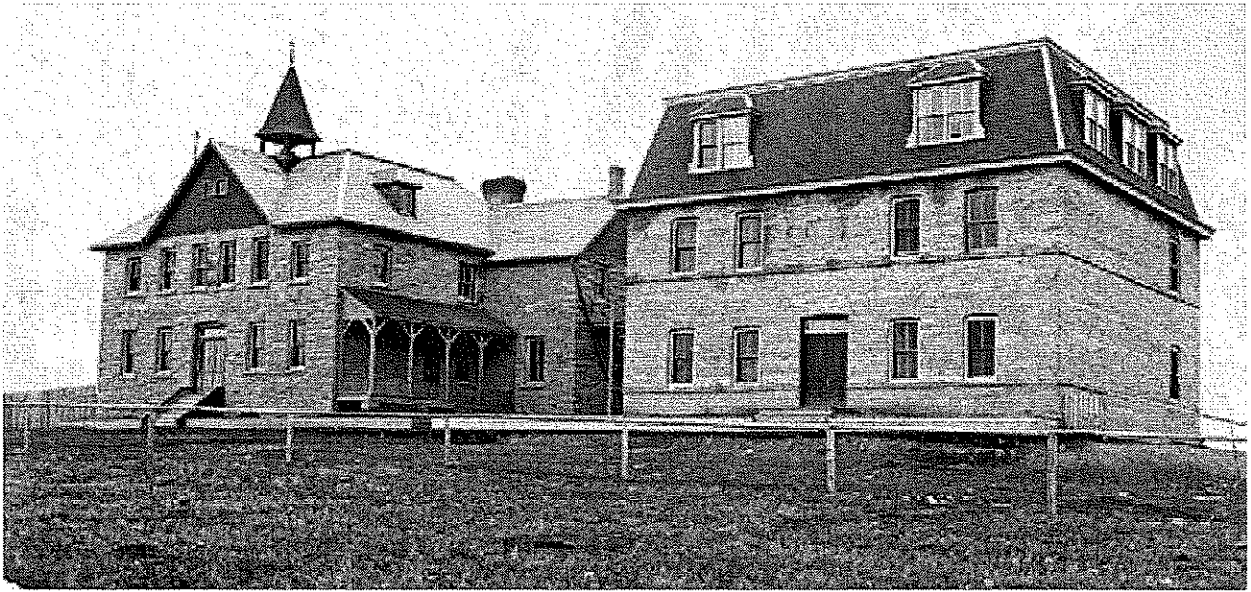
Bryce recommended that he be given control over certain schools, and that there be a significant improvement in the care given to sick students.⁷⁵ Duncan Campbell Scott, the Indian Affairs superintendent of education,

said the plan was not realistic.⁷⁶ Instead of implementing Bryce's recommendations, Indian Affairs reached an agreement with the churches in 1910 to increase funding, set standards for diet and ventilation, and ensure that sick children were not admitted.⁷⁷ In 1913 Scott, by then the deputy minister of Indian Affairs, acknowledged in a review of the department's first forty-five years that "It is quite within the mark to say that fifty per cent of the children who passed through these schools did not live to benefit from the education which they had received therein."⁷⁸ Yet, shortly after assuming his duties as deputy minister, Scott forced Bryce out of office, and, in 1918, to save money, he eliminated the position of medical inspector, leaving the department completely unprepared for that year's deadly influenza epidemic.⁷⁹

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Deputy minister of Indian Affairs, Duncan Campbell Scott, 1913

The 1918–1919 Spanish flu epidemic killed 30,000 Canadians, 4000 of whom were Aboriginal.⁸⁰ Residential schools were hit particularly hard. At the Red Deer school, virtually all the staff and students fell ill, and five students died. According to the school principal, the lack of resources for dealing with the epidemic was "nothing less than criminal."⁸¹ To cut costs, the children were buried two to a grave.⁸² At the High River school, where the entire school was struck down, the principal and three students died.⁸³ In British Columbia, all the students at the Coqualeetza, Kitamaat, and St. Mary's schools came down with the flu.⁸⁴ Similar tales could be told of most other schools.



In his 1907 report on health conditions in residential schools, Dr. Peter Bryce noted that the Red Deer, Alberta, school had the worst mortality rate of the industrial schools he had examined. In the 1906-07 school year, six children died at the school. These sorts of results led Bryce to title his 1922 booklet on Aboriginal health in Canada *The Story of a National Crime*. *The United Church of Canada Archives, 93.049P843N. (19--?)*

Although the death rates fell in the following years, there are no clear records as to how many children died while attending residential schools, and the total may reach into the thousands.⁸⁵ As at Red Deer, many children were buried in school cemeteries. In some cases, parents never were told what had become of their children. The memoirs of former residential school students are filled with remembrances of death and disease. In the late 1870s, Charles Nowell watched a girl he had fallen in love with die of whooping cough at the Alert Bay school.⁸⁶ In the 1920s, Edward Ahenakew wrote, "Again and again I have seen children come home from boarding schools only to die, having lost during their time at school all the natural joys of the association with their own families, victims of an educational policy, well-meant but not over-wise."⁸⁷

Eleanor Brass attributed the death of one of her brothers in the early twentieth century at the File Hills, Saskatchewan, school to neglect.⁸⁸ Earl Maquinna George, who attended the Ahousaht school in British Columbia in the 1930s, recalled "a time when the school had a measles epidemic, and the whole 200 kids except one, a teenage girl, were put to bed. Miss Reed and this one young girl together looked after all the 200 kids who were in sick bay."⁸⁹ In the 1940s, every student and staff member at the St. Phillip's Anglican school on James Bay was stricken with influenza. Jane Willis recalled: "The older girls were dragged out of bed every day to prepare the meals and

wash the dishes, then sent back to bed as soon as they had completed their work."⁹⁰ As late as 1959, crowded conditions at Stringer Hall, the Anglican residence in Inuvik, caused an outbreak of measles to spread quickly through the dormitories.⁹¹

Aboriginal health care was never a priority. Tuberculosis among Aboriginal people largely was ignored until it threatened the general population.⁹² In 1937 Dr. H.W. McGill, the director of Indian Affairs, sent out an instruction that Indian health-care services "must be restricted to those required for the safety of limb, life or essential function." Hospital care was to be limited, spending on drugs cut in half, and sanatoria and hospital treatment for chronic tuberculosis eliminated.⁹³ Not until the 1940s was there an improvement in government medical services to Aboriginal people.⁹⁴

Chronic underfunding and overcrowding undermined the health of students attending residential schools. School principals, doctors, and Indian Affairs officials regularly ignored regulations prohibiting the admission of infected children. Inspections were limited and irregular, and violations of regulations regarding overcrowding and poor diet rarely were addressed properly. All these circumstances contributed to the spread of infectious illnesses and diseases.⁹⁵ Aboriginal children, who were supposed to be protected by the Canadian government, were, in fact, underfed, poorly housed, and overworked, for decades.