Peter Henderson Bryce: Indian Residential Schools and the High Death Rate



Peter Henderson Bryce (Photo courtesy of <u>Andy Bryce)</u>

Ontario-born Peter Henderson Bryce was the physician appointed in 1904 to the newly created position of chief medical officer for the Interior and Indian Affairs. Bryce was a leading public health authority who focused his work on the prevention of tuberculosis.

For some time, school officials and administrators had been convinced that tuberculosis was a hereditary disease. Thus, no health screen was in place until 1909, when the school application form for all residential schools instructed physicians who were inspecting

potential students not to admit children suffering from scrofula or any form of tuberculosis. In 1910, the contract between the government and the churches also specified that students were not to be admitted until a physician had declared the children in good health.

Indian Residential Schools were not set up to isolate sick children from well, and often did not have proper ventilation systems or sewage disposals, so that diseases spread quickly, causing the death of many students. In Kamsack, for instance, parent letters and petitions calling for an on-reserve school disclose concerns about sending their children away to the Industrial schools, because all but one that was sent away died in these institutions. "As early as 1907, inspectors called the residential school systems places of disease, hunger, over-crowding, and despair."

In 1907, Bryce released a damaging report to Members of Parliament and the churches that exposed the death rates due to tuberculosis among children in the residential school system (see <u>On the Indian</u> <u>Schools of Manitoba and the Northwest Territories</u>). Children attending residential schools were dying at a far higher rate than children in the general population.¹ The report was leaked to media, and the *Evening Citizen* (now *Ottawa Citizen*) included a story on Bryce's report. By bringing public attention to the issue, the government was being pressured to act.

In the report, Bryce noted that attendance had fallen since 1901 and the reasons were chiefly due to the distance of schools from the reserves, the ineffectiveness of the staff, the lack of practical success upon graduation, the cooperation of the boarding schools staff to the canvassing of the industrial school principals, the lack of interest of Indian agents in schools far from reserves, the dislike of the parents to have their children so far from home, and the great increase and enlargement of boarding schools on or near reserves. He also noted that all of the principals expressed the disagree-ability of recruiting students. He concludes, "It seems evident that with boarding schools increasing in numbers and in efficiency, the successful continuation of the industrial schools under the present form must become increasingly difficult and expensive" (p. 16).²

Bryce noted the differences between public school and residential school, writing, "In the public school everywhere the child returns to its parents at night and they are naturally chiefly responsible for its health. On the other hand, our industrial and boarding schools have been for the full term of residence in them the home of the child, and for his health the staff of the school is immediately responsible. Not only so, ¹ Canada's Residential Schools: Missing Children and Unmarked Burials, Vol. 4, p. 1

² Bryce, P. H. (1907). Report on the Indian Schools of Manitoba and the Northwest Territories.

but this fact has been recognized by the government, which has for many years appointed and paid medical officers for supervising the health of children" (p. 17).

Bryce criticized the government officials, saying the problem of students of ill-health gaining admission into school was due "to the lack of any system under which they [the schools] came under government inspection." Additionally, the problem was due to the difficulties in every instance, of maintaining attendance "up to the number allowed upon which the per capita payment was made." It was not surprising to him that children with cases of scrofula and other forms of disease were admitted: "Principals and teachers and even physicians were at times inclined to question or minimize the dangers of infection from scrofulous or consumptive pupils and nothing less than peremptory instructions as to how to deal with cases of disease existing in the schools will eliminate this ever-present danger of infection"(p. 17).

Bryce recognized that the staff and even many medical officers were not aware that the "defective sanitary condition of many schools, especially in the matter of ventilation" was causing the spread of the disease. Bryce also criticized the record-keeping process as defective and inconsistent. "It suffices us to know, however, that of a total of 1, 537 pupils reported upon nearly 25 per cent are dead, of one school with an absolutely accurate statement, 69 per cent of ex-pupils are dead, and that everywhere the almost invariable cause of death given is tuberculosis" (p. 18). He reported that with the exception of three schools, "no serious attempt at the ventilation of dormitories or school-rooms has hitherto been made." Making matters worse were the long months of winter in the West, when "double sashes are on the windows" to save fuel and heat and "for some 10 continuous hours children are confined in dormitories. ... It is apparent that general ill health from the continued inspiration of an air of increasing foulness is inevitable; but when sometimes consumptive pupils and, very frequently, others with discharging scrofulous glands, are present to add an infective quality to the atmosphere, we have created a situation so dangerous to health that I was often surprised that the results were not even worse than they have been shown statistically to be" (p. 19).

Despite the warnings and recommendations of Dr. Peter Bryce, that the conditions in the residential schools were causing healthy children to become sick, and despite the government lawyers' warning in 1907, "Doing nothing to obviate the preventable causes of death, brings the Department within unpleasant nearness to the charge of manslaughter," the government did little to improve conditions except to institute a policy that prohibited sick children from admission to the school. However, only a few doctors were able to recognize TB in children. Samuel Blake, an Anglican Ontario lawyer supported Bryce in his pamphlet, Don't You Hear the Red Man Calling? He criticized those who were condemning Bryce's report, and iterated the call to attend to the health of the children in the Indian residential schools. However, Bryce's recommendations came into conflict with Duncan Campbell Scott's mandate to reduce spending. Bryce remained on the government payroll for another 8 years, but Scott never asked him to do any more inspection work for Indian Affairs. The federal government forced Bryce into retirement in 1921, after which he published The Story of a National Crime: An Appeal for Justice to the Indians of Canada. Despite his report, Indigenous children continued to live in unsafe buildings with high infection rates.

In 2015, a historical plaque was erected at Dr. Bryce's grave site in the Beechwood Cemetery in Ottawa, Ontario, to honour his stand for the health and rights of Aboriginal children.