

THE ANTI-TUBERCULOSIS LEAGUE OF SASKATCHEWAN AND DR. R. GEORGE FERGUSON



Dr. R.G. Ferguson, O.B.E., B.A., M.D., LLD, (1883-1964). [Source Link](#)

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~ Dr. R. George Ferguson

In 1911, Dr. Maurice Seymour, Commissioner of Public Health, formed the Saskatchewan Anti-Tuberculosis League (SATL). "Seymour advocated the establishment of a sanatorium to treat and cure early cases of tuberculosis in Saskatchewan's population, thus reducing the further spread and development of the disease."¹

In 1917, Seymour hired Dr. R. George Ferguson as acting Medical Superintendent. Ferguson had moved to Yorkton area with his family in 1902. He graduated from Manitoba Medical College in 1916, and in 1919 was appointed Medical Director. In this position, he oversaw the completion of the Fort Qu'Appelle Sanatorium (Fort San), which was completed in 1926.

Though the sanatorium provided conditions for the treatment of tuberculosis, treatment was expensive and lengthy, and space was limited. Tuberculosis was the leading cause of death in Saskatchewan, with 1-2 deaths per day from the disease. In 1926 First Nations peoples were ten times more likely to die from the disease. Because First Nations were especially vulnerable to the disease, Dr. Ferguson began to research into the causes of their susceptibility. As secretary for the Saskatchewan Anti-Tuberculosis League (SATL) Commission, set up to assess the prevalence of TB in children and adults across Saskatchewan, Ferguson directed the research and wrote the report that made 21 recommendations, 12 of which were implemented by the government. In 1921, the SATL commission surveyed school children to gauge the level of TB infection in the province. Fifty-four percent of 1,184 non-Indigenous children tested positive to tuberculin tests, which indicated infection or exposure, and 92.5 % of 192 Indigenous children tested positive.² Under Ferguson's leadership, research was conducted that demonstrated "the problems with existing residential school admission policies and the ways in which the health of First Nations children could be improved and protected."³ Ferguson began a study at the File Hills and Qu'Appelle Indian Residential Schools in 1927. Though Ferguson study notes reflect the social and medical stereotypes and cultural misreadings of his time, his mission against tuberculosis, which focused on

Indigenous peoples, would take Saskatchewan into the lowest tuberculosis death rate in Canada from 1921 to 1940.⁴ In 1929, Saskatchewan became the first jurisdiction in North America to provide free TB diagnosis and treatment. Indigenous peoples were given equal access to TB treatment and care. "With funding from the National Research Council and Indian Affairs, the SATL established a Qu'Appelle Indian Demonstration Health Unit (commonly referred to as the 'Fort Qu'Appelle Health Unit') in 1930. The unit promoted measures intended to improve living conditions, including the provision of better housing and water supply, dietary supplements, visiting nurses, and hospitalization of all active tuberculosis cases. These measures alone led to a 50% decline in the First Nations tuberculosis death rate by 1932."⁵ Two more sanatoria were opened: Prince Albert San and Saskatoon San. By 1933, students testing positive for TB in at File Hills and Qu'Appelle schools had dropped from 92% of students testing positive to TB to less than 60%. Ferguson concluded that as a result of the strict admission and discharge policy that the health unit had enforced, healthy students at these two schools had been protected. He recommended that Indian Affairs extend the unit's work province wide. Ferguson committed the Saskatchewan Anti-Tuberculosis League travelling clinic to the examination of children in other residential schools in the province in 1933. He asserted that the schools were the battleground for the fight against tuberculosis in Indigenous people.

Ferguson's plan, which included "testing of all residential school dairy herds, x-ray testing of all First Nations students at the start of each year, and the conversion of a residential school into a sanatorium dedicated to the education and treatment of children with active TB or who were infectious,"⁶ mirrored Dr. Bryce's recommendations from 1907, that some residential schools be transformed into government-run sanatoria. Some of the churches even supported this idea in the 1930s. However, no such sanatorium was established at this time. Indian Affairs did, however, support the travelling clinic that examined students in all Saskatchewan residential schools by providing the salaries of one physician and one nurse. By doing so, the service of four physicians at the two schools and two reserves could be eliminated--a cost saving for the government. In 1934, a TB survey of 921 students at 11 residential schools found 67 students who needed to be discharged, 17 of whom Ferguson recommended be moved to a sanatorium. Ferguson remarked in 1935, "we now feel convinced that the same policy of segregation of spreaders will have the same results when applied to the Indians as has been proven in the case of the White residents of the province."⁷

In 1933, Ferguson conducted a trial on the effectiveness of the bacillus Calmette-Guérin (BCG) vaccine in providing resistance to tuberculosis. He expressed misgivings about BCG because long-term effects were still unknown and because of a BCG experiment-gone-wrong in Lubeck, Germany in 1930. However, an investigation had concluded that the vaccine in Lubeck had been contaminated with tuberculosis bacilli. The government was supportive of the BCG trial because, if successful, it would provide an inexpensive treatment against TB. Ferguson believed,

¹ <http://sain.scaa.sk.ca/collections/index.php/saskatchewan-anti-tuberculosis-league-fonds:rad>

² Lux, M. (1998). Race, Tuberculosis, and the Qu'Appelle BCG Vaccine Trial. *CBHM/BCHM 15*, 277-295

³ The History, Part 1. Origins to 1939, Vol. 1, p. 430

⁴ http://esask.uregina.ca/entry/tuberculosis_control.html

⁵ The History, Part 1. Origins to 1939, Vol. 1, p. 430

⁶ Missing Children and Unmarked Graves, Vol. 4, p. 72

⁷ Lux, M. (1998). Race, Tuberculosis, and the Qu'Appelle BCG Vaccine Trial. *CBHM/BCHM 15*, p. 287

if successful, the vaccine would provide "a practical programme for the control of tuberculosis among Indians where limited accommodation was available for segregation of the tuberculous sick, and where segregation would not be practical for the older generations."⁸ His research into the vaccine left him so certain, he wrote, "I also vaccinated my children before vaccinating others." Dr. Ferguson performed the tests on newborn infants while they were in the Colony cottage hospital and the control group, who did not receive the vaccine, were infants born at home. The trial was a success. From 1933 to 1945, there were only six cases of TB and only two deaths among the infants who were vaccinated and 39 cases of TB and nine deaths among the unvaccinated infants. Due to the number of deaths among the vaccinated infants that were not related to tuberculosis, however, the study also highlighted the fact that "poverty, not tuberculosis, was the greatest threat to Native infants."⁹ Ferguson wrote privately to the president of the National Research Council regarding the testing of residential school children: "I feel as though it would be unwise to initiate human experimental work among Indian children who are the direct wards of the Government, and for which reason they are not in a position to exercise voluntary cooperation. Furthermore in case of difficulties arising, the Government itself could not be without responsibility." Nevertheless, to address the high death rate from TB, Ferguson began "the selective BCG vaccination" with children in residential schools in the fall of 1933. There were no deaths among the school children who had been vaccinated or from the control group, but this may also "have been due to Ferguson's policy of excluding infectious students from the schools."¹⁰ He also set up a BCG trial among sanatorium personnel. TB death rates remained high in residential schools until the 1950s. When tuberculosis began to decline, it was due to enhanced BCG vaccination programs and the introduction of effective treatment for tuberculosis.¹¹

Implementation of Dr. Ferguson's recommendations was slowed in 1937, when Indian Affairs introduced drastic spending cuts to medical care: Agents were instructed to remove Indigenous peoples with chronic conditions from hospitals, and no funds would be available for TB surveys or treatment in sanatoria or hospitals. Ferguson sent an angry letter to the Liberal minister, insisting that this cut "will result in a lot of bad feelings and criticism among those who have supported the Anti-Tuberculosis programme so loyally in an effort to clean up Saskatchewan." The SATL had subsidized half of the costs of examination of Indigenous schoolchildren. Ferguson also noted "It is only fair to tell you that one of the worst conditions [is] maintain[ed] at the Duck Lake school near Prince Albert in [Prime Minister] Mr. King's own constituency."¹² The Canadian Tuberculosis Association put pressure on the government about its cuts. "The minister recognized that 'public opinion was growing in favour of more active steps taken to improve the tuberculosis situation not only for the benefit of the Indian but to protect the White population as well! The committee recommended that infected children be removed from schools."¹³ The government increased its spending on First Nations tuberculosis in 1938 and 1939. Indian Affairs informed Indian agents to "secure tuberculosis control of residential schools," which involved discharging students with active TB,¹⁴ a directive that should have been issued 20 years earlier after Dr. Peter Henderson Bryce's report. The government's failure to adopt measures recommended by medical professionals and to put in place inadequate and unenforced policies was a failure that unnecessarily cost the lives of many Indigenous students living in Indian residential schools as wards of the government.

⁸ Ferguson, R. G. & Simes, A. B. (1949). BCG Vaccination of Indian Infants in Saskatchewan. *Tubercle* 30(1), 5-11.

⁹ Lux, M. (1998). Race, Tuberculosis, and the Qu'Appelle BCG Vaccine Trial. *CBHM/BCHM 15*, p. 290

¹⁰ *The History, Part 1. Origins to 1939*, Vol. 1, p. 432

¹¹ *Missing Children and Unmarked Burials: Vol. 4*, p. 73

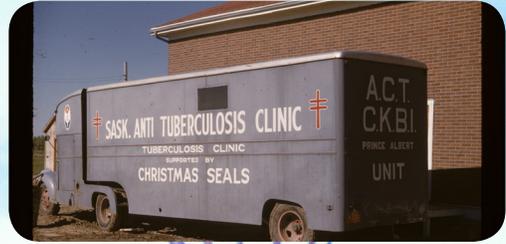
¹² Lux, M. (1998). Race, Tuberculosis, and the Qu'Appelle BCG Vaccine Trial. *CBHM/BCHM 15*, p. 290

¹³ Lux, M. (1998). Race, Tuberculosis, and the Qu'Appelle BCG Vaccine Trial. *CBHM/BCHM 15*, p. 291

¹⁴ *The History, Part 1. Origins to 1939*, Vol. 1, p. 435



Fort Qu'Appelle Sanatorium - showing new wing. Fort Qu'Appelle, Sk, ca. 1927, Saskatoon Library, PH-2006-84



Anti TB clinic on wheels, Gravelbourg. June 12, 1947. Everett Baker (Photo courtesy of Saskatchewan History and Folklore Society)