

The Story of a
National Crime Podcast
Episode 1: "Sick people
need more than pills"

Written by

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Content Warning

NARRATOR

A warning before we begin: This series talks about Indian Residential Schools, medical racism, segregated health care, and missing patients.

Support is available to Residential School Survivors and intergenerational Survivors 24 hours a day, 7 days a week through the National Indian Residential School Crisis Line.

The Hope 4 Wellness Helpline is also available for mental health and crisis support to all Indigenous peoples across Canada.

MUSIC

MALE VOICE

"For each year up to 1914 he wrote an annual report on the health of the Indians, published in the Departmental report, and on instructions from the minister made in 1907 a special inspection of thirty-five Indian schools in the three prairie provinces. This report was published separately; but the recommendations contained in the report were never published and the public knows nothing of them. It contained a brief history of the origin of the Indian Schools, of the sanitary condition of the schools and statistics of the health of the pupils, during the 15 years of their existence. Regarding the health of the pupils, the report states that 24% of all the pupils which had been in the schools were known to be dead, while of one school on the File Hills reserve, which gave a complete return to date, 75 per cent were dead at the end of the 16 years since the school opened."

NARRATOR

That quote comes from an eighteen-page pamphlet containing

evidence of neglect, negligence and harm to First Nations children and their communities.

2022 marks the 100th anniversary of the publication of the Story of a National Crime. It was written by Dr. Peter Henderson Bryce.

From 1904 to 1913, Bryce was the medical inspector for the Department of the Interior and Indian Affairs. It was not the first time he had spoken out. This pamphlet was his appeal for justice and his condemnation of federal inaction.

This is the story of a national crime.

NARRATOR

My name is Maia, and I am your host. I am a white, non-Indigenous Canadian and Colombian living in unceded Algonquin territory, now known as Ottawa.

I have worked in the Canadian history sector for many years and watched the discomfort of white history buffs dealing with colonialism and genocide in Canada. You often hear the words "dark chapter" describing long-term colonial policies, as if colonialism simply ended. I have also worked in the public service and have seen when people make decisions for communities they have never met in places they will never visit.

This series commemorates the publication of The Story of National Crime, but it also covers the history of tuberculosis care available to Indigenous peoples during the first half of the twentieth century.

Another warning: quotes from historical correspondence and descriptions of medical treatments use terms that are no longer acceptable, and some descriptions are graphic. We are going to keep

that language intact when quoting historic sources, so you hear how Canadians spoke about Indigenous peoples. A quick note on terminology: the word "Indian" is the historic word for a person from a First Nation.

INSERT MEDIA CLIP FROM [APTN](#)

In May 2021, the Canadian public became more aware of the consequences of the Indian Residential School System.

So far, the National Centre for Truth and Reconciliation has identified more than 4,000 students who died at Residential Schools. Their names appear on the Centre's Student Memorial Register. Research continues to ensure students are not missing from the list. In the past year, the number of unmarked graves has climbed, and Indigenous communities continue to search.

Since 2021, Residential School denialism has increased in public spaces, including claims that unmarked graves are not real. Commentators focus on errors in early media reports and point to former students who had "positive" experiences in order to obscure the destructive consequences of colonialism.

Histories of Residential Schools have been increasingly covered in media and taught in schools, but other policies of segregation and forced assimilation have been given less attention. Colonial policies cannot be examined in isolation.

The history of inadequate and segregated health care complicates beliefs about Medicare in Canada - that Canada has given free healthcare to everyone equally. The Canadian healthcare system did not offer equal care, and Canadian medical care negatively impacted Indigenous peoples despite good intentions.

Historical narratives and understandings of Canadian history need to shift. Colonial medical histories are Canadian histories. Refusing to address famine, tuberculosis, and other crises that devastated Indigenous peoples is Canadian history. Providing unequal health care far from peoples' homes and on a reduced budget is Canadian history. Unethical medical treatment and experimentation is Canadian history. People not knowing what happened to their loved ones is Canadian history.

We are going to look at the practices, policies, and official correspondence to reveal the intentional actions and acts of indifference that contributed to poor health and lethal outcomes. There will be examples of people who pushed back - the whistleblowers - the parents, the Indigenous communities, the bureaucrats, and members of the clergy. The experts interviewed will highlight how archival documents only reveal part of the history and that numerous questions remain. While this series is about history, many of the issues it covers have not been resolved.

MUSIC

NARRATOR

To understand The Story of a National Crime, we need to first look at Dr. Bryce's 1907 report on Indian Residential Schools. In it, he documents the shameful state of health in Residential Schools in Manitoba, Saskatchewan, and Alberta.

But first, we are going to look at the events and actions that transformed First Nations' societies, contributed to poor health, and paved the way for Bryce's report. Keep in mind that not all impacts were felt to the same degree in every community.

Some communities were spared the explosion of tuberculosis, but most were not.

KAILA JOHNSTON

Under the British North America Act, First Nations peoples were a federal responsibility through the treaty process.

My name is Kaila Johnston. I'm the Supervisor of Education, Outreach and Public Programming at the National Centre for Truth and Reconciliation. I worked with the Truth and Reconciliation Commission of Canada as a statement gatherer and coordinator of statement gathering activities. I'm an intergenerational Survivor, which means my mother attended Residential School, as did her siblings. My parents and extended family have historical connections to Residential Schools in Alberta and Saskatchewan.

NARRATOR

When British Parliament passed the British North America Act in 1867, it gave the government of Canada authority over "Indians and lands reserved for Indians" without Indigenous people's permission.

The next year, the Rupert's Land Act authorized the transfer of a huge territory from the Hudson's Bay Company to the Dominion of Canada even though the HBC did not own the land. The land would become part of Quebec, Ontario, Manitoba, Saskatchewan, Alberta, and the Northwest Territories. Before the government could begin dividing up the land for settlement, agriculture, and resource extraction, it had to establish title to the land by signing treaties with First Nations.

Imposed Canadian sovereignty was met with armed resistance, namely the 1869 to 1870 Red River

Resistance, when 500 Métis took the HBC trading post, Upper Fort Garry, located at the Forks of the Assiniboine and Red Rivers in what is now Winnipeg. They formed a temporary government and negotiated the entry of Rupert's Land into confederation.

Many First Nation leaders saw treaties as a way to ensure their peoples' wellbeing and future at a time of uncertainty. The bison herds that had roamed the Plains for countless generations were disappearing and people were going hungry. Humans and bison sustained each other and shaped the ecology of the Plains, but it was more than that. The peoples of the Plains and bison lived in harmony - environmentally and spiritually.

In 1869, a smallpox epidemic killed 3,500 Plains Cree, Blackfoot, and Métis. The epidemic combined with lack of food had such an impact that the Cree along the North Saskatchewan River requested a health care clause in the Treaty 6 agreement. The treaty was not concluded until 1876.

Here's Kaila again:

KAILA JOHNSTON

Treaty Six specifically committed the federal government to maintain a medicine chest for the benefit of the community and also made a commitment to provide relief in the event of pestilence or famine.

NARRATOR

The clause in Treaty 6 refers to a medicine chest, a cabinet with first aid treatments and medicine, which was to be kept at the house of each Indian Agent. Indian Agents were government representatives working in reserves who administered the Indian Act and government policies related to Status Indians.

We'll come back to The Indian Act later.

There weren't hospitals between Winnipeg and the West Coast yet, and there were few doctors. A medicine chest was the best care available. Many First Nations also considered smallpox a white person's disease, which needed to be treated using white medicine.

KAILA JOHNSTON

Despite these commitments, the federal government actually provided little by way of health services. Medical services were often left in the hands of the missionaries serving those communities who had limited medical training.

NARRATOR

There's evidence that promises for requested medical care were negotiated during Treaties 7, 8, 10 and 11 as well, but the promises do not appear in the written treaties.

Government representatives negotiated treaties based on the government's needs and little attention was given to the wellbeing of the First Nations. As a result, treaties were negotiated when the government needed land for settlement, agriculture, and resources. If the need was not pressing, the treaty could wait. First Nations and Métis communities continued to request treaty negotiations to resolve land title issues as white settlers moved in on their traditional territories.

TERESA EDWARDS

Treaties were all solemn and they were all intended to be adhered to and many of them are still in place and were reaffirmed. Unfortunately, in many instances, the demand for economic advantages

or land grabs took priority over pre-existing commitments and agreements that were made with Indigenous Peoples in the territories across Canada.

My name is Teresa Edwards, and my traditional name is Young Fire Woman. I am from Listuguj. We are Mi'kmaq and our territory extends all the way through Québec, New Brunswick, Nova Scotia, Newfoundland and Labrador and even into the States. I'm also the Executive Director at the Legacy of Hope Foundation, a national Indigenous organization that's been around for 22 years. We aim to educate Canadians about Indigenous history, including the impacts of Residential, Day Schools, and the Sixties Scoop. While doing that we also offer supports and tools for Survivors and intergenerational Survivors to access resources for cultural reclamation and tools for healing.

NARRATOR

As the promise of diplomatic relations dragged on, Indigenous communities became understandably hostile. In the early 1870s, many people died due to famine and illness. A warm winter led to drought and prairie fires, which scared away the remaining bison herds and further increased food insecurity. Even before the conclusion of the numbered treaties, the government knew disaster was coming. The Deputy Minister of the Interior reported in early 1874 that:

MALE VOICE

"The buffaloes have in the last few years been rapidly diminishing in numbers, and there seems every reason to expect they will within the next decade of years be entirely exterminated. To the Indians, extermination of the buffalo means starvation and

death."

NARRATOR

By the late 1870s, widespread famine took hold. The Lieutenant Governor of the North-West Territories, David Laird, warned the Minister of the Interior that the government had three choices when responding to the famine: they could help the First Nations farm and raise livestock, they could feed them, or they could fight them. The government funded security and rations. Yet, the Saskatchewan Herald revealed the situation remained critical despite the provision of food. The editor wrote:

MALE VOICE

"Accustomed all their lives to a diet consisting largely of animal food, the rations of flour and tea they receive here leave them but one remove from starvation".

NARRATOR

Federal agents reported that people were so hungry they ate their horses, animal carcasses, and grass. Many fell ill due to malnutrition or died of starvation.

Yet, authorities continued to provide insufficient food aid. Kaila shared that an example of relief rations through the 1880s was 0.7 pounds of flour and 0.2 pounds of bacon per day for adults. Half as much was provided for children. In his 1880 letter to the Department of Indian Affairs, Surgeon George Kittson pointed out that the standard ration per day of flour and meat for members of the North-West Mounted Police was 2.5 pounds of each and that prisoners in Siberia were better fed than his patients. The government also unknowingly sent rations of beef infected with bovine tuberculosis, a disease that can be transmitted to humans

through ingestion. Dr. Fred Treon, who worked with Sioux patients, noted that:

MALE VOICE

"Supposing that only one of a thousand cattle received be affected with tuberculosis or actinomycosis, from the manner of dividing the beef, it is possible and probable that one hundred persons may become inoculated by a single animal."

KAILA JOHNSTON

At the same time, rations were kept to the lowest rate possible to ensure people would not become dependent on the government. However, relief could be denied if people left the reserve without permission, if they did not engage in agricultural pursuits or refused to send children to Residential School.

NARRATOR

Despite the catastrophe of the 1878-1879 famine, which affected the majority of Treaty signatories, rations were kept low. Some of the food that was distributed was described by government agents as unfit for consumption. Soon, tuberculosis spread on a large scale and by the 1880s it was the main cause of death in reserve communities.

AD BREAK

Educators: you can access a podcast listening guide with learning activities related to the series on knockaboutmedia.com.

NARRATOR

Other significant and sudden transformations to First Nations societies include the displacement of First Nation peoples from their homelands to reserves and the imposition of the Indian Act.

Teresa is going to share more of the history:

TERESA EDWARDS

So, there's an entire spectrum of federal policies and practices that all impacted health. The government was instituting the imposition of the Indian Act and within that had special measures of allocation of reserve land for First Nations in particular. There was also legislation put into place that limited interaction with other Canadians. Indigenous peoples required a pass to be able to leave and other people, if they were trying to have any kind of economic relationship or any type of relationship with Indigenous peoples leaving the government out, it would be deemed as trespass. With the Indian Act, you saw the isolation and the allocation of reserves on some of the most barren land. So, that led to not having clean drinking water, not having farmable land, not having land to hunt or fish on. Overcrowding in the home. So, that contributed significantly to the poor health of Indigenous peoples and that was even prior to the imposition of first day schools, then they switched to Residential Schools.

NARRATOR

Not only did the reserve system introduce overcrowding, but it also limited access to crucial hunting grounds. The Indian Act also made those the government deemed "Indians" into wards of the state, undermining established self-governance practices.

Health care on First Nations was further eroded by the elimination of the role of Medical Superintendent of the Department of Indian Affairs in 1880. The department remained in charge of health for on-reserve First

Nations, but no longer received guidance from a medical expert. Police physicians and local practitioners were expected to provide health care to First Nations, because the Prime Minister stated it was "economical for the Government".

Here's Kaila talking about subsequent health services on reserves:

KAILA JOHNSTON

The government began appointing medical officers on reserves in 1883. Often, those doctors were selected based upon political loyalties, who used their appointments as a base to build their practice. And the situation was made worse by relief policies that increased hunger and susceptibility to illness.

NARRATOR

And then there was the practice of quarantining the sick.

KAILA JOHNSTON

If illness broke out, reserves would be placed under quarantine, which put them under a tremendous burden. So, the provisions would run low, and then individuals were prohibited from hunting, trading or trapping or working off the reserve.

NARRATOR

Epidemics and quarantines were also a way to further displace First Nations to make way for settlement.

Despite the high number of deaths from disease and malnutrition, decision-makers in Ottawa focused on "fiscal restraint". Field staff felt Ottawa was out of touch with the reality on the ground. In their correspondence, some recounted how they observed the connection between malnutrition,

poverty, and illness. Physicians could often not help their patients because they could not supply them with what they needed most: food. Yet, in 1883, Prime Minister and Superintendent General of Indian Affairs John A. MacDonald demanded a favorable report on how First Nations were settling into life on reserves.

In early 1884, rations were denied to hungry people living on a Saulteaux reserve and a group raided where rations were kept in their community. Withholding food led to similar incidents in other communities. Food rations were also used as a "tool of coercion". Rations could be withheld to get communities to relocate away from the path of the railway and lands needed for settlement.

MUSIC

Father Louis Cochin who worked in a Treaty 6 reserve recalled that:

MALE VOICE

"I saw the gaunt children dying of hunger, coming to my place to be instructed. Although it was 30 to 40 degrees below zero their bodies were scarcely covered with torn rags. These poor children came to catechism and to school... The hope of having a little morsel of dry cake was the incentive which drove them to this cruel exposure each day, more, no doubt, than the desire of educating themselves."

NARRATOR

The Residential School System expanded across the West from 1883 on. Children were taken far from home and poverty was one of the explanations for removing them. While forcible removal of children was not authorized by the Indian Act until 1920, threats of withholding rations were common if parents did not send their children to the schools.

Generations were forced to speak European languages and practice Christian customs.

Here's Teresa again talking about the Residential School System:

TERESA EDWARDS

There were significant issues that stemmed from that, including financial gain to be the priority. The federal government paying all different sects of churches, from the Anglican to Catholic, United, Presbyterian. All different sects were in partnership with the federal government to deliver education to these 150,000 children over seven generations. However, money allocated for food we've heard from tens of thousands of Survivors was often reduced to save money for the churches. We've heard from Survivors who have talked about having to eat mush and basically, you know, unhealthy or lacking in vitamins. Food that was left over that we wouldn't serve an animal, never mind children. I always say to people who say there were "some good schools" - I would hope that there were some good ones, but we don't need to appease someone or some sense of guilt. There was horrific malnutrition, preventable disease, starvation, and outright death, you know, murders, unfortunately, of children who had been impregnated and the babies disposed of. Horror stories that we've heard.

NARRATOR

Students experienced cruel and humiliating punishments, physical and sexual abuse, and as Teresa shared, starvation and death. Thousands died. The schools damaged surviving children's connections with their families, communities, knowledge systems, and ceremonies. They also instilled a deep sense of shame in the children about who they were.

Here's Kaila again to talk about the stance the government took on hunger, disease, and suffering:

KAILA JOHNSTON

Now, while officials were aware of high death rates, but they sought to place responsibility of those deaths on First Nations peoples themselves. In 1886, Indian Commissioner Edgar Dewdney wrote that a large percentage of sickness, and consequently deaths, were a direct result of hereditary diseases, which had an origin prior to when the responsibility over First Nations people began. He argued that an increase in the rate could be attributed to better record keeping. He also felt that the increase was part of the price that they would have to pay for civilization.

In 1889, the Deputy Minister of Indian Affairs James Smart again placed much of the blame on First Nations people. He stated that dances they held would raise dust to spread illness, First Nations had high rates of intermarriage, they failed to take their medicine, and women, they married too young and gave birth too soon.

His successor in 1904, also believed this and he said while the first effects of civilization were damaging and had caused the conditions for tuberculosis to develop, the cure was further assimilation. First Nation peoples needed to adopt the clothing, the diets, and habits of western civilization and that would be the cure to tuberculosis.

NARRATOR

After demands for aid, calls to deliver treaty promises, and the failure of farming on reserves, numbered treaty signatories were in crisis. *The Saskatchewan Herald*

referred to government rationing policies as: "comprised in these six words: feed one day, starve the next." The lethal consequences were experienced in places like the Qu'Appelle Valley reserves where populations plummeted by almost half within three generations.

Communities whose sources of food and day-to-day lives were still intact did not face the same immediate crisis.

Because they had come north from the United States, The Standing Buffalo Dakota in Manitoba had not participated in the treaty making process. They didn't rely on bison for food, and they didn't experience the same federal interventions in their economies and daily lives. More remote First Nations in northern parts of the Prairie provinces also experienced less government intervention, but people's vulnerability to illness would increase as the fur trade declined.

In the spring of 1885, the Northwest Resistance broke out in response to the Department of Indian Affairs' abuses of power. Many of the non-Indigenous people who were killed had committed the abuses. The government's response to the Resistance would make conditions on reserves worse.

First Nations' mobility was further limited after the Northwest Resistance through the pass system, which Teresa referred to earlier. The illegal system prevented First Nations from leaving reserves, going to gatherings, and organizing against the government. Indian agents were responsible for approving passes to leave and return. If someone was caught without a pass, they were arrested and returned.

The system limited people's ability to participate in cultural

and economic activities and see family members on another reserve or children attending Residential School. It was segregation.

Before the collapse of the bison herds, the peoples on the Plains had been some of the tallest and best nourished in the world. Colonial expansion, the end of key economies, displacement and overcrowding, inadequate aid and medical treatment, Residential Schools, and policies that limited movement contributed to declining health and the rapid spread of diseases like tuberculosis.

NARRATOR

Tuberculosis is caused by bacteria. The symptoms are often bloody mucus, coughing, weight loss, fever, swollen glands, and fatigue. Tuberculosis is not easy to catch without pre-existing health conditions. The following description from Dr. Barclay who worked at the Charles Camsell Indian Hospital is from later in history, but it illustrates how tuberculosis can attack the whole body:

MALE VOICE

"We soon learned that tuberculosis could affect every part of the body. Every joint in the body [...] None were immune. Kidney, bowel, brain, breast, eye skin. Wherever you looked, you eventually find it."

NARRATOR CONT'D

Those are symptoms of active tuberculosis, but tuberculosis can be underlying and asymptomatic. It can emerge long after infection as a result of poor health or malnourishment. People develop active tuberculosis infections because of social inequality and deprivation. There is no genetic predisposition to tuberculosis.

Almost all the reserves on the Plains were affected.

As Kaila noted, government officials believed that Indigenous peoples were naturally unhealthy, and blamed them for their poor health. These views were also held by scientists and doctors – people who informed decisions and policies through the science of the time. Modern Western medicine developed through various means, but it had a connection to European colonization. Medicine was facilitated by colonial expansion and extraction of resources. Scientific knowledge was gained through colonial experimentation, which will be discussed in a later episode. While you have heard examples of physicians pleading with the government to assist, colonial physicians also believed in race-based medicine, a hierarchy of races, and the goals of colonization. Many believed that non-Europeans were naturally ill and predisposed to disease.

By pushing a narrative of poor health, the government could justify its lack of action in addressing Indigenous illness and death.

This is a glimpse of what occurred in the years leading up to the Bryce Report.

NARRATOR CONT'D

The Story of a National Crime Podcast is written and produced by me, Maia Foster-Sanchez, and presented by Knockabout Media. It is co-produced by Ryan Barnett with additional voices by Gabriel Maracle.

If you are a Residential School Survivor or Intergenerational Survivor, you can access support through the National Indian

Residential School Crisis Line at 1-866-925-4419. Mental health and crisis support is also available through Hope 4 Wellness at 1-855-242-3310.

Our series advisors are Teresa Edwards, Kaila Johnston, and Erin Millions.

This episode featured interviews with Kaila Johnston and Teresa Edwards.

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For a list of sources used in this episode and to download the listening guide, visit knockaboutmedia.com.

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On the next episode:

CLIP OF ERIN MILLIONS

ERIN MILLIONS

At first, his report was fully ignored by the government just like all the other recommendations that had been previously made, all of the other complaints that had been made. It was just another report on a pile of ignored reports about the conditions in Residential Schools. But when made public, it got attention.