

The Story of a
National Crime Podcast
Episode 3: "This criminal
disregard for the treaty pledges"

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. This episode also deals with medical experimentation.

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 over the phone or on-line. Contact information is in the show notes.

MUSIC

CINDY BLACKSTOCK

This idea of Canada's behaviour being criminal is picked up by Bryce. He takes one more crack at the public. He realises by this point the government isn't going to move on its own. He has to get public pressure to force the government to act. He writes this booklet called A National Crime.

MUSIC

NARRATOR

Dr. Bryce's 1907 report revealed the dismal state of students' health in Prairie Residential Schools, and that a large number of former students died from tuberculosis. Bryce's findings were important because they showed regional health trends over time, which were harder to dismiss than one of the countless complaints from parents and federal agents. Despite attention in the press and debates in the House of Commons, the government and churches did little to address tuberculosis in Residential Schools.

In this episode, we examine the government's continued inaction and lack of accountability, Bryce's publication of The Story of a

National Crime, medical experimentation, and another type of experiment: the preventorium.

This is the story of a national crime.

Ad Break

A reminder that quotes from historical correspondence and descriptions of medical treatments use terms that are no longer acceptable, and the descriptions can be graphic. We have kept that language intact when quoting historic sources.

MUSIC

ANNE LINDSAY

Treaty responsibilities tended to be minimal and often spotty and sporadic in the early years of the 20th century. For many Indigenous People living on reserves, they might see a doctor at treaty time or not at all.

NARRATOR

This is Anne Lindsay, who works with the Manitoba Indigenous Tuberculosis History Project at the University of Winnipeg.

ANNE LINDSAY

Access to non-Indigenous health care tended to be very limited in the early 20th century. Some communities did have access to a dispenser or a nurse dispenser who might have performed public health duties. And on some reserves, the government opened tent hospitals. These tent hospitals offered some hospital care, including surgeries in some cases.

NARRATOR

Bryce recommended the use of tent hospitals more than once, particularly for the care of students with active tuberculosis.

ANNE LINDSAY

One such tent hospital in Manitoba

eventually relocated to the grounds of the Birtle Residential School, became a cottage hospital that was focused on Indigenous patients when it moved into three wooden buildings on the school's grounds. As with the Indian hospitals and sanatoria that would be established later in the 20th century, these tent hospitals tended to be set up in areas where Indigenous communities were located closer to settler populations.

NARRATOR

As we heard in earlier episodes, medical care in Residential Schools was equally sporadic.

ANNE LINDSAY

It was always governed by pressure to save money. Some schools had nurses and physicians available. Some did not. Even when physicians were nominally available, they were not necessarily called right away when students fell ill. Some schools' physicians lived far enough away that they might not be available for periods of time, depending on weather and ice conditions. Some schools had what they called "hospitals" on-site, although these were often a room or two set aside for sick and especially contagiously ill students.

NARRATOR

Since the Department of Indian Affairs did not employ doctors, local physicians' split their time treating non-Indigenous and Indigenous populations. First Nations communities and Residential School students' health was not attended to as quickly as was required.

Following the 1907 Bryce Report, the government requested few in-depth reports on the prevalence of tuberculosis in Residential Schools in the Prairie Provinces. However, one of the Department's accountants, F. H. Paget, produced a report on the unacceptable health and safety

conditions of Residential School buildings in 1908. He inspected 21 schools in Alberta and Saskatchewan. He described 15 as "deplorable".

Bryce also completed a report on Albertan schools in 1909.

In 1920, Dr. F. A. Corbett also wrote a report on western boarding schools. The findings were similar to Bryce's in 1907: overcrowding, poor ventilation, and "children fighting a losing battle". His findings in 1922 were not as dire, but the government did not request further reports on the tuberculosis problem in Residential Schools.

By looking at The Department of Indian Affairs's archives, we see a lot about the state of health and health care available to First Nation communities and Residential School students in this period.

For instance, there's a letter written by Father Louis Cochin. Dated 1916, the letter is on behalf of a Métis man named Pierre Caix, who lived in Waterhen Lake. Pierre and his children were very sick. He did not have nets, ammunition, or a gun to provide food for his family. While Pierre's neighbours shared what they could, Father Cochin reported that they too were in a "state of destitution". He asked the constable to alert the authorities.

Other reports in this file include outbreaks of typhoid fever, measles, smallpox, and severe food insecurity on reserves. At this time, the Indian Act contained regulations that allowed forcible action to be taken against First Nations on reserves related to public health. For example, if an Indian agent felt parents did not keep their homes clean, they could intervene and remove the children. Indian agents also enforced quarantine regulations and fumigated peoples' homes as a response to smallpox outbreaks. Quarantine is when a group of people is separated from the wider population and their movements are restricted. This happened at the

Onion Lake Residential School, for instance. The Onion Lake Agency also submitted a report in 1918 on the influenza pandemic in First Nation reserves.

Even though epidemics were seemingly rampant both on-reserve and in schools, Duncan Campbell Scott abolished the federal medical officer position in 1918. During the First World War and the decades to follow, notions of Indigenous Peoples being a "dying race" were common in political and public discussions. And these ideas coupled with intentional neglect meant that the government spent less on fulfilling treaty obligations. Getting rid of the federal medical officer position was particularly harmful given that many First World War soldiers returned to Canada in 1918 with contagious influenza. 30,000 to 50,000 people died during the Influenza pandemic in Canada. 4,000 being Status Indians.

1918 would also be a pivotal year for Dr. Bryce. More after this.

AD BREAK

CINDY BLACKSTOCK

He writes this booklet called A National Crime. He walks into a publishing house in 1922, which is 100 years ago this year.

NARRATOR

This is Cindy Blackstock.

CINDY BLACKSTOCK

He publishes it and gives it out to members of parliament, business leaders, members of churches, and then he sells the rest of the copies for \$0.35. It's covered again in the newspapers. This is a National Crime happening right now. But when the headlines died, so did the children. And that is the key thing. When the headlines die, so do the children. That is true today too.

NARRATOR

In the pamphlet, Bryce condemned the inaction of the government, particularly the inaction of Duncan Campbell Scott. It is also an important record of the events, health trends, and decisions that perpetuated the "policy of neglect". It mentioned the government not honouring its treaty obligations as well.

Bryce summarised the years of reports and recommendations regarding First Nations health. The publication also outlined the recommendations he submitted in his 1907 report. These included: more school facilities to increase student attendance, establishing boarding schools closer to home communities, and having the federal government take over the management and maintenance of schools as per the Crown's treaty pledges. In that recommendation, he also suggested that First Nations should eventually pay some of the costs for the schools. He also recommended that the schools adopt provincial curricula so graduates could enter into "Canadian life". He wanted a government-approved Board of Trustees with representatives from each church. Finally, he reiterated the need for "proper medical inspection" of students and local tuberculosis care and treatment for the ill.

In the pamphlet, Bryce talked about working with Dr. Lafferty in 1909 inspecting 243 students at 8 Residential Schools in Alberta. The doctors found that students of all ages already had tuberculosis and children aged 5 to 10 were dying at a high rate from the disease.

Bryce also lamented that the successful methods used for reducing tuberculosis in urban communities were not used in reserve communities. He continued to plead for scientific knowledge to be put into practice.

In 1918, when Bryce tried to gather

vital statistics including births, mortality, and causes of death, he was informed by the Assistant Deputy that:

MALE VOICE

I am unable to give you the figures you ask as we are not receiving any vital statistics now, and last year we obtained only the total number of births and deaths from each Agency. These were not printed and are not therefore available for distribution. The causes of deaths have never been noted in our reports and we have no information.

NARRATOR

Bryce was frustrated. These statistics were commonly collected by health departments and essential for understanding the health of any population.

That same year, he was asked to draft a proposed bill to create a federal Department of Health. Bryce included a memo on Indian Medical Services with his draft. In the Story of a National Crime, Bryce shared that:

MALE VOICE

"the clause appeared in the First Reading in Parliament. But something then happened: What special occult influences came into action may be imagined, when the Second Reading of the Bill took place with this clause regarding the Indian Medical Service omitted."

NARRATOR

In 1919, the government created the new Department of Health; it did not have an Indigenous health branch or plans to start one.

Bryce concluded the 1922 pamphlet by highlighting the ongoing consequences of the government's refusal to uphold their treaty obligations:

MALE VOICE

The degree and extent of this

criminal disregard for the treaty pledges to guard the welfare of the Indian wards of the nation may be gauged from the facts once more brought out at the meeting of the National Tuberculosis Association at its annual meeting held in Ottawa on March 17th, 1922. The superintendent of the Qu'Appelle Sanatorium gave there the results of a special study of 1,575 children of school age in which advantage was taken of the most modern scientific methods. Of these, 175 were Indian children, and it is very remarkable that the fact given that some 93 per cent of these showed evidence of tuberculous infection coincides completely with the work done by Dr. Lafferty and the writer in the Alberta Indian schools in 1909.

NARRATOR

Here is Anne Lindsay again:

ANNE LINDSAY

He produced his book, National Crime, for a General Audience. His Story of a National Crime, in particular, framed tuberculosis in the schools as a national issue, as the business of Canada and of all Canadians. It seems likely that had officials heeded Bryce's advice, the Indian hospitals and sanatorium would have seen far fewer patients.

NARRATOR

Like the 1907 report, the 1922 pamphlet contained statements that show that Bryce was not advocating for dismantling the colonial education system. He wanted more Residential Schools. He thought that children should be prepared to contribute to Canadian society as enfranchised adults - meaning rejecting their status. He even suggested First Nations themselves could contribute to the cost of the schools that caused so much harm. In some ways, he was a man of his time. But he had the humanity to advocate for students' health and safety.

There was less media coverage of the

Story of a National Crime than the 1907 report. The tone of the articles was also far milder. T. M. Fraser wrote a special dispatch in The Province and the Calgary Herald.

MALE VOICE

"Lo, the poor Indian. He held the stage for the great part of the day in the commons Thursday, when the estimates of the department of the interior, including Indian affairs were anticipated as all the members of the house were armed with a pamphlet, 'the story of a national crime, being an appeal for justice to the Indians of Canada.'

The minister admitted during the discussion of the estimates that the Indians had not been looked after as they should be and intimated that more money would be required for medical and educational purposes.

If, as Dr. Bryce claims, 75% of the pupils of a school on one reserve were dead at the end of sixteen years, mainly from tuberculosis, it would seem to be not too soon for the department to wake up."

NARRATOR

However, the parliamentary session and the dispatch focused on a conflict between Liberal party members related to government spending on the volunteer militia. On the same day, the Daily Star described the proceedings in the House of Commons as dull "with a sprinkling of lively moments":

MALE VOICE

"There was a good deal of criticism of the administration of the Indian department and Mr. Shaw of Calgary made a very severe and effective indictment of the neglect of the education of the Alberta Indians. Mr. Meighen, as a recent superintendent of Indian affairs, felt compelled to refute this charge. Mr. Good called attention to a pamphlet recently published by Dr. P. H. Bryce, lately retired on

pension, who charged therein that the administration of Indian affairs was a 'national crime.'"

NARRATOR

The Winnipeg Free Press mentioned the pamphlet in passing, but it soon fell out of the public's consciousness.

CINDY BLACKSTOCK

He's just a person who had very strong values and he had a very strong commitment to the truth. And he was prepared to go to stand in the winds of systemic discrimination with these kids. And he paid a price for it. On the other side, you have Duncan Campbell Scott, who was written up in history as a loyal public servant and a great poet.

NARRATOR

The Department did little to intervene in the health and safety of students forced to attend Residential Schools despite the embarrassment of the 1922 pamphlet. In his book "A National Crime", John Milloy explains what the department could have done:

MALE VOICE

"The Department, too, had it within its power to make a greater effort, if not through improved funding, at least through its authority. It could have insisted that its officials carry out inspections and that the churches follow regulations directed to the care of the children. It did not do so. The Departmental watch dog was far from vigilant; it rarely barked and, despite the conditions over which Bryce, Paget, Corbett, local doctors, and even senior Department officials had shaken their heads, it certainly did not bite. Grants were not withdrawn, schools were not forced to close or principals to resign."

NARRATOR

There were few consequences. More

schools opened, the buildings continued to be unsafe and unsanitary, contributing to illness. Funding was not provided for needed upgrades, inspections, and safety measures that could have save lives.

AD BREAK

NARRATOR

Dr. Bryce was relieved of his duties as Chief Medical Officer for the Department of Indian Affairs in 1913. The position remained vacant for 14 years. In the 1920s, provincial and national tuberculosis associations harshly criticised the Department for ignoring the health crisis in reserve populations. These associations argued that the federal government's lack of accountability hurt efforts to cure provincial populations of tuberculosis.

First Nations' poor health was increasingly seen as a threat to white populations. In Alberta, authorities turned the Residential School on the Tsuu T'ina reserve on the southwest outskirts of Calgary into a hospital and the reserve into a "hospital area" to protect Calgarians from the "threat of contagion". Officials presumed that illness passed from the reserve to the city, not the other way around.

In 1920, the Indian Act was amended and Residential School attendance was made mandatory. Helen Megunis was a student at the school in the 1920s. She recalled:

OTHER VOICE

We have lived an isolated life, after I became a young girl in my teens, we were still isolated.. It was strange, visiting Calgary during the stampede was our only contact with alien people of Calgary."

NARRATOR

The RCMP restricted the movement of people to enforce the isolation of the reserve. Remember that this was also the era of the pass system, which required people living on

reserves to get written permission from the Indian agent to leave their community.

In December of 1923, a reporter gave Duncan Campbell Scott a letter he received from a student named Edward B. at the Onion Lake Residential School. In the letter, Edward wrote:

MALE VOICE

"We are going to tell you how we are treated. I am always hungry. We only get two slices of bread and one plate of porridge. Seven children ran away there hungry.. I am not sick. I hope you are same too. I am going to hit the teacher if she is cruel to me again. We are treated like pigs, some of the boys always eat cats and wheat. I never ask anyone to give me anything to eat. Some of the boys cried because they are hungry. Once I cry too because I was very hungry."

NARRATOR

According to Cindy Blackstock, Scott told the journalist not to publish the letter, as the boy could not be trusted. He doubled down and said that 99% of children at the schools were too fat. In reality, the school was reported to the Department for not serving enough food. Staff made children drink water before and after meals to fill their bellies. The Onion Lake Band Council wanted the principal removed.

Here's Kaila Johnston:

KAILA JOHNSTON

A study carried out between 1926 and 1928 in schools in Saskatchewan underlined the role that the schools were playing in spreading tuberculosis. The study was carried out at schools that did not discharge students with active or infectious TB. Those students were often referred to as "spreaders" by those medical officers. The study found that students who showed no signs of being infected at the time of their admission had then been

infected within the first two years of their enrolment.

NARRATOR

According to the Department's own rules, students should have been medically examined before going to school. As the schools received funding based on how many students it enrolled, principals pressured medical examiners to admit children with tuberculosis.

MUSIC

NARRATOR

During The Great Depression, the government further undermined health care for Indigenous Peoples through spending cuts. Here's Kaila again:

KAILA JOHNSTON

[In] 1932 to 1933, the Indian Affairs health budget was reduced by 20%. In the Indian Affairs Report, the Department admitted that the government had been obliged to limit admissions of tuberculosis individuals going to sanatoriums and hospitals, a measure they had acknowledged would result in the increase in spread of the illness. So, tubercular patients were to be authorised to admissions of hospitals or sanatoriums only if they were in a condition of actual suffering. Those who were at risk of say disfigurement would be given special consideration if their outlook looked hopeful.

NARRATOR

With restrictions placed on sanatoria and hospital admissions, sick students were often sent home.

Paul Hackett is a geographer who studies Indigenous health.

PAUL HACKETT

They were taking kids from northern communities that may have had little or no tuberculosis in them, sending them to southern Residential Schools in the early part of the 20th century to be among kids who were

coming from communities that were heavily affected by TB at the time. Kids that were sent were potentially infected in schools and eventually returned to their own communities and spread that disease. That is a significant risk for northern communities by having children sent south and then have them return. On the other hand, we have the issue of communities in the north that were not considered to be a priority to sign treaties. In other words, the federal government didn't see a resource that they could exploit. So, those places were largely ignored. They didn't have tuberculosis early on in the North and they weren't doing active TB surveys in any significant frequency, but they were in the South. That largely stems from reserve communities being seen as pools of disease. If a reserve community is next to a non-Indigenous community, perhaps the city, then the closeness of that becomes an issue. But if you've got a remote, isolated community, a fly-in community in northern Manitoba where there isn't movement of people and therefore not potential to move people with tuberculosis back to, say, Winnipeg, then it's not a priority.

NARRATOR

When thinking about the geography of tuberculosis, remember that northern communities also had considerable difficulty accessing medical treatment in the early decades of the twentieth century.

** AD BREAK **

NARRATOR

In 1937, the Canadian Tuberculosis Association created a committee made up of bureaucrats and directors of provincial sanatoria. They met in Ottawa to determine how to control the threat of "Indian tuberculosis".

This is Erin Millions again.

ERIN MILLIONS

The idea was that there was something about Indigenous bodies that made them particularly susceptible to a virulent strain of tuberculosis. That this more contagious, more harmful tuberculosis was a threat to white Canadians. Now, this was already part of a long history of pathologizing Indigenous bodies, which means to sort of think of indigenous bodies as subpar or unhealthy in comparison to white bodies.

This was all nonsense, and it was based on racism.

NARRATOR

During the meeting, the Indian Advisory Committee also recommended increasing tuberculosis case finding in Residential Schools and reserves, as well as the construction of "Indian hospitals". The Committee believed that Indigenous Peoples required "surveillance by medical personnel" and "training, supervision, treatment or segregation".

ERIN MILLIONS

First Nations, Metis, and Inuit did have higher rates of tuberculosis than the general Canadian population, but this was the result of conditions caused by colonisation. There was nothing different or deficient in Indigenous bodies. But these higher rates of tuberculosis, combined with the supposed threat that Indian TB posed to white populations meant that the federal government was forced into providing treatment for tuberculosis for First Nations and later for the Inuit.

NARRATOR

The Canadian Tuberculosis committee was given \$50,000 to address the perceived threat.

The Indian Health Services Director,

Dr. Ervin Lockwood Stone, started the meeting in Ottawa by dividing the country on a map into zones - :

MALE VOICE

"Those to the south who are generally speaking, in contact with and a menace to white populations, from those to the north, who are not."

NARRATOR

The committee divided the small sum between provinces based on a clumsy formula: "Indians in contact with white people... and the probable amount of Tuberculosis among them."

Because 9,000 students were attending 60 schools in the "white contact" area, the committee dedicated 70% of the funding to the four western provinces to create facilities called preventoria in Residential Schools.

During this period, the Department of Indian Affairs attempted to run several preventoria.

KAILA JOHNSTON

These institutions often included extra educational facilities and were sometimes attached to sanatoriums. The churches who ran the schools preferred preventoriums over sanatoriums as it allowed them to maintain enrollment at the Residential School and control over the students.

PAUL HACKETT

You feed them well and you don't overcrowd them, and you don't give them stress and give them enough exercise. You are creating a facility for at risk children to prevent them from developing active TB. We're going to take kids from schools who have TB or who are affected but do not have active TB, put them all together and kind of isolate them.

NARRATOR

In theory, the preventorium was

supposed to offer susceptible students the things they did not have in Residential School: a nutritious and varied diet, on-site doctors and a nurse, safe and sanitary facilities, and rest, play and exercise. In reality,

PAUL HACKETT

They actually attached it to a Residential School. The kids were actually mingling with healthy kids.

NARRATOR

The federal government opened a preventorium at Fort Alexander Residential School in Manitoba, and some in British Columbia as well. Staff at Fort Alexander needed to bring in children that met the criteria established by the Department of Indian Affairs' including: exposure to tuberculosis, early indications of tuberculosis, malnourishment, and most importantly: not having active tuberculosis. But after decades of unsafe facilities, parents saw Residential Schools and this new preventorium as death sentences for their children.

PAUL HACKETT

So, few parents were willing to send their children to this kind of facility from remote locations that they ended up taking kids who had active TB.

NARRATOR

By December 1938, medical inspectors realised that strict admission guidelines were not being followed. Students in the preventorium were sick enough to transmit tuberculosis to their peers. The Fort Alexander Preventorium was closed two years after it opened.

MUSIC

NARRATOR

Between the 1930s and 1950s, many medical experiments were conducted in First Nation reserves and

Residential Schools.

This is Erin Millions again:

ERIN MILLIONS

We know that in the 1930s there was a trial for the BCG tuberculosis vaccine conducted on First Nations infants at the Fort Qu'Appelle Indian Hospital.

NARRATOR

The study was supported by the Department of Indian Affairs and the National Research Council. Here's Kaila:

KAILA JOHNSTON

Between 1933 and 1945, a total of 609 infants were involved in the testing of the vaccine. Half were given the vaccine, half not.

NARRATOR

The unvaccinated infants were born at home in order to avoid discussions around parental consent.

KAILA JOHNSTON

Nearly five times as many cases of tuberculosis were found among the unvaccinated children than those who were vaccinated. But it's so important for me to note that of those 609 children, 77 of them died before their first birthday, mostly due to digestive and intestinal diseases, and only four of them had died due to tuberculosis. Both the vaccinated and unvaccinated groups had at least twice as many non-tuberculosis deaths as the general population. After seven years, 105 of the children had died due to pneumonia or gastroenteritis. The study demonstrated the effectiveness of the vaccine, but it highlights other health concerns.

NARRATOR

Here is Erin again:

ERIN MILLIONS

Recent research has also revealed that there were drug therapy experiments conducted in some communities in north central Saskatchewan beginning in the 1950s. Historian Ian Mosby has shown that nutrition experiments were carried out on Residential School students around the same time.

NARRATOR

Ian Mosby is a history professor at Toronto Metropolitan University. His research shows how hundreds of Residential Schools students were subjected to nutritional experiments in the 1940s and 1950s. Doctors were studying the progression of illnesses they knew how to treat through better nutrition. Since the students were forced to attend the schools far from home, parental consent was not a concern.

Cindy Blackstock explained that Dr. Frederick Tisdall, a doctor at the Hospital for Sick Children in Toronto, conducted this research:

CINDY BLACKSTOCK

We have to return to the founding principle that makes colonisation happen, which is dehumanisation. Because once you dehumanise, a lot of stuff becomes possible. And what did we see? We saw the doctor who founded Pablum decide that he was interested in nutrition experiments, maybe it would be a good thing to withhold basic nutrients from children in Residential Schools and see what happened.

NARRATOR

Pablum is a food that prevents malnutrition in babies. Health workers who undertook the studies did not advocate for better conditions and their research results did not lead to improvements in reserve communities or Residential Schools.

MUSIC

NARRATOR

In 1937, Edwin Wuttunee from the Red Pheasant Reserve in Saskatchewan, wrote a letter to the Indian Branch of the Department of Mines and Reserves. The letter said:

MALE VOICE

"I am forwarding you my request... for an admittance to the sanatorium of Eleanor Wuttunee... This girl was discharged from the Anglican Indian Residential School at Onion Lake with signs of T.B. on the 25th of May 1937. She went through an X-ray examination at North Battleford the following month... The clinic's report of the examination recommended a sanatorium case. I would be very much pleased if you would grant me her admittance to one of the sanatoriums, as she stands a good chance of recovery."

NARRATOR

A lawyer followed up with the department of public health in Regina and federal representatives in Ottawa. He acknowledged the need to secure care for Eleanor who had been infected with tuberculosis at the St. Barnabas Residential School in Onion Lake. The school's principal returned her to her family and community. While she had been recommended sanatorium care, nothing else was done. The letter also mentions an article in the Saskatoon Star about a municipality that passed a resolution protesting the number of people with tuberculosis on the James Smith Reserve "resulting in the infection of white neighbours". The council wanted the department to survey the conditions of the reserve and take action. Again, those actions would be driven by fears of tuberculosis spilling into non-Indigenous communities.

MUSIC

NARRATOR

Before we close this episode: The health impacts of the Residential

School System extended well beyond the time students attended the institutions. Generations were exposed to unsafe and unsanitary conditions, but also subjected to emotional, physical, and sexual abuse by those in charge.

Since children were removed from their homes and communities at a young age, they felt isolated and disconnected when they returned home. Many had to figure out how to parent when they had their own children. They had not grown up with love, support, or affection.

In many cases, trauma followed Survivors through their lives. Former students experienced or continue to experience post-traumatic stress disorder, night terrors, anxiety, depression, and addictions. And some could not live with what they experienced at Residential School and took their lives. Their children, grandchildren, and surrounding communities continue to experience numerous impacts, including poor health.

NARRATOR

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 and Nahka Bertrand.

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 Cindy Blackstock, Paul Hackett,

Erin Millions, Kaila Johnston, and
Anne Lindsay.

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

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On the next episode:

MIRANDA JIMMY

And for some patients bedrest meant,
you know, similar to a jail
sentence. 23 hours a day. You know,
no sunshine. So, you're two years
old and you are stuck in bed. And
anyone who knows a toddler... they're
full of energy, they're exploring
how their body works. They're
figuring things out, like balance
and muscle memory and all these
things that are important for the
foundations of the rest of their
life. Well, I don't know a
two-year-old that can do that.