## "A Scandalous Procession": Residential Schooling and the Re/formation of Aboriginal Bodies, 1900–1950

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This article looks at the ways in which residential schooling contributed to the reshaping of Aboriginal bodies in the early twentieth century. The paper starts by showing how poor health conditions on reserves and a discourse of inadequate mothering were used to justify the schools, then goes on to explore the ways in which school health pedagogy sought to reshape Aboriginal bodies. Rather than improving on Aboriginal health and hygiene, the schools detrimentally affected pupil health. Using the residential schools of British Columbia as a case study, this paper shows that high rates of mortality and morbidity were common, and were caused by school conditions. Finally, the ways that the health problems in the schools contributed to the Department of Indian Affairs' education policy and First Nations political protest are explored.

Cette article examine les façons par lesquelles les pensionnats ont contribué au reprofilage des corps autochtones au début du vingtième siècle. D'abord, ce document démontre comment les pauvres états de santé sur les réserves et le discours d'un maternage inadéquat sont utilisés pour justifier la présence de ces écoles. Ensuite, il explore les façons par lesquelles l'instruction hygiénique des pensionnats cherchaient à refaconner les corps autochtones. Au lieu d'améliorer la santé et l'hygiène autochtones, les pensionnats nuisaient à la santé des élèves En utilisant les pensionnats de la Colombie-Britannique dans cette étude de cas, ce document démontre que les taux élevés de mortalité et de mobidité étaient communs, et étaient causés par les conditions dans les écoles. Finalement, ce document explore les façons par lesquelles les problèmes de santé dans les écoles ont amené la politique d'éducation du Ministère des Affaires indiennes et explore aussi la protestation politique des premières nations.

The drama of colonization was acted out in Canada not only on the grand scale of treaty negotiations and reserve allocations but on the supple contours, the created representations and the lived experiences of Aboriginal bodies. Tracing the physical demarcations of this drama on Aboriginal bodies is a long and complex process, but one that can be aided by a case study of residential schooling in the province of British Columbia during the first half of the twentieth century. The cultural hegemony imposed by the colonizing force of residential schooling shaped Aboriginal bodily health and representation in profound ways, working in consort with the forces of settler society that already were having a profoundly negative impact on Aboriginal health across the province.

Predicated on the basic notion that the First Nations were, by nature, unclean and diseased, residential schooling was advocated as a means to "save" Aboriginal children from the "insalubrious" influences of home life on reserve. Once in the schools, the racially charged and gendered message that Aboriginal domestic arrangements threatened physical, social and spiritual survival was reinforced through health education. Children were taught to hate the food their mothers cooked and reject their standards of cleanliness. School officials told students that cultural alienation was to be welcomed as the first step towards healthful living and long life.

Meanwhile, the schools themselves offered scant salvation from physical illness and disease. In fact, rather than preserving the bodies of the children who were entrusted to their care, the residential schools tended to endanger them through exposure to disease, overwork, underfeeding and various forms of abuse. The goal of residential schooling was to "re/form" Aboriginal bodies and this they did. However, the results were not the strong, robust bodies, well-trained for agricultural and domestic labour of the schools' propaganda, but weakened ones who, through no fault of their own, brought disease and death to their communities.

As other scholars have pointed out, residential schools as agents of assimilation were unsuccessful. First Nations leaders and parents protested against the treatment of their children, contesting residential school officials' views of the body's place in relation to discipline, nutrition, work and culture, and selected, incorporated and rejected the assimilative aspects of health education put forth by the schools. The struggle between the schools' commitment to cultural imperialism and the First Nations' ability to mediate the forces of that imperialism were inscribed on the bodies of the children who experienced residential schooling.

This paper's primary interest in residential schools is in the physical impact the schools had on students, but first the reader should be reminded

of what the schools were designed to do, how they were supported and what attitudes school officials brought to their work. After looking at the views of school administrators, church and government officials on the role that residential schools were supposed to play in preserving Aboriginal health, the paper will examine the tangible legacy of ill-health that such schools left with their students. Then it will look at the causes of the high morbidity rate among residential school students, examining at the effects of diet, sanitary conditions and over-work on their physical health as well as the impact of physical, emotional and cultural abuse on school survivors. Finally, the paper will consider the responses of Aboriginal parents and the Department of Indian Affairs to the health conditions in the schools.

The use of education, particularly residential schooling, as a means of producing cultural conformity is an old and international endeavour. Whatever the social situation of the intended students, schooling was often designed to produce a homogeneous body of "educated" men and women who would be well-suited for their particular social roles. Social control is an element of all forms of education. This penchant for social control reaches broader and, arguably, more destructive proportions when it takes place in the context of colonial relations. Historians Altbach and Kelly argue that "Indian" education in North America was inextricably interwoven with colonization and cannot be removed from this context. Under these circumstances, education functions, in the words of Paulo Freire, as a form of "cultural invasion" in which "the invaders penetrate the cultural context of another group, in disrespect of the latter's potentialities; they impose their own view of the world upon those they invade and inhibit the creativity of the invaded by curbing their expression."

This desire to replace Indigenous world views with European ones has been an element of "Indian" education since the time of Jesuit teaching among the Huron, Innu and Algonkian peoples of New France. Later, "assimilation through education" became government policy when the 1842 Bagot Commission recommended residential schooling as a means of encouraging Native people to take up farming and to establish themselves on land held in free hold tenure—goals he thought could only be met through education designed to alienate Aboriginal children from their homes. "Capturing minds" meant capturing bodies first; indeed, residential schooling had, at its very core, the desire to physically supervise, contain and control the population of First Nations' youth.

As bonds of cooperation were forged between the Christian churches and the federal government during the 1850s and 1860s, the boarding school system expanded. In British Columbia, the Methodist Church opened homes

for "orphaned" children at Port Simpson in the 1860s, while the Anglican church under William Duncan provided residential schooling for the Tsimshian at Metlakatla. Coqualeetza began at Sardis in the Fraser Valley when Charles Tate opened his home to children whom he thought needed more thorough guidance to achieve a fully Christianized lifestyle. In the nineteenth century, the Roman Catholic Church opened residential schools for the Shuswap at Williams Lake and Kamloops, the Nuu chah nulth at Port Alberni, the Sto:lo at Mission and the Cowichan at Kuper Island. The system of removing children from their homes and subjecting them to a pedagogy designed to ignore or demean their cultures while arguing the superiority of the colonizers' world-view became established in this period.

The system of residential schools for Aboriginal children was given a further boost in the 1870s. After the passage of the Indian Act in 1876, the federal government commissioned Nicholas F. Davin to report on American industrial schools for Native people. Davin strongly recommended residential schooling, because in such institutions Aboriginal children could be best educated while physically separated from their parents. Like Bagot, his recommendation was to seize the minds and bodies of Aboriginal youth by forcing them into residential schools where the values, language and culture of Euro-Canadians would predominate. §

His report prompted Parliament to grant \$44,000 for the establishment of residential schools at Qu'Appelle, High River and Battleford to be operated by the Department of Indian Affairs. In British Columbia, the injection of federal money greatly assisted the Christian Churches (primarily the Roman Catholic, Anglican and Methodist churches) in providing residential schooling for Native children. By 1900 there were eleven residential schools in British Columbia. In all, eighteen residential schools operated in the province in the first half of the twentieth century (Table 1). In 1920, amendments to the *Indian Act* made school attendance compulsory for Native children across Canada, and enrolment in the schools expanded dramatically. In 1918-19 there were only 878 Aboriginal children in residential schools; by 1932, there were 17,173. In

The Department of Indian Affairs (DIA) and the Christian churches cooperated to run the residential schools. Typically, the DIA provided land and constructed the building. Maintenance was the responsibility of the church involved, but costs for major repairs were shared with the DIA. As well, the DIA furnished all teaching supplies to the school and paid the travel expenses of attending pupils. It also provided a per capita grant to the school, which at the turn of the century ranged from \$60 to \$145 per year. By the 1940s the average per capita grant was \$172, with an additional \$10

Table 1: Residential Schools in British Columbia, 1900-1940

Location	Name	Denomination		
Lytton	St.George's Indian Residential			
	School (boys only)	Anglican		
Alert Bay	Alert Bay Industrial School	Anglican		
Ahousat	Ahousat Boarding school	Presbyterian		
Port Alberni	Alberni Boarding School	Presbyterian		
Sechelt	Sechelt Residential School	Roman Catholic		
Mission	St. Mary's Boarding School	Roman Catholic		
Yale	All Hallow's Boarding School (girls only) Anglican			
Williams Lake	Cariboo Indian Residential School	Roman Catholic		
Kamloops	Kamloops Indian Industrial School	Roman Catholic		
Clayoquot	Bishop Christie Boarding School	Roman Catholic		
Stuart Lake	Lejac Residential School	Roman Catholic		
St. Eugene	Kootenay Industrial School	Roman Catholic		
Kuper Island	Kuper Island Indian Industrial School	Roman Catholic		
North Vancouve	er Squamish Boarding School	Roman Catholic		
Kitamaat	East Long Memorial Home	Methodist		
Port Simpson	Port Simpson /Crosby Girl/Boys Homes	Methodist		
Chilliwack	Coqualeetza Industrial Institute	Methodist		
Metlakatla	Metlakatla Industrial School	Anglican		

granted during the war years.<sup>12</sup> All operating expenses, including teachers' salaries, food and clothing for the students and staff, and heating bills were to be drawn from the per capita grant.<sup>13</sup> These arrangements for running the residential schools were mutually beneficial to both parties. For a limited cost, the DIA could boast that residential schools had spread across the country with the assistance of the churches. For their part, the Christian churches were aided in gaining access to a population of children to proselytize without the competing influences of either Indigenous religion or rival denominations.

A major function of the residential schools, according to Frank Pedley, deputy superintendent of Indian Affairs in 1902, was "the removal of pupils from the retrogressive influence of home life." <sup>14</sup> Central to this view was the

the notion that Aboriginal parents were negligent parents and especially that unassimilated Native women made poor mothers. Advocates of residential schools frequently failed to recognize that Aboriginal parents were, in many cases, simply doing the best they could under impoverished conditions; conditions that were due, in fact, to the impact of governmental decisions and the influences of settler society.

Starting in the 1870s, reserve allocations in the province of British Columbia gradually alienated First Nations from traditional hunting, fishing and gathering sites and confined their home communities to smaller and smaller locations. Families that had moved among harvesting sites with great regularity were now increasingly confined to European-style single-family dwellings on reserves that were often too small to sustain the population. Among some First Nations, seasonal cycles still included much migration, but now they moved more often to unsanitary housing at canneries and hop fields. As the Lil'wut people of the Fountain reserve wrote the Department of Indian Affairs in the 1906, their land base on reserve was simply insufficient:

Coastal reserves were even smaller since reserve commissioners believed that marine-based economies did not require much land, despite requests from band members for garden plots. 18 At the same time, fishing restrictions placed on First Nations made subsistence from marine resources tenuous. 19

Additionally, while overcrowding was a problem on some reserves, others struggled with more than one level of non-Native government to get access to water. Some found success easier than others. In the dry interior of the province, water rights were alienated to mining companies, to large EuroCanadian-owned ranches and to local White settlers, making it impossible for many First Nations to carry on ranching or farming. Farming flourished in other locations where water for irrigation was readily available, such as on the Sto:lo reserve at Tzeachten. Elsewhere, the concern was access to clean drinking water. In some cases, such as that involving the Songhees in 1898, the DIA approved expenditure on a system

that would improve the water supply on reserve.22 Similarly, the DIA and the town of Chilliwack agreed to extend the town's water system onto a nearby Sto:lo reserve in 1923, but just a few years later, in 1931, the same Indian agent disallowed the Katzie people from building a connection to the water supply of the town of Hammond.23 Departmental officials held the purse strings for reserve improvements and their sometimes capricious decisions had a direct impact on the health of Aboriginal people. Certainly, by the twentieth century, most First Nations in the province were affected. though not uniformly, by the processes of reserve allocation and reduction, the encroachment of settler society and government parsimony. Some communities, such as Aiyansh in the Nass Valley, were able to install their own water systems because highly ranked individuals who were also hardworking fishers were willing to pay for materials themselves. 24 Nevertheless. health statistics from the first half of the twentieth century attest to environmental conditions that challenged Aboriginal parents seeking to provide for their children.

The early twentieth century was both a hopeful and a tragic time for British Columbia's First Nations. On one hand, the Aboriginal population of British Columbia, as a whole, started to grow again in the 1920s, though not all First Nations experienced a dramatic demographic increase. While the Tsimshian, Nisga'a, Gitksan, Wet'suweten and Carrier all made strong recoveries after the 1920s, the Nuu Chah Nulth and Haida were much slower. 25 Across the province, pro-natalist sentiment fuelled an Aboriginal fertility rate that rose steadily until, by the 1920s, communities like those of Ahousat and Anaham were exhibiting high fertility.26 Yet, at the same time, infant and maternal mortality remained high. Nationally, in the 1940s, disease-related deaths "peculiar to the first year of life" were three times higher among the Aboriginal population than among non-Natives.27 At the provincial level, in 1935 fully 20 percent of all Aboriginal deaths were children under the age of one. A further 12 percent occurred during the next five years of life.28 Tuberculosis and other infectious diseases killed Aboriginal people at rates much higher than the provincial rate. In the general population of the province, infectious diseases, including tuberculosis, accounted for only 12 percent of all deaths in 1935, a proportion that was reduced to 10.4 percent five years later. Meanwhile, the same diseases caused 38.5 percent of Aboriginal deaths in the province in 1935, increasing to 43.7 percent in 1940.29 Disease hit youth the hardest. In 1935, over 80 percent of its victims in British Columbian Aboriginal communities were under the age of thirty, and 70 percent were less than twenty years old.30

Some DIA and church officials recognized that their own policies and the prejudices of local settlers were to blame for the poor conditions on some reserves. As early as 1914, some DIA officials were willing to argue that Aboriginal homes were unkempt because local non-Native employers would not hire them due to racist motives.31 By the late 1940s, government attitudes were slowly experiencing further change. Authorities were more willing to delineate the ways that their own past policies coupled with generalized ignorance produced the impression that the First Nations were responsible for their own ill-health and poor standards of living. Chief Medical Officer P.E. Moore pointed out in the 1940s that forcing Aboriginal people into fixed residences on unsanitary reserves had surely facilitated the spread of tuberculosis. Some missionaries, like Lytton's Stanley Higgs condemned local settlers for their "general lack of concern ... in the fortunes and misfortunes of the Indians," denouncing the overcrowded and underserviced reserves he observed, which he viewed to be a result of this disdainful attitude on the part of local Whites.32

Yet, for the most part, residential school advocates did not partake of such liberalizing attitudes and as high infant and childhood mortality rates on reserves became known in the twentieth century, they continued to blame them on what they saw as the poor skills of Aboriginal mothers who refused to give up the supposedly unsanitary ways of the past. As one United Church worker wrote from Ahousat in 1948, "One thinks of that tiny, premature life and wonders: perhaps it is a good thing though that this one died as the parents, although young, cling to the old ways. . . . "33 Increasingly, the "retrogression" of Aboriginal home life was associated with dirt, disease and death. Residential schools were presented as the antithesis to this. At the very least, it was hoped that residential school attendance would save children's lives by isolating them from infectious homes.34 Margaret Butcher of the Elizabeth Long Memorial Home at Kitamaat wrote her family in 1917 that she believed the students who came to the school had a better chance for survival than those who staved in the village where hereditary chiefs still functioned, where missionaries worried about the impact of "witchcraft" on converts and where traditional subsistence, though constrained, was still possible.35 In the longer term, residential school advocates argued that training in domestic science and public health would further increase the chances for Aboriginal survival by subverting the authority of elders, particularly elder women, through the introduction of Euro-Canadian standards and practices of housewifery.36 Late in the nineteenth century, George Raley, the Methodist missionary at Kitamaat, put it this way: "Let me remark, these people often perish for "lack of knowledge" concerning the

primary elements of domestic economy. In the Indian houses there is utter thriftless ignorance regarding the simplest matters of household duties.... Miss Long is trying to inoculate them with a love of cleanliness and order; she is training them in sewing, cooking, and other departments of household industry." Residential school defenders, across the province, argued that their schools provided much-needed lessons in the value of cleanliness, instruction that, they argued, might stem the tide of tuberculosis among Native people. As one group concluded in 1935: "Residential Schools are front-line trenches in the warfare on Indian diseases and must be given considerable credit if the race is increasing in numbers. According to competent authorities the Residential School is the key to the solution of the problems of Indian health." In the eyes of their advocates, residential schools, and the acculturative training they offered, would save a "race" dying from maternal neglect. 40

The notion that a people could best be saved by reconfiguring their home lives and by "re/forming" the domestic labour of their women was pervasive among social reformers within the Anglo-North American tradition. Anglo-Saxon feminists of the early twentieth century were unable to see women of colour as true "mothers" and therefore saw their world-wide task as setting the maternal standard for all people. "Women doing field work reflected these views when they condemned the child-rearing practices of Aboriginal women, arguing that Native children were best raised away from their female kin. Margaret Butcher, writing in 1916, longed for the day when Kitamaat elders would die off and the influence of non-Native medicine and religion would hold sway over Aboriginal home life, and concluded that until that happened, the residential school was the only hope for Aboriginal children to learn a "healthy" Christian lifestyle. "Just as "healthy" and Christian were equated, so were "traditional" and diseased.

As medical authorities examined Aboriginal health in the twentieth century, they created the perception that Aboriginal people were inherently unhealthy so long as they were not fully assimilated. High rates of morbidity and mortality could thus be blamed on the adherence of Aboriginal people to behaviours that were not sanctioned by non-Native observers. For instance, Nurse Amy Wilson argued that infant mortality in the Yukon in the 1950s was caused by the penchant of Native mothers to wilfully disobey her instructions regarding sanitation. According to Wilson, Native women were like errant children and their unwillingness to follow her edicts was fatal. This idea of the inherent tendency towards ill-health and dysfunction among some sectors of the population had wide applicability in twentieth century medical and legal discourses about the working classes, Indigenous

people, women and people of colour. 44 The discourse of inadequate mothering, which fuelled debates over abortion and infanticide in Britain, for example, had long been operative in the arena of colonial relations and supported residential schooling for Native children. 45 In this way, residential schooling was seen as leading the First Nations to health both by removing children from the clutches of supposedly negligent and ignorant parents and by teaching them Euro-Canadian standards of cleanliness and care.

Residential schools' health education was infused with these attitudes and had a two-fold purpose: to improve the hygiene and health of students and to teach students domestic practices they would bring home with them to reserve communities. Some residential schools organized Health Clubs, where students were rewarded for gaining weight, drinking milk and knowing the Canadian health rules. 46 Public health nursing was taught to selected students. 47 This, it was hoped, would turn them into "a force of intelligent trained young people [who would] bring the good news of how to control and healt tuberculosis to their home villages and show how it can be done. 48 Newsletters to parents encouraged them to learn the health rules from their children, to take any cases of illness to non-Native doctors immediately and to return pupils in good health following summer holiday. 49

The approach taken by the residential schools towards health education bore the marks of the broader proselytizing agenda of their pedagogy. Aboriginal children trained in the rules of health and health care were described as a band of apostles bringing the "good news" home. In a cartoon published in the St. George's Crusader, the school newspaper of the residential school at Lytton, the "Bad-Habit Family" is turned back at the gates of the "Kingdom of Health" until they "mend [their] ways." They learn to abstain from tea and coffee and drink only milk. "Thin Tonsil and her twin Frail Addie Adenoid" are dispensed with early during a "short time in a hospital." The children were extolled to brush their teeth and sit up straight. When the transformation is complete, the "Good Health Family" is admitted to the Kingdom, sinners no more. 50 Books such as My Health Book, Spic and Span and Eat a Good Breakfast, Eat a Good Lunch carried similar messages to the students. 51

The subtexts of this health pedagogy are clear. Church officials still believed that Aboriginal parents refused to take responsibility for their children's health and that, as a race, the First Nations were "handicapped by the lack of effective discipline in economic, moral and socially helpful habits." They were the "bad-habit" families. It was believed that residential school staff thus provided better parenting role models for Aboriginal children. The breaking-down of family life on reserves caused by residential

school attendance was thus a necessary means to the end of recreating Native communities in the most positive image of the EuroCanadian "goodhabit" family. Thus, health education in the residential schools conformed to the pattern of cultural invasion set by the government and the missionaries. Just as Aboriginal people were told they must give up their culture in order to become full Canadian citizens and abandon their own spirituality in order to gain entrance to the Christian heaven, health educators now demanded that Native people recast their own families according to the new health rules of the dominant culture to gain entrance to the "Kingdom of Health."

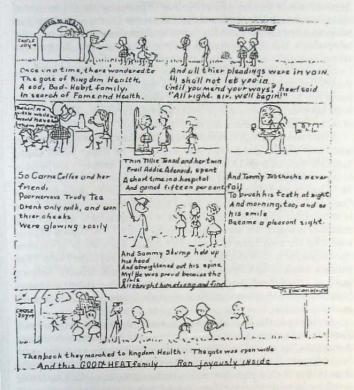


Figure 1: "How the Bad Habit Family Got into the Kingdom of Health"

Additionally, there is considerable irony in having children read books about the importance of consuming all of the food groups, while the dietary standards of the schools were still not very high.

Despite the aspirations and rhetoric of the residential schools' supporters, students did not enter the "Kingdom of Health" when they entered the schools. In fact, mortality and morbidity rates among residential school students show that the schools were unsuccessful in preserving the health of the Aboriginal children who attended them. The DIA became aware of the situation early in the twentieth century. In 1907, Dr. Peter Henderson Bryce, soon to be the DIA's Chief Medical Officer, investigated residential schools on the prairies and found that at least one quarter of students died while on school rolls or shortly thereafter from diseases, predominantly tuberculosis, that they contracted while in the institutions. Where postschooling health could be plotted, the death rate was raised to 69 percent. 53 Two years later, Bryce continued his inspection; this time, he included one British Columbia school, at St. Eugene in the Kootenay agency. There he found that 34 percent of pupils admitted since 1892 were dead by 1909.54 In the words of one commentator, Bryce had found a "scandalous procession of Indian children to school and on to the cemetery."55

Elsewhere in British Columbia, rates of children discharged from the residential schools due to ill-health were high. At Kuper Island Indian Industrial School, from 1896 to 1904 as many as 25 children were listed as being on sick leave each year out of an average total pupil population of 58.56 Department officials calculated that, by 1905, of the 269 graduates of Coqualeetza Industrial School, 55 were dead. The report concluded, "This is an exceptionally high death rate and it is questionable whether long residence in school has not something to do with it." At Bishop Christie school on the west coast of Vancouver Island, the number of children discharged due to ill-health ranged as high as 18 percent in the 1940s.58 The children listed as sick or on sick leave in residential schools' ledgers, however, included only those who appeared ill at the time of their discharge. Many more died after they were discharged, their fates listed as "unknown" in school reports.

At Kitamaat, the fates of former students were known only too well. Teachers and nurses agonized over the large number of girls who passed through the Elizabeth Long Memorial Home only to die some few years later. Margaret Butcher, in her journal from the time she worked at the home from 1916 to 1919, reported numerous deaths among ex-pupils. One family lost five of six daughters to tuberculosis after they had been in the Home. Since the home catered primarily to girls, there soon became a shortage of

females in the Haisla community.<sup>50</sup> Local observers noted that, since the home opened, forty-nine children had died either at the school or shortly after their discharge, while fifty still lived.<sup>61</sup>

Beyond the statistics lay countless stories of family loss as students and former students succumbed to diseases. In many communities, particularly in the northern portion of the province, families observed the residential schools to be the *primary* mechanism of disease dissemination. Though these communities were hardly untouched by the encroachments of settler society, they were, in some cases, able to integrate new ways with the old so that they remained strong in spite of the changes they faced. For them, then, residential schools intervened in their lives in unaccustomed ways and damaged those lives irrevocably. The story told to Marius Barbeau by one of his Gitksan informants in 1920 is tragically typical:

Peter Barney, the only survivor of 11 children. He was the eleventh child of old nxsi nux. And they all attended the school and almost every year one or two of them would die. Their uncle old Robison would say: "attend the school then they die." He meant by saying "the school" they were Christians. He said I have never attended any of my nephews or nieces funerals because we are murdering ourselves allowing them [to go] to school. Then there was two children left, a girl named Wlta and the boy Petu. And old Robison said: now we have two left we must prevent them from going to that place called school. But the girl would not listen to them she continued to go to school and she did to about 16 years of age. They all died at about that age of consumption. And when it came to the boy they put their foot down and would not let him go to school. They said that they would save one. So he never did become a christian never went to school. "Therefore he lives," according to Robison. And he is a great big strong boy Peter Barney. 62

Other families experienced the connection between residential schooling, disease and death.<sup>63</sup> Sto:lo elder Nancy Phillip's fourteen-year-old son developed tuberculosis at St. Mary's Residential School in Mission. Though transferred to the Preventorium at the school, he later contracted meningitis and died there.<sup>64</sup> The autobiographies of Florence Edenshaw Davidson and Mary John both speak of the dangers inherent in residential school life. Both lost children to tuberculosis and other communicable diseases while away at school. Florence Davidson lost a son to tuberculosis and a daughter to "black measles"; both contracted these diseases while they were away at Coqualeetza.<sup>65</sup> Both died at home and would not have appeared on school

records as deaths. Mary John's daughter Helen was taken ill with tuberculosis shortly after she left Lejac. Another daughter, Shirley, became ill with a septic throat while at Lejac. She died soon after at St. John's Hospital in Vanderhoof.<sup>66</sup>

Tuberculosis was one of the biggest killers of residential school pupils. Kuper Island Indian Industrial School was plagued throughout its history with endemic tuberculosis among its students.<sup>67</sup> By the 1940s a steady stream of Kuper Island students "graduated" to the three sanitaria established in the province to treat Aboriginal patients for tuberculosis.<sup>68</sup> The Indian Agent for the Cowichan, R.H. Moore, expressed his concern over the school's health record in 1948:

In conclusion, I might say that I am concerned by the health situation in this school, which did not actually materialize until the last few months although, in checking back three years or so, it would appear as if the tuberculosis rate is too high in a school which is only supposed to have healthy children as pupils. 69

Kuper Island was not atypical. A 1939 DIA survey estimated that at least 5 percent of all residential students were suffering from active tuberculosis. The next year, another study showed that 70 percent of all Aboriginal children in residential schools reacted positively to tuberculin tests. To In the 1940s, Alert Bay Industrial School was annually sending between 6 and 15 percent of its total enrolment away for sanatorium care. Students from Lejac Residential School provided a steady stream of admissions to local hospitals for tuberculosis treatment.

Along with tuberculosis, communicable diseases made the rounds of the residential schools. At Lejac (whose health records are the most complete), some kind of infection passed through the school almost every year (Table 2). All of the other residential schools in the province showed equally frequent outbreaks for the shorter time periods their records covered. At St. George's in Lytton, smallpox and scarlet fever visited the school in January 1926, affecting twenty-seven students. The next winter, influenza and mumps affected 95 percent of the pupils; thirteen died. As another Stoclo elder, Linnea Battel, put it: To me it was all typical. When I was at St. Mary's, as soon as we'd go back to school in September, ... everyone would always get the measles, or the mumps. The whole school would get it because we were all breathing on each other. In the schools with alarming frequency and, as Table 2 shows, students at other schools must have experienced chronic ill-health equally typical.

Pandemics such as the Spanish influenza of 1918-19 hit the schools

Table 2: Infectious Diseases, Lejac Residential School, 1925-1950

	Disease	Date
1	whooping cough and colds	December 1925
	pneumonia	March 1927
	influenza & bronchopneumonia	March 1928
	measles & bronchopneumonia	fall 1928
	mumps, chorea & pneumonia	March 1930
	influenza, whooping cough	fall 1930
	chicken pox	July 1931
	influenza	August 1931
	mumps	January 1932
	influenza & chicken pox	fall 1934
	measles	November 1935
	measles	winter 1936
	measles & whooping cough	fall 1937
	chicken pox	January 1939
	influenza	September 1940
	influenza & whooping cough	fall 1942
	measles	March 1943
	influenza & mumps	fall 1943
	influenza	January 1944
	pneumonia	fall 1944
	influenza	March 1946
	influenza	February 1947
	diarrhoea	December 1949

particularly hard. At Coqualeetza, Kitamaat and St. Mary's in Mission, all of the students came down with the disease. <sup>74</sup> Lil' wut elder Mary Englund remembers when the girls at St. Mary's came down with the flu: "We got it. We just stayed right in bed; every girl that was in the convent was in bed. I was so sick then. I tried to fight it, you know, and the nun kept saying, 'you'd better go to bed,' she'd say. So finally, I went to bed and she came up stairs and took my temperature. My temperature wasn't too bad, so I went to bed and I just covered up and I stayed right in bed. I'd cover my head and all and just stayed right there. Every once in a while the nun would come by and she'd say, 'Are you still alive?'"<sup>15</sup>

Tuberculosis sufferers are particularly vulnerable to other infectious diseases and complications such as the fatal tubercular meningitis.

Tubercular meningitis accounted for the majority of recorded residential school deaths. Tubercular meningitis killed Dora N. of the Ahousat band in 1908, when, in addition to tuberculosis, she contracted measles. She was ten years old.76 In 1935, after an epidemic of measles, several children at Leiac Residential School succumbed to tubercular meningitis. During the early phases of the illness they were treated with brandy, sugar and cookies in a vain attempt to stir them from the listlessness characteristic of the disease.77 At the Cariboo Indian Residential School, an epidemic of measles led to the death of one seven-year-old boy when he developed tubercular meningitis. He had been sent home to die when it became apparent that there was nothing that could be done for him.78 His final days must have been traumatic for his family, since tubercular meningitis causes violent vomiting, delirium, convulsions, diarrhoea and ultimately death. Bringing students home under such circumstances often fell to the local physician who understandably saw the task as a particularly unpleasant one. Looking back to his time working among the First Nations in the 1930s and 1940s, Dr. J. Douglas Galbraith remembered:

It was a scourge among the Indians. Native children went out to attend residential schools and on several occasions it was my lot to arrange for a child stricken with tubercular meningitis to be brought back to die at home with the family. 79

Why were infectious diseases such a problem in the residential schools? In some instances, children arrived at the schools ill with diseases they had either picked up during the summer or had had for some time prior to admission. Typhoid and measles came to Alberni Residential School with children from the canneries. Diphtheria was brought to St. Mary's from the nearby Hatzic prairie in 1905. Whooping cough came to the Elizabeth Long Home from Bella Coola with students returning from summer vacation. The Spanish flu of 1918 that hit the residential schools was, of course, part of the pandemic of the post-World War I era. 81

As well, children with tuberculosis were admitted to the schools, despite DIA policy to bar all these cases. The schools had always been used by the DIA as a cheap way to care for orphans. Because there were no sanitarium facilities for Aboriginal patients in the province until the 1940s, children were sometimes sent to the schools so that they could receive some form of treatment there or be admitted to a general hospital with the help of school staff. <sup>32</sup> In December 1934, pupil A.W. came to Lejac suffering from chronic pulmonary tuberculosis. While at Lejac he was kept under observation and seemed to be fairly stable until May the following year, when his condition

started to deteriorate. By June he was dead. <sup>53</sup> The next year, a brother and a sister, both suffering from tuberculosis, came to Lejac from isolated Liard post in northern British Columbia. Since they were orphans they could not be sent home, and, without the possibility of admission to Tranquille sanitarium in Kamloops, the only options available were to keep them in the school or send them to hospital. The priests at Lejac preferred Bulkley Valley General Hospital since it was run by the Sisters of St. Anne. The girl was sent there, where she lived out the rest of her short life in the basement tubercular ward for "Indian" patients. The boy remained in the school, where he was a continual source of infection for the other children. DIA officials disapproved of the situation, especially the high cost of chronic care for the girl at \$2.50 a day. The doctor who examined the boy readily admitted that he should not have been allowed to enter Lejac. Nevertheless, the boy stayed at the school for two years until he died, all the while spreading his disease among the other students. <sup>34</sup>

Nonetheless, many of the children who went to the schools were healthy, but they entered environments that were ideal for the dissemination of disease. At the very moment when health officials were extolling the openair lifestyle of "bush life," Aboriginal children were taken from this environment and placed in schools known for being in ill-repair and overcrowded, where students were sometimes underfed, overworked and abused. 85 Medical officers agreed that conditions at the residential schools had to be improved if the morbidity and mortality rates due to tuberculosis were to be stemmed among the population of young Aboriginal people. Bryce's 1909 report concluded that DIA authorities had to consider every residential school pupil to be a potential tuberculosis sufferer, and adjust conditions accordingly. He recommended the keeping of detailed family and personal health histories of all students, the medical supervision of school infirmaries, the construction of open-air dormitories, the upgrading of food supplies to include more milk and animal products, a general improvement of clothing and bedding, the observance of all sanitary rules by residential school staff and, finally and most contentiously, the acquisition of all residential schools from the churches by Department of Indian Affairs. 86 Deputy Superintendent Duncan Campbell Scott's response was short and to the point: "It will be obvious at once that Dr. Bryce's recommendations while they may be scientific are quite inapplicable to the system under which these schools are conducted."87 Though other medical officers, such as Alberta's Chief Medical Officer Lafferty, endorsed Bryce's report, Scott and his department were largely intransigent on the issue.88

So residential school officials struggled to maintain their schools, and

to feed and clothe the children on limited per capita grants provided by DIA. In 1900, industrial schools received \$130 per student per year and boarding schools received \$60.89 All minor repairs were to be taken from the per capita grant while major renovations were financed by the DIA. This plan, while enabling major overhauls to be completed, occasionally meant that minor repairs were left undone. This seems to have been the case at Kuper Island Industrial School in 1911 when Inspector of Indian Schools A.E. Green reported:

The Department is aware that this is an old building and in some respects not worth any extensive repairs, but the Inspector states that even small repairs are not being attended to. In the laundry there was a broken board in the floor and one of the pupils had her ankle broken by stepping into the hole. There was another hole in the floor near the entrance to the girls' classroom. Minor repairs of this kind should not be neglected. . . . . 90

A year later, after the DIA had undertaken some of the needed repairs, Inspector of Indian Agencies W.E. Ditchburn was able to comment that considerable improvement had been made. An "objectionable odour" had been eliminated by providing water closets for the boys, and the girls' sanitation facilities had been repaired by the addition of an effluent pipe that deposited the waste into the ocean. Still, it was noted that the foundation and sills were rotting.91 In 1923, when A.E. Lett took over the principalship of St. George's School in Lytton, he was scathing about the conditions that had been allowed at the school by his predecessor. He wrote, "Dormitories in bad repair, no cleaning had been done for years evidently. Floors worn out in places. Ventilation poor; beds in poor condition."92 The local DIA physician, Dr. Kydd, argued that the school's conditions posed a health risk to its students: "The health of the children was being injured by the dusty floors, by the ventilation of the dormitories in winter, by the poor underwear of the little ones, by the chill and draft to which they were subjected in the easement and class rooms, especially in late fall and early spring. . . . "93 It took Lett years of lobbying to get the DIA to help pay for the repairs needed at the school.

Given the slowness with which the Department of Indian Affairs dealt with requests for additions, it is not surprising that overcrowding was a constant problem in the residential schools. Each school had a limit on pupils set by the DIA based on the calculated air space of the dormitories. Each pupil, it was believed, required 500 cubic feet of air. But the per capita granting system encouraged school officials to accept as many students as possible in an attempt to get the limit raised and thus generate more income

for the school. As well, the number of students discharged each year meant that if the schools wanted to maintain their levels of funding, excess students had to be admitted. Throughout the first half of the twentieth century, few residential schools operated at less than their limit (Table 3). One observer noted that children and staff at Squamish were "packed like the proverbial sardines." Still, the Roman Catholic Church requested an increase in the number of pupils after changing some partitions between classrooms and dormitories to allow for more sleeping space for the children. C.C. Perry, Indian commissioner for B.C., responded: "The building has often been referred to as a "death-trap" and "fire-trap" and what not. Why increase the number of resident pupils under these conditions? To patch up this old building . . . , laudable as [this] may seem, would be but a make-shift, resulting in less efficiency and larger expense."

Having convinced themselves that residential schooling was not only the most appropriate method of education, but also the safest environment for child-rearing, the churches and the department were faced with a conundrum. Efficiency and cost-cutting could only be achieved at the expense of the children's health. Duncan Campbell Scott felt pestered by the constant demands of the residential schools for more money and more often than not refused to increase the per capita grant. The fundamental question underlying the administration of residential schools in the early twentieth century was put by Father O'Grady of St. Mary's: "How can I provide for these children for whom the government allows nothing?" Given that the churches also provided little, the more appropriate question may have been, "Who does allow for these children?" It is ironic that residential school employees might lecture on their work under titles like "Salvation by

Table 3: Residential School Pupil Numbers, Selected Years

School	Limit	Pupils	Year	
Kuper Island Industrial School	50	60	1905	
Elizabeth Long Memorial Home	20	45	1911	
Alberni Boarding School	90	108	1929	
Ahousat Indian Residential School	41	60	1931	
Squamish Residential School	55	62	1936	
St. Mary's Indian Residential School	160	180	1937	
Lejac Residential School	160	178	1939	
Ahousat Indian Residential School	41	69	1939	
Lejac Residential School	184	192	1945	
Squamish Residential School	68	77	1949	

Sanitation," while it was abundantly clear that the real priorities of both the churches and the government was to care for Aboriginal children only under the cheapest circumstances possible.98

Despite their efforts to raise as much money as possible from the per capita grants, funding was a persistent problem for residential school staff. Financial trouble invariably meant that in addition to neglected repairs, the diet of students deteriorated. A.E. Lett found the students at St. George's anaemic and malnourished upon his arrival in 1923 after the school's funding had been cut. In the two years following the fiscal end in 1919, St. George's expenditures were reduced from \$30,084.66 to \$16,081.23. In a vain attempt to build up the farm, greater percentages of the annual expenditure were invested in it. Despite this effort, poor management resulted in soil depletion, and the foundation of the dairy herd, eighteen head of cattle, had to be destroyed due to tubercular infection. The barn was burned for the same reason. Meanwhile, the percentage of expenditure on the children's basic needs dropped. Money spent on food went from 13.5 percent in 1919 to 9.27 percent in 1922 and was not supplemented by any farm produce; clothing expenditure diminished from 8.6 percent to 2.05 percent (Figure 2).

In other instances, schools with successful farms sold their produce while their students went hungry. School officials at St. Joseph's at Williams Lake responded to departmentally imposed restraint in the early 1890s by selling agricultural and manufactured products at low prices to local settlers. Yet, by the turn of the century, hunger among the students was widespread, prompting some students to run away. In the winter of 1902, a Shuswap boy, Duncan Sticks, fled into the night and froze to death. The inquest that ensued showed that, while the farm was a success, students were given very little to eat and even that was often spoiled. One young woman, who had been a student at St. Joseph's for five years, told the inquest:

I ran away twice from the school, because the Sisters didn't treat me good. They gave me rotten food to eat, and punished me for not eating it. The meat and soup were rotten and tasted so bad they made the girls sick sometimes. I have been sick from eating it. . . . I used to hide the meat in my pocket and throw it away. I told the Sisters to look at the meat as it was rotten, and they said it was not rotten and we must eat it. The sisters did not eat the same kind of food they gave the girls. If we didn't eat our porridge at breakfast, it was given to us for our dinner, and even for supper and we got nothing else until it was eaten. 100

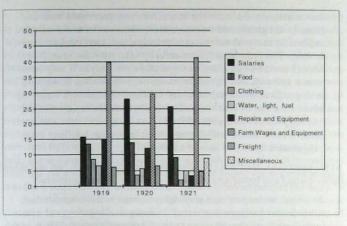


Figure 2: Lytton Industrial School (St. George's), Expenditure in Times of Restraint, 1919–1921

Other students corroborated her testimony<sup>101</sup> The department and the school defended themselves first by invoking the notion that "Indian" children "naturally" chafed at discipline and would run away to escape it, and second by asserting that if the children were hungry it was because they did not ask for more food. A. W. Vowell arrived to investigate some time later and, when he questioned the children, all those who were still in the school retracted their testimonies. Only the two young women who were safely at home with their parents maintained theirs. Clearly, fear in the school and indifference on the part of officialdom had won the day, and the pattern of using agricultural produce to support the schools financially while students suffered remained. 102 By the mid-twentieth century, interior schools achieved financial solvency through agricultural production while their students remained hungry. 103

Additionally, the food that was served to the children was often found to be unfit, insufficient and of substantially lesser quality than that served to staff. At Kitamaat, students ate oatmeal laced with worms, while meals at Kuper Island, Alberni, Alert Bay and Squamish were found to be pitifully meagre. 104 Despite respect for the clergy, some departmental officials voiced their concerns about the residential school diet. Reporting on the school in North Vancouver, Indian Agent Ball wrote:

It is difficult to keep a close check on the food supply as officials

are courteously but none the less effectively prevented from any close investigation and one is naturally desirous of avoiding any unpleasantness with the reverend principal who has been in charge so long. The only meal I have actually seen was one at mid-day which consisted of a piece of bread and a raw carrot. It may have been a fast day, and I have not since been successful in actually seeing a meal on the table. Chief William of Squamish Reserve advised me that he sent his son to the school and in one month [he] lost ten pounds in weight and stated that during this time was not given a bath. The Chief is quite reliable but the boy may have exaggerated about the lack of a bath.

At the same time, staff were fed fresh meat and fish, butter, jam and other better-tasting and better-smelling foods. 106 Mary John remembered:

At school, it was porridge, porridge, porridge, and if it wasn't that, it was boiled barley or beans and thick slices of bread spread with lard. Weeks went by without a taste of meat or fish. Such things as sugar or butter or jam only appeared on our tables on feast days, and sometimes not even then. A few times, I would catch the smell of roasting meat coming from the nuns dining room and I couldn't help myself—I would follow that smell to the very door. Apart from the summers [at home] I believe I was hungry for all seven of the years I was at school. 107

Overwork and corporal punishment, combined with hunger and malnutrition, shaped the bodies of students. Work was a primary part of the residential school experience and was seen by school officials as being an essential element in pupils' re/formation into unskilled labourers. 108 Rather than producing compliant workers, however, the schools taught students that work and cruelty were often combined. 109 As one woman recalled, "I'll never forgive Sister V. I had to do the stairs, great big long stairs, and she was coming down the stairs and she saw this little spot, way in the middle of the hall that I'd missed . . . when I was waxing it. She made me do the whole hall over again. I was crying and scrubbing . . . . We worked hard. It was no easy life."110 Students and other observers could not see the point of much of their labour; they did not get to eat the produce from the farms, cleaning was sporadic and hygiene never maintained. Though the labour of students was essential to the schools, it had little value to the students and more often than not contributed to their ill-health, such as in the Kuper Island student who was dragged from his sick bed to scrub floors only to have a relapse later.111

Children's bodies and psyches were scarred by the beatings administered in schools, a form of punishment that increased in the twentieth century. While extra work was the most common punitive measure before the turn of the century, at Kuper Island, for instance, whippings became more frequent after 1900. One boy, John, was whipped and then placed in solitary confinement when he was caught stealing apples. Running away was punished with beatings ranging from five to ten lashes. Other forms of punishment included public reprimands, kneeling during meals, bread and water diets, and writing lines. 112 St. George's Residential School used shackles to chain runaways who were then marched home while the principal followed in a car. Back at the school, they were chained to their beds as punishment. Stocks were used in the playground. 113 A three-footlong willow switch was used to whip hands at Lejac, while a rubber strap was the disciplinarians' instrument of choice for other parts of the body. 114

Some church leaders condemned the practice but the dominant view was that any complaints about punitive beatings were due to the inability of Aboriginal children to handle discipline rather than to the abusive nature of the methods. However commonplace corporal punishment was in non-Native society at the time, Aboriginal parents found it unconscionable. Parents from Stoney Creek demanded a police investigation into the death of Melanie Quaw who died after a severe beating at Lejac. 115 Other parents spent time in jail rather than send their children back to the school where they had been abused. 116 School officials were quick to point out that corporal punishment was normal and that efforts were taken to make sure that excessive beatings did not happen. 117 Yet in two celebrated deaths involving residential school pupils, it was clear that students would do whatever was necessary to free themselves from the abuse. At Williams Lake, in 1920, eight boys at the Industrial School undertook a suicide pact to avoid punishment. One died. 118 Almost two decades later, four boys ran away from Lejac on New Year's night and froze to death on the slush ice of Fraser Lake. All the boys were ill-clad; one of them had only one shoe. This time a coroner's inquest was undertaken and the verdict demanded that the practice of using "excessive corporal punishment...be curtailed." The coroner also criticized the school for not trying hard enough to find the boys who died during their first night away. 119 These strong recommendations, however, were not followed by any plan to implement them, and there is no evidence to suggest that the school ceased using corporal punishment.

The poor food and shelter, the abuse and the overwork made the bodies of Aboriginal children more susceptible to the communicable diseases that stalked the schools' populations and encouraged complications from relatively harmless diseases. Children suffering from diseases such as

rubella developed bronchopneumonia, tubercular meningitis and other complications. Teachers and nurses complained that many children could not shake off colds and developed persistent coughs. Current studies of bronchial infection in children point to malnutrition, lack of sleep and overcrowded and unsanitary conditions as contributing factors. There is every reason to believe that such conditions in residential schools were at work, heightening the children's susceptibility to disease. 120 As Linnea Battel pointed out, everyone breathed on everyone else. Clearly, residential schools could not preserve the health of Aboriginal children, and the health education they offered must have seemed hollow under the poor conditions that were allowed to prevail in the schools. Rather than enhancing Aboriginal health, the residential schools tended to have a negative impact on the wellbeing of the First Nations. This was true not only for the children in the schools themselves but also for their home communities as ill children were discharged from the schools to die with their families. Too often, these children carried serious infectious diseases home with them.

Each year, scores of residential school children were discharged because they were not expected to live. This strategy had humanitarian and practical motives. It allowed the family to spend some time with the child before s/he died and it meant one less death to be investigated at the school. As well, advanced cases of tuberculosis were sent home to minimize contagion and to avoid arousing suspicion against the schools. Margaret Butcher, at Kitamaat in 1917, explained:

I may mention here that he [a student] has lost weight during the last month & I was glad to have him go. That sounds so heartless but the Indians are so illogical, they do not consider the number of children who are brought through delicacy & sickness to strength & fitness, they only look at & count the children who are sick & "are killed by the Home" & one knows the animosity they show towards the Home at times. Then too there are the other children to consider & if a child shows definite signs of TB he must go. 121

For their part, students sometimes looked with envy upon the children who went home even though they were sick. As Linnea Battel put it: "They were sick and gone. I don't know if they ever died or anything. . . . I just thought they were lucky they were going home." And, of course, not all those discharged died. First Nations elders and historians like Shuswap Aimee August and Nisga'a Harold Wright have been able to preserve the cultural knowledge of their communities because they were allowed to leave school when teachers expected them to die. 123

However welcome such dismissals might have been, they also had a more negative impact on the communities into whose midst these students were sent. In 1919 a smallpox outbreak in the Lillooet and Sto:lo territories was caused by the unsupervised discharge of several pupils who had the disease. One child was taken off the train in Lytton with the rash still out on her. Quarantines were set up on the affected reserves at D'Arcy, Pemberton, Seabird Island and in the Aggasiz area. Fifty-five people were placed in isolation camps, fed on DIA rations and supervised a Dominion Constable MacLeod. Vaccine supplied by the DIA proved defective but the disease was contained. In the course of the investigation, it was revealed that the students at St. Mary's had never been vaccinated against smallpox, even though this was standard procedure at the time. Medical officer Stuart denied that the disease had been spread by the discharging students stating that a quarantine had been in effect, but later admitted that some of the students might have been sent home prematurely. 124

In the case of tuberculosis, it is quite clear that the schools acted as clearing houses for the disease. Bryce knew this to be true as early as 1905, since the schools facilitated the spread of tuberculosis to communities that had been previously untouched by the disease. 125 Doctors on reserves confirmed Bryce's fears, which were shared by Aboriginal leaders at the time. The doctor attending the Hesquiat reserve lamented the death of a former Bishop Christie student from tuberculosis on the reserve in 1935, stating that until that time he had not seen any tuberculosis in that community. 126 Carrier leaders knew that tuberculosis was being spread from the schools to their home communities and demanded that the DIA take action against the contagion. 127 Clearly, the poor conditions of the residential schools contributed to waves of ill-health that spread far beyond the school grounds themselves.

The health of residential school pupils became a particular site of contention between the DIA and the First Nations. Since the DIA had set for the schools the goal of re/forming Aboriginal bodies, both materially and culturally, it was especially vulnerable to reports of death and disease within the schools. The health of students became an Achilles heel in the DIA's educational policy for Native children. Racist notions about Aboriginal bodies provided some protection from attack on this issue, but the failure of the schools to make Aboriginal children healthier ultimately contributed to their demise. While residential school supporters tried to blame Aboriginal children themselves for succumbing so often to disease (for their lack of "mental, moral and physical get-up"), stingy DIA officials grasped the inefficacy of educating children for the grave. 128 A 1902 analysis showed

that across the country a third of industrial school graduates were known to be dead, while an additional third were unaccounted for, in poor health or had "turned out badly." <sup>129</sup> To Duncan Campbell Scott, who became superintendent of Indian education in 1909, the solution was obvious: phase out industrial schools and replace them with cheaper and smaller boarding schools. At least this would reduce the cost of educating children who were only going to die anyway. Still more residential schools were built. But he did tie funding, for the first time, to school conditions, insisting that buildings were to be kept in good repair and sanitary and isolation facilities were to be provided. <sup>130</sup> Within five years of assuming the mantel of superintendent of education, however, Scott cut back boarding school funding and began advocating day schools. <sup>131</sup> Scott's pecuniary concerns outweighed those for the health of students and we have seen the results of financial restraint on residential school conditions.

First Nations spokespeople and parents placed the issue of student health front and centre. While they frequently endorsed the view that their children needed a non-Native education to survive in the changing world around them, in the same breath they condemned the schools for the ideological and material physical restructuring their children underwent while being "educated." First, parents, a few of them graduates of the schools themselves, disputed the notion that Aboriginal children were healthier away from their homes, thus attacking one of the primary arguments for residential schooling put forward by non-Native school supporters. Most often, compliance with the educational initiatives of the DIA and the churches was combined with resistance to residential schooling through the demand to have a school built on reserve, where children could be educated but not controlled in the process. The poor health of pupils was invariably cited as one of the reasons for such demands. For instance, the relatively prosperous Bella Coola band repeatedly offered land from their reserve to the DIA to establish a school there because, they argued, they were afraid to send their children to residential schools, since so many contracted deadly diseases there. 132 At least at day schools, children could return home each night and be cared for and fed by their parents. 133 In petition after petition, Aboriginal parents asserted that it was not they who neglected their children, but the residential schools; it was not their homes that killed their children, but the domestic environment of the schools. 134

If residential school officials were convinced that strict obedience to a rigid routine and material hardship would produce disciplined workers, Aboriginal parents were equally convinced that the bodies of Aboriginal children were not to be starved, beaten or overworked. Chiefs and parents

wrote repeatedly to departmental officials that "it [was] just not right" to jeopardize their children's health to cut costs or maximize farm profits. 135 Beatings were unconscionable and parents endured jail sentences to protect their children from further abuse, such as in the case of the Sto:lo parents who were jailed in 1900 for keeping their daughter away from Coqualeetza where she had been whipped. 136 As well, Aboriginal parents challenged the dichotomy between tradition and health constructed by the Eurocentric culture of the missionaries and others by supplying the schools with indigenous foods and arguing that the children's health would be enhanced by their consumption since these were the foods they were used to. Here again, parents showed that they were willing to take responsibility for the care of their children, blatantly contradicting DIA and missionary rhetoric. Parents donated or sold fish to the schools at Kuper Island, Kitamaat and Mission. 137

Parents and children were, of course, willing to undertake even more drastic measures to protect themselves from starvation and abuse. Children stole food when they had the chance, ran away, fought back and even committed suicide in order to assert control over their bodies. 138 Communities withheld their children from schools they thought were injurious to them, and, in their communications with the DIA, subverted the discourse of inadequate parenting that pervaded the arguments in favour of the schools. by asserting that they, as parents, were always willing to help the schools provide for their children. 139 Though their resistances were always constrained by the hegemonic forces of colonization, they could be, nonetheless, effective, as in the case of the Haisla protest against the Elizabeth Long Home in 1922. Parents withdrew their children from the school when yet another daughter of the village died after being in the school. They met with the Indian agent, Iver Fougner, and the RCMP constable from Ocean Falls on 3 June; several people spoke of their children who had died or had become seriously ill at the home. Councillors reported that they knew they could not close the school on their own but were successful in getting the matron to sign an agreement to "see that the children got all the food they wanted, that they would be well cared for, and be supplied with sufficient clothing," before they returned their children to the institute. Within the week, the children were back at school, but the conditions, the food and the conduct of the teachers all came under the intense, if sympathetic, scrutiny of the RCMP. Significantly, the RCMP constable did not question the Haisla's commitment to parenting, nor their ability to provide for their children. He even got the school's matron to concede that the parents would be allowed to inspect the food their children were receiving. 140

Finally, communities sought to heal the physical wounds incurred at the schools as they reintegrated former students. Local healers, who had not attended the schools and were quite often very opposed to them, treated conditions as diverse as head lice and tuberculosis using indigenous methods and defying official views that "it is a well-known fact that Indians are poor nurses." [4]

All students had adjustments to make, languages to relearn and skills to acquire to ready themselves for full participation in their home communities. In many cases, students had learned to re-vision their own bodies, to see them as sites of sinfulness rather than beauty. Former students struggled with their sexuality both as the long-term result of an anti-body Christian education and, more traumatically, of sexual abuse. <sup>142</sup> For some, reintegration was not possible, and significantly, these graduates are described as being cross-cultural zombies, empty bodies moving across a landscape of which they cannot quite be a part. Much work has already been done on the negative impact the residential schools had on survival, communication and parenting skills, self-esteem and emotional health among former students. <sup>143</sup> One of Marius Barbeau's Gitksan teachers, Wimenok, described in terms of physical distance, the cultural dislocation experienced by residential school graduates. As he put it in 1920, "They stand apart from us, when they are educated, they stand far off." <sup>144</sup>

Residential schools were founded upon the principle that Aboriginal children needed to be removed from their homes in order to be re-formed into assimilated citizens. Well into the twentieth century, church and government officials contended that Native homes were retrograde and unhealthy, so they saw themselves as the only appropriate models of parental authority and care for Aboriginal children. They promised that through health education, they would refashion Aboriginal bodies and minds so that they would be able to survive in communities where sanitary facilities were often lacking, where access to Indigenous food sources was becoming increasingly restricted and where tuberculosis stalked the young and the old alike. Because medical authorities at the time tended to blame the First Nations themselves for such conditions and for the ensuing state of ill-health, it was logical that ameliorating this situation would require not systemic changes in the relationship between the First Nations, the Canadian state and settler populations but deep-seated changes in the nature of Aboriginal physicality itself.

The bodies of Aboriginal children were indeed transformed by the residential school experience. But the residential schools did not produce robust workers, as they had promised, but rather weakened children and adolescents. Waves of communicable diseases and endemic tuberculosis

found easy prey among the overworked, underfed and abused students. "Graduates" frequently convocated not to the waiting world of agricultural labour, but to the sanitarium, the hospital and the grave. Those who survived the experience did so embodying competing and contradictory notions of their physical selves. For some, reintegration into their home communities allowed former students to find strength and achieve wellness once again; others, however, would be deeply scarred. 145 The physical impact of residential schooling, the high morbidity and mortality rates of the schools, has never been a secret and yet has remained obscured even in our most recent discussions of residential schooling. 146 Yet the health of residential school pupils was a significant point of contention between the Department of Indian Affairs and the First Nations in British Columbia. Those high morbidity and mortality rates showed irrefutably that the Canadian state and the Christian churches could not provide better care for Aboriginal children than their own communities and proved the worthlessness of their promises to do so. For their part, Aboriginal leaders and parents found a significant rallying point around which to organize to assert their roles as care-givers to Aboriginal youth, to dispute the re-conceptualization of Aboriginal bodies under colonization and to force school administrators to hear their demands for improved conditions in the schools. Clearly, residential schooling had a significant impact on British Columbian Aboriginal health and Aboriginal politics in the first half of the twentieth century.

## Notes

- 1 The literature in this area is vast. See, for example, M.B. Katz and P.H. Mattingly, eds., Education and Social Change: Themes from Ontario's Past (New York: 1975); S. Bowles and H. Gintis, Schooling in Capitalist America (New York: 1976); Alison Prentice, The School Promoters: Education and Social Class in Mid-Nineteenth Century Upper Canada (Toronto: 1977); Stephen Schecter, "Capitalism, Class and Educational Reform in Canada," in The Canadian State: Political Economy and Political Power, ed. Leo Panitch, pp. 373-416 (Toronto: 1977); Susan Houston, "Politics, Schools and Social Change in Upper Canada," in Pre-Industrial Canada, 1760-1849, ed. Michael S. Cross and Gregory S. Kealey, pp. 161-188 (Toronto: 1982); Pavla Miller and Ian Davey, "The Common Denominator: Schooling the People," in Constructing a Culture: A People's History of Australia since 1788, ed. Verity Burgmann and Jenny Lee, pp. 18-35 (Fitzroy: Austrial, 1988); Jean Barman, Growing Up in British Columbia: Boys in Private School (Vancouver, 1984); Jean Barman, "The World That British Settlers Made: Class, Ethnicity and Private Education in the Okanagan Valley," in British Columbia: Historical Essays, ed. W. Peter Ward and Robert A.J. McDonald, pp. 600-26 (Vancouver, 1981).
- 2 P.G. Albach and G.P. Kelly, eds., Education and the Colonial Experience (New York: Longman, 1978).

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