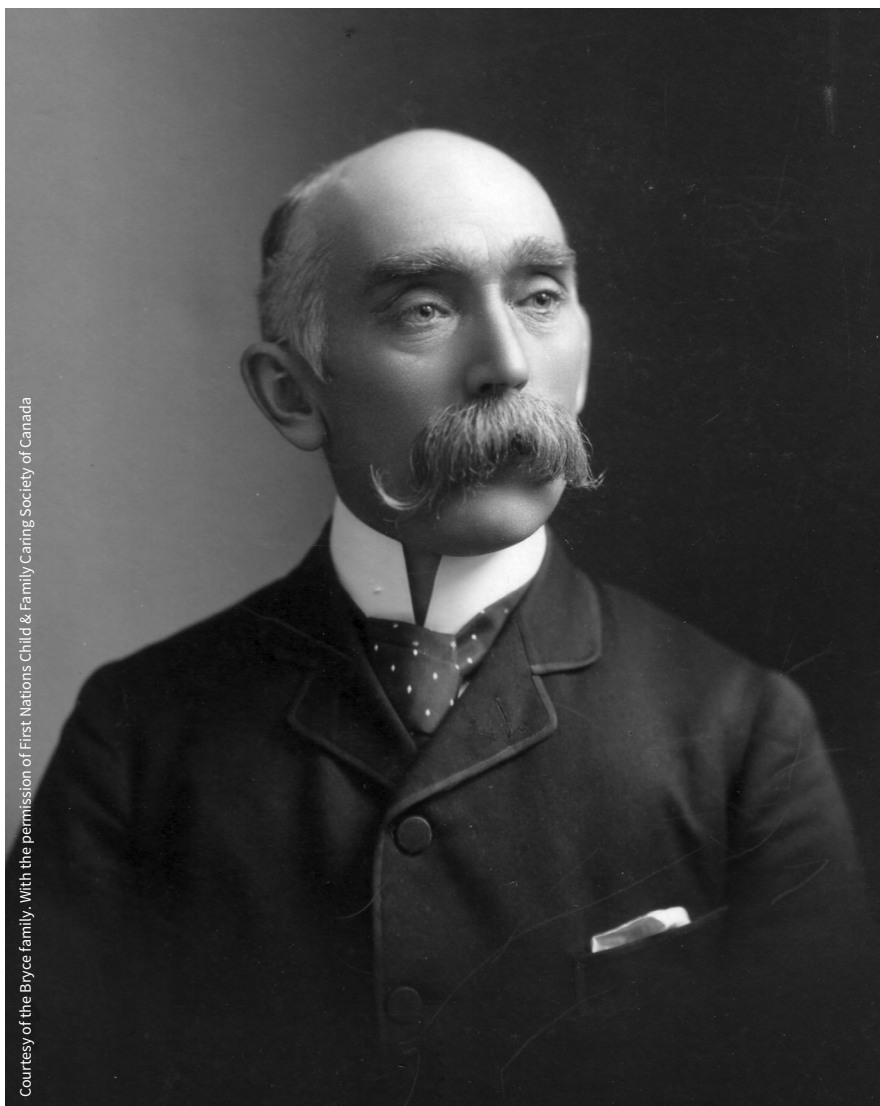


Dr. Peter Bryce (1853–1932): whistleblower on residential schools

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In September of 2019, the Canadian Human Rights Tribunal (CHRT) reached a landmark decision when it found that 40 000 to 80 000 First Nations children were deprived of public services and wrongfully removed from their families between 2006 and 2017. Accordingly, the CHRT found that the federal government’s “willful” and “reckless” discrimination meant that Canada must pay \$40 000 to each victim of its discriminatory conduct. (In this legal context, these are children who were taken owing to structural inequities and it should be noted that this ruling is not inclusive to children who faced physical, psychological or sexual forms of abuse.) Alanis Obomsawin’s National Film Board documentary — titled *We Can’t Make the Same Mistake Twice* (2016) — chronicled in detail the long legal battle that prefigured the 2019 Tribunal decision. Although debates about whether First Nations children ought to have equitable public services should never have been necessary in the first place, the CHRT ruling should have been the end of it; however, in early October, Prime Minister Justin Trudeau announced his decision to appeal the CHRT finding. To try and make sense of this disturbing development, we found ourselves beckoning back to the story of Dr. Peter Hendersen Bryce.

Peter Hendersen Bryce became the first Chief Medical Officer of the Department of the Interior in 1904. This was 20 years after Sir John A. MacDonald made First Nations children official wards of the state with an 1884 amendment to the *Indian Act* that mandated residential and day school attendance as compulsory for Indian children who had attained the age of seven years. Bryce was therefore responsible for the health of Indigenous children in the schools.



Courtesy of the Bryce family. With the permission of First Nations Child & Family Care Society of Canada

Dr. Peter Henderson Bryce (1899).

Upon taking the job, Bryce began (in his words) the “systematic collection of health statistics of the several hundred Indian bands scattered over Canada.”¹ In 1907, Bryce released a report drawing attention to the fact that, according to his surveys, roughly one-quarter of all Indigenous chil-

dren attending residential schools had died from tuberculosis: “of a total of 1537 pupils reported upon nearly 25 per cent are dead, of one school with an absolutely accurate statement, 69 per cent of ex-pupils are dead, and that everywhere the almost invariable cause of death given is tuberculosis.”^{2,3}

Bryce's report named poor ventilation and poor standards of care from school officials as the primary cause of deaths as opposed to the racial susceptibility hypothesis rather popular at the time. Put simply, Bryce "exposed the genocidal practices of government-sanctioned residential schools, where healthy Indigenous children were purposefully exposed to children infected with TB, spreading the disease through the school population."^{4,5} Importantly, it was not only the Canadian government but the broader population that learned of Bryce's report; for example, on Nov. 15, 1907, *The Evening Citizen* (an earlier edition of the *The Ottawa Citizen*) ran a front-page story with the headline "Schools Aid White Plague — Startling Death Rolls Revealed Among Indians — Absolute Inattention to the Bare Necessities of Health."⁶

As Mary-Ellen Kelm explained, Bryce then "called for a major overhaul in the system of residential schooling, demanding that each student be considered a potential tuberculosis case and be treated accordingly."⁷ Importantly, Bryce noted that the health care funding granted to citizens in Ottawa alone was about three times higher than that allocated to First Nations people in all of Canada.⁸ However, when Duncan Campbell Scott became Deputy Superintendent General of Indian Affairs in 1913, he informed Bryce that his annual medical reports on tuberculosis in residential schools were no longer necessary given that the information was costly to produce and the department had no intention of acting upon it.⁹ Bryce's funding for research was thereafter cut and his presentations at academic conferences heavily interfered with by Scott.¹⁰ Not the type to be silenced, Bryce arranged for a publisher (James Hope and Sons Limited) to print a short pamphlet that was sold for 35 cents a copy. It was titled *The Story of a National Crime* and it detailed the struggles of a medical officer hamstrung by a draconian Duncan Campbell Scott. In the pamphlet, Bryce included passages from departmental letters he had written during his tenure as the Chief Medical Officer. One particularly damning example was as follows:

It is now over 9 months since these occurrences and I have not received a single communication with reference to carrying out the suggestions of our report... In this particular matter, [D.C. Scott] is counting upon the ignorance and indifference of the public to the fate of the Indians; but with the awakening of the health conscience of the people, we are now seeing on every hand, I feel certain that serious trouble will come out of departmental inertia, and I am not personally disposed to have any blame fall upon me.¹¹

Thus, although Bryce's words do betray a slight self-interest, he lamented the indifference of Canadians to the medical wellness of First Nations children and underscored the extent to which the mass apprehension of Indigenous children was not merely a cultural but a biological genocide. He also risked his professional career to do so.

Peter Hendersen Bryce stands as a hallmark of the moral conviction and courage it requires to enact the Hippocratic Oath and to transition reconciliation from an ideology to a reality. The example of Bryce is, sadly, a stark reminder that First Nations children in Canada have seen the worst. The decision of Prime Minister Trudeau to appeal the CHRT ruling shows us that the federal government is making the same mistake twice and continuing to count on the indifference of the Canadian public to the well-being of First Nations children. In addition, the failure of the federal government to promptly deliver financial compensation to the families victimized by the mass apprehension of Indigenous children will cause further delays to the delivery of much-needed services. As one of us stated before the CHRT in January of 2017, "when the federal government is presented with concrete credible solutions to support and rescue Indigenous children at risk, the current bureaucracy will not or cannot respond and children are dying as a result."¹²

By beckoning back to the example of Dr. Peter Hendersen Bryce, we mean to sound another alarm and call on historians of medicine, legal advocates and medical practitioners across Canada to denounce this decision of the Liberal government and to demand the best for First Nations children. We must speak in concert to stop Canada from making the same mistake twice.

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