Colonial tuberculosis legacies and the Dynevor Indian Hospital (1908–1934)

Cite as: *CMAJ* 2023 February 21;195:E278-80. doi: 10.1503/cmaj.221284

Tuberculosis (TB) remains a legacy of colonialism in Canada; far higher rates persist among First Nations and Inuit people than non-Indigenous, Canadian-born individuals.[1] The roots of this disparity lie in historical governmental policies, which extend to the institutionalization of Indigenous children in residential schools and, when these children became ill, hospitals. Analysis of residential school records and related correspondence, as well as survivor testimony of former students gathered by the Truth and Reconciliation Commission, reveal the extent of the trauma, hunger and malnutrition experienced.[2] However, the effects, including high morbidity and mortality resulting from tuberculosis, have been only partially accounted for, as children were transferred from schools to hospitals when they became ill, and many disappeared from school records.[3] Studies of the Indian Hospital System in the late-19th and early- to mid-20th century can improve our understanding of Canada's institutional approach to Indigenous people.[4,5] We discuss historical data (1908–1934) on the catchment area and patient demographics of a facility in southern Manitoba that assumed an important role in managing Indigenous patients with TB.

The Dynevor Indian Hospital (Figure 1), located three miles from Selkirk, Manitoba, is perhaps best known for being Canada's first TB hospital exclusively for Indigenous people. Established in 1939, the building was purchased by the Federal Department of Indian Affairs and operated on Ottawa's behalf by the Sanatorium Board of Manitoba.[4] This event marked the start of an era of direct federal intervention on TB among Indigenous people in Canada through the acquisition and conversion of already existing facilities.[6] By the time of its purchase, the Dynevor building had already served as an Indian Hospital for 43 years, with a comprehensive set of infirmary records preserved from 1908 to 1934. The infirmary records of Dynevor Indian Hospital document the arrival of Indigenous patients with a range of health conditions from 43 locations, including residential schools (Appendix 1, available at www.cmaj.ca/lookup/doi/10.1503/cmaj.221284/tab-related-content).[7] Dynevor's catchment area was expansive, covering much of southern Manitoba and into northwestern Ontario (Figure 2). The largest number of patients came from the local First Nations community of St. Peters and the Peguis reserve in the Interlake region. Peguis was settled by members of St. Peters who had been forced to relocate after an illegal land purchase by the federal government in 1907.[8]

Residential schools transferring children to Dynevor included Cecilia Jeffrey (Ontario) and Birtle, Brandon and Elkhorn (Manitoba). As an Anglican institution, Dynevor Hospital accepted transfers from surrounding Protestant schools. The 3 Manitoba schools appear in the critical 1907 inspection report of Department of Indian Affairs chief medical officer Peter Bryce[9]; all 3 had students suffering from TB. Moreover, Bryce found that for schools established between 1888 and 1905, a period during which all 4 schools were operational, between 24% and 42% of former students had died of TB.[9] In 1925, W.M. Graham, Indian commissioner, wrote to the superintendent general of Indian Affairs, stating, "I quite often hear from the Indians, that they do not want to send their children to school as it is a place where they are sent to die."[10]

Conditions did not improve throughout this time or afterward — an observation supported by Dynevor records that showed students with TB being transferred directly from the 4 identified schools to the hospital between 1930

Figure 1: Dynevor Indian Hospital photographed in 1937 (Photo used with permission of the Manitoba Archives).

and 1934. One 13-year-old boy from the Brandon School spent 245 days in hospital before dying of TB.

Even in the years before Dynevor officially became a TB-dedicated hospital, a common reason for admission was TB and its sequelae, which accounted for 470 of a total of 2536 recorded admissions for all diagnoses (Appendix 1). The true incidence of TB among patients at Dynevor is likely higher, as this figure does not count unspecified "glandular" operations and pulmonary conditions. A dedicated TB wing was built in 1916, with 20 beds. The relative number of males and females who received a diagnosis of TB was similar (males = 223; females = 246, unknown = 1), but the age distribution of patients with TB shows a striking pattern. Most (62.1%) of the 470 patients with TB admitted to Dynevor between 1908 and 1934 were children and youth younger than 20 years. Of all admitted patients with TB, 23% died in hospital; 72% of these deaths were children and youth younger than 20 years.

Dynevor records confirmed only 9 residential school transfers between 1908 and 1934, which is far fewer than one would expect from Bryce's prevalence estimate. What happened to those missing children is an important question that remains to be answered fully. For example, a case study of a family's search for 3 sisters from Cross Lake, Manitoba, who never returned from residential schools found that all 3 had died of TB in the 1940s. Two of the children had died in Indian Hospitals and 1 in a mental hospital, having been transferred directly there from her residential school at the age of 15 for what was described as a "mental breakdown."[11]

Tuberculosis increased across Canada throughout the 1930s. Dr. David Stewart from Manitoba, in his 1936 *Canadian Medical Association Journal* publication, "The Red Man and the White Plague," noted that "over 30% of the total deaths from tuberculosis occur among the Indians, who comprise less than 3% of the total population."[12] Stewart also rightly placed the blame (and therefore the remedy) on the federal government, stating, "Not only do we owe the Indian this fair treatment because we took and occupied his country, but especially because we brought him the disease, tuberculosis, and so should help him to fight it."[12] However, with an administration indifferent to Indigenous suffering, it was Stewart's reframing of the issue as "such tuberculosis-soaked groups as the Indians, mingling with the general population in the western provinces, constitute a very great menace to the health and life of the people in general"[12] that drew attention to its urgency. A joint federal and provincial TB conference involving the Department of Indian Affairs and the Canadian Tuberculosis Association was held in Ottawa in June 1937, a result of which was allocating $50 000 to tackle TB in Manitoba.[6] A portion of these funds was used to purchase the Dynevor Indian Hospital, which was struggling financially by 1939.

Our foray into patient records predating Dynevor's federal repurposing as a TB hospital for Indigenous people crystallizes a story of government failure to adequately address an ongoing and devastating TB health crisis rooted in colonialism, which was first laid out in examinations of residential school records and inspection reports. Dynevor mirrored a residential school strategy with patients with TB — mostly children — institutionalized far from home communities in another denominational facility, perpetuating severed relationships with families, cultures and languages.[13] Justification for the establishment of TB hospitals for Indigenous people reframed these individuals as sites of contagion from which settler communities required protection.

We are settler historical health researchers, and direction for further work with the Dynevor records will be informed through partnerships being developed with Indigenous stakeholders. The records have the potential to further elucidate the traumas caused by colonial institutions and access to health care. These traumas, with reflections in contemporary policy and practice, continue to have inequitable consequences for Indigenous people in Canada.[5,14,15]

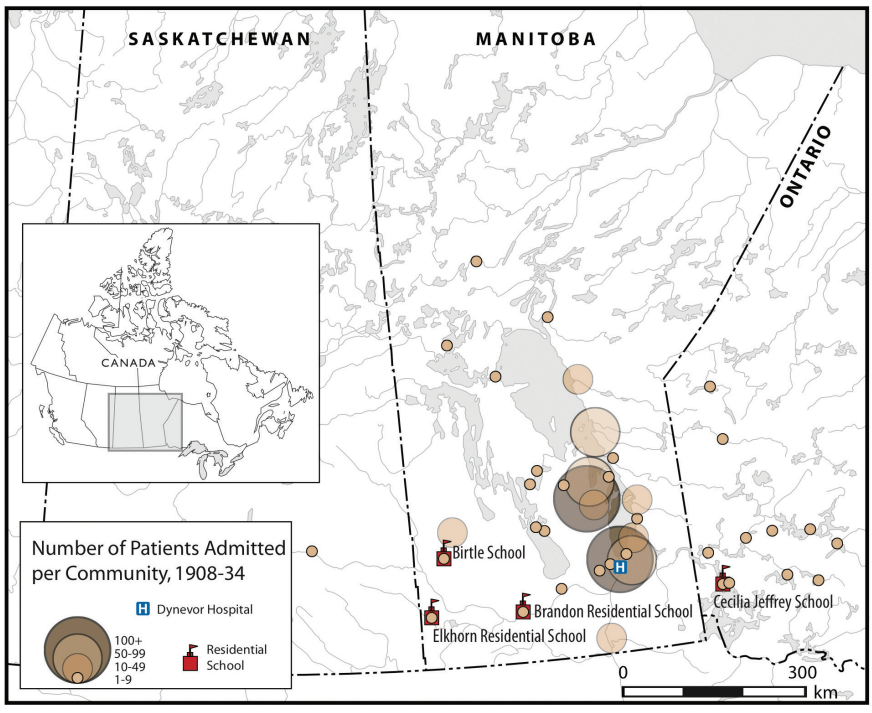

Figure 2: Geographic distribution of inpatient origins at Dynevor (1908–34).

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This article has been peer reviewed.

Competing interests: None declared.