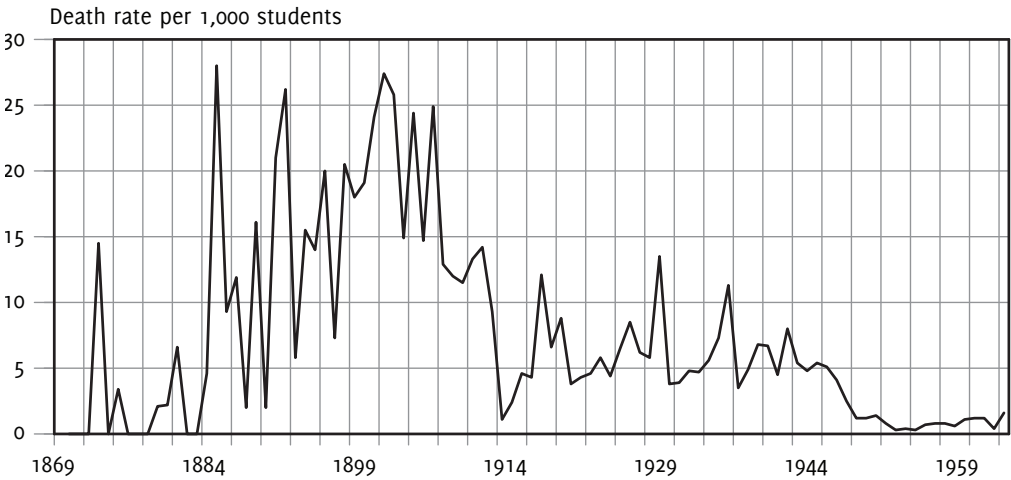


Graph 3

Residential school death rates for 1,000 students, Named and Unnamed registers combined, 1869 to 1965



Source: Rosenthal, "Statistical Analysis of Deaths," 11.

rates were much lower than their historic highs, they were still double those of the general school-aged population.

In nearly 50% of the cases (both in the Named and Unnamed registers), there is no recorded cause of death. From those cases where the cause of death was reported, it is clear that until the 1950s, the schools were the sites of an ongoing tuberculosis crisis. Tuberculosis accounted for just less than 50% of the recorded deaths (46.2% for the Named Register, and 47% for the Named and Unnamed registers combined). The tuberculosis death rate remained high until the 1950s: its decline coincides with the introduction of effective drug treatment. The next most frequently recorded causes of death were influenza (9.2% on the Named Register, and 9.1% of the deaths on the combined Named and Unnamed registers), pneumonia (6.9% on the Named Register, and 9.1% of the deaths on the combined Named and Unnamed registers), and general lung disease (3.4% on the Named Register, and 5.5% of the deaths on the combined Named and Unnamed registers). Graph 5 shows the residential school tuberculosis death rate (figures are based on information in the combined Named and Unnamed registers).

The tuberculosis health crisis in the schools was part of a broader Aboriginal health crisis that was set in motion by colonial policies that separated Aboriginal people from their land, thereby disrupting their economies and their food supplies. This crisis was particularly intense on the Canadian Prairies. Numerous federal government policies contributed to the undermining of Aboriginal health. During a period of starvation, rations were withheld from bands in an effort to force them to abandon the lands that they had