the Red Deer school in 1901 were not implemented.[371] There were also reports of inadequate isolation facilities at the Regina school (1901), the Anglican school in Onion Lake, Saskatchewan (1921), the Mission, British Columbia, school (1924), and the Muncey, Ontario, school (1935).[372] When diphtheria broke out at Duck Lake, Saskatchewan, in 1909, the nine students who fell ill were placed in a "large isolated house."[373]

Even though the 1910 contract required all schools to have hospital accommodation to prevent the spread of infectious disease, many schools continued to be without a proper infirmary. The 1918 global influenza epidemic left four children dead at the Red Deer, Alberta, school. When the influenza epidemic subsided, Principal J. F. Woodsworth complained to Indian Affairs, "For sickness, conditions at this school are nothing less than criminal. We have no isolation ward and no hospital equipment of any kind."[374] The Roman Catholic principals petitioned the federal government for the establishment of sick rooms, under the supervision of a competent nurse, at each school in 1924. At the same time, they objected to the sanitary inspection of the schools by government-appointed nurses, since they recommended changes "leading to the transformation of our schools into hospitals or sanatoriums."[375] There were also regular reports that schools could not afford to hire needed nursing staff.[376] Indian Affairs officials continued to be critical of the quality of care provided by school infirmaries at the end of the 1950s.[377] Complaints from principals make it clear that into the late 1960s, there were still severe limitations on the range of health services being provided to residential school students.[378]

General Aboriginal health care was never a priority for the Canadian government. Tuberculosis among Aboriginal people largely was ignored unless it threatened the general Canadian population.[379] In 1937, Dr. H. W. McGill, the director of Indian Affairs, sent out an instruction that Indian health-care services "must be restricted to those required for the safety of limb, life or essential function." Hospital care was to be limited, spending on drugs was cut in half, and sanatoria and hospital treatment for chronic tuberculosis were eliminated.[380]

The high death rates led many parents to refuse to send their children to residential school. In 1897, Kah-pah-pah-mah-am-wa-ko-we-ko-chin (also known as Tom) was deposed from his position as a headman of the White Bear Reserve in what is now Saskatchewan for his vocal opposition to residential schools. In making his case for a school on the reserve, he pointed to the death rate at the Qu'Appelle industrial school, adding, "Our children are not strong. Many of them are sick most of the time, many of the children sent from this Reserve to the Schools have died.[381]

Death casts a long shadow over many residential school memories. Louise Moine attended the Qu'Appelle school in the early twentieth century. She recalled one year when tuberculosis was "on the rampage in that school. There was a death every month on the girls' side and some of the boys went also."[382] Of his years at the Roman Catholic school in Onion Lake, Joseph Dion recalled, "My schoolmates and I were not long in concluding that the lung sickness was fatal, hence as soon as we saw or heard of someone spitting