

**American Osler Society
John P. McGovern Award Lectureship
2019**

*The Medical Philosophy of William Osler and the Health Reality of
Indigenous People: A Reflection on Truth, Health and Reconciliation*

by

Marie Wilson, B.A., M.A., LLD (honoris causa), C.M., O.NWT., M.S.C.





John P. McGovern, M.D.

Through the generosity of the John P. McGovern Foundation to the American Osler Society, the John P. McGovern Award Lectureship was established in 1986. The lectureship makes possible an annual presentation of a paper dedicated to the general areas of Sir William Osler's interests in the interface between the humanities and the sciences – in particular, medicine, literature, philosophy and history. The lectureship is awarded to a leader of wide reputation who is selected by a special committee of the Society; it is especially significant in that it also stands as a commemoration of Doctor McGovern's own long-standing interest in and contributions to Osleriana.

On the cover - The John P. McGovern Award Lectureship commemorative medal which is presented to each annual lecturer.

The 34th John P. McGovern Award Lecture

The Medical Philosophy of William Osler and the Health Reality of Indigenous people: A Reflection on Truth, Health, and Reconciliation

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Marie Wilson, B.A., M.A., LL.D (honoris causa), C.M., O.N.W.T., M.S.C.
Commissioner, TRC of Canada, 2009-2015

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Marie Wilson, B.A., M.A., LLD (honoris causa), C.M., O.NWT., M.S.C.

Marie Wilson, a Commissioner of the Truth and Reconciliation Commission of Canada (2009-2015), has been an award-winning journalist, trainer, federal and territorial executive manager, high-school teacher in Africa, university lecturer, and consultant. Fluent in French and English, she is a prominent public speaker throughout Canada and internationally on the successes and challenges of advancing reconciliation. She has served as Professor of Practice at McGill University's Institute for the Study of International Development (2016), a Mentor for the Pierre Elliott Trudeau Foundation, and as a member of several prominent boards in Canada, including the Rideau Hall Foundation and the national public broadcaster, CBC-Radio-Canada. Dr. Wilson holds several honorary degrees and professional awards, and is the recipient of the Order of the Northwest Territories, the Order of Canada, and the Meritorious Service Cross.

Dedication

For my beloved husband, Stephen, and our children and grandchildren.

And for all the other children known as survivors and intergenerational survivors of Canada's residential school system. Slowly but surely, your courage, resilience and examples are restoring families, teaching a nation, and reorienting a country.

Acknowledgments

Although I am neither a medical doctor nor a medical practitioner of any sort, from 2009 to 2015 I was actively involved in the broad work of healing as one of the three Commissioners of the Truth and Reconciliation Commission of Canada—the TRC.

I thankfully accept your tremendous recognition of that work by honouring me with the 2019 John P. McGovern Award Lectureship. It is a further privilege to receive it under the prestigious banner of the American Osler Society, which Dr. McGovern co-founded in the name of his own medical hero – the name at the heart of the Society – the great Canadian medical doctor, Sir William Osler.

I specifically acknowledge and thank the McGovern Lecture selection committee, and Dr. Laurel Drevlow as committee Chair, for this great honour. I also offer a special thank you to the local organizing committee, and especially to Dr. Rolando Del Maestro, himself a former Award winner. Rolly and his wife Pam are my lifelong friends. They heard about many aspects of my TRC work while it was unfolding, and on several occasions, in the spirit of Dr. Osler himself, provided me with practical comfort, emotional care, and uplifting laughter as relief from exhausting and often devastating demands.

Further, through Dr. Del Maestro's role as Honorary Osler Librarian, I have become better aware of the noble purpose of the Osler Library in recording the history of medicine, and mindful of the continuing efforts towards the restored Osler Library in the aftermath of its recent tragic fire. Typically, medical school training and medical libraries have not included any of the information at the heart of this 2019 McGovern lecture. I am hopeful that this published version of my lecture, dealing with the broad history and health impacts of more than a century of "Indian residential schools" in Canada, may serve in part to fill in any gaps or omissions for aspiring medical students, researchers, and practitioners. In that spirit, I have been pleased to also contribute to the Osler Library a copy of the summary report¹ of the Truth and Reconciliation Commission of Canada, upon which this lecture is primarily based. The report is called *Honouring the Truth; Reconciling for The Future*. It was my honour to present it in person to Dr. Del Maestro on the day of my lecture, May 13, 2019. May it serve as a lasting contribution to the Osler Library's mandate to create, expand, and disseminate knowledge.

¹ This and all Truth and Reconciliation Commission (TRC) reports are in the public domain. They are available for downloading through the website of the National Centre for Truth and Reconciliation, NCTR, Winnipeg, Manitoba, Canada <https://nctr.ca/records/reports/>.

“I killed my daughter with suicide.” It was such a stark, devastating confession, and one of the most gripping sentences I have ever heard. It was uttered publicly by a sobbing mother in a whisper-quiet room.

Almost seven thousand others also broke through their pain to speak to the historic Truth and Reconciliation Commission of Canada – the TRC – between 2009 and 2015. In so doing, they revealed previously hidden parts of Canada’s own national history, with its devastating effects on the health and wellbeing of individuals, families, communities, and the country as a whole.

Against that backdrop, the title of this 2019 John P. McGovern Award Lecture is intentionally ironic, and therefore aspirational:

***The Medical Philosophy of William Osler and the Health Reality of Indigenous People:
A Reflection on Truth, Health, and Reconciliation***

I say the title is aspirational, but it is also urgent, because for a particular demographic within our society there is a huge gap between the way things should be in the medical worldview of Dr. William Osler, and the way things are in the real world of Indigenous communities within Canada.

As we learned over the course of our six-and-a-half-year Commission, much of that reality today is because of the enduring legacy of almost one hundred and fifty years of forced residential schooling for Indigenous children. Today, Indigenous peoples are living in disproportionate hardship, and dying in disproportionate numbers.

Addressing that gap is the challenge, and not just in Canada. Glaring gaps exist between the realities of Indigenous and non-Indigenous citizens in several other countries of the world, including the United States and Australia. We all have a role to play in that big work of reconciliation and redress.

But how did Canada come to have a Truth and Reconciliation Commission in the first place, and what was the nature of the TRC’s work? What are the policy and operational implications for health and for the medical profession addressed within the TRC’s conclusions? And what are some of the lessons learned along the way about the healing powers of Indigenous cultural reclamation, identity, truth, and reconciliation? Such guiding questions may help medical practitioners, academics, researchers, and policy makers as each of us is challenged to consider and find our place in that ongoing national and international work of reconciliation.

When the school is on the reserve the child lives with its parents who are savages; he is surrounded by savages, and though he may learn to read and write his habits and training and mode of thought are Indian. He is simply a savage who can read and write. . . . Indian children should be withdrawn as much as possible from the parental influence, and the only way to do that would be to put them in central training industrial schools where they will acquire the habits and modes of thought of white men (Canada, Parliament 1107-8).

I expect these words would have appalled Sir William Osler. In fact, they were uttered by another knighted Canadian, Sir John A. Macdonald, the very first Prime Minister of Canada. In a medical context, might we re-read Macdonald's words, metaphorically speaking, as the first legally-sanctioned introduction of cosmetic surgery in this country? It is a policy position articulated at the highest levels of government, not to nip and tuck on the surface of any one person, but rather, to fundamentally reconfigure and transform the very nature of an entire people – the First Peoples of this continent.

The Prime Minister's words, spoken in the House of Commons of the Canadian parliament in 1883, set in motion the changing of laws to make his vision for assimilation possible, and the lining up of partners to make it all work: Indian agents, the Royal Canadian Mounted Police (Canada's national police force), and the national churches. Canada outlawed sacred Indigenous ceremonies and practices, including drums, songs and prayers. Canada took away the Indigenous right to vote, which was not returned until 1960. Canada took away freedoms, including the freedom of movement, with a "pass" system requiring prior written permission from an Indian agent. Canada took away from Indigenous parents the right to raise their own children, with the imposition of mandatory residential schools that removed them from their homes and cultures. Canada contracted with missionary societies and churches to run the schools, because it would cost the government less than to hire trained teachers. These church-run schools would serve to Christianize and civilize the perceived inferior race, imposing English and French on children who spoke neither, all while easing the expansion of the Dominion of Canada. The government calculated that "Indian" uprisings would be less likely if their children were wards in the hands of Canada and its churches. Further, the multi-generational removal of children from their families and communities would serve to halt the transfer of cultural knowledge and put an end to "the Indian problem." After all, in many cases the children would go home no longer able to communicate with their own parents or grandparents in their own Indigenous languages.

Based on a specially commissioned study called the Davin Report (Davin, 1879), these residential schools were to be modelled on the American Carlisle Indian Industrial School in Pennsylvania, USA, more in line with a reform school than an educational institution. We now know how poorly that turned out. Almost from the beginning there were concerns about the standards of the facilities and the health of the children due to poor sanitation, insufficient and poor-quality food and clothing, overcrowding, fire hazards, and epidemics of diseases such as influenza and tuberculosis. Death rates were extreme, and well beyond national averages. Schools were understaffed by unqualified church employees who were largely unsupervised and unsanctioned, allowing severe discipline and widespread abuses of all kinds. There were many attempted runaways, and many related child deaths from exposure. Many others died in school fires due to condemned buildings, locked doors, and faulty fire escapes. Deaths were poorly recorded, and gravesites, which the children themselves sometimes had to help dig, were poorly marked.²

² For more on these and other examples, see *Canada's Residential Schools: The History*, Volume 1 of *The Final Report of the Truth and Reconciliation Commission of Canada*.

More than a century ago, in the early 1900s, the federal government's senior health official, Dr. Peter Bryce, sounded the alarm. He wrote a report about the conditions at several residential schools he had inspected, and described their conditions as a "National Crime (Bryce, 1922)." It was a thankless report; he was removed from his office. The government continued to turn a blind eye to the health of children in its care, and continued its residential school policy until the last schools were closed almost a hundred years later, in 1996.

Not all medical people were as committed or as concerned as Dr. Bryce. Medical professionals conducted forced sterilizations and starvation experiments on some of the students. Although there were infirmaries in most of the schools, some of them were no safer than other parts of the schools for avoiding abuses. On the contrary, their relative isolation served the purposes of certain sexual predators. In stark contrast of the Davin Report's promise that children would have care like that of a mother, there were also segregated "Indian" hospitals where many school students were sent far away, unaccompanied, for extended periods. Personal safety was not guaranteed there either.

Christian churches ran most of the residential schools; the present-day Roman Catholic, United, Presbyterian, and Anglican Churches. The Anglican denomination was the church home of William Osler; his father was an Anglican minister. If they were unaware of their church's involvement in the schools, they would have been typical of most Canadians, at least right up to the 1990s. That's when the David v Goliath lawsuits began, and with them came the dawning realization that most Canadians had been raised in complete ignorance of this part of Canadian history.

First there were the individual lawsuits, then regional class actions, eventually merging into the largest class-action suit in Canadian history, as eighty thousand former residential school students took both the federal government and those four national churches to court for what they had done to them as children. They won an out-of-court settlement, the largest class settlement in Canada's history, the Indian Residential Schools Settlement Agreement (IRSSA-2006). It was formalized in 2007. The Settlement was a complex agreement with distinct provisions for healing, commemoration, financial compensation, and truth-telling. One key legal obligation for Canada, which was assigned and overseen by the courts, was to create and finance an independent Truth and Reconciliation Commission (TRC). It was the former students who had pushed for this provision, so that a record of Canadian residential school history could be documented and preserved for posterity, including the children's side of the residential school story, as told through their own (adult) voices.

After a lengthy selection process, I was chosen as one of three TRC Commissioners. We officially began our work on Canada Day, July 1, 2009. The date proved somewhat ironic, since our unfolding work would focus on one of the greatest sustained failures in the history of our country.



Commissioners of the Truth and Reconciliation Commission of Canada

Dr. Marie Wilson, Justice Murray Sinclair and Chief Wilton Littlechild

Photo source: nctr.ca/about/who-we-are/message-from-the-president-and-commissioners

Broadly speaking, the overall mandate of the Commission was three-fold:

- 1) to reveal and document the history of 130 years of “Indian residential schools” in Canada
- 2) to educate Canada about the profound impacts of the schools and that system on individuals and multiple generations of Indigenous families and communities, including the associated legacy of challenges today, and
- 3) to guide and inspire a process of ongoing reconciliation in Canada.

The interrelationship of those three purposes, and the desired outcome of healing, was also implicit in the wording of the TRC mandate, as described in its very first paragraphs (*italics added by author*):

There is a . . . compelling desire to put the events of the past behind us so that we can work towards a stronger and *healthier* future. . . . The [TRC] is a sincere indication and acknowledgement of the injustices and *harms experienced* by Aboriginal people and the *need for continued healing*. . . . This is a profound commitment to establishing new relationships embedded in mutual recognition and respect that will forge a brighter future. The truth of our common experiences will *help set our spirits free* and pave the way to reconciliation (*Honouring*, Appendix 1, 339-340).

Those words of healing within the TRC mandate were crafted by former residential school students themselves, also self-described as “Survivors.” The mandate also prescribed an ongoing role for them within the work of the Commission, as members of a Survivors Advisory Committee. We both valued and benefited from their role. Drawing from their respective lived experiences, we saw them as the residential school experts in our midst and the best-informed champions of the need for ongoing healing.



The Indian Residential School Survivor Committee.

Back (left to right): John Morrisseau, Terri Brown, Eugene Arcand, Doris Young,
Lottie May Johnson, John Banksland
Seated: Rebekah Uqi Williams, Barney Williams, Gordon Williams,
Commissioner Chief Wilton Littlechild, Madeleine Basile

(Honouring 24)

The Settlement Agreement took the issue of healing so seriously that it required the federal government, through Health Canada, to provide what were called “culturally appropriate health supports” for all aspects of our work. Dynamic teams were developed, integrating academically-trained counsellors, therapists and doctors, working together with Indigenous healers and traditional knowledge keepers. Many of the latter were also former residential school students. We observed throughout our proceedings that the Indigenous health supports were called upon just as regularly as the academically-trained staff, and sometimes even more often, whether the person needing support was a residential school survivor or one of the tens of thousands of non-Indigenous participants who also came out to TRC events.

We also consciously included other holistic healing elements in the design and approach of our TRC work. We set the themes of our seven national events from what are commonly known within many Indigenous nations as the seven sacred teachings: Respect, Courage, Love, Truth, Humility, Honesty and Wisdom. In the spirit of Respect, we consulted ahead of time through cultural advisory committees in each of the traditional homeland areas where we were to hold hearings and conduct other aspects of our work. Learning about and respecting local protocols and acknowledging local leadership became a mainstay of our approach. Formal grand entry processions were intentionally planned to begin in highly visible public spaces, creating opportunities for wider exposure and learning about those practices and about our work.



Grand Entry to the Saskatoon National Event

National Centre for Truth and Reconciliation Archives, Photograph (Saskatchewan National Event):
PHSNE_001138, Truth and Reconciliation Commission of Canada

The rich diversity of Indigenous nations throughout Canada and across all of North America allowed us to experience and to share a wide range of cultural practices, and even to shed unprecedented prominence on some of the oldest cultural traditions, teaching them to some, and rekindling awareness of them to others. For example, on the Pacific coast of British Columbia, a traditional arrival into the homeland of the Coast Salish peoples involved our canoe flotilla approaching in reverse, paddles in the air, as a sign of non-aggression. From the waters, we then needed to state our peaceful purposes before being formally welcomed ashore.



Canoe flotilla to inaugurate Vancouver National Event, 17 September 2013

National Centre for Truth and Reconciliation Archives, Photograph (BC National Event):
PHBCNE_00152, Truth and Reconciliation Commission of Canada

Just as the world has acknowledged 2019 as the International Year of Indigenous Languages, the residential school saga has revealed the extent, expense, and impact of government and church efforts to eradicate those very same languages over the course of a hundred and thirty years of intentional policies and practices. Repeatedly, the Truth and Reconciliation Commission would hear of how mother tongues had been beaten out of children, how they were made to feel ashamed of their own spoken words, and of how their own children and grandchildren, as a result, now regretted that they had never been taught their own Indigenous languages. Not only languages were taken away. So too were individual identities, as countless former students told us their given names had been replaced with numbers in the residential schools, and individual birthdays had been overlooked altogether.

In the spirit of healing, the Commission sought to bring some small comfort for both of these deep and lasting losses. We designed our National Events to conclude with a massive birthday celebration. School survivors and all attendees to their ‘party’ were given home-made birthday cupcakes with candles, prepared by church volunteers. Groups of children, Indigenous and non-Indigenous together, were brought on stage to be front and centre of what happened next. As many Indigenous language speakers as we could identify led the children and the entire room, sometimes thousands strong, as we sang *Happy Birthday* over and over again in as many languages as we could!



Birthday party

National Centre for Truth and Reconciliation Archives, Photograph:
PHANE_001654, Truth and Reconciliation Commission of Canada

Respect. Culture. Language. Each of these efforts was designed as a small contribution to the ongoing work of healing as envisioned by residential school survivors. For they know, firsthand, how much sustained healing is truly needed.

As you read this lecture named in honour and memory of Dr. John McGovern, pause now for a moment to think about him, Dr. McGovern the pediatrician, and his love and devotion to children. Pause also to think about the little ones in your own lives, as I share with you some of the things I heard as I listened for more than six years to the voices of children, now in the bodies of adults, still crying over their broken childhoods, yet clinging to their own resilience. Drawing on my notebooks, these are compilations of recurring sentiments I heard from every region of the country:

- *How could I learn when I was afraid and humiliated all the time? . . . I was punished for who I was, not what I did. What did I do so wrong? I was just a little kid.*
- *I hated being an Indian and I was made to feel ashamed of my parents. . . . For years I hated my own Mom. . . . I wanted so badly to be white.*
- *I went back home one summer and told my father I was only going to speak English now, and he said, 'Who is this little girl? I guess we don't know her anymore.'*
- *They talked to each other in French, and swore at us in French, but beat us if we spoke Cree.*

- *My brother was sent away to a French school and I was sent to an English school. When we finally got back home, neither one of us could talk to our parents and we couldn't talk to each other.*
- *We were raised to be Catholics and we hated all the Anglicans. . . . They told us they were all going to hell.*
- *They had their way with us any time they wanted to . . . and there was nobody there to protect us. We were children.*
- *I hated the church. I hated white people. I hated everyone. . . . I hated me.*
- *If it wasn't for alcohol, I would have killed myself a long time ago.*
- *I want my identity back. Is that too much to ask?*
- *I believe in elders. I found my identity through my culture. This is my belief. I found me. . . . Today I'm allowing myself to feel.*
- *Now I have to make things right with people, so my children can learn, and so they can tell their children they care.*
- *I turned "You can't do it! You'll never amount to anything". . . to "I can do it!" I didn't give up.*
- *Live the best you can. . . . It's people like us that have got to start planting the seeds.*

And what of those who could not speak? Now think for a moment about Dr. William Osler the pathologist, who, among other things, understood the important role of physicians in researching, determining, and recording causes of death. Almost three and a half thousand children never made it home alive from those residential schools. Yet for more than half of those cases there is little evidence of any concerted effort to research, determine, or record such details of cause and outcome. These children became unaccounted victims, not of war, but of school. Their stories were told to us only in fragments, from classmates or siblings who could still remember bits and pieces of what had happened to them, and from incomplete church and government records. Close to another thousand were sent home sick from the schools, and died within a year, bringing the combined number of residential school children who died to well over four thousand. That is surely a conservative estimate; it is nearly impossible now to know an accurate total. The most basic dignities associated with the children's deaths were so often ignored: half of them passed on without cause of death being recorded; a quarter died without having their full names recorded; a third departed without note of whether they were a boy or a girl. Not only were deaths not fully, accurately, or respectfully documented, we learned of cases where parents were never told the cause of death. In some cases, they were not even told of the death itself until after the child had already been buried in some schoolyard cemetery, hundreds of miles away from home.



The Missing Children

Detail of the residential monument in Fort Providence, NWT.

Author photo

How should we respond in the face of all of this? Perhaps we might begin by recalling the 1905 farewell message of Sir William Osler as he left Johns Hopkins University in the USA for Oxford University in England:

By far the most dangerous foe we have to fight is apathy, indifference from whatever cause, not from a lack of knowledge, but from carelessness, from absorption in other pursuits, from a contempt bred of self-satisfaction (Osler, Aequanimitas 457).

Osler's message is a challenge to face up to the foes of apathy and indifference, and a provocation towards self-reflection. It is a good lens through which to read and consider the 94 Calls to Action that embody the conclusions of the Truth and Reconciliation Commission of Canada, and specifically those directly related to health and healing. These are reflected in Calls 18 through 24 (*Honouring* 322-3).

I have sometimes referred to the first of these as 'The Diagnosis':

18) We call upon . . . governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

Then the next one might be considered as ‘The Prescription’:

19) . . . *to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends...indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.*

Consider the next one as ‘The Immediate and Continuing Care Plan’:

21) *We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.*

And then there is the consideration to call in ‘The Specialists’:

22) *We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.*

The next Call to Action is about the urgent and ongoing need for ‘Critical Care’:

23) *We call upon all levels of government to:*
i. Increase the number of Aboriginal professionals working in the health-care field.
ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
iii. Provide cultural competency training for all health-care professionals.

And finally, Call to Action 24 signals the need for what you might consider as ‘Continuing Medical Education and Professional Development’ to which this lecture may make some partial contribution:

24) *We call upon medical and nursing schools . . . to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.*

To remember the children who were forcibly removed from their parents, one of the images we often used throughout the TRC was of a nursing mother and baby. It was an image that became all the more poignant over the course of our work, as survivors evoked scenes of the opposite – hunger and longing of all kinds. We bore witness to so many examples of this, of what happens when healthy nourishment is withheld from a child:

- how the mind is damaged when children are fed lies about themselves or each other
I hated how I was. . . . I hated my parents. I hated their brown faces.

- how the body is damaged when children are starved, sometimes in the face of grown-up priests, nuns, or other staff who keep the best quality and quantity of food for themselves, and when physical punishment is extreme and frequent
I learned to steal at residential school. . . . We were so hungry we learned to steal food.
I wasn't punished for anything I did; I was punished for who I was.
- how the heart is damaged when loved ones are denied access, and intimate contact is used for sexual predation, humiliation, and shaming
I didn't know how to hugI was afraid I was one of them.
I remember the loneliness, the crying.
I feel like I've been dropped from the sky. Nobody around me. Strangers around me. They don't know us. I don't know them. I don't know how to socialize. I don't even know how to love.
- how the spirit is damaged when deprived of all sense of belonging, and when the age-old relationship with one's Creator and Creation is denied or ridiculed
The one thing that we suffered the most is the mental and spiritual abuse that we carried the rest of our lives
I was just a little girl. . . . My family did traditional ceremonies. . . . The nuns put this bracelet on me and made me wear it. It said Pagan, and all the kids laughed at me. I used to eat all those communion wafers trying to get that pagan-ness out of me.

These are images of collective harm and waste. Individuals have been harmed, but also their families and communities, and the country as a whole, in its reputation, and in its dramatically wasted potential. Can we ever nurse such a situation back to health?

Let's reconsider that image of the nursing mother and baby, recognizing the expansive sustenance of that bonding to affect body, mind, heart, and spirit:

- how the holding and the transfer of nutrients ensure physical support and stamina – the strengthening and protection of the body
- how the words spoken and songs sung develop early language skills – the enrichment of the mind
- how the intimacy of the connection nourishes the love bond – the fulfillment of the heart
- how the regular repetition of the sounds, smells and touch provide familiarity, a sense of relationship, attachment and belonging – the strengthening of the spirit.

Though it is an image of a nursing baby, don't we all need such lifelong nourishment? Such life-long nursing? A sense of being fed all that is good for us, all that is caring and life-sustaining? This wisdom of holistic wellness is ancient indigenous knowledge. It is knowledge that is being reactivated today in hopeful efforts throughout the land, nurturing self-respect and feeding new relationships.

One example has been unfolding in plain view in my own town of Yellowknife, Northwest Territories, where a group of Indigenous young adults have come together to form Dene Nahjo, a collaboration aimed at cultural preservation, revitalization and connection to the land. For the past three years, with public space and support from the city, they have mounted a traditional hide-tanning camp in one of the most beautiful, visible, and accessible sites in the city core. Originally, they anticipated a modest number of visitors. That has been wildly surpassed! Other city residents, tourists, and school classes have taken advantage of the skilled demonstrations, hands-on opportunities, teachings, food, and fellowship offered at this urban traditional campsite. It has become a site of renewed pride in ancient skills and Indigenous identity, and a space for rekindling old friendships and nurturing respectful new ones. My own granddaughter is a faithful participant, as she proudly and knowledgeably leads her French immersion class on tours through the various and complex stages of hide preparation.



Author's photo of her granddaughter, Sadeya Scott, age 10

Inuk David Joanasie has talked about the role of culture in healing and reconciliation:
[B]oth Aboriginal and non-aboriginal cultures alike must respect one another in light of their historical experiences. . . . They have to see eye-to-eye on healing, so to speak. . . . There needs to be maximized understanding and trust built between the cultures involved . . . but it might possibly involve . . . a humongous shift in attitudes (Rogers 104)

Several other residential school survivors have spoken of the power of forgiveness in healing; among them, Ann Shouting³ (NCTR Archives SP203_part10):

The very first time I talked about the residential school, I said it was just like I had these skeleton keys, and I went through a door in my mind, and I would go to each door and I would open them, and this one was fear and this one was low self-esteem, and this one was sexual abuse, and the list goes on and on and on. . . I am proud to say that I opened those doors and I forgave.

Audrey Desvents (NCTR Archives SP203_part11) described forgiveness as an investment:

By forgiving the church, by forgiving the abusers and not carrying all of that garbage with us wherever we go . . . we invest in our own healing.

Kim Quinney (NCTR Archives SP201_part04) acknowledged forgiveness as strength, and as freedom:

Forgiveness is not for the weak. When you forgive, you grow, you heal, but most of all, you free your heart and you free yourself of anger, grief, blame, shame, guilt. Because anger is a spiritual sickness. But when you forgive, you actually live.

As the one non-Indigenous Commissioner of the Truth and Reconciliation Commission, I repeatedly stressed that reconciliation is *not* an Indigenous issue. We also emphasized this point in all of our TRC reports. Indigenous people did not choose – indeed they had no vote and no say in – the residential school circumstances that brought their families and communities such heartache and lasting harms. Rather, reconciliation belongs to *all* the people of Canada.

Reverend Susan Eagle (NCTR Archives ABNE202_part05) of the Canadian Council of Churches is one of the growing number of non-Indigenous people who have understood this:

Our failures fill us with deep regret. But as we know, regret and apology is not enough. The test of that regret and that apology . . . will be our actions in the days ahead.

Another strong voice on the need for “reconciliation as action” has come from one of Canada’s former Prime Ministers, the Right Honourable Joe Clark, whom the Commissioners publicly inducted as an Honorary Witness to the TRC (NCTR Archives ABNE101_part11):

We . . . as citizens have to . . . help the larger Canadian population both see and act. Reconciliation in this context means coming together as a whole with one purpose being to hear and to heal, and then a critical common purpose, which is to move forward together. . . . If we fail to go beyond apology and regret, if we admit the truth and ignore the reconciliation, that would be to repeat the profound offences of the residential schools themselves.

Madeleine Dion Stout is a residential school survivor who became one of the first Indigenous nurses in the country. When she talks about healing, she speaks poetically about resilience:

If we truly believe the pain of the residential school legacy has had an intergenerational impact, then it necessarily follows that there will be intergenerational Survivors too. . . . In the name of our best friend, resilience, we can look forward to the future . . . working together to keep important healing work going. (Rogers 48)

³ The short video “A National Journey for Reconciliation” features a number of these quotes: archives.nctr.ca/MDAB652.

There is no one clear prescription for Reconciliation. It will no doubt prove to be many diverse concoctions of effort, attitude, relationship-building, and collaborative action, as courageous and determined people at all levels try and try again to reckon, redeem, reconcile, and rebuild, leading our communities and our country to more respectful and much more equitable realities. In contemplating this challenge, consider some encouragement and provocation from the late American business leader, Max DePree, in his book *Leadership is an Art* (1989). Written almost three decades ago, it remains inspirational today, and relevant to the challenge of uncharted reconciliation:

We do not grow by knowing all of the answers, but rather by living with the questions . . . searching for knowledge, and wisdom, and justice. A leader can tell the difference between living edges and dying ones (DePree 49).

To lose sight of the beauty of ideas and of hope and opportunity, and to frustrate the right to be needed, is to be at the dying edge.

To be part of a throwaway mentality that discards . . . principles and law, that discards persons and families, is to be at the dying edge. . . .

To ignore the dignity of work and the elegance of simplicity, and the essential responsibility of serving each other, is to be at the dying edge (DePree 18-19).

To be a leader is to enjoy the special privileges of complexity, of ambiguity, of diversity. But to be a leader means, especially, having the opportunity to make a meaningful difference. . . (DePree 19).

As I have come to appreciate him in preparing this lecture, I think Sir William Osler would have agreed with that. Indeed, isn't that the bottom line of what both good doctors, Sir William Osler and Dr. John McGovern, spent their careers trying to do? To make a meaningful difference? Isn't that also why so many of you gather every year in their name, at the annual meeting of the American Osler Society?

So what leadership role might you play, as caregivers, educators, researchers, administrators, and public influencers?

- We know from the media of too many cases where Indigenous patients have been ignored in emergency rooms, dismissed as drunks, and left to die. How are you assessing for such biases, to ensure that Indigenous patients are receiving the same timely care as other patients?
- What tracking is there of the comparative health histories and outcomes of Indigenous and non-Indigenous patients, to determine and address the gaps in health facilities, services, care, interventions, and life expectancy?
- We know that suicide among Indigenous youth and adults, and particularly among the Inuit, is at epidemic proportions compared to mainstream populations. What research is being advanced to better understand the linkages between suicide and childhood traumatic episodes, including family disintegration and sexual abuse?
- What physician-led advocacy is taking place to address basic preventive health measures such as food security, potable water, and health education for Indigenous communities?
- What about economic and professional opportunities? Are you challenging your own institutions about admissions and hiring practices? Are Indigenous students getting in the door of your medical schools? Are they your research partners? Are they getting hired into universities, and hospitals and clinics?

- Are you mentoring newcomers in the workplace? We know of Indigenous medical graduates who were confronted by other doctors as intruders in the staff lounge, and redirected to the janitors' quarters. Are you keeping a vigilant eye out for any racist attitudes that might be getting in the way?
- Are you ensuring remedial professional development within your own medical centres on the history and related policies that have directly affected the contemporary realities of Indigenous peoples, and many of the ill-informed attitudes of others towards them?
- For those of you involved in teaching, are you insisting on and working towards curriculum revisions and expansion, so that what the good doctor Sir William Osler called “the Demon of Ignorance” (Osler “Chauvinism”) will not be perpetuated?
- Are you using your reputation and influence as physicians and academics to ask questions of your political candidates in any upcoming elections?
- Are you using your generous philanthropic dollars to support facilities, projects, and programs to benefit Indigenous children? So many of them are still living with the intergenerational scars of the residential schools, including the tens of thousands who are still being removed from their families, cultures, and communities every year and placed in various child welfare systems.

Yes, indeed, what leadership role might you play? Any measure of reconciliation for the long view is really set by that one question today: where do you see yourself?

In April 2019 the Canadian astronaut, David Saint-Jacques, mentioned in an interview from space that the arts, science, and exploration are what allow us to grow and develop our civilization. I embrace the spirit of that remark. But I also observe that much of the exploration that still remains to be done is not in outer space. It is right here.

William Osler told the 1913 graduating class at Yale University:

Our main business is not to see what lies dimly at a distance, but to do what lies clearly at hand (Osler, *A Way of Life* 18).

I concur. Some of the exploration still needed to grow and develop our civilization does not require distant travel. Rather, it is “clearly at hand”, already in our midst within our professions, within our institutions, within our communities, within our country. That is in line with what our Truth and Reconciliation Commission concluded, and why we targeted our Calls to Action across *all* levels of government as well as *all* sectors of society, including medicine and the health sector. We have said that reconciliation means establishing and maintaining respectful relationships between Indigenous and non-Indigenous peoples. That means change and that means action. Right here. Right in front of us. Right now. Practical, immediate, and caring, just as Sir William Osler would have wished.

Miigwetch. Nakurmiik. Merci beaucoup. Gracias. Thank you. Mahsi cho.

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Previous John P. McGovern Award Lectures

1. *Our Lords, The Sick* presented by Albert R. Jonsen, Ph.D., April 12, 1986, in San Francisco, California.
2. *To Humane Medicine: Back Door or Front Door?* presented by Edward J. Huth, M.D., April 29, 1987, in Philadelphia, Pennsylvania.
3. *Medicine and the Comic Spirit* presented by Joanne Trautmann Banks, May 3, 1988, in New Orleans, Louisiana.
4. *The 'Open Arms' Reviving: Can We Rekindle the Osler Flame?* presented by Lord Walton, April 26, 1989, in Birmingham, Alabama.
5. *Rx: Hope* presented by E. A. Vastyan, May 8, 1990, in Baltimore, Maryland.
6. *Osler's Gamble and Ours: The Meanings of Contemporary History* presented by Daniel M. Fox, April 10, 1991, in New Orleans, Louisiana.
7. *From Doctor to Nurse with Love in a Molecular Age* presented by William C. Beck, March 26, 1992, in San Diego, California.
8. *The Heroic Physician in Literature: Can the Tradition Continue?* presented by Anne Hudson Jones, May 12, 1993, in Louisville, Kentucky.
9. *"The Leaven of Science": Osler and Medical Research* presented by David Hamilton, May 10, 1994, in London, England.
10. *A Body of Knowledge: Knowledge of the Body* presented by Sherwin B. Nuland, May 10, 1995, in Pittsburgh, Pennsylvania.
11. *Other People's Bodies: Human Experimentation on the 50th Anniversary of the Nuremberg Code* presented by David J. Rothman, April 25, 1996, in San Francisco, California.
12. *The Coming of Compassion* presented by Roger J. Bulger, April 3, 1997, in Williamsburg, Virginia.
13. *Why We Go Back to Hippocrates* presented by Paul Potter, May 6, 1998, in Toronto, Ontario.
14. *Health Care in the Next Millennium* presented by John D. Stobo, M.D., May 5, 1999, in Montreal, Canada.
15. *"Writ Large": Medical History, Medical Anthropology, and Medicine and Literature* presented by Gert H. Brieger, M.D., Ph.D., May 17, 2000, in Bethesda, Maryland.

16. *Reflections on American Medical Education* presented by Kenneth M. Ludmerer, M.D., April 18, 2001, in Charleston, South Carolina.
17. *John Shaw Billings as a Historian* presented by James H. Cassedy, Ph.D., April 24, 2002, in Kansas City, Kansas.
18. *The Evolution of the Controlled Trial* presented by Sir Richard Doll, May 23, 2003, in Edinburgh, Scotland.
19. *Practising on Principles: Medical Textbooks in 19th Century Britain* presented by W.F. Bynum, M.D., Ph.D., FRCP, April 20, 2004, in Houston, Texas.
20. *Just Call Us Children: The Impact of Tsunamis, AIDS and Conflict on Children* presented by Karen Hein, M.D., April 11, 2005, in Pasadena, California.
21. *A Leg to Stand On: Sir William Osler & Wilder Penfield's Neuroethics* presented by Joseph J. Fins M.D., F.A.C.P., May 2, 2006 in Halifax, Nova Scotia.
22. *Touching Where It Hurts: The Role of Bedside Examination* presented by Abraham Verghese M.D., M.A.C.P DSc (Hon), May 1, 2007, in Montreal Quebec.
23. *Managed Fear: Contemplating Sickness in an Era of Bureaucracy and Chronic Disease* presented by Charles Rosenberg, May 5, 2008, in Boston, Massachusetts.
24. *Is Scholarship Declining in Medical Education?* presented by Patrick A. McKee, M.D., April 21, 2009, in Cleveland, Ohio.
25. *Selling Our Souls: The Commercialization of Medicine and Commodification of Care as Challenges to Professionalism* presented by Nuala P. Kenny, M.D., April 27, 2010, in Rochester, Minnesota.
26. *"The Back Forty": American Medicine and the Public Interest Revisited* presented by Rosemary A. Stevens, Ph.D., May 2, 2011, in Philadelphia, Pennsylvania.
27. *"Osler and the Enduring Narrative of Clinical Medicine"* presented by C. David Naylor, M.D., April 23, 2012, in Chapel Hill, North Carolina.
28. *"Louis Pasteur: Exploring His Life in Art"* presented by Bert Hansen, Ph.D., April 8, 2013, in Tucson, Arizona.
29. *"Patients, Their Doctors and the Politics of Medical Professionalism"* presented by Sir Donald Irvine CBE, M.D., FRCGP, FMMedSci, May 12, 2014, in Oxford, England.
30. *"Leonardo Da Vinci and the Search for the Soul"* presented by Rolando F. Del Maestro, MD, PhD, FRCS(C), FACS, DABNS, April 27th, 2015, in Baltimore, Maryland.

31. *“Science as an Open Book: Early Printing and the Scientific Revolution”* presented by Mark G. Dimunation, May 1, 2016, in Minneapolis, Minnesota.
32. History of the role of public health, especially in regard to infectious disease outbreaks such as Ebola, presented by Carlos del Rio, M.D., April 10, 2017, in Atlanta, Georgia.
33. *“The Spectacular and Meretricious Consequences of Medical Progress: A Cautionary History from the Age of Sewer Gas”* presented by K. Patrick Ober, M.D., May 14, 2018, in Pittsburgh, Pennsylvania.

