

The Cedar Project: acknowledging the pain of our children

“As Indians we have a big obligation and responsibility to ourselves and to our children. I say as an Indian that our first responsibility is to act and preach the gospel of action. Action to shed the shackles of ignorance and pity, and from out of the past, take up the war cry of battle, to restore our pride and dignity as men and women. We must rise and fight for what we want and believe, blow by blow, eye for eye, and teeth for teeth. We have to create an image which people of Canada and abroad will respect. An image we ourselves and our children will regard with pride.”

From The Fourth World: an Indian reality, George Manuel, Secwepemc Nation, 1974

My name is Chief Wayne Christian. I am from the Splots'in/Secwepemc Nation, and I am co-chair of the Shuswap Nation Tribal Council in British Columbia. On June 11, 2008, Stephen Harper, the Prime Minister of Canada, offered an apology¹ that acknowledged the sexual, physical, spiritual, and emotional abuses suffered by our people at residential schools as a result of over 150 years of federal legislation. Over 100 000 Aboriginal children as young as 4 years old were forcibly removed from their families between 1831 and 1998 and placed in residential schools. Changes to the Indian Act in 1900 enabled the schools to relocate away from reserves, and further legislation in 1920 entrenched forcible removal in law. Some families tried to protect their children from this fate, however, it then became punishable by law, not only for the children to be out of school, but also for parents to withhold children from attending these schools. These residential schools were part of a church–state partnership that aimed to assimilate and christianise our youngest generations in the absence of their parents, grandparents, and leaders. There were

132 residential schools across Canada and 28 were in British Columbia, more than in any other province.

Thousands of our children and young people passed through the system, many died and many, having been isolated from their families for so long chose not to return home. Our communities were left desolate and empty. In direct contrast to our indigenous systems of learning, the missionary teachers used “strict discipline, regimented behaviour, submission to authority, and corporal punishment”,² and taught our children to be ashamed of their languages, cultures, and Aboriginal identity.³ These schools were “opportunistic sites of abuse”^{3,4} for some discontented and predatory staff who exacerbated and compounded the children’s degradation and pain.⁵ Today many of our old people suffer in silence and in shame. Others have spoken out about their horrifying experiences, which included forced sexual intercourse and touching and arranging or inducing abortions in girls impregnated by men in authority.

Both the Prime Minister and the Leader of the Opposition acknowledged that the horrors perpetrated in the schools continue to affect our children today, despite never having attended the schools. “Not only did you suffer these abuses as children, but as you became parents, you were powerless to protect your own children from suffering the same experience and for this we are sorry”.⁶ The full effect of this legislated horror is reflected in our communities’ high levels of youth suicide, HIV/AIDS,⁷⁻⁹ addiction, social dislocation, discrimination, human-rights violation, children in care of the state and poverty.

Currently, levels of drug use on and off our reserves are of grave concern to our leadership. Many young people in our communities are addicted, suffering in isolation, and still grappling with the legacy of physical and sexual trauma that has been passed down from one generation to the next. This reality is reflected in a recent study by the Cedar Project⁷ that monitored rates of infection with HIV and hepatitis C in Aboriginal young people who use drugs in British Columbia. The study revealed links between generations of trauma—such as that suffered by parents and grandparents in residential schools, and the sexual abuse of second-generation and third-generation children and grandchildren early in life—and negative health outcomes, including vulnerability to injection and



Kamloops Indian Residential School, BC, Canada

non-injection drug use and a two-fold risk of acquiring HIV infection. In the 548 young aboriginal people interviewed between October, 2003, and April, 2005, in Vancouver and Prince George, 48% (69% of the women, 31% of the men) reported experiencing sexual abuse in their lifetime. 27% had never told anyone about the abuse before the study and 65% had never had counselling about the abuse. 50% reported that they had at least one parent who had been in a residential school. One of the most troubling findings for me, as a father and grandfather, is that the average age of first experience of sexual abuse was 6 years old. Some children are being hurt in this way before they can even speak. I myself am a survivor of the foster-care system and of sexual abuse. I know the pain of these young people.

We as leaders of our people have continued to bury this intergenerational cycle of sexual abuse, because it is shameful. We, as Chiefs, must challenge our own leadership to stand up for our children. The academic world sees statistics, but the numbers represent people like my brother, who committed suicide, or my cousin, who died of a drug overdose. We have lived in denial for long enough and it is time for a response. Our traditional teachings remind us that there are Seven Generations that will follow us. The decisions we make today will affect the next Seven Generations. Canada's refusal to vote in favour of the UN Declaration on the Rights of Indigenous People¹⁰ is a sign that the Government's apology may be insincere. We must take action, and do whatever it takes to create a healing environment founded on our

culture and traditions. We can no longer wait for governments to do what we know to be right for our children and grandchildren. We must act. If we believe that the children are our future, then the future is now.

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We declare that we have no conflict of interest.

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Ethical coherency when medical students work abroad

Every year, thousands of students from American and European medical schools travel to developing nations to augment their clinical education; more than a quarter of them work in an international setting during their time in medical school.¹ Their role varies from just shadowing physicians to doing procedures well beyond their training. More often than not, these students are still unqualified to deliver direct care in their home country, and the experience abroad is their first exposure to clinical care.

Although benefits such as increased medical access in a developing nation and a positive experience for the students are incurred, risks are also associated

with sending inexperienced medical trainees abroad. Concerns such as physical hazard to the student and cultural insensitivity are important, but are secondary to the potential for harm to the patient. In cases for which students are in a position to deliver care beyond their qualifications or without guidance, substantial room exists for malpractice and serious medical error.

Despite the increasing numbers of medical students travelling abroad for clinical experience, effectively no data that address the effect of this educational trend exist. Empirical increases in patients' quality of care have not been established, and any adverse events or malpractice are likely to remain undocumented. Without