

# It's Not a Crisis of Public Health; It's a Crisis of Indigenous Health

Eva L. Grant

On January 8th, 2017, in the small Northern Ontario community of the Wapekeka First Nation, twelve-year-old Jocelyn Winter took her own life. Two days later, another twelve-year-old, Chantel Fox, followed suit, and four other children were flown out of the remote community for emergency medical treatment. This is Canada in the 21st century, where suicide rates are five to seven times higher for First Nations youth than for non-Aboriginal youth, and where suicide rates among Inuit youth in Canada's north are among the highest in the world, at 11 times the national average. This is Canada in the 21st century, where federal funding cycles are failing to budget for the preservation of Indigenous Life.

According to CBC News Thunder Bay, Health Canada, the department of the government of Canada with responsibility for national public health, received but was unable to fund a proposal from the Wapekeka First Nation to hire and train four mental health workers to help establish counseling sessions for young people identified in a suicide pact. Citing an inflexible system, Keith Conn, the regional executive for Ontario with the First Nation and Inuit Health Branch of Health Canada intimated that the proposal had come at an "awkward time" by which point all available funds had already been allocated. But for a people dispossessed of both their own sacred chronology and that of the state's fiscal calendar, when is the right time?

Lisa Guenther would see this as a prime example of social death, whereby in a biopolitical sphere marginalized and multiply-marginalized populations are arranged to be deprived of moral purchase. The perniciously fiscal twist lies in the violent colonial mathematics that subvert Indigenous people into figures in an economic system that are subject solely to a state of fiscal time. As Billy-Ray Belcourt states in his essay, *Meditations on reserve life, biosociality, and the taste of non-sovereignty*, health is the "measure of a subject's ability to adjust to structural pressures endemic to the affective life of settler colonialism".

While Indigenous bodies are confined to reservations and in that sense "budgeted" out of a chance to build future worlds, the suicide crisis extends far beyond the Wapekeka First Nation into the public discourse around Indigenous health and survivance. This is not simply a public health crisis, and we have seen that coding it as such has done little for the communities, anyway. Worse even than the epistemic violence of misinterpreting and misrepresenting the experiences of Indigenous peoples within our Western discourse, we now invite them to the table to the speak and commit a further ontological violence upon them (to take Spivak's term to a conclusion amenable to the peri-colonial state in which we live) where the government interferes with the individual's ontological and historical vocation to be more fully human. Therefore it shouldn't be considered a stretch to say that in our present social conception Indigeneity is inextricably linked to a state of being "unwell" insofar as this radicalized crisis is at the convergence of two distinct geographies of reservation and statehood. We need to recognize this as a crisis of Indigenous health, and to treat it as such through a lens that centers cultural safety and wellness. We need more than a framework, as our present solutions do not identify the necessary jurisdictional mandates or resources, responsibilities are not defined in a clear way, and there are no definitive timelines. Simply put, a framework does not have the sheer weight or power of an official strategy, but we need a more discursive politic if we are ever to address the social and colonial traumas as the heart of Canada's Indigenous suicide crisis and to rectify the dispossession.

Amber Dean's *Remembering Vancouver's Disappeared Women: Settler Colonialism and the Difficulty of Inheritance*, notes on page 20, that "critique is not equivalent to rejection or denunciation... the call to rethink something is not inherently treasonous but can actually be a way of caring for and even renewing the object in question." Within the past two decades, community capacity building

and community empowerment have emerged from a critical space as key strategies for reducing health disparities and promoting public health.

The solution I would propose is threefold, comprising:

- a) delivering culturally appropriate wellness programs
- b) fostering greater collaboration between organizations to deliver services.
- c) engaging scholars Diverse Indigenous scholars theorize material dispossession by the Canadian state, by capital, and by non-Indigenous peoples; deconstruct dehumanizing ideologies in popular Canadian media and academic writing; and describe and analyze Indigenous resilience (survival), resistance (decolonization), and resurgence (existential self-determination).

Indigenous Mental Health is a thing. Research into “evidenced-based, culturally relevant health practices that emerge from a constructionist framework rooted in Indigenous psychologies” is more needed than ever. Such practices would address the major themes of identity/self, historical trauma, cultural-specific mental health and well-being practices, cultural mistrust, empowerment, and political action. I propose therefore the SACRED method, which addresses issues of colonial oppression, considers the wishes and safety of community, and advances their own visions of self-determination and self-governance.

**Sensitive:** Many First peoples suffer not only from the proximal traumas of emotional, physical and sexual abuse and/or family violence but also from intergenerational trauma inherited via shared experiences of genocide, colonization, and alienation. Policy-makers must designate historical, inter-generational and racist incident-based trauma symptoms as legitimate trauma sequelae and do a better job of leadership in the areas of research and policy-making around acknowledging and healing historical trauma, of Indigenous and other oppressed peoples. Traditional, culturally-specific wellness practices must be validated and respected. Spiritual cleansing and rituals have deep histories in Indigenous cultures, and it is necessary to develop more reliable data regarding these

practices, in rural and urban Indigenous populations.

**Appropriate:** Many First Nations peoples embrace a shared group identity whose substance is formed not just by one’s relationship to the community but also to the land and one’s ancestors, which includes plants, animals, and other natural elements that are under a particular nation’s guardianship. Thus, reduction or dispossession of land/loss of stewardship of one’s traditional plants and animals is experienced as an alienation or unmooring from the self, and in some communities is directly correlated with suicide. Please note that this is a tricky political proposition as Indigenous land dispossession is ongoing in many parts of the world, and restoration of the self theoretically would accompany Indigenous sovereignty

**Community-oriented:** More efforts need to be put forward and supported to recruit more Indians, Alaska and Hawai’i Natives, First Nations, and global Indigenous who are better suited to serve their communities needs as researchers, educators, practitioners and policy-makers. Financial investment becomes key in empowering Indigenous people with the necessary tools to elucidate and develop evidence-based culturally relevant mental health constructs and paradigms that are community specific.

**Responsive:** We must put our money where our mouth is when it comes to Indigenous mental health. In times of crisis we must be responsive and listen to Indigenous people. They are best suited to report on their community and to propose solutions that will work for them. To be effective allies in mental health and wellness we must recognize the need for resources so that Indigenous communities may work towards a restoration of the self that would theoretically accompany Indigenous sovereignty

**Empathetic:** Cultural mistrust is an issue that must be addressed. Indigenous peoples have suffered from colonized medical services for hundreds of years, from residential school horrors to forced sterilizations. For example, at a recent conference Inuit leaders reported they would not allow travel “south” (off the reservation) for medical care, due to past experiences where children disappeared and were never heard from again (as in the 1950’s tuberculosis epidemic in Canada) (Silversides, 2010). Any person wishing to

work with Indigenous communities must ensure they have received the proper training in cultural safety.

**Deliberate:** Any efforts to ally ourselves with Indigenous people must be deliberate in its stance for the dispossessed. We must support grassroots political movements that preserve and advance traditional values while orienting communities towards frameworks of wellness that allow them to dream of the future. We are not living in a post-colonial world, no matter what is said in academia, and we must use our education and our power to resist coloniality. This would be a primary prevention approach to Indigenous mental health issues — address them before they are created.

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## References

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