

Colonialism, Racism and Indigenous Suicide Crises: Some Bioethical Implications

Formerly *Suicide Epidemics in Indigenous Communities: Bioethics Perspectives*

Encounters in Bioethics

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- Disproportionate rates of suicide in Indigenous communities have been described since the 1970s
 - There has been little improvement for a number of communities in the period from the release of the *Royal Commission on Aboriginal Peoples Special Report on Suicide* (1995) to last year's release of the Mushkegowuk Tribal Council *People's Inquiry* (2016).

Some data:

- Suicide rates for Indigenous peoples as a whole are twice the national rate (LeFrancois 2016).
- In specific communities, this can be much worse. Geographically linked communities can experience intense variation in their suicide rates (Kirmayer, Brass et al. 2007)
- Similarly, there is variation depending on whether the group is First Nations, Metis or Inuit, status or non-status Indian, as well as between on-reserve and urban FN
- For specific demographics – such as youth – the variation is extreme:

- The 2011 Pikangikum Coroner's report:

- Suicide rate for male Canadians aged 15-24: 24 per 100,000
- Rate for male First Nations aged 15-24: 126 per 100,000
- Rate for female Canadians aged 15-24: 5 per 100,000
- Rate for female First Nations aged 15-24: 35 per 100,000 (Lauwers 2011)

Indigenous youth suicides in northern Ontario in the first half of 2017

At least 18 youth suicides in Nishnawbe Aski Nation territory from January 1 to July 7, and more have happened since

<http://www.cbc.ca/news/canada/thunder-bay/four-suicides-in-northern-ontario-first-nations-communities-this-week-spokesperson-1.4195984>

Mushkegowuk Council continues to experience its own epidemics

Northern Ontario communities currently disproportionately impacted include:

- Wapakeka
- Pikangikum
- Kitchenuhmaykoosib Inninuwug
- Fort Severn
- Nibinamik,
- Attawapiskat
- Kashechewan, among others
- Urban Indigenous suicides are a problem, although unreported, since some are recorded as accidents (as much as 25% may be suicides)

Thesis

- **The suicide crises will not stop until settler Canadians take our responsibility for having created, and for now maintaining, the conditions of the suicide crisis.**
- Requested interventions at the personal and community level matter and can save specific lives.
- But their efforts are significantly undermined by structural racism and ongoing colonial violence – a violence that we privileged impose.

Privilege and oppression

- Privilege is the unjust distribution of power to benefit one or more groups through the denial of power to others.
- Oppression is the experience of the unjust denial of power.
 - They are systemic and concern inter-group and intra-group interactions.
 - Structural racism is the organization of the rules, norms and laws of a society to benefit one ethnic group through the subordination of one or more others.

Social determinants of health

- describe the ways in which human behaviours, choices, character, institutions, laws, policies and economic/structural inequalities impact the health of other human beings
- are population based rather than individual
- Where we speak of the social determinants of the ill health of marginalized populations, the SDOH refer to the causal role played by oppression in damaging the health of the relevant group(s).
- When privilege and oppression are in play, this produces health and other benefits for the privileged group while causing violence and suffering – including suicides – for the other.

Intermediate SDOH driving the suicide crises

- inadequate education
- housing
- sewage
- polluted lands
- the implementation of the *Indian Act*
- other provincial and federal laws and policies
- land seizures
- constraints and interferences with treaty rights (where treaties are signed)

Distal determinants

- “Distal determinants have the most profound influence on the health of populations because they represent political, economic, and social contexts that construct both intermediate and proximal determinants” (Reading and Wien 2009).
- Colonialism, racism and poverty are core distal determinants of the suicide crises in Indigenous communities.
- Distal does not mean ‘past’ or ‘over.’

Ethnocide

- Ethnocide, or ‘cultural genocide,’ is the attempt to exterminate the cultural identity of a group through processes of assimilation of that culture into the identity of another.
- This refers to the destruction of socio-cultural identity, lands, spiritualities and governance systems.
- The resulting impacts include substance abuse, inter-personal violence and high suicide and attempted suicide rates.

Statement of Jackie Fletcher, elder and commissioner of
the *Mushkegowuk People's Inquiry* (2016)

“The goal of ‘killing the Indian in the child’
was in many ways a success, and the suicide
crises are an example of this.”

What is suicide?

Some cautions

1. Avoid individualism in thinking about suicide.
2. Avoid thinking only at interpersonal or local community levels.
3. Avoid thinking of suicide only as a problem of the Indigenous population as a whole.
4. Evaluate the suicide crises as the interplay of these three levels in the context of ongoing socio-economic and political struggles between privileged settler and subordinated Indigenous groups.

Suicide as a manifestation of ethnocide

- As Ms Fletcher said, suicide is a consequence of the ethnocide (cultural genocide) and the attempt to eliminate Indigenous peoples (in the case of northern Ontario, the Cree, Oji-Cree and Ojibway communities).
- It is a consequence, sometimes explicit, other times tacit, but always clearly accepted, of the choices of dominant settler groups to pursue their interests through the dispossession of subordinated Indigenous groups.
- According to a Shuswap description in the RCAP, it is the result of 100 years of being the object of Canadian government policy (Peoples 1995).

Suicide is social murder

- We should think of suicide as a form of social murder.
- Social murder is a manifestation of class warfare (Engels 1845). It is the deaths that result from the imposition of a regime of power upon one or more oppressed populations.
- It is not about individual or intragroup behaviour.
- Suicide and attempted suicide, in these cases, are the consequence of the deliberate imposition of policies aimed at eliminating Indigenous peoples as distinct socio-economic entities.
- They are consequences of imposing sometimes intolerable conditions of life on Indigenous communities.

What should we do? Be reflexive.

1. An adequate ethical response to this requires the privileged to recognize that we participate in the suicides causally, at this moment.
2. I have to see myself as bearing a shared moral and causal responsibility for the deaths.
3. I have to change myself and my behaviour, as well as work to change the behaviour of other settler Canadians and the systemic racism in law, economic practice and institutional policy to eliminate the intermediate and distal causes of Indigenous suicides.

Settlers have to change who we are and how we relate to Indigenous peoples

- Since I/we are morally responsible, we privileged Settler Canadians have to change our identity, our behaviour and our interests.
 - In particular, we have to lose our sense of our entitlement to many of the things we have – for example, the various results of our wealth (financial, resource, etc.).
 - We also have to lose our sense of entitlement to a wide range of behaviours. For example, we could begin by recognizing that we are also subject to Indigenous laws.
 - This would require us to learn them.

Reconciliation as compensation and power sharing

- Since the suicides, distally, are the result of an unjustly seized distribution of power, we are morally obligated to compensate this.
- Reconciliation is, as Cassandra Opikew Wajuntah argues, a form of compensation for or rebalancing from wrongs committed (Opikokew Wajuntah 2014).
- Consequence: We do not have the right to decide what is, or is not, affordable in responding to the suicide and other mental health epidemics.
- Consequence: We do not have the right to control the budget and finances of interventions.

Additional things we can do.

- Listen to and believe Indigenous voices, knowledge and experience.
- Conceive of health ethics ecologically.
- In working with Indigenous peoples, clinicians and researchers have to do what they can to assign benefits to the communities while taking risks on themselves, even though the nature of privilege makes it very difficult to achieve this.
- Stop fighting Indigenous people in courts.
- Prioritize advocacy.

Example 1: Making health ethics ecological

- The case of Grassy Narrows mercury poisoning
- www.freegrassy.net
- In the 1960s and early 1970s, 9 tons of mercury were dumped into the Wabigoon River system by the paper mill in Dryden.
- Over that period, residents of Asubpeechosewagong/Grassy Narrows FN are afflicted with mercury poisoning through multiple generations. The effects are ongoing and considerable.
- They are forced to buy bottled water and into further dependence on supermarkets.
- Their ability to use traditional medicines, eat traditional foods, supplement their well-being off the land and pursue ceremony, as well as rebuild their identity, are sharply compromised.

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- Identity destruction is at the heart of ethnocide and is the foundation of the suicide crisis.
 - Recently, the Ontario government committed \$85 million to a clean up but has not put it into a protected trust fund so that it cannot be touched either by itself or by a future government.
 - Furthermore, the current owner of the plant – Domtar – maintains land where, strong evidence suggests, mercury continues to leak. Domtar refuses to clean the pollution since it did not own the land when the mercury was dumped; it has apparently committed to fight in court any state pressure to clean up the mercury.

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- Yet it is hard to rebuild traditional practices and repair identity confusion/damage if the conditions of doing so are damaged by the legal choices of someone else.
 - Identity rebuilding is a core element of suicide prevention. Political or legal fights to protect interests undermine this and contribute to the suicides and other morbidity and mortality.
 - We privileged have to work against our own economic interests in a case like this.

Example 2: Privilege in research ethics

- Assume a researcher wins a large government grant to study suicide. At the coordination meeting, the following sequence happens:
 - Question from Indigenous team member: “Suppose the team comes up with an excellent report, what is to stop it from merely gathering dust on a shelf?”
 - Response from PI: “I am not trained in advocacy. There are no incentives for me in doing advocacy. We will produce a top notch report. It is up to you to do the advocacy and implementation.”

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- Notice that the researcher benefits by winning the grant, regardless of whether any practical good emerges.
 - The same goes for the university, the granting agency and the federal government.
 - All benefits—financial, professional, status, etc.—accrue to one group of people.

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- But there is nothing that actually produces a change.
 - The work of change gets left to those who have the least political and economic capacity.
 - So we privileged have to advocate and engage in other activities which may be risky and which may be of little personal, professional or financial benefit to me.

Practical strategies without which the crises will not resolve

From Mushquash and White 2016:

- Dismantle structural forms of racism
- Settle land claims
- Promote community self-determination
- Heal intergenerational trauma
- Reduce the social inequities that cause such high levels of despair and distress

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- Honor cultural practices
 - Recover Indigenous languages
 - Create opportunities for intergenerational learning
 - Recognize Indigenous peoples' sacred connection to land and stories

Conclusion

- For the privileged, take our causal role in promoting oppression seriously and change ourselves.
- Integrate changes to privileged behaviour, institutional and economic policy, and law as anti-suicide interventions.
 - Stop fighting First Nations in Court – whether on land claims or on health issues.
- Use a multi-layered approach to suicide involving interventions at individual, community and whole population levels (Kirmayer, Brass et al. 2007).
- Advocate to implement all recommendations of the various suicide reports.

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- “We recognize that without justice there can be no individual, family or community wellbeing. The spirit and intent of our Treaties based on our oral history needs to be understood and in fact must be the foundation of any terms of judicial reconciliation.” (Council 2016)