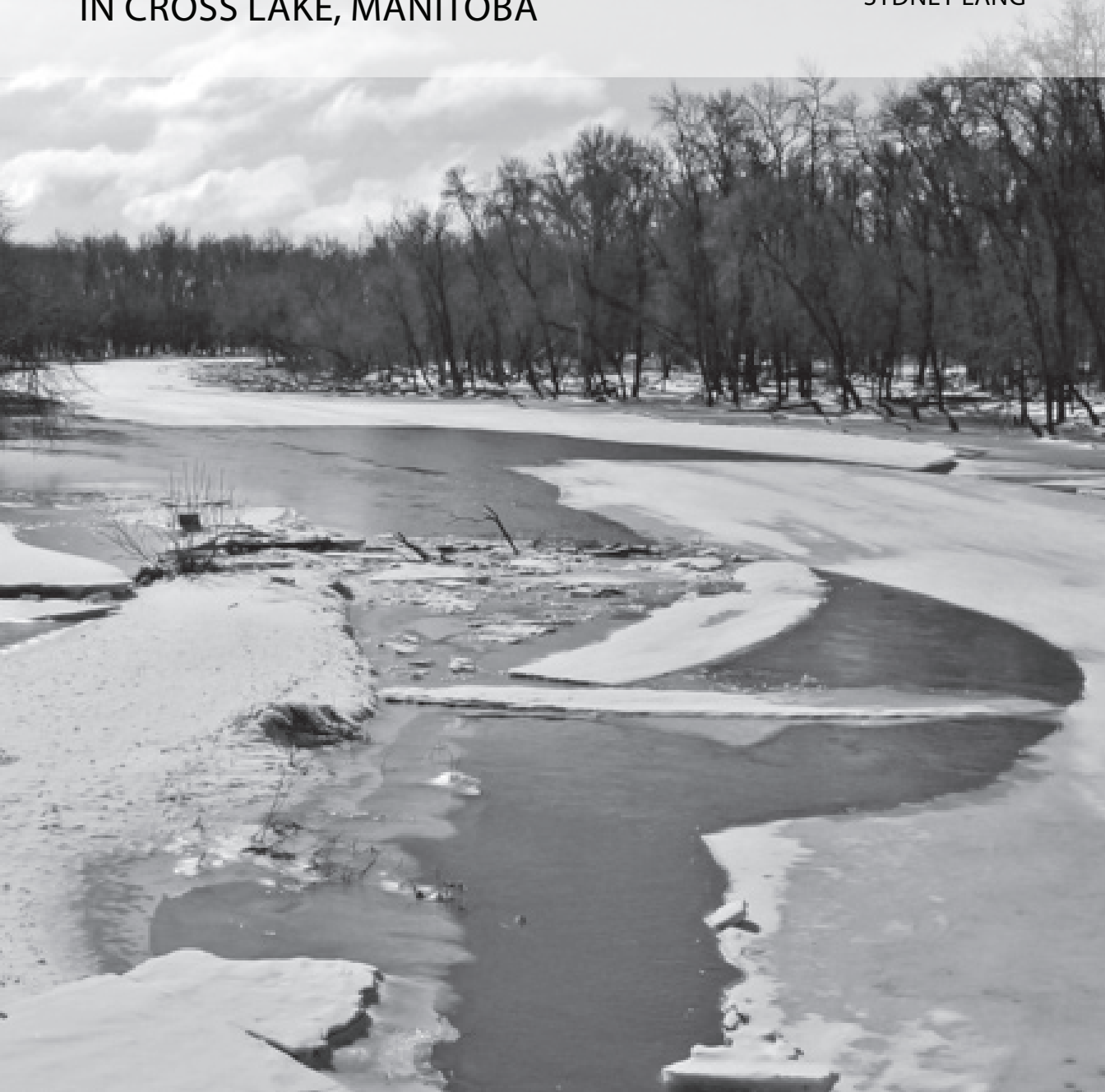


A STATE OF EMERGENCY

ADDRESSING THE SUICIDE EPIDEMIC
IN CROSS LAKE, MANITOBA

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"What if staying alive has something to do with witnessing the death in life? What if dying and being borne along by those who love you, is also a way of being alive? How might we come to care for life that is constitutively beside itself, life that could never be fully itself?"

-Lisa Stevenson, Life Beside Itself (page 18)

Pimicikamak Cree First Nation has recently declared a state of emergency, after a sixth suicide within the past two months, in addition to 140 suicide attempts within the past two weeks (1). The extremely high suicide rate in Pimicikamak exists as a disproportionate and persistent reality in many Indigenous communities across Canada and around the world (2). Mental health and well-being in Indigenous communities are often informed by, and contribute to, the settler colonial project and its effects, including poverty, trauma, and structural violence (3-5). Although government resources and services have been implemented to address suicide amongst Indigenous youth in Canada, these responses are often insufficient. While sometimes culturally relevant, the treatment facilities in Winnipeg that DeVerteuil and Wilson explore in their research, for example, are not always the most effective solution (6). The use of government interventions in Indigenous communities through biomedical healthcare systems has further been theorized as a contemporary realization of settler colonialism.

Pimicikamak Cree First Nation, a reserve of only 8,300 people, is not unaccustomed to trauma (6). For the past year, the community has relied on an understaffed crisis line and overworked service personnel to address the recent rise in mental health concerns and suicide attempts (1,7). The community experiences poverty and overcrowded housing and suffers from an 80% unemployment rate (1). The reserve is also located near a Manitoba Hydro generating station, which has since destroyed sur-

rounding land (including land on the reserve) and failed to produce the promised economic development in the community. The provincial government acknowledged the extent of the destruction in 2013, calling attention to the damage caused by hydro development on "traditional land, way of life and cultural identity" (7). These state and corporate-led developments have contributed to the everyday challenges faced by the community (1,7).

I endeavour to use the situation in Pimicikamak as an entry point into a larger, more systemic discussion of youth suicide in First Nations communities. It should be mentioned that I have not done first-hand research in this community; my analysis is informed by media coverage of the crisis in Pimicikamak, along with a theoretical analysis of academic literature. Furthermore, Pimicikamak is only one of many First Nations communities experiencing such a suicide epidemic (2). I will critique a variety of assumptions that underlie the suicide epidemic in Pimicikamak, including the biopolitical logic of care, and call into question previous understandings of mental illness in Indigenous communities, such as historical trauma and cultural continuity. I will then explore notions of agency and affect, through the concept of cosubstantiality – mutually indwelling, or coexistence in and of the same nature – to provide a more cohesive and holistic understanding of the situation in Pimicikamak. I will argue that the understanding of suicide in Indigenous communities is complex and often contradictory, but that we must engage with the uncertainties expressed and felt by these communities in order to create

spaces in which meaningful responses to suicide can emerge.

Finally, this analysis acknowledges and respects Indigenous sovereignty and urges against the essentialization of indigeneity. Such a topic should not be explored solely through a scientific or prescriptive lens, but through one that recognizes individual and community agency in parallel with the deeply traumatic effects of colonialism on mental health and well-being.

Rethinking Historical Trauma & Cultural Continuity

The portrayal of the “state of emergency” in Pimicikamak in mainstream media conveys the idea that suicide is a current and novel phenomenon that must be urgently addressed. However, we must critique notions of temporality within popular (and academic) discourses on Indigenous suicide (8). To start, these discourses fail to consider that suicide could have existed prior to settler colonialism (8: p.169). As Fiddler and Stevens describe, and as was clearly depicted in *Killing the Shamen*, there are pre-existing justifications for and understandings of suicide and death (8: p.170). However, it was not until colonial contact that these experiences were pathologized and feared. Today, most discourses surrounding Indigenous suicide are informed by understandings of historical trauma and cultural continuity.

Historical trauma acknowledges that collective trauma in one generation has implications on future generations; that stressors and trauma accumulate and increase the risk for both negative health and social well-being for Indigenous peoples today (9: p.321). Cross Lake Residential School, also known as St. Joseph’s Residential School, oper-

ated in Cross Lake from 1908 to 1948 (8). Although infrequent, when mainstream media acknowledges this history, it fails to show the ways in which settler colonial institutions persist today despite the closing of residential schools. Historical trauma is a concept that may be used to make sense of the ongoing, intergenerational hardships within Indigenous communities, as Bombay, et al. (9) explore in their paper, *The Intergenerational Effects of Indian Residential Schools*. However, there are several risks of using historical trauma as an overarching framework of analysis.

Maxwell (10) critiques the use of historical trauma as a framework for analysis, and states that it legitimizes individual suffering while obscuring colonialism. Historical trauma, as it is reproduced through colonial professional discourse, focuses the blame of trauma on Indigenous families and child-raising, suggesting that trauma passes through generations and pathologizes the Indigenous family (10: p.408). She argues that trauma is a social construct, mobilized in specific contexts for specific purposes (10: p.411). As previously mentioned, Pimicikamak is situated next to large hydro development projects. These critiques of historical trauma may reveal the ways in which suffering from environmental destruction and land dispossession have been depoliticized. They further explore how discourse on suffering and trauma is mobilized to both control the Indigenous family and allow physical control of and within the reserve by healthcare professionals, especially when biomedicine is prioritized and programs are not culturally appropriate. Furthermore, the pathologization of Indigenous families works to legitimize assimilative and intrusive educational and clinical practices that perpetuate colonial state control of Indigenous communities (10: p.408). This reveals that the emphasis and response to certain

forms of trauma in Indigenous communities simultaneously leads to ignorance of others and perpetuates manifestations of settler colonialism.

Chandler and Lalonde (11) also look to historical understandings of culture to argue that suicide amongst Indigenous communities results from a lack of cultural continuity. Cultural continuity, as understood by Chandler and Lalonde, is an Indigenous community's ability to preserve their cultural past in the context of their imagined future, or to control their future lives; their research indicates a link between cultural continuity and reduced rates of suicide (11: p.221.) However, most of the factors they used to determine cultural continuity, including health services, police services, fire services, and community control of education, are all general markers of healthy communities. Kirmayer, Tait, and Simpson question whether these factors are truly representative of cultural continuity, as many factors, such as involvement in land claims and involvement in municipal government and school systems, cannot be viewed as "cultural traditionalism," but rather as local control (12: p.19). Notions of cultural continuity also place culture in the past as something that remains in isolation, carried through each generation without negotiating or interacting with outside cultures and systems (12: p.20). In the media's representation of Pimicikamak, the reserve is framed as traditionally isolated, which contributes to the notions that cultural continuity is important and present (1). Such representations may serve to normalize the violence within these communities, framing suicide as an "Aboriginal problem." This allows the public to accept the suicide epidemic as an inherent reality on the reserve, as exhibited by media portrayals of the "state of emergency" in many Indigenous communities (1,2).

Logic in Contention: Resisting Biopolitics and Respecting Cosubstantiality

The complicated situation in Pimicikamak illustrates the limitations of concepts such as historical trauma and cultural continuity. As mentioned previously, the reserve has recently relied on a suicide crisis line; this is a common response from the Canadian government. Both the existence of the crisis line and media representation of the crisis in Pimicikamak indicate that the government's predominant response is to implement more preventative resources and services. Lisa Stevenson refers to biopolitics to explain this phenomenon: "... I use the term 'biopolitical' to describe a form of care and governance that is primarily concerned with the maintenance of life itself, and is directed at populations rather than individuals" (5: p.3). Stevenson argues that the logic of biopolitics not only shapes the ways in which Indigenous peoples are governed through biomedicine and care, but also how individuals both come to see themselves and engage with others (5: p.4). Stevenson's research depicts the violence that is perpetuated through this regime of care.

Stevenson questions the representation of a regime of care "in which it doesn't matter who you are, just that you stay alive" (5: p.7). Evidently, this is the representation of Pimicikamak that mainstream media has chosen to portray. This kind of representation is also common in other media portrayals of Indigenous suffering, including those of Missing and Murdered Indigenous Women (MMIW), in which neither the women's stories nor their individuality are depicted in mainstream media; they are simply a part of the MMIW campaign. When discussing and reporting on Indigenous communities, a focus on community problems tends to obscure the media's accountability to the individual in need (13).

The concept of cosubstantiality, as experienced within Indigenous communities, is a more productive lens through which to approach Indigenous suicide. Although it could be argued that biopolitical regimes of care do focus on community well-being over the individual, cosubstantiality recognizes the value of the individual within the community. Cosubstantiality unveils the connection between the individual and the community, where the individual's body belongs to the collective (14: p.513). As Povinelli (14) explores, this creates a coexistence of sovereignty and biopolitics. However, we must question the implications of these understandings; in Pimicikamak, the death of a community member is felt by everyone in the community, yet the community's understandings of suffering have also been influenced by biopolitical logic and the biomedical regime of care. Although they may coexist, they do so in tension, and often complicate the relationship of the individual to himself, his community, and the care he receives. High rates of suicide and depression cannot be addressed by treating the community as a homogenous group, but rather by recognizing the individual's situation in and connection to the community.

Concluding Remarks: Taking Control

Suicide in Pimicikamak is not simply a topic to be studied and researched, but an evolving state of affairs and an urgent reality. I have critiqued the government's response as embedded within biopolitical logics of care, and I have challenged notions of cultural continuity and historical trauma that have informed academic understandings of Indigenous suicide. We must move beyond these reductive understandings and recognize the ways in which understandings of life and death are also a product of settler colonialism. What does it mean to question those conceptions? To start, we must challenge

the dichotomies that structure our understanding of suicide in Indigenous communities, where one state of being is prioritized over the other: life and death, individual and community, past and present. As Lisa Stevenson posits: "What if staying alive has something to do with witnessing the death in life? What if dying and being born alongside those who love you is also a way of being alive? How might we come to care for life that is constitutively beside itself, life that could never be fully itself?" (5: p.18) To better understand the epidemic of Indigenous suicide, we should move beyond our own conceptions of life and death, and explore how their meanings may differ for a population that has spent its existence resisting an oppressive set of institutions, ideologies, and individual actors.

Suicide in Indigenous communities addresses a contradiction in the settler colonial logic, whereby the promotion of mental health and the prevention of suicide exist in contention with colonial narratives of elimination and a dying nation (14). Stevenson states: "...the ultimate irony of such forms of anonymous care in the colonial/post-colonial context is that caregivers exhort Inuit to live while simultaneously expecting them to die" (5: p.7). Mary-ellen Kelm suggests that children in residential schools may have "committed suicide to assert control over their bodies" (3: p.154). Do self-destruction and self-harm contribute to the elimination of Indigenous peoples, or do they challenge structural genocide and the "letting die" of these communities? Can these contradicting notions exist at the same time? How do notions of cosubstantiality play into the narrative of suicide as a form of self-control and resistance? Stevenson argues that ethnographers should move beyond the desire for truth and certainty, and begin to embrace the uncertainties that permeate the commu-

nities we study. Perhaps if we begin to embrace the uncertainties of the meanings of life and death, as well as the contradictions between resisting biopolitics and understanding cosubstantiality, then it is possible to create a space in which meaningful responses to the suicide crisis can emerge. Larger and more systemic challenges to settler colonialism, including the reallocation of land, will be crucial components of a sustainable and community-based response to this crisis.

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