Manufacturing the Self-Healing Subject: Aboriginal Health Funding in Canada’s Era of “Truth and Reconciliation”

Arie Molema
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By
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Manufacturing the Self-Healing Subject: 
Aboriginal Health Funding in Canada’s Era of 
“Truth and Reconciliation”

Arie Molema

Abstract:
Discourses of Aboriginal “healing” and “reconciliation” proliferate in the current context of Indigenous-state relations in Canada, yet the shared use of these discourses does not imply that the parties involved ascribe the same meaning to these terms. This paper seeks to critically probe this distinction, comparing the use of discourses of healing by Indigenous political leaders and service providers with the role that “healing” plays for the state in the context of widespread federal budget cuts to Indigenous-led agencies and organizations that provide research, advocacy, healing programs and social services. For many Indigenous political leaders and service providers, discourses of healing evoke aspirations for cultural revitalization and political resurgence in their communities. This transformative understanding of healing, however, risks becoming co-opted by the state's neoliberal formulation of “healing” as Indigenous self-care and responsible citizenship, a framing used to exonerate its decision to defund much of the infrastructure of projects and services necessary to support Indigenous aspirations for healing. In this paper, I seek to illustrate the tensions between these two approaches to “healing”, and highlight their troubling implications for Canada’s politics of reconciliation.

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ITRODUCTION:
“HEALING” AND “RECONCILIATION” IN CANADIAN POLITICAL CULTURE

In contemporary Canadian political culture, references to “reconciliation” and Aboriginal1 “healing” in particular have become increasingly commonplace and are frequently treated as commonsensical. Recall, for example, Prime Minister Stephen Harper’s Apology to Former Students of Indian Residential Schools, which spoke of “moving towards healing, reconciliation and resolution of the sad legacy of Indian Residential Schools” (Office of the Prime Minister 2008), in an address delivered in the House of Commons on June 11, 2008. Drawing on similar metaphors, yet enjoining a more collective spirit, the Assembly of First Nations in official press releases (2011) also “calls on all Canadians to join in our collective healing journey from the sad legacy of Indian Residential Schools”, noting that this “healing journey may take many different paths as we reconcile our past”.

Nowhere are these discourses of healing and reconciliation more audible than in the Truth and Reconciliation Commission on Indian Residential Schools (TRC), whose ongoing work, mandated until 2014, orients and invigorates the focus on Aboriginal healing discourse. In the TRC’s Interim Report,

1. A note on terminology: I use the term “Indigenous” in this paper to refer collectively to the First Nations, Inuit and Métis peoples of Canada, and to highlight their shared (if highly diverse) experiences of settler colonialism in Canada. As political theorists Taiaiake Alfred (Mohawk) and Jeff Corntassel (Tsalagi) have noted (Alfred and Corntassel 2005: 598-599), the term “Aboriginal” is a “political-legal construction” that subsumes Indigenous peoples into settler state logics and systems of administration, and I use the term “Aboriginal” here to refer primarily to federal policies and discourses on Indigenous peoples. My use of the term “Settler”, in this paper, is meant to historicize non-Indigenous subjectivities in Canada within the context of settler colonialism (see Wolfe 1999).
released in 2012, five of its interim recommendations focus explicitly on measures needed to enhance the healing of residential school survivors and their intergenerational descendants, illustrating that the “work of truth telling, healing, and reconciliation” (Truth and Reconciliation Commission of Canada 2012: 26) is understood as central to the TRC’s mandate. In sum, these discourses of healing and reconciliation, used by government officials, Indigenous political leaders, and Canadian media – although often in different ways – have become in recent years a shared language and way of talking through the relationship between Indigenous peoples and the Canadian state, a highly uneven relationship structured by the continuously shifting technologies of settler state power (Alfred and Corntassel 2005: 601).

For many First Nations, Inuit and Métis peoples, healing is often understood as a social and cultural imperative to rebuild communities, in the wake of the intergenerational experience of residential schools and other colonial policies that continue to inhabit and challenge everyday life. Many Indigenous communities rank the management of these intergenerational legacies among their highest priorities, legacies that include substance abuse, family violence, suicide and mental ill health (see e.g. Pauktuutit Inuit Women's Association 2002). The stark disparities in wellness between Indigenous and non-Indigenous populations are well documented (Adelson 2005; Frohlich, Ross and Richmond 2006; Royal Commission on Aboriginal Peoples 1996), and they correlate not to inherent Indigenous cultural traits but to historical and socio-economic determinants (Loppie-Reading and Wien 2008; Smylie 2009), including unequal access to income, employment and education, impoverished living conditions, and the denial of the inherent right of First Nations, Inuit, and Métis peoples to self-governance, self-determination and cultural continuity (Chandler and Lalonde 2009; Reading et al. 2010).

In order to avoid reproducing colonial ideologies of the noble savage, which paradoxically essentialize and romanticize Indigenous peoples even while effecting their dispossession, it is important to historicize – rather than naturalize – the associations Indigenous peoples currently make between culture and healing and both guiding concepts and lived experiences. The increasing salience of healing as a cultural and political imperative for Indigenous peoples must be understood within the context of Canadian settler colonialism and ongoing Indigenous anticolonial resistance. During the residential schools system, which operated from 1831 until 1996 across Canadian provinces and territories, the federal government partnered with church entities in order to “kill the Indian in the child”, as Duncan Campbell Scott, Deputy Superintendent General of Indian Affairs, laconically noted in 1920. Acting in tandem with other state policies of assimilation and dispossession, the systematization of child removal through the residential schools constituted an act of cultural genocide2, severely disrupting the intergenerational transmission of Indigenous cultural knowledges, languages, and family ties, compounded by the psychological, physical and sexual abuses that were pervasive in many of the schools. For Indigenous communities, healing from these abuses also necessarily entails the reclamation of cultural knowledges that were lost through state policies of forced child removal; in responses to these losses, what is now recognized as an Indigenous healing movement emerged nationwide in the 1980s, and it was deeply intertwined with projects of cultural revitalization specific to the realities and aspirations of particular communities (Kirmayer et al. 2009; Lane et al. 2002; Warry 1998).

During that period, Alkali Lake, a Secwepemc First Nation in British Columbia, developed a successful and widely emulated treatment program for alcohol abuse, pairing rehabilitation and cultural rediscovery and popularizing the notion that “culture is treatment” (York 1990; see also Brady 1995; Maracle 1993; McCormick 2000). Twenty years later, the funded projects of the Aboriginal Healing Foundation similarly built upon the understanding that “culture is good medicine” (Castellano 2006: 115, 130). Viewed from this perspective, healing becomes an important mechanism of revalorizing Indigenous identities and collectivities, a means to repair the attempted assimilation and cultural genocide institutionalized through the residential schools and a broader set of settler colonial policies (Adelson 2001, 2009).


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Healing, then, has emerged as a cultural aspiration and political imperative at a historically specific juncture where Indigenous communities are mobilizing to repair and seek reparations for the intergenerational repercussions of genocidal colonial policies. Having understood that the call for “healing” is not a timeless Indigenous quest, but the historical outcome of ongoing colonial relationships with the settler state, it becomes critical, then, to ask whether the federal government is sufficiently engaged in this process of reparation. In the following section of this paper, listing and analyzing the recent cuts to Indigenous-led agencies and organizations in the 2012 federal budget, I argue that even as discourses of Aboriginal healing continue to proliferate, the federal government is dramatically rolling back its commitments to funding the healing programs of Indigenous organizations, instantiating a neoliberal politics in which an individuated “healing” or “self-care” becomes a duty of responsible Indigenous citizenship in the absence of federal funding or infrastructural support.

Secondly, I turn in the subsequent sections of this paper to a more extended case study of contemporary discourses of Aboriginal healing. As we have seen, discourses on Aboriginal healing are far from monolithic and frequently contested, articulating a multiplicity of understandings and social and political interests. Specifically, I explore the widely influential pedagogical tools of the Aboriginal Healing Foundation as an ethnographic case study of rather different understandings of the “Good Healer” (Kishk Anaquot Health Research 2006: 55), which offer a radical alternative to the neoliberal formulation of healing as responsible individual self-care. Drawing on the recent theoretical work of anthropologist Elizabeth Povinelli (2011), I call attention to the very real risks of ‘exhaustion’ for transformative Indigenous understanding of healing in a context of dwindling, and racially targeted, funding and human resources. I return to the implications of these risks for Canada’s politics of reconciliation in the conclusion of this paper.

FROM HEALING TO “SELF-CARE”: ABORIGINAL HEALTH FUNDING IN AN AGE OF AUSTERITY

There are several reasons why the ubiquity of therapeutic and redemptive discourses should invite critical scholarly exploration. Firstly and most immediately, in a context where references to “healing” or “reconciliation” are so pervasive, it is crucial to question whether we have in place a concrete foundation of accessible programs and services, research, and sufficient institutional funding to effectively support Indigenous projects of healing and cultural resurgence, particularly when the resource-deprived conditions of many Indigenous communities are taken into account.

The recent 2012 federal budget provides incontrovertible evidence that this foundation is in fact collapsing. In press releases leaked gradually over the month of April 2012 with little public fanfare, funding cuts have been announced that will close the National Aboriginal Health Organization (NAHO), terminate federal funding for the health programming of the Native Women’s Association of Canada, Pauktuutit Inuit Women of Canada, the Métis National Council and the Congress of Aboriginal Peoples, and slash federal contributions to the health budgets of Inuit Tapiriit Kanatami and the Assembly of First Nations by 40% each.

Following in the wake of a 2010 federal decision not to renew funding for the Aboriginal Healing Foundation, these funding cuts belong to and further entrench a new phase of austerity and neoliberal policy for Indigenous peoples in Canada. While other demographic groups have also suffered from this recent round of cuts – note for instance the elimination of the Women’s Health Contribution Program, an annual fund supporting four research centres and two communications networks – it is clear that spending cuts in the health portfolio are primarily targeting Indigenous peoples. Indeed, when the federal Economic Action Plan (Public Works and Government Services Canada 2012: 21, emphasis added) claims that “Reflecting Canada’s strong economic and fiscal fundamentals, Canada will undertake… targeted reductions”

3 In this context, health and healing are only partly coterminous. The definition and measurement of “health” has a long history of scholarly and public debate, and reviewing this debate exceeds the scope of this paper. My point here is simpler, which is that Indigenous healing programs cannot occur in a funding vacuum, and that adequate federal funding of the health and social programs offered by Indigenous-led agencies and organizations is part of what is necessary for healing, in providing crucial resources and a necessary infrastructure for community healing programs.
in expenditure, it is difficult to overlook the racialized connotations of targeting in this context and their disproportionate impact on Indigenous peoples. As anthropologist Caroline Tait (2012) aptly observes, “aboriginal-determined and -directed health, healing and wellness work is not part of what the government considers should be reconciled in Canada’s time of ‘truth and reconciliation’”. The accessibility of Indigenous-led programs and services is directly endangered by this withdrawal of funds, and in the long term, defunding effectively contributes to muzzling these agencies’ capacity for research, alternative policy development, and advocacy on behalf of their communities.

This peculiar disjunction of discourses of healing and defunding of Indigenous-led programs that we are witnessing at the present time is not without historical precedent. While the scale and comprehensiveness of this latest round of funding cuts is especially alarming, this defunding nonetheless echoes earlier periods of fiscal austerity targeting Indigenous peoples, and merely inaugurates a new chapter in a long struggle over Indigenous self-determination in health policy and adequate funding of health services. Most immediately resonant here are the debates over the federal Indian Health Transfer Policy (IHTP) of 1988. The IHTP, which built upon the federal Indian Health Policy of 1979, was packaged as a strategic plan aimed at promoting Indigenous self-determination in matters of health. Indigenous communities were invited to enter into discussions with Health Canada and review their community health plans (Waldram et al. 2006: 268), with the understanding that an approved review would lead to community control of health services for each individual nation. The way the IHTP was implemented in practice, however, was that Indigenous communities gained control over existing health services, health research and planning, but were offered no funding for new services, including mental health promotion (Warry 1998: 97). It amounted to an effective downloading of health costs onto individual communities (Culhane Speck 1989; Jacklin and Warry 2004), which the chief of Mathias Colomb First Nation in Manitoba memorably termed “hav[ing] Indian people administer their own misery” (quoted in Connell et al. 1991: 44). Here too, in an earlier period of fiscal austerity, a disjunction obtained between discourses of Indigenous self-determination and an actual withdrawal of resources, abrogating what many Indigenous people understand as the “medicine chest clause”, a right to comprehensive medical services on the basis of their historic treaties with the Crown (Waldram et al. 2006: 173; Wieman 2009: 405).

Since the advent of neoliberal political ideologies in the 1980s, Canada has joined a broader global trend that favours an increasing emphasis on markets in the provision of goods and services, while dramatically shrinking the role of the welfare state. The impact of neoliberal policies on health is well documented: the reduction of health and social expenditures, along with the privatization of health services, effectively shifts the burden of cost from state coffers to individuals, families, and lower levels of government (Castro and Singer 2004; Navarro 2002, 2007). The current budget cuts to the Aboriginal health sector are therefore entirely consistent with a neoliberal approach to health policy, and likely to exacerbate inequalities in health and socio-economic status between Indigenous peoples and the rest of the Canadian population. As critical health researchers have noted, however, neoliberal ideologies do not only increase inequalities; importantly, they also instil values of individualism and responsible consumerist citizenship, at the expense of risk-pooling, social cohesion and the possibility of a broader culture of solidarity (Coburn 2000, 2004; Muntaner and Lynch 1999).

Anthropologists and other social theorists have developed an engaging literature on the ways in which neoliberal ideologies actively reshape subjectivity, which I define here, following João Biehl and colleagues, as “both a strategy of existence and a material and means of governance” (Biehl et al. 2007: 5). What Michel Foucault (1986: 43) termed “the care of the self” resonates as an example of how discipline is internalized in neoliberal contexts, a form of government based on “the conduct of conduct” (Foucault 1994: 237; cf. Foucault 1977a, 1993; Rose 1996). As Wendy Brown (2006: 694) elaborates, neoliberal policies “figure and produce citizens as individual entrepreneurs and consumers whose moral autonomy is measured by their capacity for ‘self-care’ – their ability to provide for their own needs and service their own ambitions”. Although self-care can and should be recognized as an expression of individual agency, it is also fundamentally a constrained “neoliberal agency” (Gershon 2011), one that directs subjects to perform certain responsible behaviours to replace or mitigate the hollowing out of state functions and services. As
anthropologist Emily Martin (2000: 582) illustrates, the neoliberal individual “comes to be made up of a flexible collection of assets; a person is proprietor of his or her self as a portfolio… People with the resources to do so are increasingly speaking of themselves as mini-corporations, collections of assets that must be continually invested in, nurtured, managed, and developed”. Health, in a neoliberal imaginary of social life, is the product of “individuated bodies engaged in private wagers” (Povinelli 2008: 517).

Investment and responsibility, within this neoliberal conceptualization, are properties of the individual will, and atomized, compartmentalized calculations. While it should be noted that individual responsibility is often a central principle and prescription for wellness in many Indigenous health traditions, they often emphasize individual responsibility within a supportive social context (see e.g. Couture and McGowan 2012), implying a collectivist foundation that is absent in neoliberal conceptualization of healing as “self-care”. Importantly, then, the oft-heard injunction for Indigenous people to heal themselves amidst dwindling financial and human resources provides a clear example of how directives for self-care can be used to conveniently exonerate the federal government for its declining commitments to funding the healing programs and other services provided by Indigenous-led organizations.

It should not be assumed, however, that the neoliberal vision of healing as an expedient, individualized form of self-care is universally or even commonly accepted by Indigenous people themselves. Indeed, this formulation of healing is exists in tension with alternative visions and understandings, and to provide one example, I explore in the following section the approaches to healing disseminated through the work of the Aboriginal Healing Foundation (AHF), which have also had a notable national impact through 1,346 funded contracts to locally based healing initiatives in Indigenous communities (Castellano 2006: 164).

AN EXHAUSTION OF GOOD HEALERS:
THE LIFE AND DEATH OF THE ABORIGINAL HEALING FOUNDATION

The AHF – along with the recently closed NAHO – was established in March 1998 as one of the recommended policy responses to the findings of the Royal Commission on Aboriginal Peoples, and was granted an initial endowment of $350 million, supplemented by additional federal contributions of $40 million in March 2005 and $125 million in April 2007, contributions which were not renewed in the March 2010 federal budget. Designed to support community healing initiatives that would address the intergenerational impacts of the residential school system, including physical, psychological, sexual and other classes of abuse, what differentiated the AHF from previous Indigenous community healing initiatives was its degree of interinstitutional and intercultural collaboration and its ultimate national scope (it was founded through an agreement between the federal government and five national Indigenous organizations – the Assembly of First Nations, Inuit Tapirisat of Canada (now Inuit Tapiriit Kanatami), the Métis National Council, the Congress of Aboriginal Peoples, and the Native Women’s Association of Canada, all of whom have now seen their health budgets slashed in the 2012 federal budget). Until the termination of its funding, the AHF was widely praised as an innovative actor in Indigenous mental health; a federal evaluation in 2009, a year prior to termination, deemed the AHF’s contribution highly effective, noting a high demand for its services and acknowledging that the healing “has only just begun” (Indian and Northern Affairs Canada 2009: 44-49).

The AHF promoted an approach that conceptualizes the community healing process as a trajectory of four stages or “seasons”: in the “winter” of stage 1, the “Journey Begins”, followed by steps of “Gathering Momentum” and “Hitting a Wall”, until stage 4 or “fall” brings communities “From Healing to Transformation” (Castellano 2006: 93; Lane et al. 2002: 63-73). Therapeutic modalities used in AHF projects have been diverse and commonly combine various Indigenous and non-traditional treatments, but program participants have tended to rate the more “traditional” methodologies, including counselling from Elders, talking circles, ceremonies, and traditional medicines as most effective (Kishk Anaquot Health Research 2006: 83), supporting and coinciding with the AHF’s view that “culture is good medicine” (Archibald 2006: 16, 46; Castellano 2006: 115, 130; Chansonneuve 2007: 1).

At the completion of the healing process, residential school survivors become “Survivors as Healers” (Castellano 2006: 158), who are then capacitated to share healing remedies with other survivors, or to help
people who are intergenerationally impacted by the legacy of residential schools within their own families and communities. The residential school survivor or intergenerationally impacted person who successfully completes a healing process becomes a “Good Healer” or “Good Helper”, and AHF project staff are also selected according to their “fit” with this category (Kishk Anaqout Health Research 2006: 55). Good Healers are conceived to be “modest people of few words, despite great power”, who are alcohol and drug-free and active in their communities with a “history of triumphant recovery”, “unmistakable inner peace” and “absolute self-acceptance” (Kishk Anaqout Health Research 2006: 52-53). The skills of a Good Healer can be applied to group facilitation, guiding recovery from trauma, suicide prevention, dissipating lateral violence, counselling sexual abuse victims or perpetrators and sharing their history and healing strategies, among many other listed possibilities (Castellano 2006: 92). The AHF recognizes that no single healer possesses all these skills and that “Good Healers prevail in good teams” (Kishk Anaqout Health Research 2006: 55) that combine these abilities.

In many respects, the Good Healer as formulated and disseminated by the AHF differs rather starkly from a neoliberal ethic of healing. In contrast to the neoliberal framing of atomized, individual subjects as responsible consumers of health and practitioners of self-care, the AHF conceptualizes good Indigenous healership as a fundamentally intersubjective and community-based process, in which the amelioration of residential school legacies requires residential school survivors and intergenerationally affected people to dialogue and help one another by sharing strategies for repair. The fact that revitalized Indigenous cultures are understood to be both a remedy and a health outcome underscores a firmly collectivist or sociocentric understanding of healing (see also Adelson 2000; Kirmayer et al. 2003; Kirmayer and Valaskakis 2009).

My discussion of the foregoing is not meant to imply that the therapeutic approaches promoted by the AHF constitute a counterhegemonic formulation of healing, or to suggest that neoliberal ethics of self-care, as articulated by domination institutions, does not take hold of or constrain Indigenous subjects in important ways. Quite the opposite: the termination of the AHF along with the other more recent closures means that residential school survivors and intergenerationally impacted Indigenous people are increasingly required to utilize only the health services covered by the First Nations and Inuit Health Branch of Health Canada; in short, in the current context, it pays to exclusively subscribe to or primarily engage with state and biomedically sanctioned approaches to healing. This dynamic reflects what Alfred and Corntassel (2005: 600) have termed a ‘politics of distraction’, noting how the ‘political-legal compartmentalization of community values often leads Indigenous nations to mimic the practices of dominant non-Indigenous legal-political institutions and adhere to state-sanctioned definitions of Indigenous identity’. Healing, then, as a project of regenerating Indigenous communities, is imperilled by this distraction, and redirected into familiar channels of bureaucratized administration of care, which, importantly, are seldom directed by Indigenous people themselves.

The questions I wish to raise about the risks of a neoliberalization of Indigenous healing do not stop at how health benefits are calculated, and through which organizations their coverage is approved. Rather, in the wake of the closure of the AHF and other Indigenous-led organizations, I argue that there is an even more significant danger. The discourses and conceptualizations of healing that these organizations have helped promote – collectivist in nature and founded upon principles of mutual help, responsibility, Indigenous cultural reclamation, and sovereignty amidst ongoing colonial state policies – may be absorbed by a neoliberal ethics of self-care, and ultimately “exhausted” (Povinelli 2011) in the wake of federal spending priorities.

As anthropologist Elizabeth Povinelli (2011: 118) observes, building on Foucault, “the state only rarely exercises its right to kill. Instead it directs life, letting those who wish to swim against the tide to do so until they cross a line or exhaust themselves… An authorless wager is made that very few people will be able to continue to preserve in the face of prevailing material obstacles”. In Povinelli’s theorization, alternative social projects (of which the AHF’s promotion of good Indigenous healership could be considered an example) create “alternative ethical substances”, a form of “excess” (124) that is at least in part sovereign unto itself, partly escaping the remit of dominant political actors even while it remains vulnerable to their influence. Starved of resources, however, the proponents of these alternative social projects run the risk of
exhaustion, of burning out (125), leaving their projects and visions of the otherwise subject to uptake, absorption and reconfiguration by dominant political actors like the Canadian state.

I argue here that this ambitious and even radical vision of healing as a collective project of Indigenous cultural reclamation, which the AHF has played an important part in promoting, regrettably faces the same risk of “exhaustion” that Povinelli identifies. The promotion of good Indigenous healership on the part of the AHF and other actors instils new health-related identities and subjectivities (see Whyte 2009) or forms of “biological citizenship” (Petryna 2002; Rose and Novas 2005) that inspire new ways of “becoming political” (Rose and Novas 2005: 454). Health becomes a crucible for other forms of social and political engagement, through its association with cultural revival, the redressing of colonial legacies, Indigenous sovereignty, and what the AHF terms “taking action in the spirit of self-determination” (Archibald 2006: 21).

The defunding of the AHF, NAHO and other organizations that sought to contribute to this process raises serious concerns that the momentum they have helped generate will not be sustained. As Povinelli (2011: 134) notes, this is precisely the challenge in the context of neoliberalism, which “works by colonizing the field of value – reducing all social values to one market value – exhausting alternative social projects by denying them sustenance”. It is the seeming indisputability of this market value that requires critical interrogation: much of the contemporary rhetoric of deficit reduction and the double-dip recession obfuscates the fact that federal budget decisions are the product of choices, a triage of priorities, and expressions of “biopower” (Foucault 1977b: 140), political rationalities that enable some subjects to live and allow others to die. The 2012 Canadian federal budget should be scrutinized in this light; it is not simply a policy document that responds to constraints, economic or otherwise, it also actively creates constraints for particular subjects through the new spending priorities it has chosen to emphasize, including the much-debated omnibus crime bill, the undermining of environmental impact assessment, the purchase of F-35 fighter jets for Arctic defence, and corporate tax cuts. In an interview with the Aboriginal Peoples Television Network (2012), Inuit Tapiriit Kanatami president Mary Simon explicitly connects the priorities that have risen to and fallen from prominence in the 2012 federal budget:

“If you’re talking about militarization and sovereignty issues, and you can’t take care of your own communities and make them healthy and vibrant and educated, you’re not talking about real sovereignty. Real sovereignty means having people live there permanently, and we [Inuit and other Indigenous peoples] are the people that live there permanently”.

The “living there” to which Simon gestures in her remarks is laden with both the everyday miseries and miracles of Indigenous endurance in the context of Canadian settler colonialism. This “endurance” (Povinelli 2011: 127-128) points to continuities and intractability in the relationship between Indigenous peoples and the Canadian state, rather than the radical ruptures promised by rhetoric of healing and reconciliation, an argument to which I now turn in the conclusion of this paper.

CONCLUSION: RECKONING RECONCILIATION

At the present time, the truth(s) that are promised to crystallize through the Truth and Reconciliation Commission and other components of the Indian Residential Schools Settlement Agreement remain unclear. What is more immediately apparent is that Canada’s era of “Truth and Reconciliation” presents some important paradoxes that themselves would appear to necessitate a reconciliation of some kind. In this paper, I have sought to explore and critically analyze one such paradox: the current prominence of discourses of Aboriginal healing in Canadian political culture, in spite of a context of neoliberal austerity at the federal policy level that disproportionately targets Indigenous peoples and cuts back much of the infrastructure required for such a healing to take place.

Discourses and practices of healing articulate important and often radical objectives for First Nations, Inuit and Métis communities, including cultural revitalization, demands for reparations for the Indian Residential Schools and other colonial legacies, as well as mobilization toward self-determination. Important, however, they coincide with a period of neoliberal austerity in which the funding and resources required to sustain such projects are jeopardized by other federal spending priorities. Neoliberal ideologies have proven
eminently capable of absorbing oppositional discourses (Muehlebach 2009), and the very concept of healing, in this context, risks depoliticization and absorption into a neoliberal ethic of self-care and responsible citizenship that is intended to substitute for adequate state investment in health and social programming for Canada's most historically oppressed populations.

Viewed in this light, the current calls for healing and reconciliation at the national political level seem premature and disingenuous, if by healing and reconciliation we mean state-sanctioned spectacles that hollow out any substantive change in federal policy on Indigenous issues, along with the necessary collective reflection that the Indian Residential Schools and other legacies of settler colonialism are due. We should not be tempted by the redemptive rhetoric of reconciliation or of “reset[ting] the relationship” (Office of the Prime Minister 2012) that Prime Minister Stephen Harper suggested in the January 2012 Crown-First Nations Gathering. As Henderson and Wakeham (2009: 7) trenchantly observe, “The problem at the level of relations between Indigenous and non-Indigenous institutions in Canada is not one of inadequate closure, as statements like the prime minister's 2008 apology might suggest, but one of repeated, pre-emptive attempts at reaching closure and ‘cure’.” Indeed, amidst new talk of healing – but old patterns of state withdrawal from its responsibility to Indigenous peoples – discourses of “resetting the relationship” with Indigenous peoples in Canada obfuscate the need for a far more systematic reflection – and decolonizing action – on the nature of this relationship. Let us recall Prime Minister Stephen Harper’s Apology to Former Students of Indian Residential Schools, which admitted that “the burden of this experience has been on [Indigenous] shoulders for far too long… The burden is properly ours as a government, and as a country” (Office of the Prime Minister 2008). Only four years later, it is clear that the 2012 funding cuts re-burden Indigenous peoples with the lion’s share of the responsibility for managing the legacies of settler colonialism for their communities, suggesting that a true spirit of responsibility is far from evident in the politics of reconciliation that currently dominate Indigenous-state relations.

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