

Who Receives the Gift of Life? The Gendered Settler-Colonial Project and the Case of Delilah Saunders

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An organ donation is a matter of life and death in the most literal sense, meaning the Trillium Gift of Life Organ Donation Network, the regulatory body for organ donations in Ontario, is aptly named. In December of 2017, Delilah Saunders, an Inuk activist for the rights of missing and murdered Indigenous women and girls, went into acute liver failure and was refused a spot on their waiting list. What was the reason the Trillium network cited in refusing Ms. Saunders? She had failed to meet the requirement of a prior sixth-month period of sobriety, a sixth month period wherein she had also been called to testify on the 2014 murder of her sister Loretta at the National Inquiry on Murdered and Missing Indigenous Women and Girls. The refusal gained national media attention and sparked furious debate, especially regarding the larger issue of the discriminatory experiences of Indigenous women in the Canadian health system. This paper argues that the policy that led to the decision to refuse Delilah Saunders a liver transplant, when analyzed through the intersecting lenses of gender and settler-colonialism, displays the continued commitment of Canada to the settler-colonial logic of elimination, especially regarding Indigenous women.

Introduction

An organ donation is a matter of life and death in the most literal sense, meaning the Trillium Gift of Life Organ Donation Network is aptly named. In December of 2017, Delilah Saunders, an Inuk activist for the rights of missing and murdered Indigenous women and girls, went into acute liver failure and was refused this gift, a spot on the Ontario organ donation waiting list because she had failed to meet the requirement of a prior sixth-month period of sobriety (Canadian Press 2017). Saunders had begun her advocacy in 2014, after the murder of her sister, Loretta Saunders. The refusal gained national media attention and sparked furious debate. Saunders considered legal action in order to change the policy, which had already received criticism, and drew attention to the larger issue of the discriminatory experiences of Indigenous women in the Canadian health system (Meloney 2017). This paper will argue that the ‘impartial’ policy that led to the decision of the Trillium Gift of Life Network to refuse Delilah Saunders a liver transplant, when analyzed through the intersecting lenses of gender and settler-colonialism, displays the continued commitment of Canada to the settler-colonial logic of elimination, especially regarding Indigenous women. I will examine how the bodies of Indigenous peoples, and

violence against those bodies, is inextricably linked to the process of settler colonization, and how the deep gendering of such a logic constructs the bodies of Indigenous women specifically as threatening to the nation. The specificities of this case, especially the links between the perceptions of Aboriginal women within the Canadian healthcare system, alcohol, indigeneity and the state, and Delilah Saunders' position as an Indigenous activist each serves to contextualize the refusal to place Ms. Saunders on the transplant waiting list. Considering the context reveals such an action to be much more than the application of a universal policy, and in fact, deeply connected with the historical and ongoing processes of settler colonialism. In researching as a settler and beneficiary of settler colonialism, I intend to emphasize the works of Indigenous scholars that center and legitimize the lived experience of Indigenous people as a source of knowledge. I undertook this effort in the recognition that processes and policies often deemed equal and rational, such as that which prevented the Trillium network from placing Delilah Saunders on the transplant waiting list, are in fact deeply informed by structures of oppression which I will never be able to fully represent.

Indigenous Women and the Logic of Elimination

While the formation of settler society is often discursively located in the past, it is important to locate contemporary individual experiences amidst the acknowledgement that settler colonialism is an ongoing operating logic that involves both the state and the individuals who comprise that state, and is not a discrete historical event. Patrick Wolfe's (2008) piece on how to appropriately link settler colonialism with the concept of genocide frames the settler-colonial "logic of elimination" as such a process, a theory that can help place the treatment of Ms. Saunders in its larger context. Wolfe proposes that the appropriation of Indigenous land, which requires the elimination of Indigenous bodies to claim the land, is conceptualizable as a set of concrete events, but is also a logic reflected in the "different modalities, discourses, and institutional formations as it undergirds the historical development and complexification of settler society" (2008, 120-21). Wolfe demonstrates that the state's imperative to assimilate or annihilate Indigenous bodies is seen not only in the concrete steps towards elimination that the state took in history, but also in the way institutions are formed. Additionally, the rationale behind the actions of settlers past and present are implicated in this process as their interests become intertwined with those of the state (2008). The debate of settlers over Delilah Saunders' access to lifesaving medical treatment is therefore symptomatic of the settler concern about Indigenous bodies, even though such concern presents itself in the context of an individual's experience with an 'impartial policy'. Such 'impartial policies' were not created in a vacuum and are not arbitrated by completely unaffected persons, and Wolfe demonstrates that the logic of settler colonialism is contemporary and belongs to more than the state.

Important to understanding the challenge the case of Ms. Saunders' posed to the state and the nation is the especially contested position of Indigenous women within the logic of settler-colonialism. Audra Simpson notes that it is because Indigenous women embody the reproductive possibilities of Indigenous life, in both physical and political ways, their destruction is essential in maintaining the sovereignty of the settler-colonial state (2016). Indigenous women exist at the intersection of racialization and patriation, and their bodies are intimately connected to the settler-colonial imperative of Indigenous dispossession. Therefore, violence against them is widespread, goes un-noted, unprosecuted, and unquestioned (Simpson 2016). As stated by Simpson in reference to Chief Theresa Spence, but equally applicable to the case of Ms. Saunders that: "...were she to have died, her body would have been in fact, the

eliminatory logic of the state laid bare, and made all too real” (Simpson 2016, *Flesh and Sovereignty*). Delilah Saunders, as an Indigenous woman, came face to face with the eliminatory logic of the state and its settlers, not only in the murder of her sister Loretta, but in the state’s own indifference to her life when it placed it in jeopardy. The logic of settler colonialism had put in place the conditions for her struggle and used the sobriety policy to continue the same ‘destruction in absentia’ process that contributed to the disregard for murdered and missing Indigenous women and girls. When we acknowledge this logic we must consider the ways in which the state formed the policy used against Ms. Saunders, its importance, and the role of settler-colonialism in shaping Ms. Saunders’ previous experiences in order to fully understand how a debate about the life and death of an Inuk woman provided such a challenge to Canada.

Why Delilah? Consideration and Trauma

As the bodies of Indigenous women come to bear the violence of the state and its people in attempts to destroy Indigenous political orders and ways of life, the state healthcare system becomes another tool of settler-colonialism. In the healthcare system, decisions about who receives the resources to live a full life occur, and so the treatment (and non-treatment) of Indigenous women betray a lapse in the ‘universality’ that it is often attributed. Healthcare regulations crafted in resistance to Aboriginal entitlement continually discredit and marginalize Aboriginal women within the construction of the policies themselves (Fiske and Browne 2006). The institutional logic of the body that writes policies place certain subjects in greater degrees of surveillance, degrees that often coincide with racist stereotypes and assumptions (103). Fiske and Browne demonstrate that the language of policy and the resulting degrees of surveillance construct Aboriginal women as discredited medical subjects, creating a healthcare system in which “their expressed medical needs may be received with skepticism and disapproval even as they find themselves under greater scrutiny” (103). In the contemporary neoliberal context strategic surveillance-as-discretization technique becomes an expedient means of re-enforcing discourses of fiscal accountability that delegitimize citizen’s moral claims on the state (106). The \$110,000 the Canadian state spent fighting a legal battle against paying for braces for Josey Willier, a teen from Sucker Creek First Nation, displays another instance of the Canadian state distancing itself from its responsibility for the health of Indigenous women (Kassam 2017). The neoliberal Canadian state has a vested interest in refusing Indigenous women healthcare, in both limiting costs and in continuing to operate under the imperatives of gendered settler colonialism. Due to these interests within the system, the non-treatment of Delilah Saunders due to her previous history with alcohol abuse may not have been specifically because of the risks of alcohol abuse prior to transplantation, but due to the existence of such a policy at all and the prerogative of health practitioners to apply it in their own discretion.

The main concern of many who agreed with the decision of the Trillium Gift of Life Network to refuse Delilah Saunders was her history of alcohol abuse. Concerned parties frequently raised the issue of Saunders’ recent alcohol abuse to invalidate her claim to an equal degree of medical treatment, as such sentiments convey the perception that her medical crises were entirely of her own creation. The complex history of indigeneity and alcohol in Canada is an inextricable piece of the debate, but actually serves to further indict the Canadian state rather than Ms. Saunders herself. The use of alcohol and its surrounding body of policies to control Indigenous lives has a well-documented history in Canada, despite racist stereotypes that link alcohol abuse with the personal failures of Indigenous peoples. In his work on the complex way alcohol policy facilitated both the assimilation and exclusion of Indigenous peoples from the

Canadian state, Robert A. Campbell traces the history of the Canadian government's control of access to alcohol for Indigenous peoples and the processes intimate connection with membership in the state (2008). Beginning even prior to Confederation, Indigenous people were completely barred from possessing or consuming alcohol, a policy that was an explicit part of the 'civilizing' process enforced by settlers from missionaries to the Canadian state, despite the prevalence of alcohol abuse in Indigenous communities and white settlements alike. After confederation, the consumption of alcohol was racialized even more significantly, as only First Nations people who gave up their status and became enfranchised were legally able to possess alcohol, and the *Indian Act* specified that Indigenous bodies had to be demonstrably sober before becoming eligible for enfranchisement (Campbell 2008, 107-109). These policies served to intimately connect Indigenous identity, membership in the Canadian state, and the consumption of alcohol. In order to be a full member of the nation and to be treated with a similar level of concern and care as settlers, Indigenous bodies were, and continually are held to different standards, especially in the context of alcohol policy. A substantive definition of citizenship that includes entitlement to government services like healthcare makes clear the lack of consideration as a 'proper' citizen Delilah Saunders is given. In using her relationship with alcohol as a reason to exclude her from the benefits of being a member of the state, the Trillium network re-invoked a set of beliefs and strategies that echo the government's historic approach to Indigenous bodies and alcohol, a continuation of settler-colonialism.

Also important to consider in the case of Delilah Saunders is her role as an activist and how her case displays both the personal cost of being an outspoken Indigenous woman, and what role this might have played in her failure to meet the sobriety requirements for organ donation. Ms. Saunders herself connected the emotionally charged and draining process of testifying about the murder of her sister at the National Inquiry into Murder and Missing Women and Girls to her relapse into alcohol abuse. Saunders had begun drinking shortly after her sister's death, but she had been sober for seven months prior to her testimony (Canadian Press 2017). There is an understood connection between the ongoing experience of trauma and alcohol abuse, a relationship that was not considered in refusing Ms. Saunders' spot on the donation waiting list. In her work on Indigenous women activists in Canada and their role in moving the ongoing abuses of colonialism into the public sphere in Canadian discourses, Dian Million notes that the very structure of tribunals engages with trauma (2008, 268). Million proposes that because tribunals depend upon the participants to connect the past with the present, and in a way "return to the sight of the crime," they force victims to publicize their trauma (268). Indigenous women feel the impact of not only the incredible trauma of experiencing violence, but also the secondary trauma of having to account their experiences in activism to push for their recognition and action towards a resolution. These acts of incredible resistance move the abuses of settler colonialism out of the weak consideration of the private sphere and into the public, destroying 'objective' colonial histories (Million 2008). Delilah Saunders took upon herself the mantle of publicizing her family's trauma and making public the negligence of the colonial state in her sister Loretta's death, but was not able to have her own alcohol abuse connected to public histories of trauma. A failure to acknowledge the complex associations between alcohol abuse and trauma pushes the issues of Indigenous women back into the private sphere and allows for further negligence of the colonial state regarding the ongoing role they play in the destruction of Indigenous women's lives.

Making Visible: Trauma-Informed Care

When the trauma faced by Indigenous women at the hands of the state becomes publicly recognized, it is apparent that there is a need to re-examine decision-making in healthcare. The healthcare system must ensure more women like Delilah Saunders do not continue to slip through the cracks caused by the inability of current policies to properly acknowledge the ongoing complexity of the Indigenous experience in Canada. Interviews with Aboriginal people who had accessed the healthcare system in British Columbia reveal that current policies, and medical professionals themselves, often render Indigenous people's histories invisible while highlighting their Indigeneity in a problematic way, as an issue that must be "dealt with" (Hole et al. 2015, 1670). Interestingly, many of the healthcare practitioners interviewed in these studies placed an emphasis on the need for "equality" in healthcare, in that they aimed to treat Aboriginal patients the same as white patients (1670). This is the issue faced by Delilah Saunders, in that it was expected that the policy that kept her from the possibility of receiving a new liver would impact all patients the same way despite their position within the structure of colonialism. Aboriginal people within the previously mentioned study called for nonracist healthcare and policies cognisant of social and historical factors that influence the need for healthcare and the cultural desires of Indigenous patients (1671). Moreover, policies in healthcare have to contend not only with the differing needs of Indigenous peoples but also with Indigenous women specifically as subjects with frequent experiences of trauma. A 2016 ethnographic study on increasing Indigenous healthcare equity prioritised trauma and violence informed care as one of their ten strategies towards improving services, noting that "without a broader understanding of the intertwining nature of trauma, pain, and substance use, negative judgments conveyed to patients, particularly those who experience problematic substance use, can have harmful consequences" (Browne et al. 2016, 12). Indigenous equity in healthcare necessitates the recognition that trauma is an experience that informs medical need, which could have drastically altered the interaction between Delilah Saunders and the Trillium Gift of Life network.

Conclusion

Without rethinking both the concept of 'impartiality' in healthcare and the recognition that universal policies can perpetuate violence, the eliminatory project of settler-colonialism continues to enact violence against Indigenous women. In her illness, Delilah Saunders became subject to the same potential destruction stemming from disregard that she testified against in advocating for Missing and Murdered Indigenous Women and Girls such as her sister. Delilah Saunders' claim to healthcare forced settlers and the settler state alike to contend with complex histories of alcohol and Indigenous recognition by the state, the ongoing regulation and problematization of the bodies of Indigenous women and the power and vulnerability of an outspoken Indigenous woman fighting to bring the violence of settler-colonialism to public consciousness. In the course of researching this work as a settler complicated my understanding of the suitability and the extent of our current steps towards 'reconciliation' under the Canadian state. Ms. Saunders' case displays that the project of ending gendered settler-colonial violence must indeed occur more than in word. The processes of decolonization must include more than apologies that acknowledge the historicized narrative of annihilation, and address the policies and institutional logic that perpetuates settler violence against Indigenous bodies, and especially women, today.

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