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The management of indigenous difference in Toronto's queer service sector

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While the 'problem' and 'pathological' logics pinned onto the bodies and minds of Indigenous peoples have been exposed as key contributors to the sustainment of white settler colonialism in Canada, their influence on the practices of lesbian, gay, bisexual, trans, and queer (LGBTQ) service providers working within queer service provision in Canada has received little scrutiny. This paper, evolving out of the narratives of 41 non-Indigenous LGBTQ research participants, showcases how the biopolitics and necropolitics of settler colonialism percolate within queer service provision in Toronto. I pay particular attention to the narratives of encounters with Indigeneity used to lock Indigenous peoples into 'deficits' – used to sustain their invisibility, erasure, and containment. In reviewing the research participants' narratives, this paper calls for a settler colonial analytic within queer service provision in order to start dialogue surrounding individual and practice approaches and the institutional structures that sustain white settler colonialism. Findings highlight the normative practices used by service providers and the ways in which those practices further white supremacist and settler colonial projects.

Introduction

Across the world, white settler colonialism¹ continues to constrain, inflict violence upon, assimilate, and effectively erase Indigenous peoples' lives, communities, nations, and lands.² The recent Truth and Reconciliation Commission report³ indicated that residential schooling in Canada has caused Indigenous children to experience horrific trauma and cultural genocide – a genocide still in effect in the present day. While the last residential school in Canada closed in 1996, other institutions such as the child welfare system⁴ and contemporary queer service provision⁵ continue the legacy of white settler colonialism. In fact, as Dian Millon argues, the contemporary service provisional sector has been set up to support and help Indigenous peoples based on their injury, and indeed has become an industry created out of their trauma.⁶

Indeed, this industry is made possible through the biopolitics and power of settler colonialism: as 'a historical and *present* condition and method of all such power' of the 'biopolitical state, regimes of global governance, and the war on terror'.⁷ Michel Foucault's theorization of biopolitics as 'power over life'⁸ explains how bodies become disciplined and populations controlled. Within the context of global public health regimes, Vinh Kim Nguyen contends that biopolitical technologies are utilized within an individual life as a way 'to discipline, regulate, and monitor bodily conduct'.⁹ Thus, biopolitics is used to manage life by producing particular peoples – that is, those who can contribute to neoliberal civility – as worthy of life and care. In this process of managing and containing who is deserving of life and care, Scott Morgensen

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argues, the biopolitics of settler colonialism recognizes ‘Indigenous peoples [as] a provisional [form of] humanity for amalgamation by settler nations, where their elimination nevertheless follows whether they defy or conform to a promised consanguinity with settlers who replace’.¹⁰ Within white settler colonial institutions, such as contemporary service provision,¹¹ Indigenous peoples become produced and reproduced as ‘deficits’, ‘problems’, and/or ‘pathologies’, who ultimately require correction, assimilation, and/or erasure.¹²

Extending Foucault’s use of biopolitics, Achille Mbembe theorized necropolitics within the particular site of the plantation, which allowed white slave owners to understand black slaves and their existences as already dead.¹³ Utilizing Mbembe’s work, Sherene Razack looks into the inquests held into Indigenous men dying in police custody in Canada and has noted that the necropolitical construction of Indigenous peoples produces them as being unworthy of help or intervention. Razack has argued that Indigenous peoples are considered to be ‘bodies on whom a full measure of care would be wasted, bodies marked for death, more so than they are marked for exploitation’.¹⁴ Necropolitics also provides an avenue to theorize how Indigenous bodies are removed from spaces of belonging or worth. For example, I have shown how the media coverage in Caledonia has used disability tropes to relocate Indigenous peoples to ‘pathologies’ – placing them in a perpetual state of abnormalcy.¹⁵ I exposed how the imbricated logics of settler colonialism and ableism position Indigenous peoples as ‘less-than-human’ to rationalize their routine erasure and delegitimize their rightful claims to the land.¹⁶

It is precisely the necropolitics and biopolitics of white settler colonialism that this paper takes up in detail in order to explore how Indigenous peoples are deemed unworthy of care and support. Moreover, I ask how these ‘problem’ and ‘pathological’ frameworks pinned onto the bodies and minds of Indigenous peoples are used to further white settler colonial projects in Canada. I hone in on queer service provision – lesbian, gay, bisexual, trans, and queer (LGBTQ) organizations aimed at advancing the lives of LGBTQ peoples and at combatting the individual and systemic nature of homophobia and transphobia within Canadian society – as producing a politics of care. A politics of care in which some lives become livable, and worth caring for, while others become degenerate, and, indeed, worth letting die. As such, I discuss how non-Indigenous LGBTQ service providers working within queer service provision in downtown Toronto mobilize a politics of care through their evocations of saving or helping discourses within their work life. In order to uncover the ways in which white settler colonialism remains pervasive within queer service provision, I first outline my methodological decision to base this analysis of white settler colonialism within the narratives of 41 non-Indigenous LGBTQ service providers. Next, I lay out how white settler colonialism resides within the walls queer service provision. I then theorize the various degrees to which white settler colonialism percolates within queer service provision as a way to manage Indigenous peoples’ differences, and conclude by considering how such a politics of care might be ruptured as one way to practice settler decolonization.

Methodology

I utilized qualitative methodology, in the form of in-depth interviews, as a way to uncover the ways in which white settler colonialism enters into the encounters non-Indigenous LGBTQ service providers have with Indigeneity. In-depth interviews provide the context to ‘move beyond our experiences and ideas and ... really [try to] understand the other person’s point of view’.¹⁷ I chose to speak with non-Indigenous LGBTQ service providers who were working or volunteering at the time of the interviews, or had previously worked or volunteered, in queer service provision in downtown Toronto. In order to connect with research participants, purposive and snowball sampling methods were used and research study information was sent out to

acquaintances, agencies, and list serves frequented by LGBTQ service providers. Once contacted, I screened prospective research participants for eligibility. Chosen participants needed to: (1) self-identify as non-Indigenous; (2) self-identify as LGBTQ; (3) work or have worked at a queer service organization in downtown Toronto; and (4) be over the age of 18. Participants typically came from larger queer organizations in the city that had a mandate or mission to serve all queer communities in Toronto.

Rooting settler colonialism in service provision

In order to address the workings of white settler colonialism within contemporary queer service provision and within the everyday social relations non-Indigenous LGBTQ service providers have with Indigeneity, it is important to look at residential schooling and contemporary service provision in Canada and their ramifications as white settler colonial institutions that have had long-lasting effects in the past and into the present day. In 1884, the Indian Act legislated the forcible removal of Indigenous children from their families and their subsequent mandatory attendance at residential school.¹⁸ Residential school educators mobilized a helping ethos as one way to rid Indigenous children of their culture and assimilate them into the larger white settler Canadian culture for their ‘best interests’. Residential school educators, under a Christian ethos, presumed that Indigenous children would need to be brought into modernity and receive an education fit for the ‘civilized’.¹⁹ As such, white settler colonial education inflicted (cultural) genocide onto Indigenous life, whereby the daily practices, teachings, and languages of Indigenous peoples were not permitted in residential schools and the children were regularly scrutinized, violently ridiculed, sexually violated, and severely punished for their simply being.²⁰

Residential school educators mobilized a politics of care under the guise of helping and paternalism within a white settler colonial logic, since they perceived themselves as knowing what was best for Indigenous children (and for Indigenous nations as a whole). Then, as ‘a prelude to the end of mandatory residential schooling, the system ... shape-shifted into a different form: the child welfare system’s infamous “60s Scoop”’.²¹ Although Indigenous children were apprehended from their communities prior to the 1960s, during the ‘60s Scoop’ large numbers of child welfare workers swooped into Indigenous families and communities and removed Indigenous children for their own ‘best interests’. The child welfare system sought to formally mandate and legislate white settler colonialism by providing child welfare workers the opportunity to exert control over and govern Indigenous nations, particularly Indigenous mothers.²² As a result, Indigenous children who were removed from their families were placed into white settler households, and typically experienced tremendous brutality in the form of malnourishment and even physical and/or sexual abuse. The child welfare system thus further facilitated cultural genocide through the total loss of Indigenous children’s culture, language, and traditions.²³

Residential schooling and the child welfare system provide the context and background to consider how contemporary service provision produces non-Indigenous service providers and their helping within larger projects of white racism and settler colonialism. As contemporary service providers continue to provide support to and assist Indigenous peoples in Toronto’s queer service sector, it is important for questioning to occur around the origins of such care as being based in white supremacist and settler colonial logics. The legacy of white settler colonial roots brings to service provision assumptions around who is accessing services and what those services should provide – namely, Indigenous peoples with ‘problems’ who require rescuing and assistance.

Indigenous-led service provision is currently being developed to decentre the colonizing imposition of Western bio-medical and psychiatric institutions, and the normative interpretations of Indigenous peoples as ‘problems’, by re-centring Indigenous knowledge and forms of

healing.²⁴ Yet, within contemporary service provision (e.g. informal counselling, addictions support services, and drop-in programmes), which is heavily influenced by bio-medical and psychiatric regimes, the colonial trauma experienced by Indigenous peoples is typically relocated to individuality, as a ‘problem’ of the mind, or as a consequence of one’s life circumstances.²⁵ But, as Millon argues, trauma that Indigenous peoples experience must be connected to contemporary colonial life.²⁶ Trauma, then, is situated temporally as it changes and compounds over time for Indigenous peoples, communities, and nations. Non-Indigenous service providers working with Indigenous peoples who have experienced trauma typically erase their colonial trauma and multigenerational loss by individualizing their experiences of trauma. This is particularly pressing in the current moment, since within the context of queer service provision, sexuality and gender are centralized as primary – and individual – causes of concern, while other axes of oppression are typically left disconnected.²⁷ In other words, the multigenerational trauma and loss experienced by Indigenous peoples is transformed into an individualized focus of concern based on the centralization of sexuality and gender. Moreover, as Millon asserted, Indigenous peoples can heal from historical and colonial trauma outside of bio-medical or psychiatric regimes. The modalities of healing within Indigenous communities can centre decolonization and self-determination, which do not necessarily need to be confined to neoliberalism – since Indigenous healing requires community because the entire nation is impacted.²⁸ Importantly, Millon has cautioned those who mobilize the discourse of healing to consider how Indigenous peoples are re-colonized by mainstream white-normed bio-medical and psychiatric regimes.

The ‘problem’ status that is readily pinned onto Indigenous peoples’ bodies and minds also enters into substance use treatment programmes. Richard Thatcher discussed how alcohol treatments in Canada continue to be abstinence based and cannot simply be transferred onto Indigenous peoples.²⁹ Thatcher defined the ‘firewater complex’ as a set of cultural beliefs that assume Indigenous peoples are naturally ‘alcoholic’, which fuels the popular understanding and perception that the only way to stop alcoholism within Indigenous communities is to invest in a ‘disease model’ that frames the ‘problem’ as alcohol abuse. As Thatcher suggested:

the firewater complex is not only a set of beliefs about the vulnerability to alcohol of First Nations people, it also includes a set of informal beliefs that guide the drinking pattern of socially disaffected band members, implicitly justify drunken episodes, and serve as an excuse for drunken comportment.³⁰

Thatcher further argued that, historically, alcohol treatment programmes for Indigenous peoples ‘largely gr[ew] out of paternalistic, federal responses to social problems in First Nations ... aimed at alcohol abuse’.³¹ In other words, the sole focus on alcoholism does little to address the larger structural apparatuses that make alcohol use an appropriate coping mechanism – one can live through Indigenous experiences of loss, trauma, and (cultural) genocide. Thus, I echo Thatcher’s assertion that the colonial bio-medical discourses embedded within service provision today rely on the ‘deficit’ construction of Indigenous peoples and relocate alcoholism as an individual problem, rather than as a consequence of the effects of colonialism.

However, following Millon and Thatcher, attention must be directed towards the white supremacist and settler colonial structure of contemporary service provision, of which queer service provision is a part. Therefore, I look to the everyday practices mobilized by non-Indigenous LGBTQ service providers as sustaining white settler colonialism in their attempts to appear good about their help. The service providers I spoke with positioned the normative LGBTQ subject as one who is worthy of care, while simultaneously fitting the Indigenous subject outside of the LGBTQ spectrum, and consequently as not as worthy of care or help. In order to provide a space for a broader understanding of how a politics of care operates within queer

service provision in Toronto to sustain white settler colonialism, I now move to an exploration of the research participants' narratives of encounters with Indigeneity.

Positioning difference

The research participants' narratives positioned Indigeneity differently – as unimaginable, unworthy of care, and at times, too difficult to care for. These biopolitical and necropolitical logics used to position Indigenous peoples differently are normalized within the general culture of white settler colonialism in Canada, as it is a white settler society. These logics have become normalized within queer service provision, which derives benefits from the broader white settler culture of the management of people of colour and Indigenous peoples, albeit differently.³² When these constructions continue to be taken up in queer service provision – even in forms that are intended as anti-racist, or as embracing of Indigenous people – they provide non-Indigenous LGBTQ service providers with an opportunity to individualize the historical and contemporary ramifications of white settler colonialism that make such problematic constructions of Indigenous peoples possible. To illuminate this point, below I present some stories that mark and depict Indigenous peoples differently – constructing them to be outside of white settler rationality and neoliberal models of care.

Jett, a 49-year-old white gay cisman, spoke with me about how Indigenous peoples continually face barriers within queer and trans-communities in Toronto.

Q: In your opinion, is the LGBTQ community concerned with people of colour?

A: Yes, perhaps more so than the Aboriginal community. I think Aboriginals are very marginalized, misunderstood, ostracized in lots of ways. I think lots of people of colour can fit in and maybe be more generally accepted.

Q: Why do you say that?

A: There is a lot of prejudice towards First Nations people. My impression, I guess, in talking to lots of folks, is that people feel that Aboriginal folks do not really want to fit in. They do not really want to assimilate. But that creates challenges for a lot of people who are not sensitive to that. And, who really wants to have to deal with someone who has a lot of, maybe, anger.³³

Jett's narrative illustrates that he feels people of colour want to assimilate, that some people of colour have assimilated successfully, and that it would be a good idea for people of colour and Indigenous peoples to assimilate. However, within Jett's narrative, the assimilation of people of colour is into something that is never named. It is clear that Jett holds a strong investment in the normalization of white settler colonialism as the only mode through which people are allowed to be understood as human. Jett's story provides a context to consider the ways in which whiteness is normalized within queer and trans-communities, whereby the mythology that people of colour are required to assimilate is sustained, and the ongoing struggles of Indigenous peoples for self-determination and sovereignty are reduced to the realm of individuality and a product of their own anger. Connecting Pat O'Shane's scholarship³⁴ to Jett's narrative, Indigenous peoples within LGBTQ communities in Toronto are marked as disruptive (i.e. they are angry) vis-à-vis their unwillingness to assimilate and accept the white settler colonial conditions placed upon their lives. Placed in conjunction with Jodi Byrd's theorization of the function of Indigeneity as transit,³⁵ Jett's narrative illuminates how the necropolitics of eliminating Indigeneity forces the status of non-Indigenous peoples to exist indefinitely so that Indigenous peoples can be perpetually subjugated. Here, white settler colonial logics are exposed to construct people of colour as assimilable and Indigenous peoples as too difficult to care for due to their anger. Jett's

narrative can be situated within the larger historical process of service provision that regularly requires Indigenous peoples to stifle their anger – and indeed be content with their own genocide – and assimilate themselves into white settler normativity if they are ever to receive adequate support and care.

Upon completing our interview, Nicole, a 46-year-old white queer ciswoman, shared an important story of how some Indigenous youth reacted to one of the workshops that happened at her organization.

Q: Are there any additional issues you think need to be raised as part of this research?

A: Just thinking off the top of my head, one question might be: what are the needs of ... what are the needs expressed by the First Nations people that you have met? I can answer that. I find that the ones who self-identify and there are a range of personalities and peoples who are experiencing their own challenges for complex reasons so the voices come loaded. We have been challenged by Indigenous youth saying that the workshops we run do not speak to them. For example, we ran a workshop about how to vote. We wanted all of the youth to ask questions when voting. Yet, we received word that the workshop does not speak to First Nations youth. Before the last federal election we had a conversation about issues to consider before voting and one of the issues that came up was around First Nations solidarity. But because the staff were white, the youth challenged them saying, ‘you do not know what you are talking about, you are Othering me.’ The staff was saying, ‘well, we are actually trying to be allies and be in solidarity.’ So this workshop did not meet the youth’s needs and they did not feel safe. I think it is about not wanting to have their issues outed in that environment.³⁶

Nicole’s narrative indicates that in the context of talking about voting, once the issue of Indigenous peoples’ relationship to the Canadian nation-state came up, the Indigenous youth attending the workshop argued that the service providers had no idea about how these issues truly impact Indigenous peoples. Nicole concluded by connecting the challenges Indigenous youth had with the voting workshop with that of not wanting their ‘issues outed’. However, what is missing from Nicole’s narrative is her difficulty in considering how her own leadership surrounding the voting workshop directly impacted how queer service provision operated in this context. Constructing the Indigenous youth as ‘not feeling safe’ and, as a result, viewing them as not wanting their issues ‘outed’ can create the Indigenous youth as ‘problems’ who require specific care and attention. This affords a further opportunity for non-Indigenous service providers to disconnect from how the delivery of services is directly tied to a larger white settler colonial culture of which queer service provision is a part.

Moreover, Justin, a 61-year-old white gay cisman, shared a story of working very closely with a psychiatrized Indigenous trans-service user:

Aboriginal people have been absent from any real conscious engagement in the agency and that was true for me too until I had a client whom I was very fond of. I worked with him off and on for a couple of years. This client had a very terrible traumatic history and also had a dissociative personality disorder. He was always suicidal and it was really difficult to do anything really effective with him. He recently died. Just before his death, a couple of months before he died, he disclosed that he was First Nations. He said, ‘oh I have just been part of a healing circle and I am going to do some sweat lodges and I have a spiritual mentor.’ I thought to myself, how did I miss that? How did I miss that? I was so focussed on his growing up as a trans-young person in far interland of Northern Ontario. Being First Nations is a really critical piece of his identity as well.³⁷

Justin shared with me his deep discomfort about not asking this particular Indigenous trans-service user questions about their Indigenous identity. The experience of working with this Indigenous trans-person provided an opportunity for Justin to reevaluate how Indigeneity is easily unimaginable and dismissible within the context of queer service provision. Justin's narrative presents a context to consider how the absence of Indigenous peoples from queer service delivery – or rather, their perceived absence or invisibility – can result in a narrowing of practice approaches that can easily disconnect gender and sexuality from other axes of a service user's identity. As a result, Justin's narrative points to possibilities for doing queer service delivery differently insofar as Indigeneity must be considered part of a queer service practice in order to ensure that Indigenous people's identities and experiences are supported and affirmed. Justin's narrative also brings an opportunity to see how white service providers cannot necessarily tell when an Indigenous person is Indigenous. The culture of whiteness within queer service provision does not supply white service providers with the understanding that some service users might be Indigenous, or allow for the possibility that Indigenous peoples will not always present themselves in some white-imagined stereotypical way that white people will recognize and be ready for.

In discussing some of the service users he interacted with when working as a case manager, John, a 54-year-old white gay cisman, spoke with me about a particular Indigenous service user he remembered supporting:

I remember working with an Aboriginal person who was trans-identified, but they did not pass as a woman in any way. At the time, they were experiencing psychotic episodes and I could only infer that they had a really complex and difficult life of incarceration and involvement in mental health services. They were living in a dumpster at the time, and due to lack of access to hygiene facilities, I tried really hard to spend time in a room with them. I almost threw up all the time. As a result of their mental health, they threatened harm and violence toward others. They were one of the most vulnerable marginalized people that I have ever worked with and that was at [organization's name removed] that has a reputation for being a nice white middle class organization with lots of nice white middle class people that access services. This person was certainly someone whose life was very different.³⁸

John's story illuminates how psychiatrized Indigenous trans-people are imagined within the confines of a 'nice white middle class organization'. John uses mental health language, such as 'experiencing psychotic episodes', as a way to make sense of the Indigenous trans-service user's experiences of trauma; after all, this Indigenous service user was perceived to be unable to take care of themselves, and, to their own demise, was unable to pass as a female. As such, this particular story illuminates white settler goodness³⁹ in that, despite the Indigenous service user's shortcomings and the constraints placed upon John, he was able to provide this Indigenous person with support and care. Here, white settler goodness operates within John's narrative to sustain the necropolitical construction of Indigenous peoples as 'problems' through the inability of white service providers to recognize Indigenous peoples' experiences of multigenerational trauma as it is outside of a white settler imaginary.

Leslie, a 27-year-old Mestiza trans-woman, discussed with me how trans-Indigenous women and trans-women of colour are constructed as 'problems' within her organization and stated:

I guess most of the trans-women of colour and trans-Aboriginal women that I know of are sex workers. They do not have a very good relationship with my organization. Maybe they come in inebriated or high on something. However, I do not know the policies to deal with that. Usually they come in and there is no problem, they can get their food. For whatever reason there might be an incident that prevents them from coming back.⁴⁰

Leslie posited that trans-women of colour and Indigenous women tend to have a contentious relationship with the organization since they are assumed to routinely enter while they are on

various substances. Moreover, Skyler, a 25-year-old mixed-race genderqueer, who works at the same organization as Leslie, said: ‘The only time I do see First Nations [is] when they are coming in to use the washroom. Many of them are intoxicated and are asked to leave’.⁴¹ Leslie’s and Skyler’s stories evoke stereotypes around how drunkenness is used to actively remove Indigenous peoples from queer service provision. Although Skyler indicated that Indigenous peoples are intoxicated when entering their queer organization, Leslie reflected a narrative of drunkenness that is so readily pinned onto Indigenous trans-peoples by indicating that it is their perceived drunkenness that ensures their relationship with the organization remains fractured. Leslie’s and Skyler’s narratives provide the context to consider the ways in which the perception of drunkenness can easily limit harm-reduction approaches for Indigenous peoples within queer service provision, where substance use could be made safer for Indigenous service users.

Ryan, a 34-year-old white gay cisman with Indigenous ancestry, discussed with me the everyday impacts of colonialism on Indigenous women and spoke about an HIV/AIDS testing satellite at a local queer organization:

When we were testing at the [organization’s name removed], we did not anticipate it, but we saw a lot of trans-women who self-identified as Aboriginal and who were also involved in sex work. These women were very proud of their culture and very aware, but they are living these miserable grimy lives. Everyone likes to talk about the theoretical legacy of colonialism, but when you actually see people on their traditional land and it is rightly theirs, and they are slamming meth in the bathroom of McDonalds, where is the analysis then?⁴²

Ryan’s statement highlights the idea that the analysis of the effects of colonialism on Indigenous people’s lives is ‘theoretical’ and therefore dismissible. Ryan’s narrative illustrates how such a focus on substance use alone, for service providers, is enough of a ‘reality’ to prevent or toss out any ‘theoretical’ critique of the colonialism within Indigenous people’s lives. Reducing Indigenous trans-women to ‘problems’, specifically constructing them as living ‘miserable grimy lives’, produces them to be outside of neoliberal models of care, and consequently, to be unworthy of such care. Narratives that service providers use to abject Indigenous peoples, in particular their experiences of poverty or drug use, provide an avenue for queer service providers, like Ryan, to disconnect a critique of settler colonialism from the practices used within queer service provision. Once again, it appears that within queer service provision contexts, only Indigenous peoples who can shed their ‘problem’ status remain worthy of adequate support or care.

Amanda, a 28-year-old white queer/lesbian ciswoman with Indigenous ancestry, discussed the degree of difference that exists between Indigenous service users and queer and trans-service users who are accessing substance use treatment.

Q: How do Aboriginal peoples fit into your motivations in doing this work?

A: I think that again that is a very highly marginalized population and for me who is not doing the direct clinical work I see more high level information. So what I am seeing is that we are constantly receiving referrals for folks who are identifying non-beverage alcohol as their substance of concern. We do not really see that in the queer service and I think that when we look at the social determinants of health that is such a clear example that the person who is identifying Listerine as an issue versus vodka. There is a huge discrepancy when you look at the population. So I think that there is a huge motivation to work with Aboriginal folks when you see tangible examples in the ways in which that group is not only marginalized but the way that marginalization manifests into different concerns that they have.⁴³

Amanda's role within queer service provision is administrative, and thus she continues to receive referrals from Indigenous-led organizations for Indigenous service users to access the queer-specific addictions services. Yet, in differentiating the substance use concerns of Indigenous peoples from those of LGBTQ peoples accessing services, Amanda placed Indigenous peoples into a category deemed unworthy of care insofar as public health deems their consumption of Listerine as differently – or even more – harmful. Amanda pointed to the substance use patterns of Indigenous peoples she encounters and how their specific concerns motivate her work to reduce their overall harm. Amanda's narrative connects to Ryan's discussion of how Indigenous people's substance use concerns become the focal point of LGBTQ service providers. Focusing on substance use alone can easily erase the everyday processes and practices of white settler colonialism that Indigenous peoples experience that make substance use an appropriate coping mechanism. Thus, the 'deficit' construction of Indigenous peoples as alcoholic is used in Amanda's story to suggest that Indigenous peoples with substance use concerns must access services in order to be helped and brought into modernity. I make use of Amanda's narrative here to illustrate a missed opportunity to address Indigenous people's health beyond an epidemiological or public health perspective through the use of a white settler colonial analytic. Following the scholarship of Millon and Thatcher on Indigenous people's health,⁴⁴ I argue that white supremacy and settler colonialism are indeed social determinants of health that LGBTQ service providers must incorporate into service provision when working with Indigenous peoples.

Finally, Lisa, a 46-year-old mixed-race cislesbian, discussed how her perception of Indigenous peoples developed after moving to and living in Canada:

My portrayal of First Nations persons was through the very few that I ever met who were drunk, who were living on the reserves, and gambled a lot. This perception of First Nations persons is similar to how my own people are viewed. It is not the best depiction of First Nations persons but it is all that I have been exposed to. I never heard of Aboriginal people until I landed here.⁴⁵

Lisa's narrative exposes the discourses of Indigenous peoples as 'deficits', a similar trope used to stereotype Jamaicans. Lisa drew from her own experiences as a racialized woman to suggest potential cross-racial/transnational understandings of the racial and colonial stereotyping of Indigenous peoples. Lisa acknowledged that there is a white settler colonial narrative of both Indigenous peoples and Black peoples in the Americas, which she was compelled to take on when she arrived in Canada. Thus, Lisa's narrative provides an opportunity to consider how white supremacist and settler colonial logics work together to further marginalize and subjugate Indigenous peoples and Black people within and outside of queer service provision.

Conclusion

Within the context of queer service provision, Indigenous peoples are routinely situated as unimaginable, unworthy of care, or too difficult to care for, which can easily allow for most white service providers to distance themselves and their work from how white settler colonialism remains firmly intact. Many of the research participants were not working against the white settler colonial positioning of Indigenous peoples within their respective organizations. However, some research participants, such as Justin and Lisa, provided possibilities for working against the white settler narratives associated with Indigeneity and Indigenous peoples. Popular stereotypes of drunkenness that are pinned onto Indigenous peoples are sustained as they are asked to leave the premises of organizations, further maintaining the normativity of whiteness and settler colonialism within queer service provision whereby white (appearing) LGBTQ peoples are produced as the most worthy of care. Here, white settler colonialism is sustained by actively removing Indigenous

peoples from spaces of belonging or worth. As a result, the day-to-day work of white LGBTQ service providers produces Indigeneity as additive to its foundation of normatively white articulations of gender and sexuality. The nature of identity within queer service provision – the add and stir method – further perpetuates the individuality of Indigenous people’s concerns and experiences of white settler colonialism. I have shown how Indigenous people’s lives and experiences have difficulty fitting into the kinds of models of care queer organizations currently offer. Despite this, some research participants’ narratives, in particular Justin’s and Lisa’s, provide an opportunity for Indigeneity and settler colonialism to be taken seriously – as an urgent and necessary condition of queer service provision and the work done by LGBTQ service providers.

It is clear from the narratives offered by the research participants that there is a critical urgency to meaningfully include a white settler colonial analytic within queer service provision. The current erasure of such an analytic, to allow for one that foregrounds queer service provision within white settler colonial logics and institutions, furthers the neoliberal and necropolitical perceptions that Indigenous peoples are to alleviate their own harm. These logics as they are used to further sustain white settler colonialism within queer service provision produce a separatist mentality whereby Indigenous peoples become unimaginable within the politics and practices of queer service provision. Consequently, this politics of care, one which uplifts the needs, desires, and bodies of white LGBTQ peoples, further sustains the culture of white supremacy and settler colonialism so embedded within contemporary life. As a result, the research participants’ narratives offer a space to reconsider queer service provision as a site for emancipation: to ask, who is being positioned as worthy of care? And, consequently, in the light of the above narratives, when Indigeneity and Indigenous peoples are constructed as outside of queer service provision and its practice of care, where are Indigenous peoples to go?

If Indigenous peoples are imagined to be outside of queer service provision, it is a dire and necessary intervention to address how queer service provision, composed of white settler colonial institutions, further sustains and contributes to genocide. One important intervention, as some of the research participants’ narratives highlight, would be to incorporate a white settler colonial analytic within the context of queer service provision so that Indigenous peoples’ ongoing and multigenerational realities of white settler colonialism are meaningfully addressed. A settler colonial analytic would provide an opportunity for non-Indigenous LGBTQ service providers to take the needs and experiences of Indigenous peoples seriously, while simultaneously putting a stop to a separatist framework that further places the responsibility to do Indigenous-led service provision onto the backs of Indigenous peoples and organizations. A white settler colonial analytic would also rupture the notion that white LGBTQ people are innocent in the oppression of people of colour and Indigenous peoples.⁴⁶ If queer service provision in Toronto, Canada’s largest multiracial city, is willing to take Indigeneity seriously and consider its own contributions to larger structures of global inequality and white settler colonialism, it can start its process of decolonization through an active engagement with white settler colonialism on individual, practice, and institutional levels.

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Notes

1. I utilize the analytic of white settler colonialism to illustrate how white supremacy is inseparably linked to settler colonialism, and how they work together to erase Indigenous peoples from their lands, inflict violence upon people of colour, and evoke white settlers as proper, national subjects. As Jodi Byrd illustrates, ‘racialization and colonization have worked simultaneously to other and abject entire peoples so they can be enslaved, excluded, removed, and killed in the name of progress and capitalism’. See *The Transit of Empire: Indigenous Critiques of Colonialism* (Minneapolis: University of Minnesota Press, 2011), xxiii. Consequently, although white supremacy and settler colonialism can and do exist on their own as violent forms of domination, their imbrication becomes useful in understanding how settler colonialism requires white supremacy in Canada to function through violence differently inflicted upon both Indigenous peoples and people of colour.
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3. Truth and Reconciliation Commission of Canada, *Truth and Reconciliation Commission of Canada: Interim Report* (Winnipeg, MB: Truth and Reconciliation Commission of Canada, 2012), <http://www.myrobust.com/websites/trcinstitution/File/Interim%20report%20English%20electronic.pdf>.
4. Cindy Blackstock, ‘Residential Schools: Did They Really Close or Just Morph Into Child Welfare?’, *Indigenous Law Journal* 6, no. 1 (2007): 71–8.
5. Cameron Greensmith, ‘Bathroom Encounters: Settler Colonialism, Volunteerism and Indigenous Misrecognition’, in *Unravelling Encounters: Ethics, Knowledge, and Resistance Under Neoliberalism*, ed. Caitlin Janzen, Donna Jeffrey, and Kristin Smith (Waterloo, ON: Wilfred Laurier Press, 2015), 95–125.
6. Dian Millon, *Therapeutic Nations: Healing in the Age of Indigenous Human Rights* (Tucson, AZ: The University of Arizona Press, 2013).
7. Scott Lauria Morgensen, ‘The Biopolitics of Settler Colonialism: Right Here, Right Now’, *Settler Colonial Studies* 1, no. 1 (2011): 54; emphasis in original.
8. Michel Foucault, ‘Part Five: Right of Death and Power Over Life’, in *The History of Sexuality*, trans. Robert Hurley (New York, NY: Vintage, 1978), 139.
9. Vinh Kim Nguyen, *The Republic of Therapy: Triage and Sovereignty in West Africa’s Time of AIDS* (London: Duke University Press, 2010), 112.
10. Morgensen, *Biopolitics of Settler Colonialism*, 68.
11. Contemporary service provision can be understood as an umbrella category to gather social service, health care, and educational initiatives, programmes, and services that might not necessarily be easily located within realms of institutionalized social work (child welfare) or education (higher education).
12. Taiaiake Alfred, *Peace, Power, Righteousness: An Indigenous Manifesto*. 2nd ed. (Toronto: Oxford University Press, 2009); Cameron Greensmith, ‘Pathologizing Indigeneity in the Caledonia “Crisis”’, *Canadian Journal of Disability Studies* 1, no. 2 (2012): 18–42; Emma LaRocque, ‘Three Conventional Approaches to Native People in Society and in Literature’, in *Survival of the Imagination: The Mary Donaldson Memorial Lectures*, ed. Brett Balon and Peter Resch (Regina, SK: Coteau Books, 1993), 209–23; Sherene H. Razack, ‘When Place Becomes Race’, in *Race, Space, and the Law: Unmapping a White Settler Society*, ed. Sherene H. Razack (Toronto, ON: Between the Lines, 2002), 1–20; Sherene H. Razack, ‘Gendered Racial Violence and Spatialized Justice: The Murder of Pamela George’, in *Race, Space and the Law: Unmapping a White Settler Society*, ed. Sherene H. Razack (Toronto, ON: Between the Lines, 2002), 121–56; Sherene H. Razack, ‘Timely Deaths: Medicalizing the Deaths of Aboriginal People in Police Custody’, *Law, Culture and Humanities* 22, no. 6 (2011): 1–23; Sherene H. Razack, ‘The Space of Difference in Law:

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 14. Razack, 'Timely Deaths', 358.
 15. Greensmith, 'Pathologizing Indigeneity'.
 16. Ibid.
 17. Kristin Esterberg, *Qualitative Methods in Social Research* (New York: McGraw-Hill, 2002), 87.
 18. Celia Haig-Brown, *Resistance and Renewal: Surviving the Indian Residential School* (Vancouver: Arsenal Pulp Press, 2006); James Rodger Miller, *Shingwauk's Vision: A History of Native Residential Schools* (Toronto: University of Toronto Press, 1996); Barbara Waterfall, 'Native People and the Social Work Profession: A Critical Exploration of Colonizing Problematics and the Development of Decolonized Thought', *Journal of Educational Thought* 36, no. 2 (2002): 149–66.
 19. Michael Hart, 'Am I a Modern Day Missionary? Reflections of a Cree Social Worker', *Native Social Work Journal* 5 (November 2003): 299–313.
 20. Haig-Brown, *Resistance and Renewal*; Miller, *Shingwauk's Vision*; Paulette Regan, *Unsettling the Settler Within: Indian Residential Schools, Truth Telling, and Reconciliation in Canada* (Vancouver: University of British Columbia Press, 2010); Waterfall, 'Native People and the Social Work Profession'; Andrew Woolford, 'Nodal Repair and Networks of Destruction: Residential Schools, Colonial Genocide and Redress in Canada', *Settler Colonial Studies* 3, no. 1 (2013): 61–77; Terry Wotherspoon, 'Historical and Organizational Dimensions of Canadian Education', in *The Sociology of Education in Canada: Critical Perspectives* (Don Mills, ON: Oxford University Press Canada, 2009), 54–77.
 21. Greensmith, 'Bathroom Encounters', 108.
 22. Susan Strega and Sohki Aski Esquao [Jeannine Carrière], 'Introduction', in *Walking This Path Together: Anti-racist and Anti-oppressive Child Welfare Practice*, ed. Susan Strega and Sohki Aski Esquao [Jeannine Carrière] (Halifax: Fernwood Publishing, 2009), 15–28; Gordon Pon, Kevin Gosine, and Dorret Phillips, 'Immediate Response: Addressing Anti-native and Anti-Black Racism in Child Welfare', *International Journal of Child, Youth and Family Studies* 3/4 (2011): 385–409; Sunera Thobani, *Exalted Subjects: Studies in the Making of Race and Nation in Canada* (Toronto: University of Toronto Press, 2007); Waterfall, 'Native People'.
 23. Strega and Esquao (Carrière), 'Introduction'; Pon, Gosine, and Phillips, 'Immediate Response'; Thobani, *Exalted Subjects*; Waterfall, 'Native People'.
 24. Cyndi Baskin, *Strong Helpers' Teachings: The Value of Indigenous Knowledges in the Helping Professions* (Toronto: Canadian Scholars' Press, 2011); Raven Sinclair, Michael Hart, and Gord Bruyere, eds., *Wichitowin Aboriginal Social Work in Canada* (Winnipeg: Fernwood Publishing, 2009); Laurence Kirmayer, Gregory Brass, and Gail Guthrie Valaskakis, 'Conclusion: Healing/invention/tradition', in *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*, ed. Laurence Kirmayer and Gail Guthrie Valaskakis (Vancouver, BC: University of British Columbia Press, 2008), 440–72.
 25. Greensmith, 'Pathologizing Indigeneity'.
 26. Millon, *Therapeutic Nations*.
 27. Greensmith, 'Bathroom Encounters'.
 28. Millon, *Therapeutic Nations*.
 29. Richard Thatcher, *Fighting Firewater Fictions: Moving Beyond the Disease Model of Alcoholism in First Nations* (Toronto: University of Toronto Press, 2004).
 30. Ibid., 130.
 31. Ibid., 352.
 32. See Thobani, *Exalted Subjects*.
 33. Jett, recorded interview and transcription by author, March 19, 2013, transcript 28, p. 2, Toronto, Ontario, Canada.
 34. Pat O'Shane, 'The Psychological Impact of White Colonialism on Aboriginal People', *Australasian Psychiatry* 3 (1995): 149–53.
 35. The notion of "Indigeneity as transit" refers to the ways in which Indigeneity is fashioned through European colonialism as conquerable and in doing so naturalizes the violence and movement of non-Indigenous peoples across the Americas. See Byrd, *The Transit of Empire*.

36. Nicole, recorded interview and transcription by author, March 13, 2013, transcript 25, p. 7, Toronto, ON, Canada.
37. Justin, recorded interview and transcription by author, March 8, 2013, transcript 21, p. 6, Toronto, ON, Canada.
38. John, recorded interview and transcription by author, 21 March 2013, transcript 30, p. 12, Toronto, ON, Canada.
39. Barbara Applebaum argued that evocations of white goodness can often preclude whites from acknowledging and taking responsibility for the white supremacist structure that they remain deeply tied to and invested in by virtue of their whiteness. Applebaum's discussion of white dominance as goodness can be extended to the context of queer service provision as evocations of white settler goodness do very little towards naming and effectively dismantling or even subverting white settler colonialism. See *Being White, Being Good: White Complicity, White Moral Responsibility, and Social Justice Pedagogy* (Plymouth: Lexington Books, 2011).
40. Leslie, recorded interview and transcription by author, January 4, 2013, transcript 4, p. 4, Toronto, ON, Canada.
41. Skyler, recorded interview and transcription by author, January 9, 2013, transcript 7, p. 7, Toronto, ON, Canada.
42. Ryan, recorded interview and transcription by author, March 9, 2013, transcript 23, p. 3, Toronto, ON, Canada.
43. Amanda, recorded interview and transcription by author, April 23, 2013, transcript 35, p. 5, Toronto, ON, Canada.
44. See Millon, *Therapeutic Nations*, and Thatcher, *Fighting Firewater Fictions*.
45. Lisa, recorded interview and transcription by author, January 15, 2013, transcript 9, p. 1, Toronto, ON, Canada.
46. Cameron Greensmith, '(Unsettling) Queer Complicities and Deflections of Responsibility: Toward Settler Decolonization Practices in Queer Service Provision' (under review).