



Coroner's Inquest into Nunavut's Suicides of 2013.
c/o Chief Coroner, the Presiding Coroner, and the Coroner's Counsel
Office of the Chief Coroner
Department of Justice, Government of Nunavut
PO BOX 297
Iqaluit, Nunavut
X0A 0H0

September 21, 2015

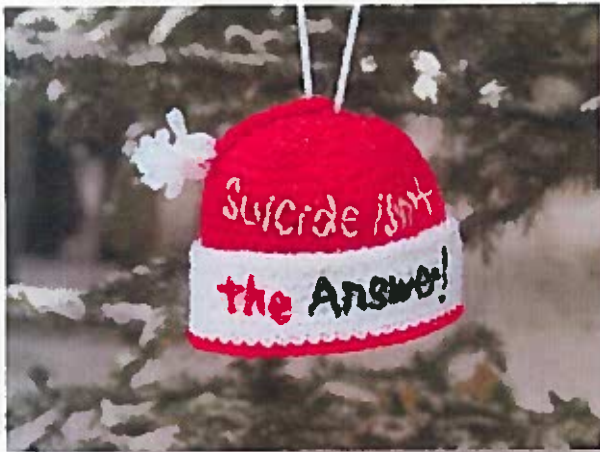
Re: Testimony for the Coroner's Inquest

Dear Chief Coroner, Presiding Coroner, Coroner's Counsel and Members of the Jury,

Thank you for holding this discretionary Inquest, and for welcoming our testimony. This Inquest assembles different people to talk about a severe crisis in Nunavut and to engage improvements; we hope, together.

Our organization, The Society for Building a Healthier Kugluktuk (SBHK), was asked by the Chief Coroner to assist a client when this Inquest was first announced. The client was the sister of a male who committed suicide in 2013. The male was 1 of 3 Kugluktukmiut who killed themselves in 2013, and 1 of the suicides the Chief Coroner sampled from the 45 reviewed overall.

To start, then, we tell you about the sister before talking about the deceased. The client has had family and friends die by suicide; and, at several points in her life, the client was suicidal herself. However, with counselling, the client made positive affirmations that convey a deep faith she has in herself:



"My parents never born me to suicide. Suicide is pain to the brain. Suicide isn't the answer. Loveable faith is the answer. It brings peace." There have been other decisions that have been helpful for the client's healing journey:

"Caring for my son is important to me. My art and crafts have been helpful. I like to share my story and encourage others to choose life. I help myself by helping others."

To assist the client before, during and after the Inquest, we provide cultural and emotional support. We also arranged for private counselling and a long-term treatment plan.

At first, the client was cautious but committed to stepping forward to assist the Inquest.

That willingness changed. Some family members triggered. The client became the outlet for their pain. Delays and missed opportunities to prepare for the Inquest unnerved the client's delicate purpose and her structure for managing relived trauma. The client became so traumatized that she gave up doing crafts for a period of time. She now realizes she needs to focus on her own healing, again.

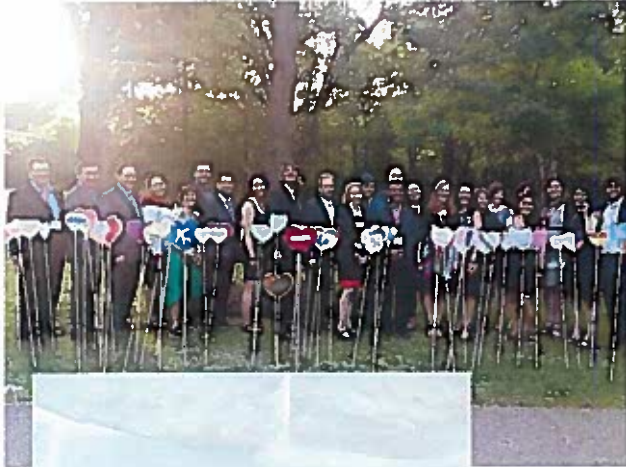
Last week, the client said respectfully but with immediate tears rolling down her cheeks: "I am done with suicide prevention."

This kind of backlash and the reaction to it is common, especially without a more sensitive and responsive system needed to reinforce public engagement. Deep divisions and fragmentation exist in Kugluktuk, stemming from historical, economic, religious and family-based trauma that Commissioner Wilson spoke of when we interviewed her after the Truth and Reconciliation Commission hearing here.

Empathy in near isolation is no match for these divisions. As one client said: "Kugluktuk is not a place for empathetic people." As saying goes: "no good deed goes unpunished." This is a sad reality, sadder still that schools in the south are starting to see the merits of formally teaching empathy in schools instead of it being an inherently human instinct.ⁱ Teaching empathy in our schools is a good idea.

Here we get to a broad issue: educators need to follow 'the curriculum' for curriculum-able students, and customize curriculum and services for students who are not.ⁱⁱ One of our principals indicates that 20-30% of students are in fact curriculum-able; the other students are diverse learners. One of our other principals has expressed no clue of such a composition of students. Obviously this priority topic alone raises even more entangled financial issues about service quality, service commitments and the system's ability to step forward with purpose, actual results and understanding.

Back to the client - perhaps a more commonly known example of the kind of conflict an individual can experience is that in the case of an RCMP trainee who is born and raised in the community in which she or he serves. It's very challenging if not impossible for the trainee given the operating context.



So, a community like Kugluktuk needs more good people to move here; to at least come and visit more.ⁱⁱⁱ This works. We see it with the types of guests we bring here. We had a profound impact on the delegates we mentored from the Governor General's Canadian Leadership Conference, for example. Kugluktukmiut enjoyed working with them, learning new ideas and sharing stories about living in different parts of Canada. Most of all, Kugluktukmiut safely opening up, and enjoyed being a part of something meaningful, purposeful, something bigger than their usual daily lives.



However, this otherwise beautiful community needs to be made investment and people friendly. It is not appropriate to have a high turnover of new people come and go. Creating jobs and hiring the right people is essential, of course; but it should also no longer be considered appropriate for our community to keep hiring the same largely traumatized people from within; Nunavut insists on hiring to the goal of 85% Inuit as representative of the population. Given the level of unreconciled trauma among Nunavummiut, this sustains psychological, social and economic discord among our struggling underemployed and under skilled workforce, many of whom seem to wish to leave the community anyways (if transitional support programs were available, which we think they should be). In this way, strategically addressing mental health and service integrity present several opportunities to empathetically advance Article 23 of the NLCA.

Inuit are historically a highly mobile people; today, we are stagnating in isolation. Population mobility in and out of Kugluktuk should be encouraged. To paraphrase John Amagolik, known as the Father of Nunavut, "we are practically prisoners in our own community." ... in Kugluktuk, what promise was broken ... the democratic right to have voted to stay with the NWT? Bobby Kudlun, touted as one of Nunavut's most tenacious Land Claim negotiators and himself a suicide survivor, returned home to Kugluktuk a couple of years ago. Like the client, he too chose to live quietly withdrawn. He made no special appearances; the schools didn't have him give talks. Bobby passed away this year.

Like the Suicide Prevention Strategy itself, self-learning, individual learning needs, education and social change each come with ethical commitments. Our emergency siren roars twice a day to remind school kids, parents, everyone, of the civil liberty issues at play here, as the United Nations Repertoire in other ways observed in 2013. We beseech this Inquiry to help advance the Repertoire's recommendations.^{iv}

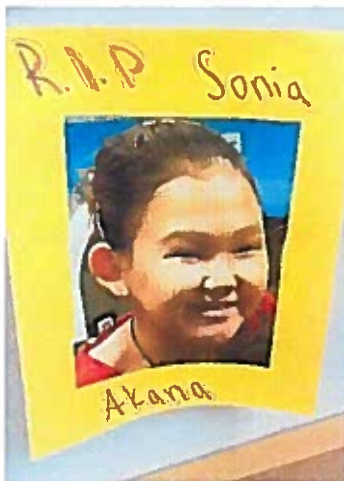
It is not enough to call on the Federal Government for help. Nunavummiut can change their own living conditions (their own service realities) if we find common sense ways to heal, work together, to reconcile locally, regionally and territorially. In the meantime, the lack of a coordinated commitment persists, as the testimony about the strategy's implementation and budget sadly revealed. This complacency, alienation, avoidance and denial need to end; these stigmas are a systematic part of the sustained trauma at play.

It may have been Jack Hicks who testified to say that Kugluktuk is an outlier in Nunavut's suicide statistics; this due to our unique generational trauma (i.e. residential schools, early influence of alcohol, the development of the resource sector etc.). Health Canada informs us that our client-base represents the highest number of former residential school students per capital than any other community in the 3 Territories.

It is worth pointing out that in the late 1920s something dramatic happened, a "race for the soles of the Copper Inuit" started to occur whereby the Anglican and Catholic churches competed for converts and encouraged Copper Inuit to reside near the settlement.^v

Yes, every community has their own story, their own truth about suicide and historical trauma. In Kugluktuk, up until about the 1930s, about 1/3 of Copper Inuit had died from diseases and starvation. Then there was the period of starvation in the late 1940s. Soon after that, Inuit started to move in to the settlement. The community was supposed to be an administrative service and thriving international trading center for Inuit living out on the land. The settlement was never designed to accommodate a mass influx of people; some officials say the Kugluktuk was never actually planned; it just grew.

Suffice it to say, that as the population grew, Kugluktuk's capability to grow as an administrative and economic service centre waned. Cambridge Bay became the regional centre. The number of businesses and not-for-profits has declined significantly since 1999. Like most communities, Kugluktuk is not even on Inuit-owned land. We don't have self or public government, we have a Municipal Corporation very much unlike that in Clyde River, which encourages the initiatives of its citizens.^{vi} Our municipality continues on a downward spiral and, if not, certainly shows little sign of urban renewal and improved livability. Indeed, one Federal negotiator not too long ago observed that Kugluktuk is like "a wasteland of pilot projects" dating back to the 1980s.



Everyone in Nunavut should visit Bay Chimo - for culturally-based workshops on civics, suicide safe communities, empathetic management, or something; Bay Chimo is a ghost town with lots of houses, a store, a school, an HTO etc.. The visual would be a vivid inspiration for people to grow Nunavut.^{vii}

One of our new Family Services workers up from the south recently commented on a horrifying statistic: about 80% of the girls and women suffered from rape. We welcome new and honest faces that come here to help assess and improve services. Kugluktuk was set-up as an administrative service center; by now, service excellence should be our primary economic asset if not our most prized exportable product. We should not have a system in crisis with a confusing regard for customer service. Instead, most people live and indeed aspire to live in social houses, many of which the CMHC says are substandard. By even the basic of recent numbers for SA recipients, in 2012 Kugluktuk had 529 cases of people detached and disengaged from productive healthy living, not contributing to themselves, their families or 'the community' (1/3 of the population)

Too many Kugluktukmiut are killing themselves; rape, incest, abuse, substance abuse, self-medicating and self-abuse are prolific.^{viii} Some girls and women still live with their perpetrators, apparently without options for intervention. Being in a constant state of trauma, ready to trigger is near the norm here.

Apologies if we drifted a bit here. This is a rushed submission despite the invitation for it. We didn't know the deadline. But let us go over some contextual observations thus far that we ask you to consider:

- Population mobility/social stagnation;
- Enforcement of Educational Curriculum, and separate classrooms if not separate schools for diverse learners - teach and encourage empathy, parenting, home economics and financial literacy (youth are receptive to these and other life skills);
- Municipal reforms, urban renewal, livability and sustainability (if necessary, via expropriation);
- Make concerted efforts to reduce any divisions and any form of trauma within the community;
- Civil liberties and the freedom for people to engage in social and economic pursuits of interest;
- Greatly improve customer service skills, mental health and empathy among any service providers;
- Hiring practices and support services in any workplace, factoring in the mental health of the general population (i.e. the reality of mental health issues among the 85% target population);
- Working together to take a systems approach to wellness (funders can help reduce divisions in the community caused by competing rather than complementary/integrated programming).

We now turn back to the client who was prepared to testify about her brother's risk factors.

The main risk factors and issues in his case include: emotionally distressed, being with-drawn, social excluded by peers, a history of substance abuse, grief and loss, attachment, relationship problems, physical/sexual abuse, poverty, unemployment, the intergenerational impacts of residential school, mental health issues, lack of a modestly good education, family history with suicide, poor nutrition, a life in social housing, complex trauma, etc.. He also had a hearing impediment.

Truth-be-told, such risk factors apply to most people to various degrees on a near daily basis in Kugluktuk. Some say it is remarkable more suicides do not happen. This genuinely speaks to the resilience of people.

Given the context and risk factors that persist inter-generationally, it is perhaps sobering to speculate if Nunavut's suicide crisis has yet to actually occur.

However, the brother's suicide came with a darker side. As the Chief Coroner informed us, he was up on criminal charges for sexual assaults. He had been released on his own recognizance pending a court hearing. He was found deceased on the same day he was scheduled to appear in court.

We agree with, but go further than Nunavut's Chief Coroner to say such people who are pending even lesser convictions should be prepared mentally with counseling and support before, during and after court. The brother had little to no front line support to enable protective factors (clinical care, interventions, family, restricted freedoms/access, skills in handling problems, cultural/emotional/religious support etc.).



In cases we'd find out about in advance, we were prepared to offer the RCMP our staff house so those in distress would not be locked-up in the cells - naked or with their clothes left on depending on the person's level of risk. However, our support workers couldn't always guarantee the level of safety understandably required in some cases.

Communities should have alternate facilities so those in suicidal crisis are not locked-up, or left alone. Our unintended 'pilot project' for such a facility points to the need for, and the benefits of doing so.

On this note, let us please say the RCMP can only do so much. They do a lot. We take this time now to thank the RCMP for all they do. Community services they provide would be severely missed if they were just focused on enforcement; community policing works.^{ix} Other

service providers should better articulate to support and expand on the community policing model. This point is key given the capability, compassion and capacity of other, mostly governmental services here. SBHK gives a genuine thank you to the RCMP for saving lives and helping people: koana!

Let us go back to touch generally on the topic of Risk Factors. The Mental Health Commission of Canada has a very comprehensive list of risk factors we find useful. These are of course different from the warning



signs.^x We strongly recommend that all the partners and stakeholders of Nunavut's Suicide Prevention Strategy (or action plan, or prescribed mandate) to formally work closely with the MHCC; we further recommend that all employers, certainly NTI and the GN, adopt and implement the *National Standard of Canada for Psychological Health and Safety in the Workplace (Standard)*. But please do not 'Nunavutize' or change the Standard in anyway as is apparently being considered by one of Canada's Inuit organizations.^{xi} Do not find cause for delay. Five years from now it would be incredible if both the GN and NTI were considered among Canada's top employers to work for. There's a goal.

Now briefly to the statistics; we are very grateful to Jack Hick's commitment to Nunavut's work on suicide, and for keeping the conversation alive, and no doubt many people alive too as a result.^{xii} It is with his work we see that Kugluktuk ranks second highest in death by suicide, next to Iqaluit, with 58 of 746 deaths since the 1960s. Since 1999, Kugluktuk ranks 7th highest in Nunavut. Our

community ranks highest in the Kitikmeot and Kivalliq regions.

In the heat of the NLCA negotiations when times were uncertain between 1994 and 1998, Kugluktuk had the highest rate of suicide among 15-44 year olds. In 2007, one of the newspapers wrongly reported that Kugluktuk was the suicide capital of Nunavut; as we know, Nunavut is the suicide capital of Canada.

In 2013, Iqaluit had 10 suicides, Pangnirtung and Arviat each had 4; Kugluktuk, Cambridge Bay, Baker Lake, Rankin Inlet, Igloolik and Pond Inlet each saw 3. And, Cape Dorset recorded 2 suicides, while seven other communities reported single suicides. There is of course more to the numbers when considering the annual cycle of people triggering from late June to Autumn (during what the Canadian Mental Health Association and the Centre for Addiction and Mental Health might refer to as 'suicide season').

And here we must also thank the Government of Nunavut's Department of Executive and



Intergovernmental Affairs for promoting our grief and loss training workshops to government staff in Kugluktuk who experience barriers when asking for supervisory support to improve their personal and professional productivity in the workplace.^{xiii} Stigma isn't near as much of a barrier as the supervisor's own unease when inadvertently triggering from their own trauma, and preventing those who are prepared to heal.

Anyways, this is not about the numbers, it's about prevention, it's about working together, it's about creating respectful living and working conditions, it's about living life to the fullest. But the numbers do show how widespread the contextual dysfunction is becoming. In and between Nunavut's 'tiny

towns,' the impacts of suicide are profound and long lasting, setting the emotional vibe of a community.

In our pre-SBHK days, we had a well-known singer/politician come to Kugluktuk to visit the schools and meet with elders, to talk and sing about living life and hope. He later commented how Kugluktuk had a somber feel about it. It is this emotional vibe that may be said to linger from suicide and the risk factors.

It's hard to clear that negative energy in a community. We helped, with special thanks in part to Steve Leafloor of Blueprint for Life, Susan Aglukark, Ariel Tweto, a Shaman from Greenland, Steven Cooper, the Executive Chef at Rideau Hall, Health Canada and so many incredible but 'average' Kugluktukmiut.

To conclude, let's turn to Aarluk's recent report '*Final Report on the Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan.*'



In a near typically dismissive way, the report doesn't even mention Kugluktuk, let alone any of our community's efforts with mental health and suicide prevention;^{xiv} this includes the Hamlet's *Moving Forward Together* and *Community Readiness* partnership initiatives. For our modest part, we are not supposed to be a front line service (but we have been several times more often than not in the absence of other 'professional' service providers). We are made up of average people, average for Kugluktuk; we're certainly not what you'd expect of hard working and creative people wanting to heal their trauma. Many of our workers were high risk themselves, many have attempted suicide, some were there at

critical times to save lives. We've all been impacted by suicide. The workers are just good 'average' people who wanted to stand-up and do something positive like the client who wanted to testify before you.



More importantly, we are people who want peaceful lives and harmonious relationships. Some may say we are marginalized (and in this process, clearly we as many like us are – that's cool). But when we began, we were naïvely opportunistic at a time when so many municipal services were closing down. There was a grassroots passion to do something about it. We were innocently ambitious and set ourselves up with a 5-year plan in 2010, a plan that would end at the same time as the Truth and Reconciliation Commission, this year in 2015. We beseech the Jury and this Inquiry to reinforce the national goal to actually implement and build on all TRC calls-to-action.

Most new businesses don't last more than a year or two. We went the distance. And on this point let's talk dollars and cents for a bit. Mental Health issues are said to cost the Canadian

economy over \$40 billion a year. The cost of poor service is said to cost the Canadian economy around \$70 billion a year. What do officials here think the combined cost is on Nunavut given the territory's near \$2 billion in Federal transfers or our, what, \$2 billion GDP? We're not sure, but we put it out there as food for thought; well, that, and the cost of Nunavut's lost opportunity compounded since 1999. Very crudely, that could be about \$40 million for the 746 suicides overall, if we can talk about suicides in terms of GDP and Nunavut's standard of living, which we think it should be. Indeed, our mental health funding is a specific part of Canada's Economic Action Plan. Yes, this is about the extent of us trying to build an economic case for actually addressing all aspects of the risk factors in Nunavut.

Anyways, our time is near its end; we're trying to focus on self-care for our workers and will bow out from what increasingly seems a modern day suicide and wellness equivalent to the bygone "race for the souls."

But in light of Aarluk's report, here is some of what we did in 2013:

- Founding stakeholder on the Nunavut Psychotherapy Working Group with Allison Crawford to respond to the Nunavut Suicide Prevention Plan, to provide culturally appropriate grief counseling, and to create links between community mental health and wellness organizations and resources;^{xv}
- Host various grief and loss workshops and candlelight ceremony, engaging the Anglican Church, the schools, the Hamlet and others to start healing workshops;
- Introduced *Brain Gym* in Kugluktuk's elementary and high schools and utilized it at SBHK events.

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- Produced 100 Public Service Announcements on Mental Health themes and Embrace Life's suicide prevention strategy.



- Christmas feast and healing/reconciliation event.
- Started all regional, municipal healing engagement plan with Ariel Tweto and Susan Aglukark
- Mentored Ariel Tweto for the 'Popping Bubbles' outreach in the Kitikmeot (with impacts across Nunavut and later recognized by the Premier in the Legislative Assembly).
- Introducing and popularizing AS/ST training, but including 'average people' and the usual 'professionals' to enhance the skills of community members who were increasingly called on to give suicide pre/postvention support.
- Ran Personal Education Credit technical workshops with other outreach and support to 2014.
- Provided cultural and emotional support to clients (total client interactions ~2,981 Apr/13–Mar/14)

So that was basically us in 2013, a stakeholder in Nunavut's Suicide Prevention Strategy.

Our main strategic goal: support people to find a structure and routine in their lives, provide some fun surprises and life changing events with typically marginalized people; and most of all, do things and provide resources that simply encouraged people to slow down and take time to think, de-stress and just slow down to not simply react. In many ways we were successful, but if nothing else at least Kugluktuk has followed suit with the rest of Nunavut in a reduced rate of suicides – there was 1 in 2014, but also a incomprehensible murder suicide just recently.

We may not be 'experts.' We may not be 'professionals,' but we know how we feel. We are equally respected members of this community who have shared at least one idea with you for making improvements: everyone matters - a quality life and healthy workplaces matter – invest in Nunavummiut.

Koana and Pijagivaklutit,

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Joseph Niptanatiak
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Doris Elatiak

Doris Elatiak
Vice President

Gordon Ailanak

Gordon Ailanak
Director

Mike Webster

Mike Webster
Resolution Health Advisor



ENDNOTES

- ⁱ See: <http://www.socialprogressimperative.org/> "Guiding Social Investment" Our vision is a world in which social progress sits alongside economic prosperity as a measure of a sustainable in business http://www.thestar.com/news/gta/2009/03/05/empathy_the_key_to_success.html and promote empathy to increase better business and management practices How can executives promote understanding http://www.thestar.com/news/gta/2009/03/05/empathy_the_key_to_success.html
- ⁱⁱ For example, see: FASD-A practical Guide for Employers, Yellowknife Association for Community Living (no date).
- ⁱⁱⁱ It would be significant if Nunavut got to the point where it followed suit with what New Brunswick does to try and attract talented people and businesses back to the Province through tax and other incentives. It could be said that there is a population leakage from Nunavut. Population retention currently seems to target the underprivileged.
- ^{iv} See the Repertoire's Statement <http://unsr.jamesanaya.org/statements/statement-upon-conclusion-of-the-visit-to-canada>. See also Recommendations <http://unsr.jamesanaya.org/country-reports/the-situation-of-indigenous-peoples-in-canada>
- ^v Interview with E.J. (Scotty) Gall in Coppermine, Ray Harper, National Film Board of Canada, 1992. Also watch "Holy Money" for information on how the Catholic Church became one of the largest land owners in Kugluktuk. <http://www.cbc.ca/passionateeye/episodes/holy-money>
- ^{vi} The Anglican Church recently re-established Kugluktuk as a regional hub that now services Holman and Cambridge Bay. The Catholic mission has been unstaffed for over 16 years. In terms of Clyde River, one of the first action items on the hamlet's Wellness Community we joined 4 years ago was to consider going the way of Clyde River and follow suit with their municipal model of growing NGO services – our municipality rejected the model.
- ^{vii} For more on developing suicide safe communities, see the Canadian Association for Suicide Prevention <http://suicideprevention.ca/engagement/building-suicide-safer-communities/> One of our stakeholders has discussed one option for making communities more safe: having a large facility in which various service providers are under one roof with multiple overnight accommodations available for youth and families in crisis or involved in an intervention. This would greatly reduce the delays, stress and confusion out of clients 'bouncing' from agency to agency.
- ^{viii} Kugluktuk's municipal weekly limit for liquor orders per person is about 4-5 times greater than the Canadian standard. Issuing liquor permits used to help make for a viable business in the private sector. Today, the local government operates that business activity.
- ^{ix} For discussion on Community Policing, see: http://www.children.gov.on.ca/htdocs/English/topics/youthandthelaw/roots/volume5/preventing03_community_policing.aspx
- ^x Warning signs include: Feelings of **Hopelessness**, **Anxiety**, agitation, trouble sleeping or sleeping all of the time, Expressions of having no reason for living; no sense of **purpose** in life, Feelings of being **trapped** - like there's no way out, Increase **alcohol and/or drug use**, **Withdrawal** from friends, family, and community, **Rage**, uncontrolled **anger**, expressions of wanting or seeking revenge, **Reckless** behavior or more risky activities, seemingly without thinking, **Dramatic mood changes**, and **Giving away** prized possessions.
- ^{xi} Mental Health Commission of Canada <http://www.mentalhealthcommission.ca/English/issues/workplace/national-standard>
See MHCC's Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace.
- ^{xii} Nunavut Tunngavik Inc. Statistical data on death by suicide by Nunavut Inuit, 1920 to 2014, Prepared by Jack Hicks, 2015.
- ^{xiii} See: <http://www.fastcompany.com/3039913/how-empathy-makes-us-more-productive-at-work>
- ^{xiv} Aarluk Consulting, Final Report: Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan, 2015.
- ^{xv} One key work area we were unsuccessful with was establishing with various stakeholders a functional system for assessments, diagnosis and treatment placements. Discussions did not evolve with stakeholders with respect to the Shield program, although our workers from Treaty 6 gave presentations/testimonials of it success in Alberta. Due to client and professional 'burn-out' with counselling services, Kugluktukmiut have not utilized any significant portion of the ~\$30 million available for Treatment Plans for Kugluktukmiut since c.2007.

Photos courtesy of the Society for Building a Healthier Kugluktuk and the Kugluktuk Radio Society.