

IAN POOL

Maori Health, Colonization and Post-Colonization

Aotearoa New Zealand, from 1769

ABSTRACT The Māori of Aotearoa New Zealand are a case-study of the negative impacts of colonization on the health of precursor peoples, such as indigenous peoples in Australia, the Americas, and northern Eurasia. But, colonization has such effects regardless of whether colonized peoples eventually become “independent,” or are swamped demographically and politically by a settler population. Indigenous peoples still suffer “internal colonialism” after their country becomes independent (from the United Kingdom for Aotearoa), even in social democracies, simply because majorities, through benign neglect or paternalism, often fail to meet the particular needs of indigenous citizens. Incidentally, “independent” ex-colonies do not escape post-colonialism, because they are subject to interventions by powerful international and bi-lateral agencies, such as structural adjustment policies imposed by the World Bank.

This paper uses the epidemiological transition framework, but questions its application to colonized peoples, who often, contrary to the paradigm’s deterministic principle of progress, may suffer “regression” as their very survival is threatened by newly introduced diseases to which they have no immunity. Some, not Māori, even go through demographic collapses.” The eventual Māori transition did follow the conventional framework, but in its “delayed” form.

Finally the paper shifts from theoretical dimensions into praxis: health services. It identifies stages in the evolution of these as they affect indigenous people. This is a more detailed overview than the conventional view: a shift from social determinants of health change to the impacts of public health interventions, and from the domination of communicable diseases to non-communicable.

KEYWORDS Aotearoa, New Zealand, Māori, Colonization, health, epidemiological transition

Discrimination amongst Arctic Indigenous Sami and Non-Sami Populations in Norway

The SAMINOR 2 Questionnaire Study

ABSTRACT *Background:* Recent research demonstrates that for many indigenous Sami people, experiencing ethnic discrimination is a regular occurrence. The present study was designed to provide estimates of the prevalence of self-reported discrimination in order to identify specific settings where discrimination happened, to identify perpetrators and to examine individuals' responses to the discrimination.

Methods: In 2012, all inhabitants aged between 18 and 69 living in selected municipalities with both Sami and non-Sami settlements in mid- and northern Norway were mailed an invitation to participate in a questionnaire survey covering questions about discrimination (types of discrimination, settings where discrimination happened, and who the perpetrator was). Altogether, 11,600 participated (a response rate of 27 %).

Results: In total, 2,496 (21.5 % of the sample) reported discrimination; of these, 29.8 % reported that discrimination happened during the past two years. Ethnic affiliation, age, education level, income and living area were all significantly associated with differences in the frequency of experiencing discrimination. Respondents with a strong Sami affiliation reported the highest levels of discrimination; in total, 50.8 % responded that they had been discriminated against, compared with 14.3 % of the non-Sami respondents (OR=6.16 CI:5.42–7.00). Sami with strong Sami affiliation reported having experienced significantly more discrimination over the past two years more than did the non-Sami respondents (16.5 % vs 4.4 % respectively; $p < 0.001$; OR=4.15 CI:3.45–4.99). Additionally, Sami respondents reported experiencing discrimination in multiple settings more often than did non-Sami respondents ($p < 0.001$). Respondents aged between 30 and 49 years, those with a medium high level of education, those with medium household income, and those living in Sami minority areas, reported the highest prevalences of discrimination. In terms of responses to discrimination, 37.6 % reported that they had done something to stop the discrimination, and 19.1 % reported that the discrimination had affected them a lot. Just 1.8 % of those who reported having been discriminated against had been in contact with the Equality and Anti-Discrimination Ombudsman Service in Norway.

Conclusion: The findings from this study show that the Sami people still experience high levels of discrimination in Norwegian society. Our findings suggest that interventions specifically designed to prevent discrimination against the indigenous Sami people of Norway should be implemented.

KEYWORDS discrimination, ethnicity, Arctic, Sami, indigenous, Norway

Health Aspects of Colonization and the Post-Colonial Period in Greenland 1721 to 2014

ABSTRACT Colonization in Greenland lasted from 1721 to 1953 but even after the introduction of self-government in 2009, aspects of economic and cultural colonization persist. Several epidemics that decimated the population have been recorded from the colonial period. In the post-colonial period urbanization, immigration of Danish workers and alcohol consumption increased significantly while suicides became an important cause of death.

We have outlined two parallel sequences of events, namely the general history of Greenland with emphasis on certain effects of colonization on everyday life and the epidemiological transition with emphasis on mental health. In particular, results from a health survey in 2014 among the Inuit in Greenland showed statistically significant associations between suicidal thoughts in adulthood and sexual abuse as a child as well as between sexual abuse as a child and alcohol problems in the childhood home. Among women also current socioeconomic conditions were associated with sexual abuse as a child.

Colonization in Greenland was relatively benign and our results illustrate that it is not only extensive colonial stress such as genocide and loss of language and culture that has negative effects on mental health but also the more subtle stress factors that the Inuit in Greenland were exposed to.

KEYWORDS Inuit, Greenland, colonization, mental health, alcohol, suicides

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Is There Self-Determination in Canada's First Nations Communities?

ABSTRACT What is self-determination? How was the definition created? Examining First Nations health care systems has shown that definitions of self-determination for First Nations leaders and communities are different from those provided by federal and provincial governments. To ensure First Nations survival in the long term, it is important for First Nations people, leaders and communities to collaboratively develop definitions of self-determination in an Aboriginal context. This paper reviews perceptions of self-determination in health care by First Nations, and provincial and federal governments, and how relationships between these three groups are affected by differing perceptions. The impacts of colonialism are examined and discussed as they pertain to perceptions of self-determination in health care in First Nations communities. To survive, First Nations must establish firm definitions and boundaries to prevent further oppression and colonization, and to navigate control of their health and health care for future generations.

KEYWORDS Aboriginal people, First Nations people, First Nations health care, Health Care—Canada, health policy

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The Invisible Sami Population

Regional Public Healthcare in Northern Sweden 1863–1950

ABSTRACT Medicine and public health provision have often been used as instruments of power that have shaped relations between the colonizer and the colonized. The county councils, established in 1862 as regional self-governing authorities, became (and have remained) the main architects of

Swedish public healthcare services. In this paper, we investigate the political praxis in regional public healthcare development in the three northernmost counties of Sweden, during 1863–1950. Our study finds that the “Lapp shall remain Lapp” policy, which dominated Swedish Sami policy at the time, had little if any influence on regional public healthcare politics. During the focal period, there were no public healthcare facilities and virtually no *specific* policies or directives aimed at improving access to healthcare for the Sami population.

KEYWORDS colonization, Sami, history, county councils, Jämtland, Västerbotten, Norrbotten, Sápmi

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How Indigenous Nation-Building Can Strengthen Indigenous Holistic Health Outcomes

Retelling the Right to Health

ABSTRACT The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) has declared that Indigenous peoples and populations inherently possess a right to health. Such a right does not merely exist with reference to physical health. The General Assembly of the United Nations when adopting the UNDRIP requires the meaning of “health” to be expansive and also be characterised as a collective right. This article will provide a particular framework for understanding the right to health for Indigenous peoples as a collective right, which exists in a symbiotic relationship with the rights to greater self-determination and governance.

KEYWORDS Indigenous health, self-determination, Indigenous nation building, Indigenous governance, UNDRIP
