

Inuit Health + Circumpolar Health

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MD, MSc, MPH, FRCGS

November 2019



McGill

PPHS 511: McGill University, Dr. Madhu Pai
Fundamentals of Global Health



- Interactive
- *history* of global health
- global health *governance*
- global *burden of disease*
- global health *ethics*,
- global health *diplomacy* and *advocacy*.

PPHS 511: Fundamentals of Global Health

CRN: 21616; Tuesdays (2.30 to 5.30 PM)

Room: 627, Education building

Instructor

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Director, McGill Global Health Programs
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Twitter: @paimadhu
Office hours: By appointment



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UNIVERSITY

Learning Objectives

- Who? ᐃᓄ Terminology, positionality, ethics
- Where? ᓄᓴ Considering the spatial + social
- When? ᓇᓂᓴᓴ Historic origins of social determinants of health
- What? ᓴᓄ Inuit governance + Inuit health
- How? ᓇᓂᓄᓇᓂ Decolonizing practice

+ ᐃᓇ Who?

- Terminology
- Positionality
- Ethics

+ ᓇᓴ Where?

- Considering the spatial + social

+ ᓇᓇᓴ When?

- Arctic migrations, Inuit odyssey
- Colonization and decolonization

+ ᓇᓇ What?

- Health equity in Inuit Nunangat and Canada
- Case studies:
 - Infectious disease: Tuberculosis
 - Non-communicable disease: Diabetes
 - Mental health: Suicide

+ ᓇᓇᓇ How?

- Inuit governance (cf. global health governance)
- Inuit democracy
- Inuit-Crown relationship
- Ethical practice

It's one thing to say, "Hey, we're on the territory of Anishinaabek and the Haudenosaunee."

It's another thing to say, "We're on the territory of the Anishinaabek and the Haudenosaunee and here's what that compels me to do."

*Hayden King
yellowheadinstitute.org
@yellowhead*





“I want to start by discussing something that I think a lot about. This is a traditional practice that I want to follow, that Inuit elders from across Inuit Nunangat have stressed.

You speak about what you have experienced, and you don't speak about what you have not seen or experienced. And that's a really challenging thing to follow."

Natan Obed
Inuit Tapiriit Kanatami
itk.ca



ρ_Q Who?



“How to talk about Indigenous people”



Simple Rules:

1. Be as specific as possible.
2. If more than one community or people, then use broader terms (i.e. First Nations, Metis, Inuit).
3. Different groups together, say Indigenous.
4. If you don't know, ask.

Ossie Michelin,
Independent journalist
osmich.ca

Dear Qallunaat

POLICY BRIEF

Issue 21 | February 6, 2019

Dear Qallunaat: Racism, Public Government and Inuit Nunanga



by Sandra Inuitiq, Chief Negotiator for the Qikiqtani Inuit Association's Tallurutiup Imanga Inuit Impact and Benefit Agreement

The population of Nunavut is nearly 35,000 people, with 86 percent Inuit but a powerful and very visible non-Inuit minority. In Iqaluit, with a population of around 7,000, 40 percent is non-Inuit. In the territorial government, despite the Nunavut Final Agreement mandating 85 per cent Inuit employment, that number is around 50 per cent. Since the creation of Nunavut, a disproportionate amount of senior government positions and the professional class generally has been non-Inuit.

DEAR QALLUNAAT,

We have been living in the same Nunavut cities and towns for some time now. In fact, the collective relationship is sometimes held up as innovative governance and Inuit self-determination. Yet, you, the non-Inuit in our territory, rarely reflect that assumption, rather, the opposite. I have thought a lot about the level of damage having a highly transient, mostly white population, does to Nunavut. The indifference to social conditions, the policy inertia, and all the collective microaggressions that maintain an impoverished Inuit population. (I think these trends are palpable on other Indigenous territories as well).

So for those interested in changing this state of affairs, here are ways that maybe you can be a better white person, or may I suggest, an ally.

As a preface to this letter, let me say that I do not dislike or hate you; it is out of love for myself and communities that I share it. More, even though this is primarily addressed to white people, white supremacy is common among people of all backgrounds – including Inuit (even me) – either to get ahead or not be left behind. This letter is addressed to those readers, too. I hope that it stimulates a healthy discussion.



Racism + Antiracism

- “I define racism as a powerful collection of racist policies that lead to racial inequity and are substantiated by racist ideas. I define a racist idea as any idea that suggests a racial group is superior or inferior to another racial group in any way.
- “I define a racist policy as any policy that leads to racial inequity. I define racist power as policymakers who are using their policy making power to institute or defend policies that are breeding racial inequity.” – Dr. Ibram X. Kendi



Racism + Antiracism, con't

- “To be anti-racist is to see racist policies as the problem; and to see anti-racist policies that create racial equity as the solution. To be anti-racist is to be a part of the struggle to get rid of racist policies and institute anti-racist policies.
- "There's no such thing as a 'not racist' or 'race neutral' policy... 'Not racist' has never been the opposite of racist. 'Not racist' has always been the heartbeat of denial, and sound of that denial coming out of the mouth of the racist.”

Racism + Antiracism, con't

- "Essentially, there's a struggle going on here & people are literally being harmed as a result of racist policies. Those of us who do nothing in the face of racist policies or reinforce racist ideas that justify those policies are being racist, even if they are doing nothing.
- "At the end of the day, I'm less interested in how people are imagining themselves, and more interested in the outcomes, the impact, the victims."

Racism + Antiracism, con't

- “Canada has always had racial inequities. Thereby, it has always had racist policies. I don't have a ranking of who is more or less racist. The only way in which I assess who is more racist is who is more in denial.”
- "So those countries that have a persistence and pervasiveness of racial inequity and imagine themselves as "post-racial" are, to me, more racist than the country that has more racial inequities but is less in denial. Because denial fundamentally is the heartbeat of racism." -

or Where?

Indigenous peoples atlas of Canada

THE ROYAL
CANADIAN
GEOGRAPHICAL
SOCIETY



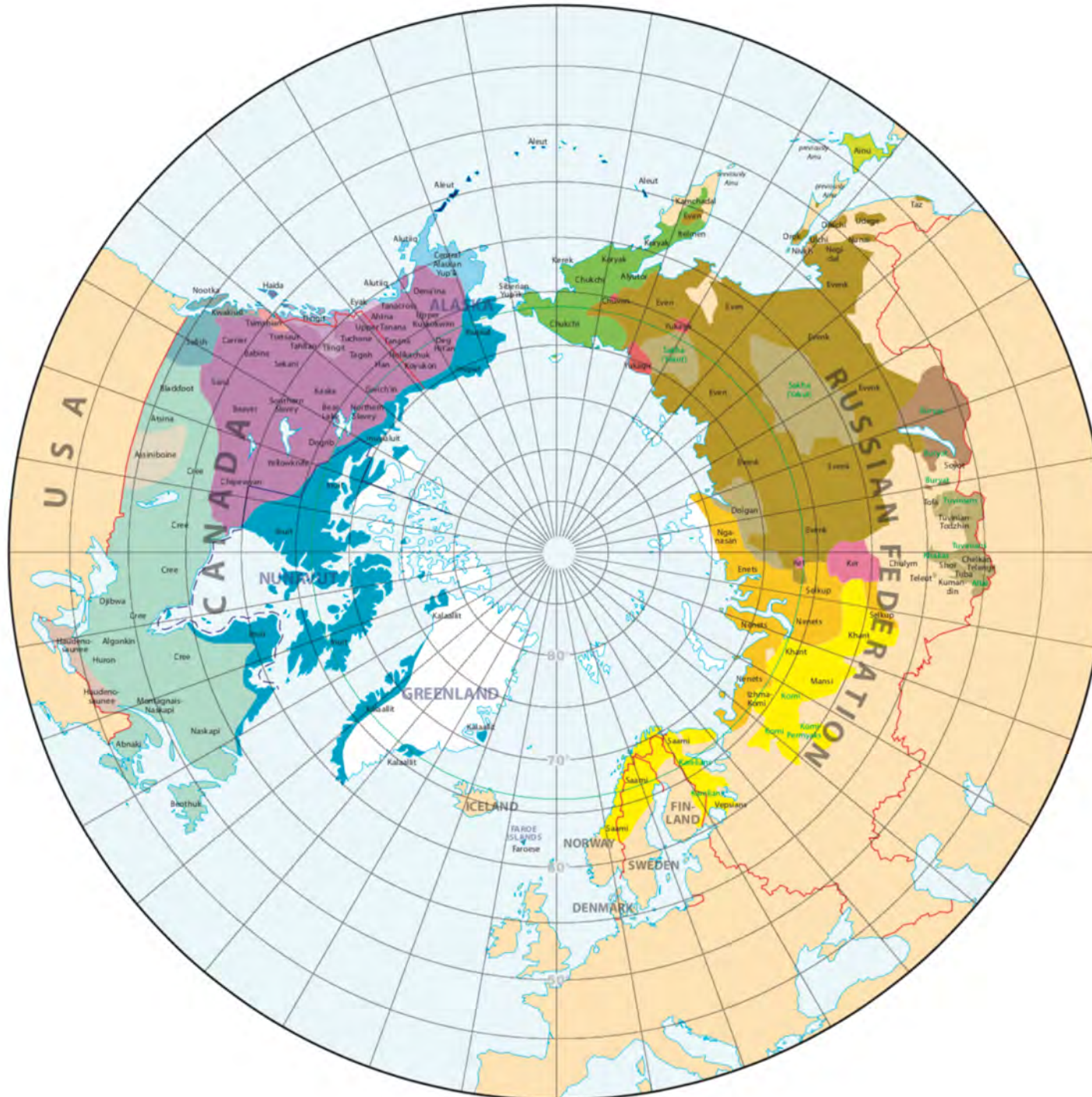
LA SOCIÉTÉ
GÉOGRAPHIQUE
ROYALE DU
CANADA



Circumpolar health is global health



Indigenous peoples of the Arctic countries

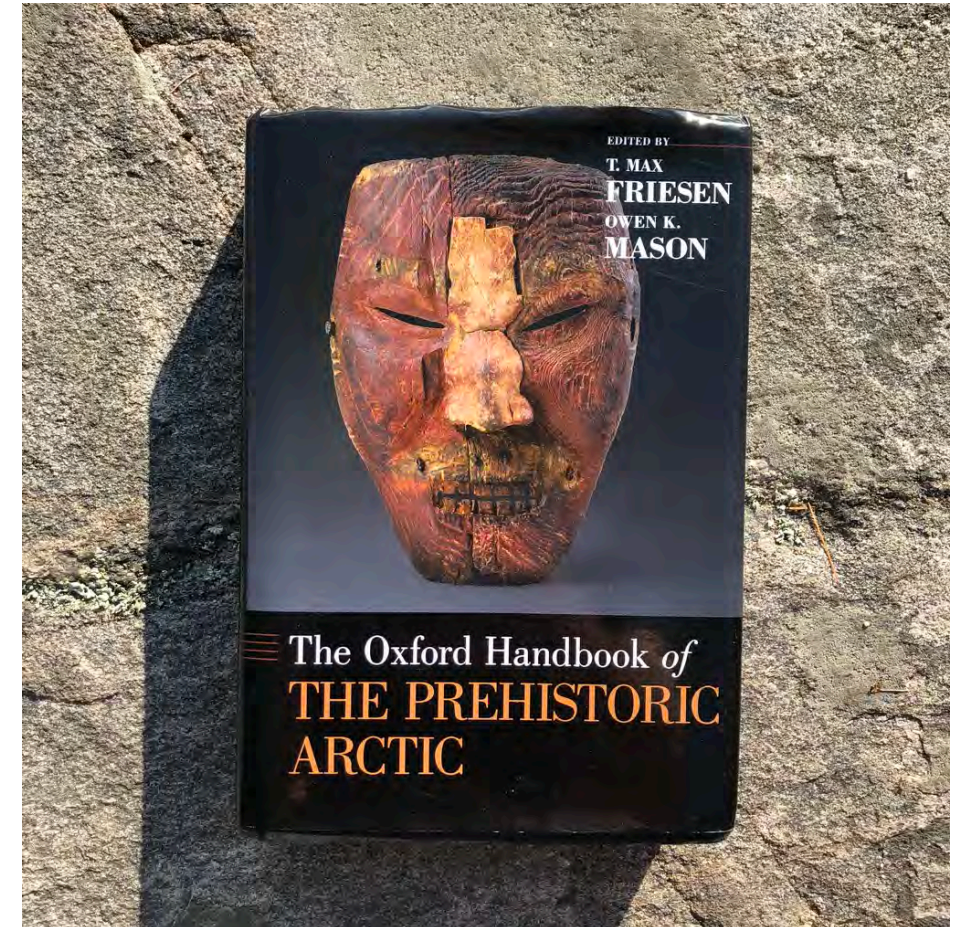
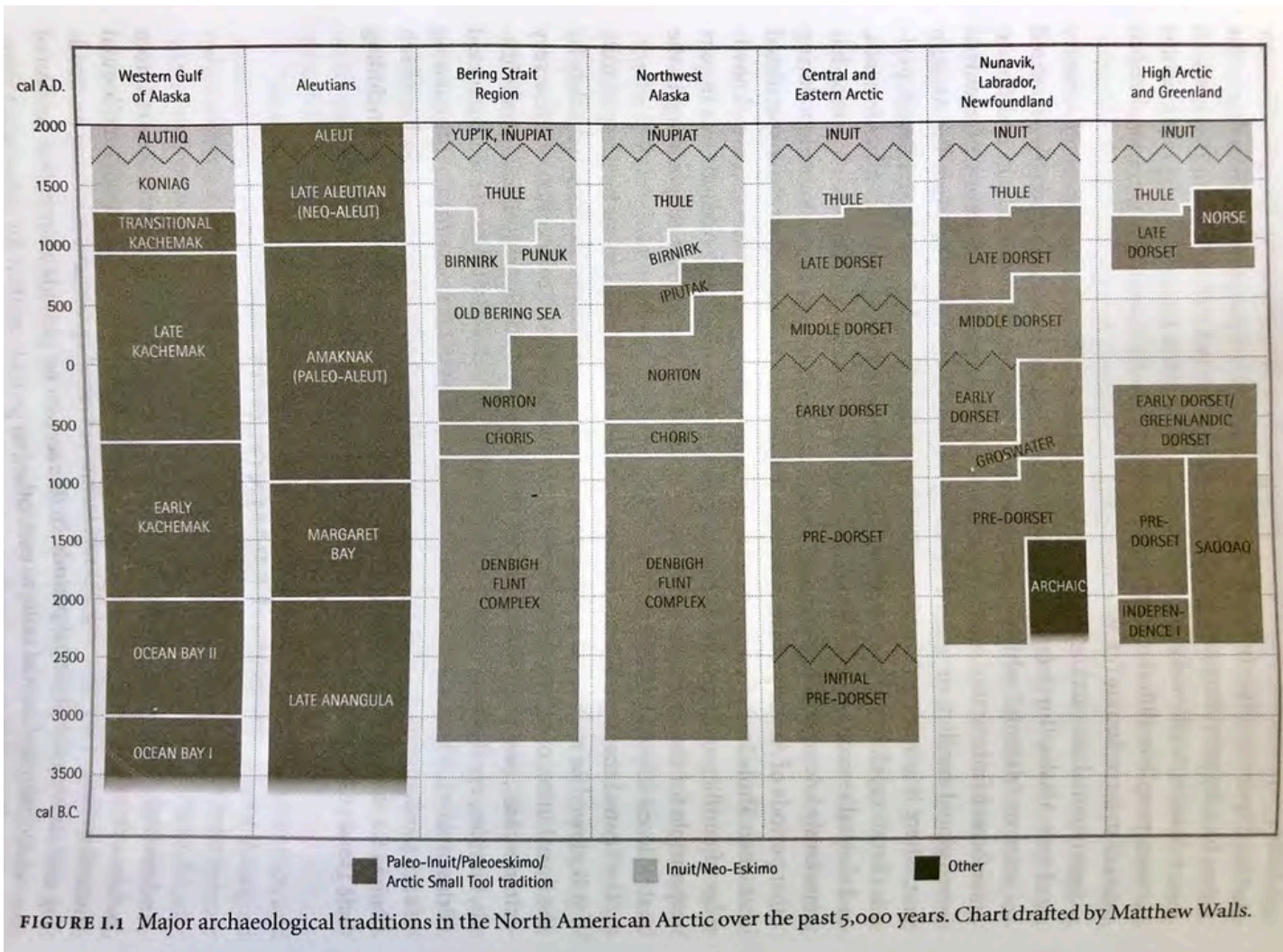


Subdivision according to language families

- Na'Dene family**
 - Athabaskan branch
 - Eyak branch
 - Tlingit branch
 - Haida branch
- Penutan family**
- Macro-Algonkian family**
 - Algonkian branch
 - Wakasha branch
 - Salish branch
- Macro-Sioux family**
 - Sioux branch
 - Iroquois branch
- Indo-European family**
 - Germanic branch

- Eskimo-Aleut family**
 - Inuit group of Eskimo branch
 - Yupik group of Eskimo branch
 - Aleut group
- Uralic-Yukagiran family**
 - Finno-Ugric branch
 - Samodic branch
 - Yukagiran branch
- Altaic family**
 - Turkic branch
 - Mongolic branch
 - Tunguso-Manchurian branch
- Chukotko-Kamchatkan family**
- Ket (isolated language)**
- Nivkhi (isolated language)**
- Ainu (isolated language)**

ᑭᓴᓴ + Arctic migrations, Inuit odyssey

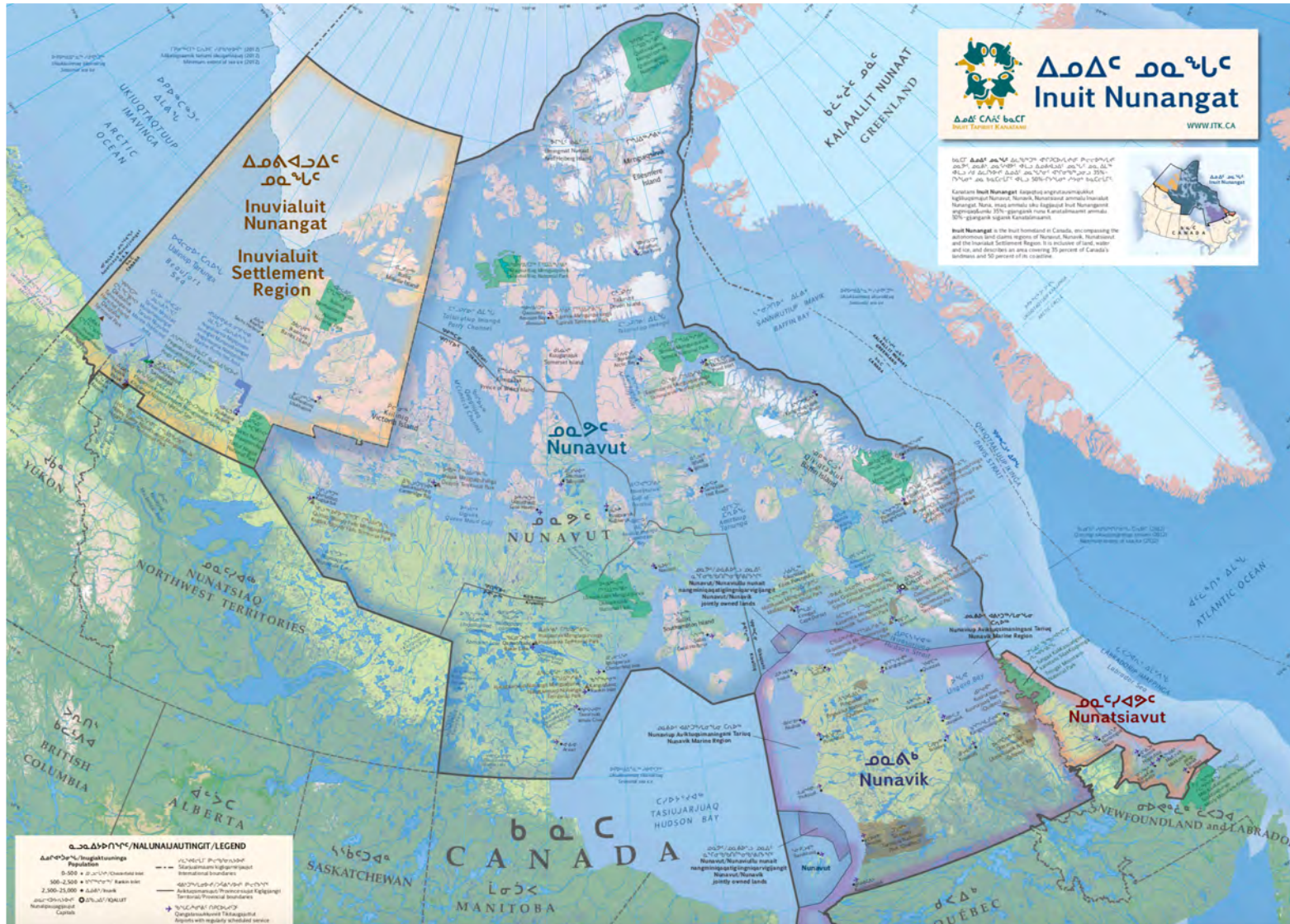


Inuit homelands (Circumpolar)



- ~180,000 Inuit
- Chukotka (Russia)
 - Siberian Yupik
- Alaska (USA)
 - Iñupiat, Yup'ik
- Inuit Nunangat (Canada)
 - Inuvialuit, Inuit +
- Kalaallit Nunaat (Greenland)
 - Kalaallit

Inuit homelands in Canada



- 33% landmass of Canada
- 50% coastline of Canada
- 65,000 Inuit in Canada
- 53 communities
- Inuit Land Claims Regions:
 - Inuvialuit SR
 - Nunavut
 - Nunavik
 - Nunatsiavut

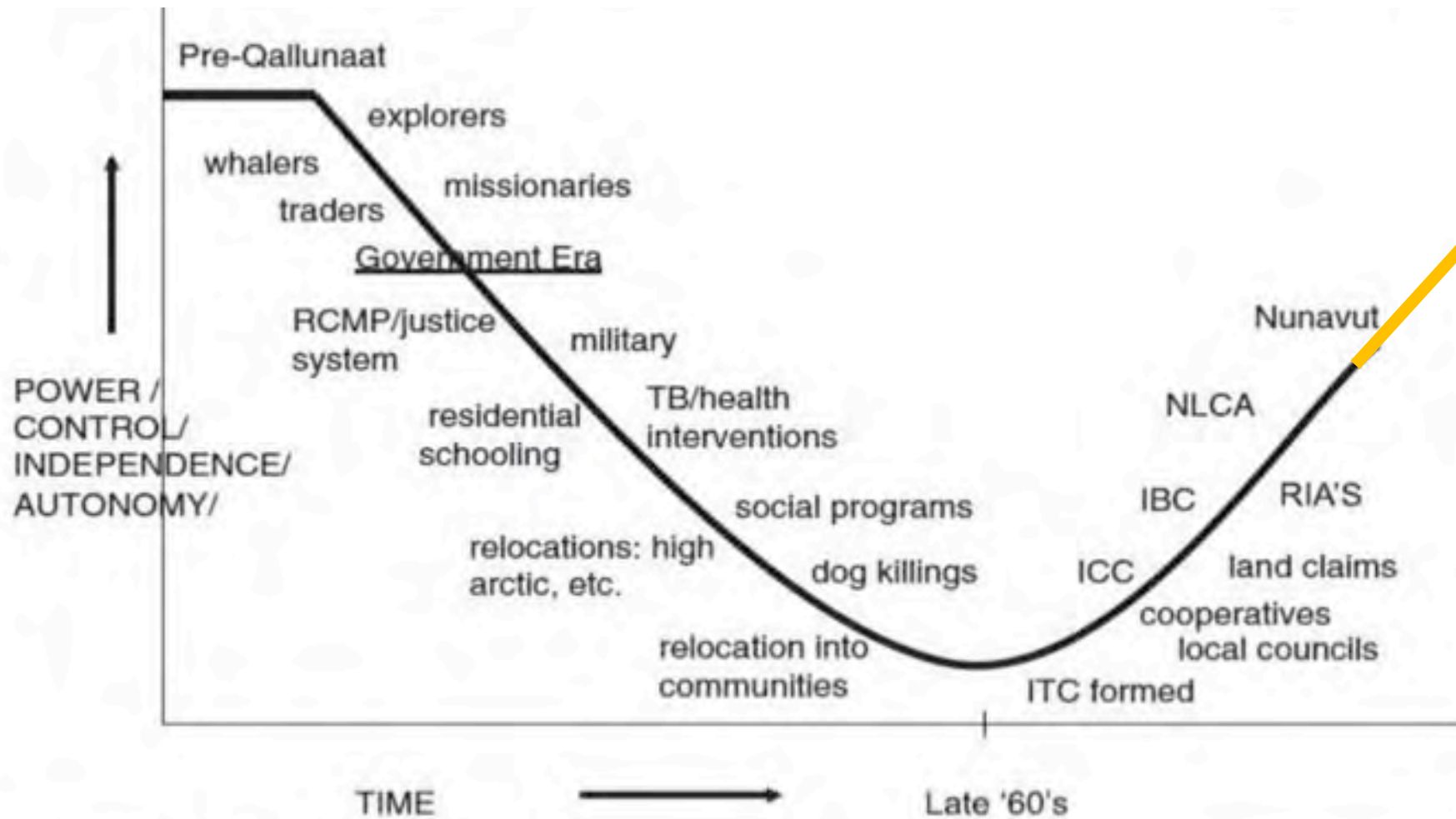
Qikiqtani region in Nunavut

- +15,500 Inuit
- 13 communities
- ~1,000,000 km²
- Inuit democracy:
 - Communities elect board and president of the Qikiqtani Inuit Association (QIA)
 - QIA president sits on board of Nunavut Tunngavik Inc (NTI)
 - NTI president sits on the board of Inuit Tapiriit Kanatami (ITK)



When? ሳጌጃ

ᑭᕐᕐᕐᕐ + Unifying the Inuit Story



© Nunavut Sivuniksavut

Inuit futurism: What future do Inuit want to create?

- Inuit democracy?
- Self-rule?
- Health equity?



+ Four eras of global health

1. **Tropical medicine**, beginning as an effort to keep white people and subsequently the labour force alive in the colonial tropics; global health
2. **International health**, which was about clever people in high-income countries (HICs) helping people in low- and middle-income countries (LMICs);
3. **Global health** which is (note the change in tense) about people from HICs leading health programmes in LMICs;
4. **Global health** which is about people from LMICs leading health programmes in LMICs.

+ Qikiqtani Truth Commission

Inuit-led, Inuit testimonies of Inuit experiences of Canadian colonialism:

- Governance, settlement, sled dogs, economic development, housing, justice, health, education...
- Substantive apology + Saimaqatigiingiq fund.



How What?

Social + Economic inequity in Inuit Nunangat

Inuit Nunangat

39% of Inuit in Inuit Nunangat live in crowded homes¹

29% of Inuit aged 25 to 64 in Inuit Nunangat have earned a high school diploma¹

70% of Inuit households in Nunavut do not have enough to eat²

\$17,778 the median individual income for Inuit in Inuit Nunangat⁴

30 the number of physicians per 100,000 population in Nunavut⁵

45.6% of Inuit in Inuit Nunangat are employed¹

70.8 the average life expectancy for residents of Inuit Nunangat*⁶



All Canadians

4% of non-Indigenous people in Inuit Nunangat live in crowded homes¹

85% of all Canadians aged 25 to 64 have earned a high school diploma¹

8.3% of all households in Canada do not have enough to eat³

\$92,011 the median individual income for non-Indigenous people in Inuit Nunangat⁴

119 the mean number of physicians per 100,000 population in Urban Health Authorities⁵

60.9% of all Canadians are employed¹

80.6 the average life expectancy for all Canadians⁶

Social determinants of health



- conditions in which people are born, grow, live, work, play, and age
- shaped by distribution of money, power, and resources at global, national, and local scale
- determinants are highly connected



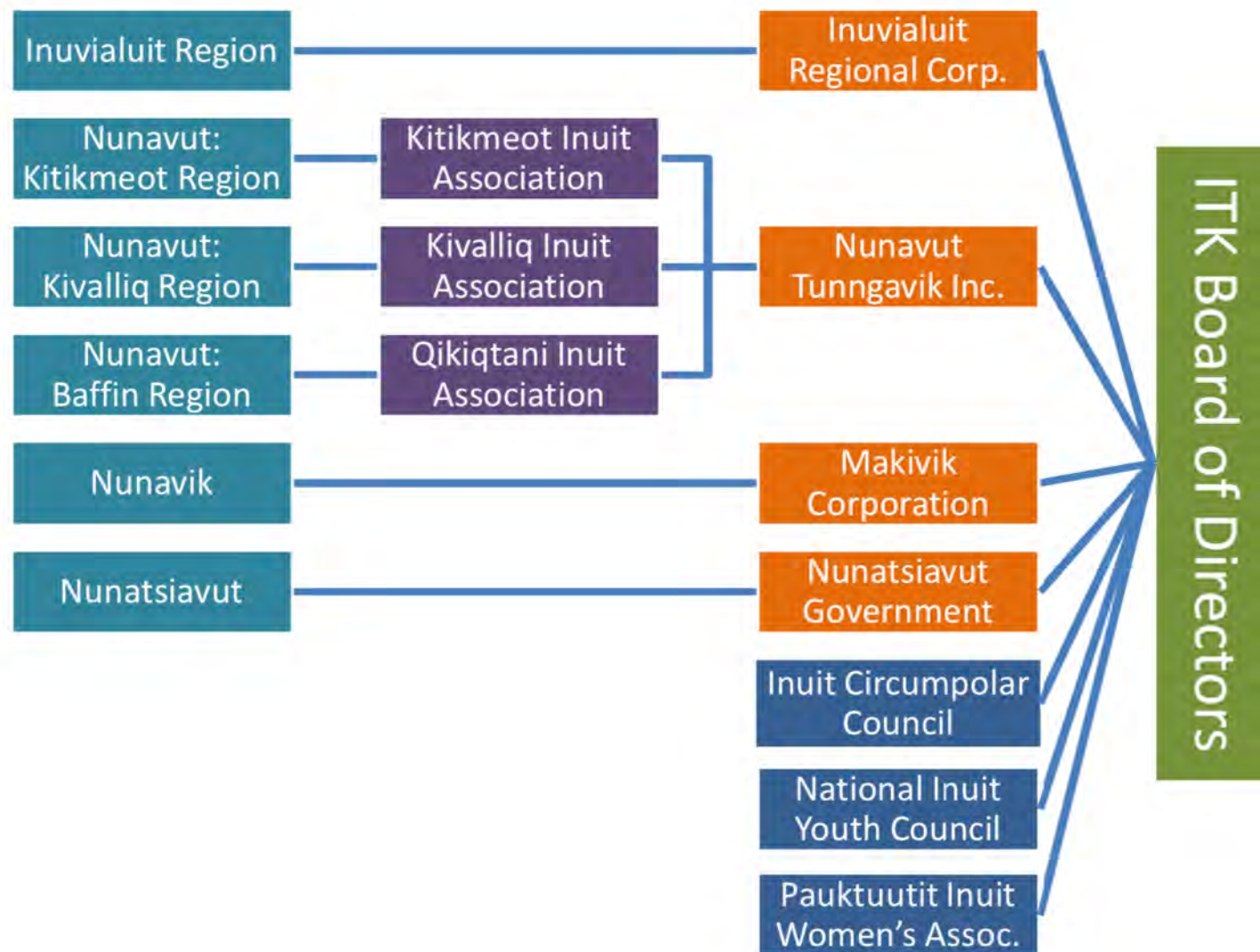
Inuit democracy in Canada

Inuit Nunangat	Inuit Region	Regional Inuit Association	Inuit Population, 2016* (total pop)	Communities	Area
Inuit Tapiriit Kanatami Inuit in Canada: 65,030 Inuit in Inuit Nunangat: 47,330 Inuit outside Inuit Nunangat: 17,690	Nunavut (NTI)	Qikiqtani Inuit Association	14,875 (18,988)	13 Arctic Bay, Cape Dorset, Clyde River, Grise Fiord, Hall Beach, Igloolik, Iqaluit, Kimmirut, Pangnirtung, Pond Inlet, Qikiqtarjuaq, Resolute Bay, Sanikiluaq	989,879 km ²
		Kivalliq Inuit Association	9,370 (10,413)	7 Arviat, Baker Lake, Chesterfield Inlet, Coral Harbour, Nauyasat, Rankin Inlet, Whale Cove	444,621 km ²
		Kitikmeot Inuit Association	5,900 (6,543)	5 Cambridge Bay, Gjoa Haven, Kugaaruk, Kugluktuk, Taloyoak	443,277 km ²
	Nunatsiavut		2,285	5 Nain, Hopedale, Postville, Makkovik, Rigolet	69,371 km ²
	Nunavik (Makivik)		11,800	14 Akulivik, Aupaluk, Inukjuak, Ivujivik, Kangiqsualujuaq, Kangiqsuajuaq, Kangirsuk, Kuujuaq, Kuujuarapik, Puvirnituq, Quaqtaq, Salluit, Tasiujaq, Umiujaq	443,685 km ²
	Inuvialuit Nunangat (IRC)		3,115	6 Aklavik, Inuvik, Paulatuk, Sachs Harbour, Tuktoyaktuk, Ulukhaktok	435,000 km ²

*Statistics Canada , Census of Population 2016. Includes Inuit population living in Inuit Nunangat.

Inuit governance process

LEGEND



Strategy and Action Plan



National Inuit
Climate Change
Strategy

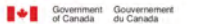
www.itk.ca

National Inuit
Suicide Prevention
Strategy

Inuit Tuberculosis Elimination Framework



February 2019

National Inuit
Strategy on Research

Arctic and Northern Policy Framework: Inuit Nunangat

www.itk.ca

Inuit-Crown Partnership

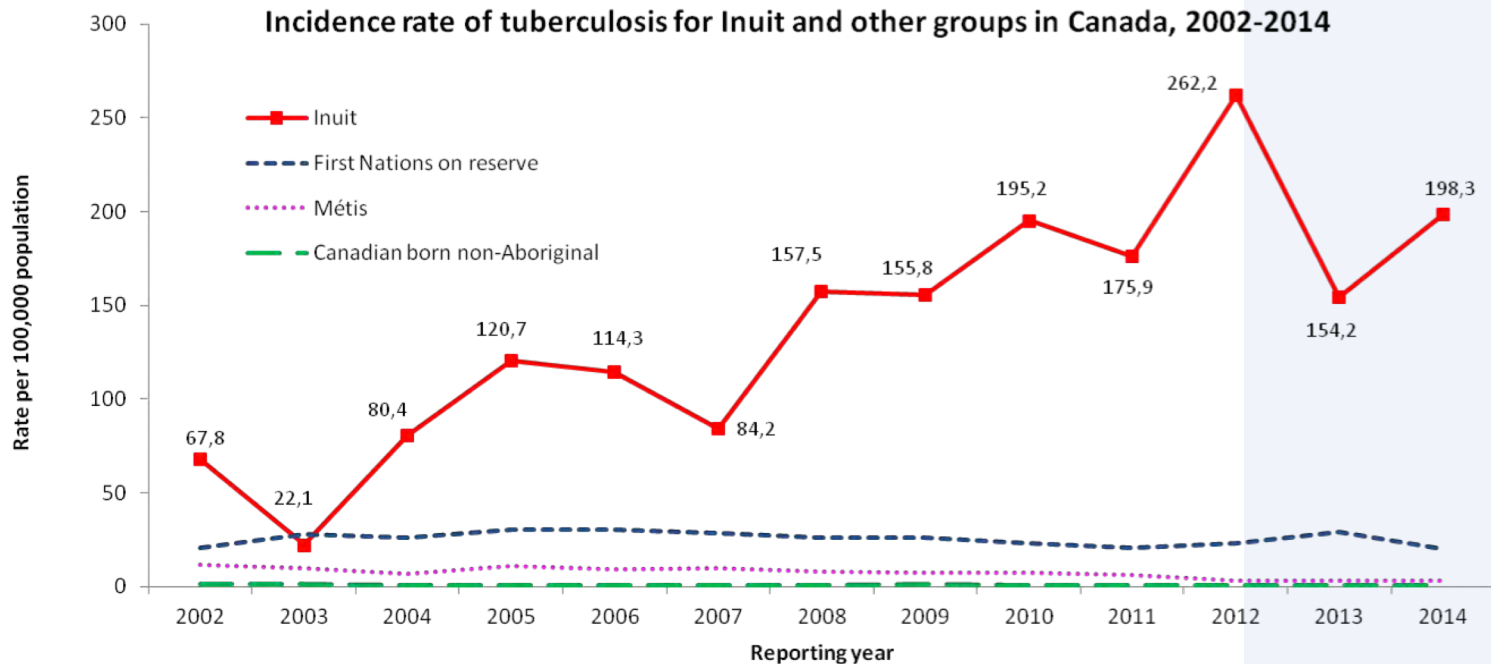


ICPC Priorities

- 
1. Inuit-Crown Land Claims
 2. Inuit Nunangat Policy Space
 3. Housing in Inuit Nunangat
 4. Revitalization, Maintenance and Promotion of Inuktitut
 5. Reconciliation Measures
 6. Education, Early Learning, and Training
 7. Health and Wellness
 8. Environment and Climate Change
 9. Infrastructure

9b_o9b How?

Tuberculosis



Agent: *Mycobacterium tuberculosis*

Reservoir: humans

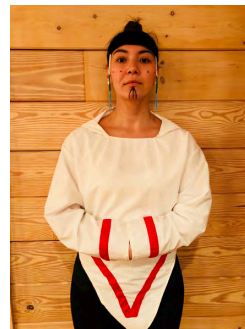
Transmission: aerosolized droplets

Portal of exit/entry: respiration of infectious particles

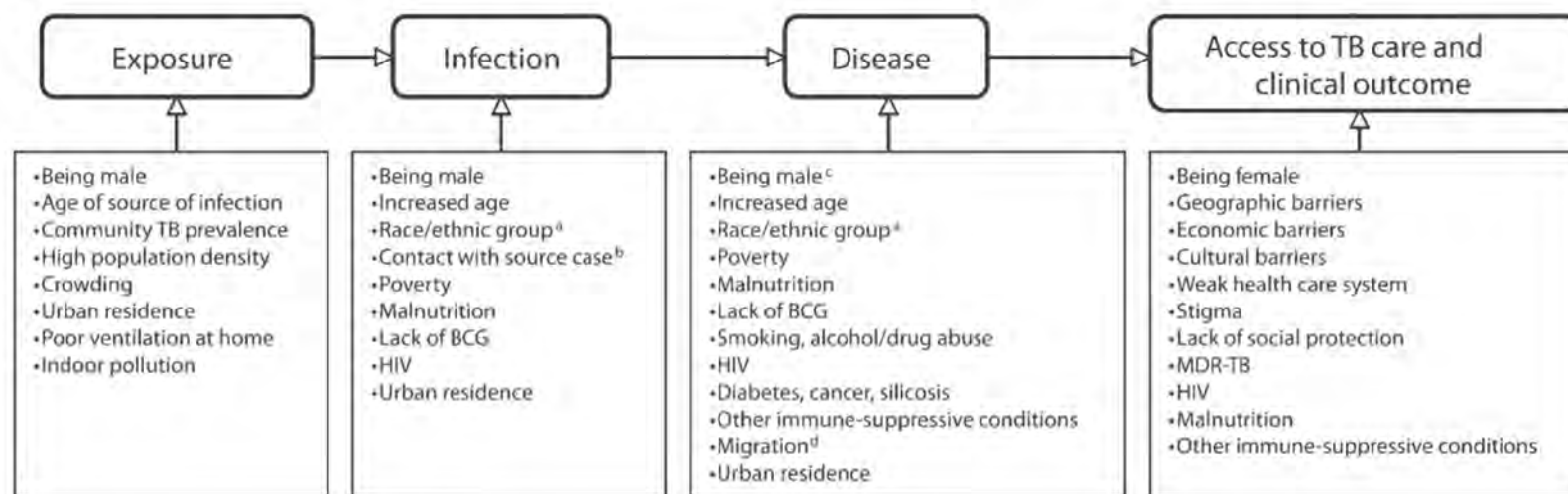
Incubation period: 2-10w from infection to demonstrable lesion or +TST. <10% develop disease; ½ of those within 2y of initial infection.

Communicability: number of bacilli aerosolized; duration of exposure; adequacy of ventilation; exposure of bacilli to UV light.

Host susceptibility: immunodeficiency, undernutrition; DM, renal disease, HIV/AIDS, history of TB infection.



Tuberculosis + solutions



- Commitment + investment
- Reduce barriers to testing + treatment
- Social care programs
- Poverty reduction: housing, nutrition, training, employment
- Community healing
- Inuit-led TB research



Housing

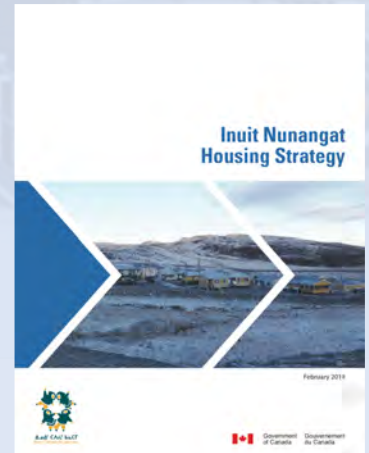


Problems

- Colonial governance:
- Colonial design: Southern architecture, nuclear family, little equipment storage, not climate resilient.
- Direct Investment Gap: \$6,677/person/10y in Nunavut. \$23,269.34/Inuk/10y elsewhere in Inuit Nunangat. Units required: Nunavut 3500, Nunavik 813, Nunatsiavut 193, ISR 144.
- Equity Gap: 52% overcrowding, 300x active TB prevalence.

Solutions

- Inuit governance: INHS
- Inuit design: Extended family, food sharing, land/sea access equipment storage.
- Close investment gap.
- Close outcome gap.



Food: security + sovereignty

- Fix nutrition north
 - “We found that [the Ministry] has not verified whether the northern retailers pass on the full subsidy to consumers.” - Auditor General, 2014
- Invest in harvesting enabling infrastructure
 - Marine infrastructure, multi-use facilities, food processing plants, training facilities
- Fund harvesters and stewardship programs
 - Wages, equipment, tools, supplies, elders + youth programs



Affirming life: every clinical story has a social story



SUICIDE RISK AND PROTECTIVE FACTORS FOR INUIT IN CANADA

RISK FACTORS



Historical Trauma

Impacts of colonialism, residential schools, relocations, dog slaughter



Community Distress

Social inequities including crowded housing, food insecurity, lack of access to services



Wounded Family

Intergenerational trauma, family violence, family history of suicide



Traumatic Stress and Early Adversity

Experiencing acute or toxic stress in the womb, witnessing or experiencing physical or sexual abuse



Mental Distress

Depression, substance misuse, mental health disorder, self-harm



Acute Stress or Loss

Recent loss, intoxication, access to means, hopelessness, isolation

PROTECTIVE FACTORS



Cultural Continuity

Strongly grounded in Inuit language, culture and history



Social Equity

Adequate economic, educational, health and other resources support and foster resilience



Family Strength

Safe, supportive and nurturing homes



Healthy Development

Providing children with safe environments that nurture social and emotional development



Mental Wellness

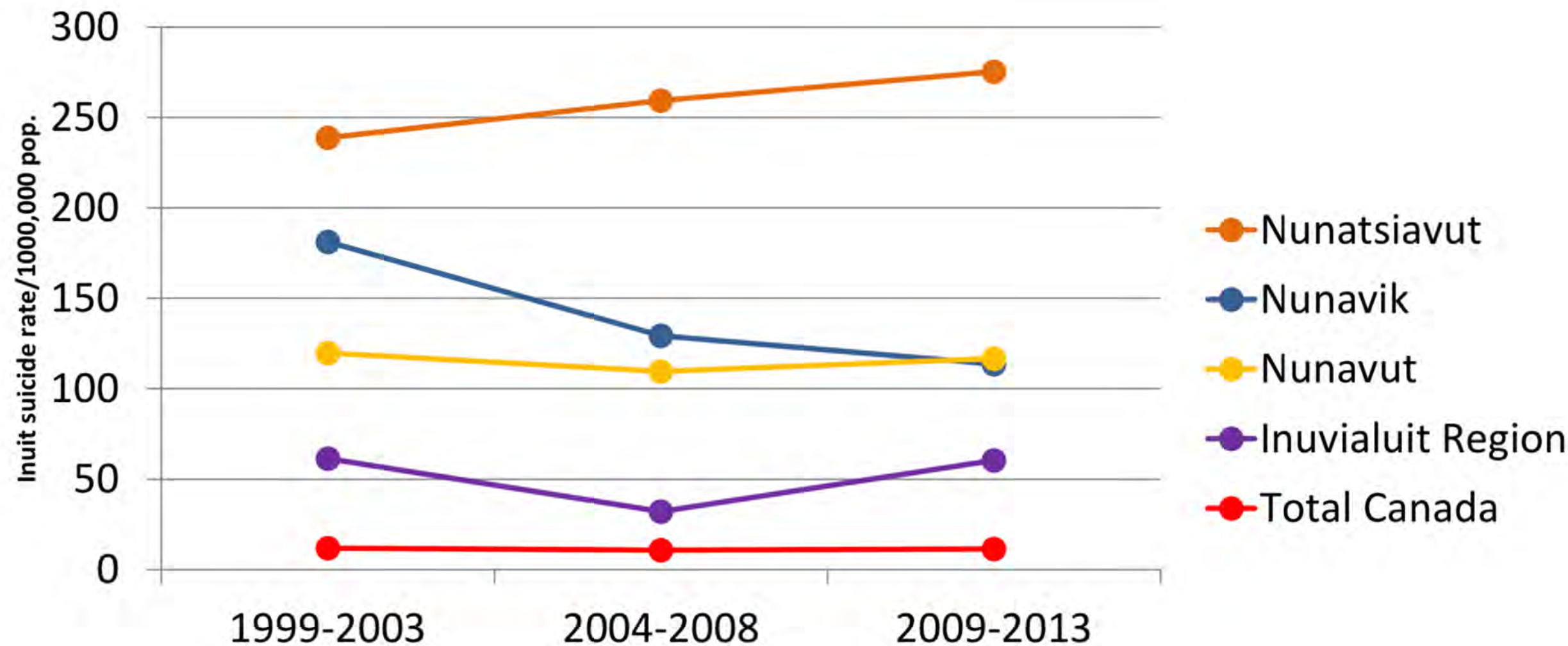
Access to Inuit-specific mental health services and supports



Coping with Acute Stress

Ability to regulate and cope with distress, access to social supports and resources

Suicide among Inuit, by region



Suicide surveillance indicator framework



NOTES: (a) Suicide Surveillance Indicator Framework is based on model by the Public Health Agency of Canada (2017);³² (b) Suicide mortality rates are typically calculated based on data from the population ≥ 10 years old; (c) ED = Emergency Department; (d) Age ≥ 15 years old;

Shortcomings?

Pollock, N., Healey, G., Jong, M., Valcour, J., Mulay, S. Tracking progress in suicide prevention in Indigenous communities: a challenge for public health surveillance in Canada. BMC Public Health. 2018. 18: 1320-1337.

Inequities in suicide prevalence among Indigenous populations in Canada

Table 1 Recent and lifetime prevalence of suicidal thoughts and suicide attempts among Indigenous populations in Canada

Region, Indigenous Group	Number of survey participants	Age Group	Suicidal Thoughts		Suicide Attempts		Source
			Recent	Lifetime	Recent	Lifetime	
Canada							
General Population	~ 65,000	15+	2.5%	12.3%	0.4%	3.4%	CCHS (2015)
First Nations (Off Reserve)	28,409 ^a	18+	5.2%	14.7%	–	–	APS (2012)
Inuit	–	18+	5.5%	15.2%	–	–	APS (2012)
Métis	–	18+	3.8%	12.8%	–	–	APS (2012)
Nunavut							
Inuit	1,710	18+	14.0%	48.0%	5.0%	29.0%	IHS-NU (2008)
Inuit	1,581	18+	5.8%	16.3%	–	–	APS (2012)
Ontario							
First Nations (On Reserve)	1,500	18+	18.6%	25.3%	10.5% ^b	13.4%	FNRHS (2008/10)
First Nations (Off Reserve)	4,286 ^a	18+	6.4% ^b	12.2%	–	–	APS (2012)
Métis	–	18+	3.2% ^b	15.7%	–	–	APS (2012)
Alberta							
First Nations (On Reserve)	1,418	18+	15.2%	22.1%	–	14.4%	FNRHS (2008/10)
First Nations (Off Reserve)	3,765 ^a	18+	5.5% ^b	18.6%	–	–	APS (2012)
Métis	–	18+	4.3% ^b	13.8%	–	–	APS (2012)

CCHS Canadian Community Health Survey, APS Aboriginal Peoples Survey, IHS-NU Inuit Health Survey-Nunavut. FNRHS=First Nations Regional Health Survey

^aTotal number of APS (2012) survey participants in region including all First Nation, Inuit, and Métis

^bInterpret with caution; high sampling variability

Pollock, N., Healey, G., Jong, M., Valcour, J., Mulay, S. Tracking progress in suicide prevention in Indigenous communities: a challenge for public health surveillance in Canada. BMC Public Health. 2018. 18: 1320-1337.

Solutions + promising practices



National Inuit
Suicide Prevention
Strategy



Promising Practices in
Suicide Prevention
Across Inuit Nunangat

NISPS RESEARCH AND DATA COLLECTION PROJECT
JUNE 2019

Decolonizing Research

Priority areas:

1. Advance Inuit governance in research
2. Enhance the ethical conduct of research
3. Align funding with Inuit research priorities
4. Ensure Inuit access, ownership, and control over data and information
5. Build capacity in Inuit Nunangat research



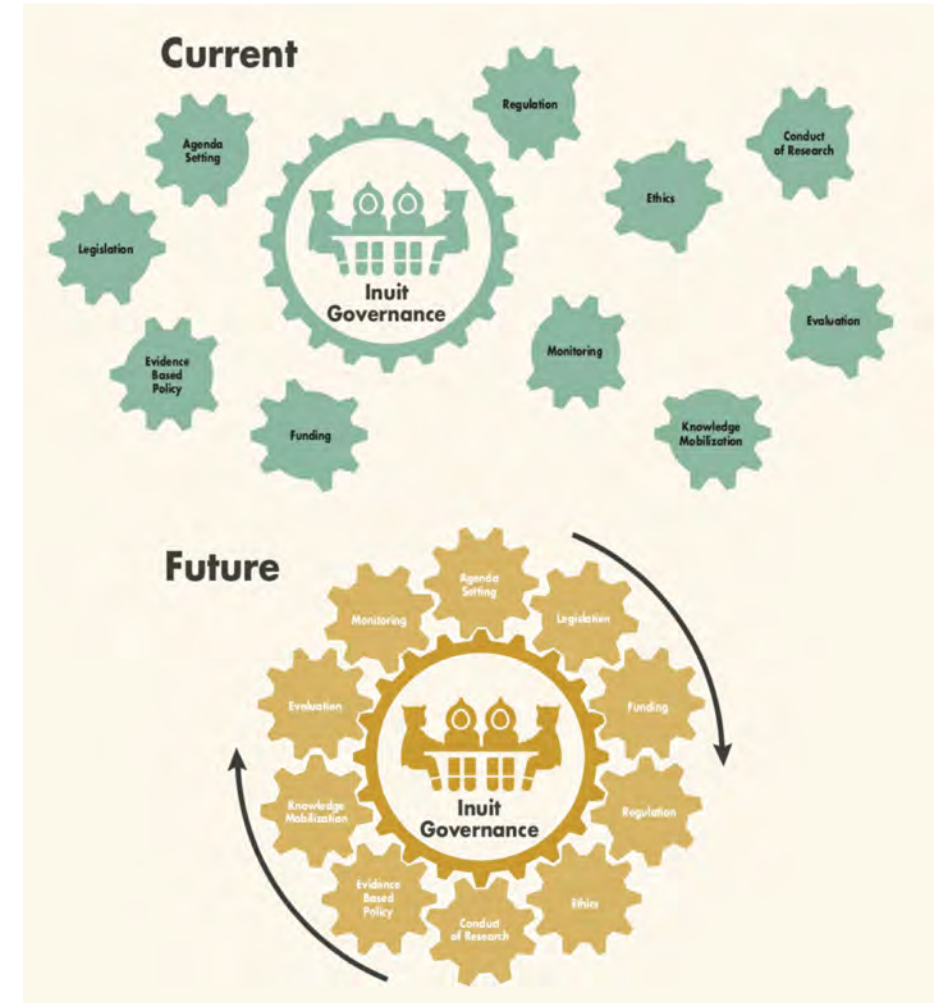
Science Policy in Inuit Nunangat

Moving from “Indigenous Knowledge to Inuit Self-determination in Research

"Despite being characterized as part of a progressive research agenda, the focus on Indigenous knowledge all too often maintains the status quo of limiting Inuit involvement in research to the role of passive research subjects.

Inuit seek to permanently transform this colonial paradigm through the advancement of Inuit self-determination...this entails shifting away from research about Inuit, to investing in and supporting research partnerships with Inuit that reflect Inuit research priorities. This is the only means to ensure that Inuit Nunangat research is effective and can positively inform policies that impact our day-to-day lives."

Natan Obed, ITK President
17 November 2019



Inuit Health Survey



Qanuippitaa?
National Inuit Health Survey

- Inuit governed
- Inuit questions + answers
 - Inuit governance in research
 - For every 3 Inuit, there is one Inuit Nunangat-related publication.
- Budget 2018:
 - \$82M/10y + 6M/y ongoing
- Stable, predictable, multi-year funding + data

TRC Call to Action #19

“We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes call upon the federal government to appoint, in between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long- term trends.

Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.”



**Truth and Reconciliation
Commission of Canada:
Calls to Action**



+ ᐃᓇ Who?

- Terminology
- Positionality
- Ethics

+ ᓇᓴ Where?

- Considering the spatial + social

+ ᓇᓇᓴ When?

- Arctic migrations, Inuit odyssey
- Colonization and decolonization

+ ᓇᓇ What?

- Health equity in Inuit Nunangat and Canada
- Case studies:
 - Infectious disease: Tuberculosis
 - Non-communicable disease: Diabetes
 - Mental health: Suicide

+ ᓇᓇᓇ How?

- Inuit governance (cf. global health governance)
- Inuit democracy
- Inuit-Crown relationship
- Ethical practice

Some reflections:

- Be ethical: First do no harm. Offer. Proceed only with consent.
- Be mindful: of positionality, power, myopia, imperfect offerings;
- Be specific: Use a distinctions-based approach;
- Be respectful: Indigenous governance, jurisdiction, good process;
- Be committed: to equity, anti-racism, decolonizing your practice.

◁ ⊂ ▷ ⊆ Δ^c Alianait!

Inuit democracy,
social determinants,
+ social democracy

