PPHS 511: Fundamentals of Global Health

CRN: 21616; Tuesdays (2.30 to 5.30 PM)

Room: 627, Education building

Instructor

Professor Madhukar Pai, MD, PhD
Canada Research Chair in Epidemiology & Global Health
Director, McGill Global Health Programs
Email: madhukar.pai@mcgill.ca
Twitter: @paimadhu
Office hours: By appointment

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

• **Who?** ᖃᓄᑦ Terminology, positionality, ethics
• **Where?** ᖒᒥ Considering the spatial + social
• **When?** ᖃᓗᒃᑳ_CHIP Historic origins of social determinants of health
• **What?** ᖃᓄᒃᑳ CHIP Inuit governance + Inuit health
• **How?** ᖃᓄᑦCHIP Decolonizing practice
+ Who?
  • Terminology
  • Positionality
  • Ethics

+ Where?
  • Considering the spatial + social

+ When?
  • Arctic migrations, Inuit odyssey
  • Colonization and decolonization

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

+ 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
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

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, 49 percent is non-Inuit. In the territorial government, despite the Nunavut Final Agreement mandating 85 percent Inuit employment, that number is around 60 percent. 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 – 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
"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."
"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.” -
Where?
Indigenous peoples atlas of Canada
Circumpolar health is global health
Indigenous peoples of the Arctic countries
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?
Unifying the Inuit Story

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.

Abimbola, S. On the meaning of global health and the role of global health journals. International Health. 2018. 10 (2): 63-65
Inuit-led, Inuit testimonies of Inuit experiences of Canadian colonialism:

• Governance, settlement, sled dogs, economic development, housing, justice, health, education...
• Substantive apology + Saimaqatigiingiq fund.
What?
## Social + Economic inequity in Inuit Nunangat

### Inuit Nunangat

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Percentage</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>39% of Inuit in Inuit Nunangat live in crowded homes</td>
<td>39%</td>
<td>1</td>
</tr>
<tr>
<td>29% of Inuit aged 25 to 64 in Inuit Nunangat have earned a high school diploma</td>
<td>29%</td>
<td>1</td>
</tr>
<tr>
<td>70% of Inuit households in Nunavut do not have enough to eat</td>
<td>70%</td>
<td>2</td>
</tr>
<tr>
<td>$17,778 the median individual income for Inuit in Inuit Nunangat</td>
<td>$17,778</td>
<td>4</td>
</tr>
<tr>
<td>30 the number of physicians per 100,000 population in Nunavut</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>45.6% of Inuit in Inuit Nunangat are employed</td>
<td>45.6%</td>
<td>1</td>
</tr>
<tr>
<td>70.8 the average life expectancy for residents of Inuit Nunangat*</td>
<td>70.8</td>
<td>6</td>
</tr>
</tbody>
</table>

### All Canadians

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Percentage</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>4% of non-Indigenous people in Inuit Nunangat live in crowded homes</td>
<td>4%</td>
<td>1</td>
</tr>
<tr>
<td>85% of all Canadians aged 25 to 64 have earned a high school diploma</td>
<td>85%</td>
<td>1</td>
</tr>
<tr>
<td>8.3% of all households in Canada do not have enough to eat</td>
<td>8.3%</td>
<td>3</td>
</tr>
<tr>
<td>$92,011 the median individual income for non-Indigenous people in Inuit Nunangat</td>
<td>$92,011</td>
<td>4</td>
</tr>
<tr>
<td>119 the mean number of physicians per 100,000 population in Urban Health Authorities</td>
<td>119</td>
<td>5</td>
</tr>
<tr>
<td>60.9% of all Canadians are employed</td>
<td>60.9%</td>
<td>1</td>
</tr>
<tr>
<td>80.6 the average life expectancy for all Canadians</td>
<td>80.6</td>
<td>6</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Inuit Nunangat</th>
<th>Inuit Region</th>
<th>Regional Inuit Association</th>
<th>Inuit Population, 2016* (total pop)</th>
<th>Communities</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inuit Tapiriit Kanatami</td>
<td>Nunavut (NTI)</td>
<td>Qikiqtani Inuit Association</td>
<td>14,875 (18,988)</td>
<td>13 Arctic Bay, Cape Dorset, Clyde River, Grise Fiord, Hall Beach, Igloolik, Iqaluit, Kimmirut, Pangnirtung, Pond Inlet, Qikiqtarjuaq, Resolute Bay, Saniquluaq</td>
<td>989,879 km²</td>
</tr>
<tr>
<td></td>
<td>Inuit in Nunavut: 30,145</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Inuit in Inuit Nunangat: 47,330</td>
<td></td>
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<tr>
<td></td>
<td>Inuit outside Inuit Nunangat: 17,690</td>
<td></td>
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</tr>
<tr>
<td>Inuit Tapiriit Kanatami</td>
<td>Kivalliq Inuit Association</td>
<td>9,370 (10,413)</td>
<td>7 Arviat, Baker Lake, Chesterfield Inlet, Coral Harbour, Naujaat, Rankin Inlet, Whale Cove</td>
<td>444,621 km²</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kitikmeot Inuit Association</td>
<td>5,900 (6,543)</td>
<td>5 Cambridge Bay, Gjoa Haven, Kugaaruk, Kugluktuk, Taloyoak</td>
<td>443,277 km²</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5 Nain, Hopedale, Postville, Makkovik, Rigolet</td>
<td>69,371 km²</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>14 Akulivik, Aupaluk, Innajuak, Ivujivik, Kangiqsalujujuaq, Kangiqsualujujuaq, Kangirsuk, Kuujuaq, Kuujjuarapik, Puvirnituq, Quaqtaq, Salluit, Tasiujaq, Umiujaq</td>
<td>443,685 km²</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6 Akulivik, Inuvik, Paulatuk, Sachs Harbour, Tuktoyaktuk, Ulukhaktok</td>
<td>435,000 km²</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inuvialuit Nunangat (IRC)</td>
<td></td>
<td></td>
<td>3,115</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Inuit governance process

**LEGEND**

- ITK Board of Directors
- Inuit Land Claims Orgs
- Regional Inuit Associations
- Inuit Organizations
- Inuit Communities

- Inuvialuit Region
- Nunavut: Kitikmeot Region
- Nunavut: Kivalliq Region
- Nunavut: Baffin Region
- Nunavik
- Nunatsiavut

- Kitikmeot Inuit Association
- Kivalliq Inuit Association
- Qikiqtani Inuit Association

- Inuvialuit Regional Corp.
- Nunavut Tunngavik Inc.
- Makivik Corporation
- Nunatsiavut Government
- Inuit Circumpolar Council
- National Inuit Youth Council
- Pauktuutit Inuit Women’s Assoc.
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 Inuktut
5. Reconciliation Measures
6. Education, Early Learning, and Training
7. Health and Wellness
8. Environment and Climate Change
9. Infrastructure
How?
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 among Inuit, by region

- Nunatsiavut
- Nunavik
- Nunavut
- Inuvialuit Region
- Total Canada
Suicide surveillance indicator framework

Shortcomings?

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

<table>
<thead>
<tr>
<th>Region, Indigenous Group</th>
<th>Number of survey participants</th>
<th>Age Group</th>
<th>Suicidal Thoughts</th>
<th>Suicide Attempts</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Recent</td>
<td>Lifetime</td>
<td>Recent</td>
</tr>
<tr>
<td>Canada</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Population</td>
<td>~ 65,000</td>
<td>15+</td>
<td>2.5%</td>
<td>12.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>First Nations (Off Reserve)</td>
<td>28,409</td>
<td>18+</td>
<td>5.2%</td>
<td>14.7%</td>
<td>–</td>
</tr>
<tr>
<td>Inuit</td>
<td>–</td>
<td>18+</td>
<td>5.5%</td>
<td>15.2%</td>
<td>–</td>
</tr>
<tr>
<td>Métis</td>
<td>–</td>
<td>18+</td>
<td>3.8%</td>
<td>12.8%</td>
<td>–</td>
</tr>
<tr>
<td>Nunavut</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inuit</td>
<td>1,710</td>
<td>18+</td>
<td>14.0%</td>
<td>48.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Inuit</td>
<td>1,581</td>
<td>18+</td>
<td>5.8%</td>
<td>16.3%</td>
<td>–</td>
</tr>
<tr>
<td>Ontario</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Nations (On Reserve)</td>
<td>1,500</td>
<td>18+</td>
<td>13.6%</td>
<td>25.3%</td>
<td>10.5%</td>
</tr>
<tr>
<td>First Nations (Off Reserve)</td>
<td>4,286</td>
<td>18+</td>
<td>6.4%</td>
<td>12.2%</td>
<td>–</td>
</tr>
<tr>
<td>Métis</td>
<td>–</td>
<td>18+</td>
<td>3.2%</td>
<td>15.7%</td>
<td>–</td>
</tr>
<tr>
<td>Alberta</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Nations (On Reserve)</td>
<td>1,418</td>
<td>18+</td>
<td>15.2%</td>
<td>22.1%</td>
<td>–</td>
</tr>
<tr>
<td>First Nations (Off Reserve)</td>
<td>3,765</td>
<td>18+</td>
<td>5.5%</td>
<td>18.6%</td>
<td>–</td>
</tr>
<tr>
<td>Métis</td>
<td>–</td>
<td>18+</td>
<td>4.3%</td>
<td>13.8%</td>
<td>–</td>
</tr>
</tbody>
</table>

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

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

Interpret with caution; high sampling variability

Solutions + promising practices
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
"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

- 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.”
Who?
- Terminology
- Positionality
- Ethics

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

Where?
- Considering the spatial + social

When?
- Arctic migrations, Inuit odyssey
- Colonization and decolonization

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.
Alianait!
Inuit democracy, social determinants, + social democracy