Techniques of Citizenship: Health and Subjectivity in a New and Predominantly Inuit Territory

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ABSTRACT The lives and citizenship struggles of migrant workers, Indigenous peoples, immigrants, and others shape current thinking about citizenship, suggesting that it is an ongoing process of engagement. These struggles are often framed in citizenship terms because they are struggles for particular kinds of membership and participation within and beyond nation-states. They are, however, collective struggles for new space and suggest that treating citizenship simply as membership is inadequate. They demand, rather, recognition of both individual and collective subjectivities that emerge through efforts to shape and govern their own communities. This paper explores the relationship between the Inuit of the Central and Eastern Arctic and mechanisms of Canadian citizenship—those of national and territorial health institutions and discourse. In April 1999, the establishment of the new Canadian territory of Nunavut, with a population that is 85% Inuit, marked an important moment in both Inuit and Canadian histories. Through a qualitative exploration of the unfolding of health governance in this new territory, the paper examines how Nunavummiut (people of Nunavut) take up and challenge notions of health, governance, Canadian, Inuit, and Nunavummiut. It considers two discourses of health through which Nunavummiut, and others, employ “techniques of citizenship”, shaping both hybrid subjectivity and conceptions of health, giving rise to both constraint and resistance as Inuit Nunavummiut envision their engagement in health governance and in the collective Inuit struggle for self-determination.

The lives and citizenship struggles of migrant workers, dispossessed peoples, Indigenous peoples, immigrants, and others have transformed the ways we think of citizenship, the nation-state, and participation in the nation (Turner, 1993; Stasiulis & Bakan, 1997; Christie, 2003; Wood, 2003). Such struggles suggest that while citizenship is a legal category, organized through the state, it is an ongoing process of engagement that shapes boundaries and membership. As such, citizenship is negotiated, unstable, constructed and reconstructed through the ways that we participate or engage, shaping our communities, the nation, nations within nations, and ourselves as citizens (Stasiulis & Bakan, 1997; Tully, 2000; Isin, 2002; CSML, nd). This reframing of citizenship has coincided with growing efforts among social scientists and public policy practitioners to foster a participatory and active citizenship (Abelson & Eyles, 2002). Indigenous
self-determination struggles not only challenge assumptions about citizenship, they call for a rethinking of engagement or participation and what they mean for both individuals and communities.

Around the world, Indigenous peoples’ efforts to overcome colonization are giving rise to new forms of indigenous self-government and federalism with surrounding non-indigenous governments (Tully, 2000, p. 223). These efforts are often framed in citizenship terms because these are struggles for particular kinds of membership and participation within and beyond nation-states. These struggles, however, are collective struggles for a new space or spaces and suggest that treating citizenship simply as membership or as an individual identity is inadequate. They demand, rather, recognition of both individual and collective subjectivities that emerge through their efforts to shape and govern their own communities within a nation. Framing an exploration of such efforts partly in citizenship terms is important because it calls our attention to the part of the struggle that is about membership in a nation-state and the claims, as Isin & Turner (2007, p. 16) write, that they make on that state by investing in it as citizens. Citizens invest in the nation-state as members, but indigenous struggles for self-determination within the nation-state challenge our assumptions about that membership, the investment and the claims made. In this paper, I treat citizenship as governmental and consider how certain techniques of citizenship, within the context of indigenous communities in a settler state, give rise to hybrid subjectivity. I consider the relationship between the Inuit of the Central and Eastern Arctic and broader mechanisms of Canadian citizenship, particularly those of national and territorial health institutions and discourse.

In April 1999, the establishment of the new Canadian territory of Nunavut marked an important moment in both the history of Aboriginal governance in Canada and the Inuit struggle for self-determination. Nunavut’s creation as Canada’s third and largest territory promised to bring decision-making power to a largely Inuit (85%) population through both a public government and the Nunavut Land Claims Agreement (NLCA). In crafting Nunavut, Inuit have not attempted to leave Canada but are framing self-determination within the context of coexistence. Many see such coexistence as necessary to the achievement of self-determination. This coexistence suggests some element of common belonging and places the Inuit in a position to craft out a space for self-determination within a nation and a field of relations (Cairns, 2001, p. 28; Scott, 2001, p. 11).

Health in Nunavut provides a point from which we can explore the implications of these relations, of citizenship as practice—as negotiated and contested within a post-colonial context. Notions of “health” and “health care” figure prominently in our imaginings of Canada as a nation and of ourselves as its citizens. In the introduction to the 2002 report of the Commission on the Future of Health Care in Canada, Roy Romanow links citizenship to values of equity, fairness, and solidarity in health care (Commission, 2002, p. xvi). He suggests that our conceptions of ourselves as Canadian citizens inform our health care values. Similarly, health emerges as central in building Nunavut as a territory. The Bathurst Mandate, which establishes priorities for the new territory of Nunavut, states that “the health of Nunavut” depends on the health of its physical, social, economic and cultural communities (Nunavut, 1999).

Thus, to explore the reshaping of health governance in this new territory is to examine how Nunavummiut (people of Nunavut) take up the notions of Canadian, Inuit, and Nunavummiut and how they challenge them. It is to examine techniques of citizenship—those technologies of the self that constitute Inuit subjectivity within the
colonial and post-colonial north. In this paper, I address two discourses of health within new territory building through which several techniques of citizenship emerge, shaping both subjectivity and conceptions of health. I consider how discourses of health and Nunavut are implicated in the ways Inuit Nunavummiut engage in health governance and in the collective Inuit struggle for self-determination.

Citizenship and Struggles for Self-determination as Governmental

The Inuit struggle for self-determination that has given way to Nunavut is not simply about self-governing (as in self-government) through specific organizations nor is it about carving out a “nation”. The Inuit struggle for self-determination as Inuit within Canada calls attention to what Isin & Turner (2007, p. 8) suggest is a deep connection between identity and citizenship. Self-determination, the term used by Inuit when speaking of building Nunavut, is about shaping a particular kind of identity—a subjectivity that emerges constantly in relation to others, and the rights and responsibilities that that subjectivity entails.2

Thinking of citizenship as a subjectivity exposes colonial and post-colonial contexts of citizenship as practice, where the granting of settler state citizenship rights to indigenous peoples is simply an element of internal colonialism (Turner, 1993, p. 2). Citizenship is then a “particular point of view of the dominant, which constitutes itself as a universal point of view” (Isin, 2002, p. 275) operating as a colonialist mechanism to define, make invisible and determine who belongs and who does not. In this way, citizenship and our participation in the discourses of citizenship are practices of governmentality—“technologies of the self”.

In his analysis of governmentality, Foucault explored these technologies of subjectivity as the unfolding of meaning-making processes that are implicated in the ways we govern ourselves and each other (Foucault, 1988; Dean, 1996). Techniques of citizenship, then, would be the ways we govern ourselves as members or citizens—the conduct of conduct or, as Isin (2002, p. 36) suggests, “the dialogical constitution of these identities via games of conduct”. To explore citizenship and self-determination as governmental, as constituted through these technologies within a colonial or post-colonial context, is to take up the post-colonial effort to treat colonialism as processes of subjectification—the construction of the colonial subject in discourse, and the exercise of colonial power through discourse (Bhabha, 2001, p. 388). From this perspective, colonialism and citizenship are forms of governmentality that constitute an Aboriginal subjectivity and self-determination is a form of governmentality that aims to resist this imposed subjectivity.

In placing the emphasis on self-determination rather than self-government, many Indigenous peoples (and others) articulate the instability, flexibility and hybridity of identity (Denis, 1997; Tully, 2000; see also Ong, 1999), demanding that we attend to the re-colonizing ways in which “citizenship”, a nationally bound subjectivity, is imposed as an identity and a way of “being political” onto Indigenous (or other) resistance and engagement. While hybrid subjectivity and hybrid citizenship are terms often used for mobile populations who may have citizenship in two or more nation-states (Stastiulis, 2004; see also Anzaldúa, 1987; Alarcón, 1996), hybridity seems a good fit with Indigenous peoples’ struggles, such as that of the Inuit of Nunavut, to stake out geographical and political spaces within multicultural and multinational nation-states. Moreover, hybridity highlights the relational and negotiated qualities of citizenship and identity struggles,
calling attention to “techniques of citizenship” and the unspoken assumption that the nation-state is an “inevitable” form/regulator of social order and organization. This hybridity requires a view of citizenship that takes it beyond membership to practices through which we govern ourselves as collectivities and individuals (Turner, 1993; Brodie, 2002; Altamirano-Jimenez, 2004).

In framing this discussion in terms of hybridity, we can explore the multiple rationalities at play in struggles for self-determination and citizenship within settler-states. There is, however, the risk of avoiding “how these rationalities work together or conflict”, if we assume that hybridity requires some merging of perspectives into one (Lippert, 2005, p. 169). While hybridizing may suggest a coming together, it is Gloria Anzaldúa’s (1987) treatment of a hybrid subjectivity as “a borderland subjectivity” that I find relevant to this exploration of Inuit citizenship and subjectivity. Anzaldúa writes of subjectivities on the borders and of her own experience in a borderland that includes Mexico and America. In living in the interface of multiple realities, people in the borderlands are “forced to become adept at switching” (p. 37). This switching suggests not a simple merging into oneness, with one perspective, but a bringing together that involves struggle, resistance, as well as cooperation. Hybridity is, thus, important here because it calls attention to the multiplicity of cultural perspectives or locations from which technologies of subjectivity or techniques of citizenship arise.

Foucault’s analysis of governmentality and technologies of the self offer tools to explore both the constraint and resistance that characterize post-colonial struggles for self-determination and contribute to the kind of hybridity that Anzaldúa (1987) writes of. As a concept for describing regimes for constituting and maintaining social relations and practices, governmentality provides for consideration of the flexibility of subject-making (Ong, 1999, pp. 217, 219). While Foucault may have been sceptical about the prospects of full emancipation, his analysis of governmentality suggested the possibility of altering particular normalizing practices (Foucault, 1982, 1988; Sawicki, 1996). Foucault’s analysis of governmentality and his technologies of the self provide for an exploration of the ways in which constraint and resistance emerge simultaneously, opening the exploration to the elements that limit and encourage possibilities for engagement as a self-determining people.

This exploration of subjectivity and health in Nunavut comes at a time when “active citizenship”—the ways that citizens participate in the exercise of power (in governance)—is considered crucial to freedom as citizens and as peoples (Tully, 2000, pp. 213–214). Over the past 30 years, a growing desire to engage citizens more meaningfully in public policy decisions has emerged (Abelson & Eyles, 2002). Explorations of mechanisms for citizen engagement or participation, however, often fail to consider what being a citizen and what participating or engaging in processes of government mean to particular groups of people. In fact, Indigenous and remote communities are absent from much of this work. Their absence, coupled with the assumption that citizens or peoples are to be engaged by the state—that the state extends inclusion, further marginalizes Indigenous efforts to challenge and reshape the conditions of their lives. Self-determination struggles are not about participating as other “citizens” do, but about shaping a new space within or alongside an existing nation-state. As a new space, Nunavut is meant to facilitate governance on Inuit terms. In exploring discourses of health in Nunavut I consider techniques of citizenship or subjectivity as they emerge in the building of the new territory of Nunavut. These techniques expose both constraint and resistance.
**Study Design**

In exploring health and subjectivity in the context of the establishment of Nunavut, I considered (from 2001 to 2003) how Nunavummiut perceived and experienced change in the newly established territory. To do so, I employed a qualitative methodology, comprising fieldwork, in-depth interviews, group discussion, and textual analysis.

**Fieldwork**

While the “field”, in this study, might be thought of as Nunavut, it is, perhaps, better understood as Nunavut and Nunavut communities within the context of a struggle for self-determination, relations between other territories, provinces and Canada, North America and the rest of the world, and as part of the Circumpolar North as a political and geographic region. More specifically, the field throughout this project refers to my experiences and relationships with social, political, and geographical spaces rather than a particular location with clear boundaries and characteristics.

This fieldwork involved several trips to three Nunavut communities (Iqaluit, Igloolik, and Rankin Inlet) between March 2001 and March 2002. Inuit have always referred to the Central and Eastern Arctic as Nunavut—“our land” in Inuktitut. Iqaluit is the capital and largest (population of 5,500) city of Nunavut, just south of the Arctic Circle on Baffin Island, having grown around what had been an American Airforce Base and a Hudson Bay Company trading post. Rankin Inlet is on the northwest shore of the Hudson Bay and developed in the 1960s as a result of a nickel mine and a tuberculosis rehabilitation centre. Igloolik, the geographic centre of Nunavut, is about 200 miles north of the Arctic Circle and has a population of 1,286, 95% of whom are Inuit. Igloolik has a long history as an Inuit meeting place.

**Participants**

In addition to the many informal connections made through field experience, I conducted 41 in-depth, semi-structured interviews and three collective discussion sessions, one in each community. Interview and collective discussion participants ranged in age from 20 to 60 years of age and worked for the government of Nunavut, non-governmental Inuit organizations, municipalities, local businesses, and/or their families. They included teachers, health care providers such as nurses and Community Health Representatives, social workers, students, territorial decision-makers, territorial planners and managers, artists, other and homemakers.

**Written and Visual Texts**

In addition to spoken word, written and visual texts were important parts of my exploration. I examined print media, government documents (public), public documents from non-governmental organizations, films, and other visual art from 1999 to 2003. And I explored interview transcripts for the Igloolik Elders Project, held in the archives of the Inullarit Society, Igloolik Research Centre, Igloolik, NWT and at the Northwest Territories Archives, Prince of Wales Northern Heritage Centre, Yellowknife, NWT.
**Analysis**

Through discourse analysis of transcripts, field notes, and various other texts I explored multiple and shifting meanings of health, health governance, and participation in territory building. I considered the discursive strategies employed by speakers and writers; what meaning-making practices they engaged in; where the text was located and how it was or became part of a broader discourse (Denzin, 1998). Two predominant discourses emerged: one in which “health care” comes from the south and the north is a risky place to live; and second, the second of resistance to the first and of an Inuit approach to community and territory building. These discourses emerged as the ways in which people participate in a particularly post-colonial field of relations.

**The Context of Current Health Governance in Nunavut**

During the late 1800s and early 1900s, the Far North of Canada (generally considered to be the Arctic, north of the 60th parallel) was largely a place of myth for the south. Early contact between Inuit (historically, the sole indigenous group of the Central and Eastern Canadian Arctic) and non-Inuit intensified through the early twentieth century as Roman Catholic and Anglican missionaries joined the Hudson’s Bay Company (HBC) traders, explorers, the Royal Canadian Mounted Police (RCMP), and both Canadian and American defence personnel during World War II in “settling” the north.

Before the 1950s, most Inuit lived on the land, in hunting or fishing camps or settlements, moving as large family groups, rarely coming into contact with European settlers. By the 1940s, these large family groups began to settle around trading posts as the trade-based economy took its hold and dependency on the fur trade grew. The mid-1900s brought reports of “alarming rates” of tuberculosis (TB) and other illnesses that fuelled a growing sentiment among southern policy-makers that the federal government “must exercise a ‘protective’ responsibility towards the Inuit” (Tester & Kulchyski, 1994, p. 36). To do so, it staffed semi-icebreakers with physicians (and, occasionally, other specialists such as dentists) and equipped them with x-ray machines, darkrooms for chest x-rays, and beds for patients (Grygier, 1997; Hankins, 2000). The north became a laboratory for the study of Aboriginal peoples in the context of exposure to the south and southern illnesses.

The Second World War and the subsequent Cold War heightened national concerns around boundaries and security and the Far North became crucial in planning, protecting and delineating the boundaries of the nation. In 1947, Canadian citizenship was legally recognized. By the mid-1950s Inuit were permitted, for the first time, to vote federally, but the Northwest Territories Council did not meet in the Eastern Arctic until 1957 and it was often difficult for residents of remote Inuit communities to engage in this new form of government. During this time, the nation-state used the Inuit to mark its most northern borders relocating Inuit from “over-populated districts” to “depleted districts” further north.

Through the 1960s and 1970s, the Inuit across the north of Canada experienced political development and increased local autonomy. A national Inuit organization, the Inuit Tapirisat of Canada (Now Inuit Tapiriit Kanatami), formed in the 1970s and the first Inuit comprehensive land claims agreement was settled in 1975 in Northern Quebec—Nunavik. At the same time the Inuvialuit of the Western Arctic began the process to settle their land claim and the Labrador Inuit on the East Coast filed their comprehensive land claim and in
1982 the Tungavik Federation of Nunavut was established to represent Inuit of the Western and Central Arctic in their process to establish a land claim.

Health services in northern Canada, during this time, continued to be colonial in character, increasing local dependence on the non-Aboriginal professional nurses and doctors who worked for the federal government (O’Neil, 1990, p. 157). New nursing stations offered positions for interpreters and other support staff and a training programme for Community Health Representatives (CHRs). These positions provided for participation in front-line, waged health care work. But Inuit were increasingly attracted to other sectors such as education, housing, and municipal services while positions within the health sector were viewed as unaccommodating to a land-based lifestyle and Inuit paraprofessional involvement in health care services declined (O’Neil, 1986, p. 124).

The Canadian government was recognizing its administrative limits in the Far North and began devolving administrative authority to regional and territorial governments. This may have strengthened Inuit efforts to shape their own territory and citizenship within the nation. In 1976 the Inuit Tapirisat of Canada presented The Nunavut Proposal to the federal government. By 1999, this had become the Nunavut Land Claims Agreement (the largest Aboriginal land claim in Canadian history) which formally established the Nunavut Territory through an extension called the Nunavut Act, Bill C-132, under the Statutes of Canada Act. Unlike Canada’s 10 provinces which exist in their own rights as a creation of the Constitution Acts, 1867–1982, the three territories (the Northwest Territories, the Yukon and Nunavut) have been created through federal law. As a result, Crown lands in the territories are retained by the federal government and federal Parliament may engage in provincial-type affairs, such as school curriculum while the territories do not have a say in constitutional amendment. However, while Nunavut is a territory, its status as a largely Inuit territory based on a land claim and a political agreement puts the Inuit of this territory in a unique position from which to govern their lives (Cairns, 2001, p. 76).

The government of Nunavut (GN) is a representative public service which distinguishes itself from other territorial and provincial governments through its incorporation of “Inuit values and beliefs into a contemporary system of government” (for example, the practice of consensus decision-making in the Legislative Assembly) and through its use of Inuktitut as one of its working language. Efforts to overcome significant gaps in health care across the territory have given rise to new health centres and support for the local development of health care worker training. These new developments take place within a field of relations characterized by a tension between a desire to “Canadianize” Nunavut health care” (Nunavut, 2002a) and attempts to prioritize particularly northern and Inuit approaches.

Emerging Techniques of Citizenship

Several techniques of citizenship emerge within two predominant discourses of reshaping of health governance in the new territory. Through the first discourse, Inuit are constituted as sicker than other Canadians. This discourse is part of a broader colonial discourse that shapes Inuit, the north, and other Indigenous peoples as requiring assistance as fellow citizens. These citizens may participate in a complementary but subordinate way as health expertise is considered “of the South”. The second discourse reflects an effort to shift discussion away from southern notions of health and its governance, to Inuit and northern perspectives. Nunavummiut engage techniques to draw attention to the marginalization of
Inuit approaches, highlighting a multiplicity of perspectives that can inform life, community, and governance. The effort to underscore governance discussions with Inuit expertise, experience, and history, brings the fluidity of self in self-determination into sharp relief.

Framing Health in Qallunaat Terms

Health and health care for many Inuit and non-Inuit Nunavummiut are English terms that refer to a southern/western idea—an idea that arrived in the north with the first European settlers and traders, and evolved with changes in southern Canadian health care. When asked to explain or define “health”, several Inuit study participants referred to state-provided services such as hospitals, nurses, physicians and western medicines. They suggested that health and health care are Qallunaat or Kadluna terms, often linking it to federal government interventions. One participant suggested that the Inuktitut words anairtanik and aaniaqangituq best capture her understanding of health as a southern notion referring to an absence of illness. Another explained: “we adapted the term aanniajukkuvik—a place where they look after services that prevent illnesses—that’s the translation of ‘Department of Health and Social Services’” (Inuit participant). An Inuk participant, who spoke of health as a “government word”, explained that its introduction has brought new ways of looking at individual bodies and activities:

it used to be—we all woke up, got dressed, went outside, went hunting ... You don’t know what you’re doing—but you’re exercising, eating well ... They wouldn’t look at a person as unhealthy—a fat person or a skinny person. (Inuit Study Participant)

When speaking of the pre-colonialist past, Inuit study participants spoke very little of health as a state, a goal to be achieved by an individual, or of approaches to achieving such a state. They spoke of medicines and of organized ways of addressing life events and circumstances. They did not, however, refer to any organized way of addressing a particular state such as “health”. While shamans addressed problems that we might now refer to as health problems, and midwives provided what we might call health care, their scope of practice was rooted in a set of beliefs that were bound up with Inuit life in the Arctic.

With the sudden imposition of southern/western health care and illnesses came southern/western forms of government and community organization. Health care became something to be provided by the nation-state and an individual’s state of health became a measure of equality with other subjects of that nation-state. This new health care, within the context of a colonial regime, has contributed to a discourse, across Canada, that identifies northern Canadian, Aboriginal communities as among the sickest in the world and the north and Inuit life as inherently risky to individual health. An Inuk participant explained that after being away for a year and a half she returned to Igloolik to the perception that “people are dropping like flies” and asked: “Is it the water? Is it the food?”

Northern media, researchers, government and others are active in the risk construction that contributes to the concerns expressed in the above quote. From 1999 to 2003 both the Nunavut newspapers, the Nunatsiaq News and News/North, ran stories, editorials, and letters-to-the-editor on the poor health of Nunavummiut and the risks of northern living.
Articles described the “low health status of Nunavummiut”, poor nutrition, alcohol abuse, suicide, tobacco use and stop-smoking campaigns, diabetes, STDs, as well as injuries related to northern living and environmental contaminants. Within these, comparison is a key strategy in risk construction as northern, Aboriginal communities are identified not only as sick but as *sicker than* other communities. Much of this is done within the context of informing the public and contributing to health promotion but it often fuels fear and concern within Nunavut and across Canada.

This risk construction takes place in the national media as well, where images of northern Inuit are constructed for a southern audience. A 28 November 2002 story aired on the Canadian Broadcasting Corporation’s (CBC) nightly news programme, “The National”, suggested that a lack of providers in the north leads to significant health risk. This is a report to a southern audience—CBC has flown into this community with its camera to show the south what is happening in the far corners of the nation. This piece communicates that Canada’s northern population is the sickest in the country with the fewest resources and the highest TB and infant mortality rates in the western world. It attributes a lack of physicians to the risky nature of northern living. By emphasizing the lack of physicians rather than any social, political, or economic circumstances, it strengthens a particular view of health and expertise. Moreover, by leaving out any discussion of northern and Inuit-defined strategies for solving northern and Inuit problems, the Clyde River story contributes to a predominant notion that southern expertise is superior to northern and Inuit expertise. This story reflects not only the risk problematization but the delegitimizing of northern expertise that often underlies health planning and policy talk.

In a 8 March 2001 Legislative Assembly two Members of Nunavut’s Legislative Assembly (MLAs), Mr Nutarak and Mr Iqaqrialu, question the Minister of Health and Social Services, Ed Picco, about the return of local childbirth and midwifery (Nunavut, 2001). Currently, most Nunavut women are evacuated to communities with hospitals and, in some cases, birthing centres, usually in the south, to have their babies. When Mr Nutarak asked about the promise to introduce midwifery training and services to communities Minister Picco made reference to the progress of local training for Inuit midwives of which there was none at the time. Minister Picco may have been referring to the employment of an Inuit Maternity Care Workers (MCW) at the birthing centre who works in a supportive capacity in the birthing centre similar to the way that a Community Health Representative works in a nursing station. Minister Picco suggests that unlike 30 years ago when “mothers seemed to be healthier, they had a different lifestyle”, it is now unsafe to have babies in Arctic communities. In an effort to focus the discussion on Inuit expertise, Mr Iqaqrialu points to the need for training based on *Inuit Qaujimajatuqangit*, Inuit traditional knowledge. Minister Picco responds:

I think we’re talking about a mix of both. That’s what we’ve been doing successfully in Rankin since 1993 . . . We would be interested to see if there is an opportunity to train other women in Nunavut who would like an opportunity to be trained as midwives. I see this as complementary Mr. Speaker, to our staff at the health centre that we have other trained people, other trained professionals on the ground who could help out in the case of a delivery. (Nunavut, 2001)

In this response, Minister Picco frames Inuit professionals as potential “helpers”, complementing the southern expertise already present at the birthing centre. The inclusion
of Inuit in health care is often limited to helping or assisting positions within CHR or MCW roles while these positions are framed as incorporating Inuit “tradition” into health care. This approach, however, contributes to the near invisibility of Inuit tradition, knowledge, and experience in territorial governance and in health care. Moreover, this approach further marginalizes Inuit health workers such as CHRs and MCWs as they struggle with a lack of resources and a lack of recognition in subordinate roles. A CHR points out that nurses do not seek CHR expertise when addressing health problems:

I’d like to see nurses ask for my help. For example, if a mother has a kid who isn’t putting on weight, the nurse should ask me “this lady needs help, go talk to her”.

(Inuit Study Participant—Community Health Representative)

As a representative of the community in the health centre, the CHR could potentially contribute to more culturally appropriate and community oriented health promotion work. Often, though, CHRs find that they spend most of their time on interpretive work and in providing administrative and other support to nursing staff. The simple inclusion of an Inuk-based position like the CHR into a particularly southern Canadian approach does not legitimize Inuit expertise. It simply furthers the notion that Indigenous peoples can be part of the system, part of the nation, but in a complementary way—citizens without the same capacity to provide for their communities as other citizens.

Multiple Perspectives and Hybridizing

Many Nunavummiut, and Inuit Nunavummiut in particular, articulate an awareness of the dominance of a particularly southern/western approach to health and health governance—one which has contributed to significant changes in community and family life.

We need to learn to be a family. We kind of lost that. Our whole being has changed. Now we rely on the health system here. We didn’t use to rely on that. (Inuit Study Participant)

Many suggest that this new health system, in its focus on individual health, has distanced people from one another. Participants identify this “southern” approach, however, as an approach—one among many. This consciousness of the possibility of multiple perspectives can perhaps be linked to several things: the recent history of colonization in the Arctic; the fact that many Inuit, even those in their 40s, can remember living on the land; Inuit linkages with other Aboriginal struggles for self-determination and self-government; and their connection with a global post-colonial shift that calls into question the dominance of one way of understanding, living, and governing. In framing the dominant approach to health in Nunavut as simply one possibility, many Nunavummiut challenge its dominance. Rather than frame the discussion in “health” terms, Nunavummiut shift the discussion to broader Inuit and northern concerns. Across Inuit study participants, there is a vision of organizing life along Inuit terms.

Several participants used inuusigattiarngiq (as written by one participant) to describe what health means to them. One participant explained inuusigattiarngiq as “living with yourself and others . . . It means trying to have a better life. It makes me think of health. It is important to have inuusigattiarngiq”. This term is central in the Bathurst Mandate
which is a key document in setting priorities for building Nunavut as a territory. Study participants suggested that this word encompasses a broader range of issues than a biomedical or southern, “Qallunaat” focus. And many suggested that this broader approach is particularly important in decolonizing the north. It is part of an effort to highlight a different way of doing things, to foreground Inuit knowledge and experience.

Both Inuit and non-Inuit suggest that the implementation of Nunavut both as a political and geographic space increases local capacity for self-determination. It has given rise to a new sense of empowerment among many Inuit.

It has changed my life in some ways. It taught me to be more informed in terms of decisions that are made by our leaders and how it’s going to affect us as a public. It made me realize that we have a place in this world as an Inuit group. (Inuit Study Participant)

Similarly, another explained:

A lot of people don’t understand what Nunavut is ... There hasn’t been a real effort to educate people about what Nunavut Land Claims are all about. So it’s still a little bit slow ... For me, I am learning new things every day about the Nunavut Land Claims, what Nunavut government is all about. I learn something new every day. (Inuit Study Participant)

In these two quotes, two Inuit participants take up a discourse of Inuit participation or engagement in the governing of their lives and communities, a discourse in which Nunavut is considered “our land”, rooted in Inuit history, part of Canada but not required to look like the rest of Canada. At the heart of this construction of Nunavut as different is the importance placed on Inuit Qaujimajatuqangit (IQ) as the guiding framework or perspective for territory building and as necessary to ensure Inuit self-determination. IQ is often described simply as “traditional knowledge” but it is perhaps better understood as a philosophy or a way of living and thinking that is flexible and encompasses a range of elements including: the long-practiced tradition of passing Inuit knowledge, values, and teachings from the Elders down to the younger generations; a system of laws, values and consultations; and an understanding of complex family relationships that is explained by Inuktitut kinship terminology (Nunavut, 2000). In this way, IQ is a hybridizing perspective. IQ is about “healthy, sustainable communities regaining their rights to a say in the governance of their lives using principles and values they regard as integral to who and what they are” (Arnakak, 2001).

The nature of IQ and its proposed role in territorial governance is central to the attempt to legitimate northern and Inuit expertise. The Bathurst Mandate identifies IQ as part of all aspects of territorial governance, thus setting the new territory apart from other provinces and territories (Nunavut, 1999). It sets out specific principles of IQ as guides for building government, programmes and services. These principles include Inuuqtigiitsiarniqt (respecting others, relationships and caring for people) and Aajiiqatigiinniqt (decision-making through discussion and consensus) (Nunavut, 1999, 2004). From these it outlines four goals for Nunavut in 2020. One of these four goals is “Inuuqtigiitsiarniq—Healthy Communities”. These “communities will be self-assured, caring communities responding to the needs of individuals and families”
“The raising and teaching of children and the care those in need, ‘ilagiinniq’ (kinship) and ‘inuuqatigiinniq’ (community kinship), [will be] a collective process” (Nunavut, 2004, p. 5). As well, health and social indicators for these communities will be at or above the Canadian average and families and individuals across Nunavut will have access to affordable housing. Some of these goals are similar to those of non-Inuit health plans in other parts of Canada. Together, however, the principles and goals of this new government and territory, rooted in the notion of IQ, emphasize a space that is Inuit-defined within the context of Inuit history and Inuit relations with the north and south as well as new non-Inuit northerners.

IQ, however, is not easily translated into English and its broad scope makes for an uneasy fit in government processes that reflect national governance processes. It is even more difficult to put into practice in Nunavut health care planning, due to the perception that health care is non-Inuit, that Inuit and northern lives are risky and that health expertise comes from the south. Nunavut’s Department of Health suggests that “because the integration and consideration of Inuit Qaujimajatuqangit into the day-to-day business functions of the Government of Nunavut is relatively new, the best options will be looked at it in terms of IQ compliancy” (Nunavut, 2002b). This suggests that plans will come first, followed by consideration of their compliance with IQ.

Despite the difficult fit between IQ and a Canadian framework for territorial and health governance, Nunavummiut remain strongly committed to the goal of making governance relevant and meaningful to Inuit and Nunavut within Canada and the circumpolar north. In shifting the conversation away from health as a state to be achieved, to a perspective on life and the interconnectedness of individuals and communities, many participants resist the predominant discourse of risk and health maintenance, and prioritize what they see as a northern, Inuit approach to governance and self-determination.

In thinking the future for Nunavut, however, some participants spoke of the mix of southern and Inuit approaches as further marginalizing identity:

At the end who are we? Who are we and how come we’re speaking this language?
It’s here and we understand each other. Integrating these two cultures is not good . . .
We lose identity. (Inuit Study Participant)

This person highlights the widely held perception that one culture can be lost to another. While several participants raised concerns about the imposition of southern systems and approaches, most suggested that undoing the relationship between north and south, Inuit and non-Inuit is impossible. They suggested, rather, a transformation of the relationship from one of dependency to one of cooperation. Many Inuit are married to non-Inuit and have raised families and communities together. Many non-Inuit have lived in the north for decades and some have been born and raised in the north. Rather than pitting Inuit against non-Inuit, many envisioned building Nunavut on Nunavummiut terms. Participants spoke of the need to recognize diversity across communities—diversity in perspectives on health, its governance, community, and how Nunavummiut engage or participate in the building of the new territory and its communities. They spoke of hybrid selves, selves that constitute a breadth of experience and history. The difficulty incorporating IQ into territorial governance, or governance into IQ, highlights the tension inherent in shaping an Inuit territory within
Canada. Moreover, it exposes the ways in which we must challenge our own assumptions to make way for this new political and geographic space.

**Conclusion**

European colonialism, British imperialism, the establishment of Canada as a nation and a long history of Inuit self-determination across the north have shaped relations between north–south and Inuit and non-Inuit. Through various techniques of citizenship, Inuit of Nunavut constitute subjectivities through particularly post-colonial discourses, drawing attention to the colonial relationships that have contributed to these discourses. These discourses locate the Inuit of Nunavut as Canadian citizens and as members/participants of something different but not altogether separate.

A perception of Nunavummiut as being at risk and needing help currently prevails in Canada. This is not the “ward of the state” that we saw earlier in the twentieth century, but a people who need help to help themselves. In helping them to help themselves, northern health services continues, as John O’Neil (1988, p. 47) described it almost 20 years ago, to be “one of the most powerful symbols of the colonial relationship between northern peoples and the nation-state, and the pervasiveness of this symbol in the intimacies of everyday life undermines further development in other institutional areas”. Yet, while the south has imposed its notions of place, citizenship, nationhood, Aboriginality, religion, education, and health on the other (for example, various Indigenous peoples as well as others including new immigrants) the Inuit have resisted, embraced, and reframed southern/western religion, trade, settlement living, southern/western medicine, as well as new beliefs about medicine and illness.

Throughout the 8 March 2001 midwifery discussion in Nunavut’s Legislative Assembly, Mr Nutarak and Mr Iqaqrialu both struggle to shift the conversation away from risk and conventional notions of expertise. In this way, they challenge the assumption that expertise, knowledge, and experience belong to the south and attempt to define an Inuit space for participation. This resistance is part of a construction of Nunavut as Inuit land, located in Inuit history, within a history of colonization and the development of Canada, as a nation.

Nunavut is to be a space in which Nunavummiut shape and reshape northern and Inuit identities, crafting out who they are as communities, a people, and as part of Canada. Through discourses of health and its governance in the new territory, Inuit Nunavummiut employ various techniques to both take up and resist powerful colonial discourses of health, governance and citizenship, shaping the “self” in self-determination as necessarily flexible and hybrid. As the predominant and often only Inuit health providers within the formal health care system, the Community Health Representative (CHR) embodies the hybrid quality of Nunavummiut subjectivity and, in this embodiment, highlights some of the complexities involved in participating in and addressing health care in Nunavut. CHRs are at once representatives of their Inuit communities and of the Department of Health and Social Services’ health promotion programming. They have traditionally been advocates for fellow Inuit who need assistance or have questions while they must also advocate national strategies for health promotion. They speak in the language of their communities and in the language of national health promotion programming. They work in Inuktitut and English. They work within Health Centres or Public Health offices under the direction of a health promotion supervisor and/or a nurse but they see themselves as working for the community. They represent a body of Inuit experience and expertise but are caught in
a system that places this experience and expertise at the bottom of an imposed hierarchy. At the same time, unlike other health care providers they have access to their communities because of their proficiency in Inuktitut and their presence on radio, in schools, and in other public locales. The hybridity exemplified or embodied by the CHR suggests that efforts to engage “citizens” must attend to the multiplicity of perspectives that will guide that participation and the ways in which the dominance of one perspective can restrict that participation.

If Canadian citizenship is a process of subjectification where attempts are made to map a particular kind of subjectivity onto groups of people such as the Inuit of Nunavut, these people, in their resistance and their work for self-determination, resist this imposition and resist citizenship as static and uniform, shaping hybrid subjectivity. Thinking of subjectivity in this way highlights hybridity, recognizing multiple rationalities of governmentality and demands that we look beyond one single or dominant rationality and consider resistance and relationships between several. Hybridity does not necessarily “diminish how these rationalities work together or conflict” as Lippert suggests (Lippert, 2005, p. 169). Hybrid subjectivity, as Gloria Anzaldúa (1987) describes, is a “borderland subjectivity”, a “subject-in-process” that strives for self-determination, constantly reorganizing itself (Alarcón, 1996, pp. 136–137). This hybrid subjectivity subverts dualisms that pit tradition against modern or north versus south. While Nunavummiut do not live in a borderland, in the way we think of borders between nations or regions, they live in the interface of multiple realities and are forced to find some kind of ground from which to start to tell their stories.

Such flexibility in subjectivity “denies any one ideology as the final answer, [but has] the capacity to recenter depending upon the kinds of oppression to be confronted” (Alarcón, 134). It challenges our assumptions about governance and participation in local governance—how we engage in that governance and restrict or facilitate others’ engagement and ways of participating. We must question what informs both governance processes and attempts to engage “citizens”—who are these citizens and what is engagement?

As we constitute ways of being a member (for example, a citizen) through the imposition of a particular vision of health as a goal—we constitute ways of participating or engaging in the space to which members belong. Indigenous struggles for self-determination, such as that of the Inuit of Nunavut, suggest that while “citizen” and “citizenship” are about participation or engagement they can be variously interpreted. Moreover, they suggest that when imposed, forms of citizenship and participation can marginalize, reproducing colonial effects.

In her address to Nunavut’s Legislative Assembly in March 2000, the Governor General of Canada, Adrienne Clarkson, suggested that “the North defines us as Canadians. It is part of the feeling that we have when we’re in the south that our country extends to the North, and goes beyond cities, to another way of living” (Governor General, 2000). We treat the north as “an idea, not a location; a myth, a promise, a destiny” (Francis, 1997, p. 152). Along the busy commercial tourist areas of our major cities, galleries and shops with signs reading “Inuit Art” or “Arctic Art/Gallery” speak to the centrality of the north and the Inuit in our visions of Canada. But these constructions of the north and northern peoples fail to capture the ways in which those constructions arise out of particular relations. Our reliance on the Arctic and Inuit as expressions of our nation’s uniqueness hides their historical marginalization and exclusion from the governance of the nation, not to mention within their own communities.
Finally, Nunavut calls us to rethink citizenship not only as practice but as it emerges in rural, remote, and historically marginalized spaces. In a nation such as Canada, characterized by the vast distances between communities and the small size of many of these communities, we must attend to the ways in which our practices or acts of citizenship impede, facilitate, and shape others’ practices or acts of citizenship.

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Notes

1 Nunavut comprises Canada’s Eastern and Central Arctic regions, 60% of what was the Northwest Territories and one fifth of Canada’s landmass.
2 See Monture-Angus (1999) for a discussion of self-determination as rights and responsibilities.
3 Breaking up fieldwork in this way not only decentred the primacy of immersion (see Gupta & Ferguson, 1997, for a discussion of rethinking the “field” in fieldwork), it also provided the opportunity to reflect on my experience, my own assumptions, and constructions of north and south in both northern and southern spaces.
4 These are terms that Inuit and some non-Inuit use to refer to non-Indigenous people. This word is sometimes spelled as Qabloonat.
5 These words are spelled as participants spelled them. I asked participants to write the Inuktitut words for me. Most explained that the spelling of words differ across regional dialects as well as from person to person.
6 In September 1999, the government of Nunavut hosted the Inuit Qaujimagatuqangit Workshop, where territorial government employees from all levels sought “counsel” from Elders on ways to preserve, promote and integrate IQ into all government of Nunavut programmes, services, and policies, in order to best meet the requirements of the majority of the population served by the new government (Nunavut, 2000, p. 3).

References


