

Willful Blindness About Indigenous Peoples: The Democratic Deficit and Canadian Public Policy Making

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Abstract

Public policy officials, elected and appointed, continue to ignore the value dimensions of public policy making in ways that profoundly impact the individual and collective lives of Indigenous peoples in Canada. The au-

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thors examine two policy fields—health and communications—to highlight the peril of ignoring Indigenous cultural contexts. They conclude that the overarching policy of wilful blindness to Indigenous values, ways of being, and knowledge systems represents a continuation of the colonial mindset that has persisted since settlers arrived.

Keywords: Indigenous peoples, Canada, values, context, health and communication policy, colonialism.

I . Introduction

In this article, the authors assert that Canada demonstrates willful blindness with respect to the ugly impact of colonialism and neo-colonialism on the First Nations, Inuit and Métis peoples across Canada. Heffernan (2011) explains: “When we are willfully blind, it is in the presence of information that we could know, and should know, but don’t know because it makes us feel better not to know”. A 2009 review of Canada’s human rights record by the United Nations Human Rights Council called for Canada to place the ‘highest priority’ on addressing ‘fundamental inequalities’ between Indigenous and non-Indigenous people, while another called for Canada to endorse the 2007 United Nations Declaration on the Rights of Indigenous Peoples (Office of the Commissioner for Human Rights, 2009). As John Ralston Saul (2008:4) laments: “Of course, we do worry about their situation from time to time; that is, we feel sympathy for them, particularly their children, some guilt about them, them over there, outside of our lives in small, isolated, unsustainable communities, usually reserves, or the poorest parts of our cities”. That once resilient, self-governing Indigenous nations should disproportionately suffer poor

health and well-being in the 21st Century is a reflection of the colonial mindset that persists in Canada, and the focus of this article.

The authors of this article focus on two policy fields—health and communications—to illustrate the democratic implications of wilful blindness in Canada. Early in the 20th Century, John Dewey asserted that democracy depends on a healthy and educated citizenry. As F.R. Scott cautions, no citizen's right can be greater than that afforded to the least protected, most vulnerable group; ultimately, the rights of all Canadians are undermined when they are not enjoyed by all members of society (Berger, 1982). Given that many Indigenous peoples live in northern and remote regions of Canada, the relationship between health and education is particularly timely to consider, given the emergence of tele-health and e-learning which could support the needs of citizens in ways that are respectful of Indigenous peoples' close ties to the land. The authors conclude that the maturity of Canadian democracy depends on the willingness of elected and appointed public officials, and the general population, to 'see better' and respond to the persistent challenges faced by Indigenous Peoples throughout Canada. Further, the focus on health and communications policy illustrates the critical importance of *context* in public policy making, and its significance in developing culturally appropriate and effective responses to policy challenges facing Indigenous peoples in Canada. That is, 'seeing better' is not only about recognizing and responding to the myriad of policy issues; rather, it is also about acknowledging, infusing and promoting the Indigenous values and ways of being throughout the policy process, from problem identification to implementation of and follow-up on policy initiatives. 'Seeing better' necessitates a recognition of the persistence and value of Indigenous ways of knowing and understanding the world. The focus on the two policy fields reveals a collective loss, for Indigenous peoples, for Canadians, and for all of humanity, when policy systems persis-

tently deny the evolution of, and fail to respect the need for, postcolonial knowledge systems that draw deeply on ancient wisdom and ways of being.

II. Up There: The Implications of Cognitive Myopia for Indigenous Peoples' Health and Well-Being

A nation is not conquered until the hearts of its women are on the ground.

Then it is done, no matter how brave its warriors nor how strong their weapons.

-- Cheyenne Proverb

"In the times prior to contact, we lived in extremely healthy communities. ...Women were honoured and respected by our nations for our contributions, for our power and for our responsibilities as nourishers" (Simpson, 2006:25). Indigenous women across Canada have been vulnerable since settlers arrived 250 years ago on the shores of Turtle Island, the traditional Indigenous name for North America. Judy Da Silva explains: "My heart is sad when I think of these Anishinabek sisters/mothers/children that are missing or murdered. I am a woman and I have two young daughters, many nieces and granddaughters. Every time we go somewhere away from home, I keep a close eye on my children and I do not let them out of my sight. I know out there our people, the Anishinabek, are being exterminated. Such a harsh word, but a true word" (Simpson and Ladner, 2010:64). Indeed, the Native Women's Association of Canada (NWAC) has identified 520 missing Indigenous girls and women across the country; half of these women have gone missing since the year 2000,

and many of the disappearances have still not been solved (Sisters In Spirit). Despite the 11th hour allocation of ten million dollars over two years “to address the disturbingly high number of missing and murdered Aboriginal women,” the Sisters in Spirit project, a landmark five year (2005–2010) research project which investigated and drew attention to the cases of hundreds of missing and murdered Indigenous women, a project hailed as successful by the federal government, was denied funding by this same government. While it is evident that Indigenous women are uniquely vulnerable to exploitation and oppression and thus require appropriate support, the federal funds now “will clearly not just be specific to women or Aboriginal women,” but instead focus on ‘action’ and broader issues, including a Western provinces’ victim’s fund (Barrera, 2010). The failure of the government to support the Sisters in Spirit program, which has been instrumental in bringing national awareness to the dangerous intersection of racism and sexism that has allowed hundreds of Indigenous women to be missing or murdered with little outcry in the system or society, is reflective of the depth of the wilful blindness that characterizes the federal position on the health and wellbeing of Indigenous peoples in Canada today.

Neglect, denial, and ignorance characterize policy responses to the needs and interests of Indigenous peoples. Policies of inaction and policy initiatives that are blind to Indigenous peoples distinctive cultural and other contextual needs are antithetical to the heart of Canada’s Constitution and the core of Canadians’ identity, central to which are the tenets of equality, justice and fairness upon which democracy rests. It is ironic that such democratic principles are at the core of Indigenous ways of being, as John Ralston Saul (2008:59) explains: “The indigenous idea of egalitarianism balanced by a tension between the individual and the group goes back to their idea of society as an inclusive circle that can be enlarged”. As a soci-

ety, Canadians often like to seek to differentiate themselves from their southern neighbours in the United States by touting the inclusiveness of the Canadian multicultural mosaic—and by heralding our national health care system. Yet continued internal colonialism and narrow Western concepts of health and well-being have generated policies that imperil the lives of the descendants of the Original Peoples of Canada. The urgent need to change the policy compass to acknowledge, and indeed, *privilege* the cultural dimensions of health and wellness becomes particularly apparent with a focus on the needs and interests of Indigenous women in Canada, who are among the most vulnerable members of Canadian society. Indigenous women are dually disadvantaged across Canada; that is, they are discriminated against on the basis of both their race and sex. In both traditional and contemporary societies, the health of Indigenous women has been central to the health of their communities, and the persistent, growing, lack of public sector commitment to securing Indigenous women's health, security and wellness reflects poorly on the vitality and maturity of Canadian democracy.

The marginalization of Indigenous communities began with the arrival of European settlers, who immediately set about assaulting traditional Indigenous ways of life and systematically dismantling the harmonious system that had governed for thousands of years. Armstrong (2006) asserts that “[i]t was through the attack on the power of Aboriginal woman that the disempowerment of our peoples has been achieved, in a dehumanizing process that is one of the cruellest on the face of this earth”. The deep connection between patriarchy and colonization is well-recognized by Indigenous scholars such as LaRocque (1990) who maintains that racism and sexism are a ‘package experience’ and that it is virtually impossible to untangle them. Colonial policies have targeted Indigenous women for centuries. As Ladner notes, pre-colonization, most Indigenous nations’ po-

litical traditions were democratic; indeed, in a global comparative perspective, they were distinctively premised on the inclusion of women into political processes, which contrasts sharply with the lifestyle of the patriarchal colonizers (Ladner 2001). While some Indigenous nations were patriarchal, including Mi'kmaq and Inuit, the deeply ingrained values of interdependence and mutual respect which characterizes Mi'kmaq and Inuit ways of being have meant that the voices and roles of Mi'kmaq and Inuit women were respected. Thus, assimilation efforts which emphasized the deliberate subjugation of women had extremely disastrous effects, sabotaging the gender harmony that was foundational to social order. This has forced Indigenous women to seek to re-establish their identity, now within both Canadian and Inuit society. According to LaRocque (1994), Indigenous men have internalized white male devaluation of women, an observation supported by statistics revealing rampant sexual abuse and domestic violence within Indigenous communities across Canada. Indigenous women are "more than three times more likely to report being victims of spousal violence than their non-Aboriginal counterparts" (NWCA 2007). In 2003, 24 per cent of Indigenous women reported being victim to some form of spousal abuse within the past five years, compared to seven per cent of non-Aboriginal women. Pauktuutit, the National Inuit Women's Organization, reports that only 29 per cent of spousal abuse cases are reported in Nunavut, in the eastern Arctic of Canada (Dickson, 2006). Such abuse does not merely affect the abuser and the victim, but touches bystanders as well, whether they are children, family or friends: abuse in any form leaves long-term wounds that may continue to govern the lives of the victim and those around her. The increasingly casual degradation of women throughout the 20th and 21st centuries, enabled and buttressed by the entrenched racist and patriarchal bias in the state, has severely damaged the culture of inter-relatedness and mutual respect that underpinned

traditional Indigenous gender relations.

While Canada's health care crisis has dominated national discourse for decades, the emphasis on the fiscal dimensions in the policy system has allowed the issue at the heart of it to be swept under the rug; that is, overshadowed by the emphasis on rising costs in the health care system, are questions about what is meant by health, the relationship between health and well-being, and what public services, and what quality of public service, citizens should expect as fair. The issues causing and compounding crises in health care cannot solely be remedied by fiddling with the allocation of fiscal resources, although adequate resourcing may be one facet of the problem. Rather, what is required is a broader, more holistic policy approach. All policy is health policy. In health, as in other policy domains, decisions (including inaction) have moral dimensions. At the heart of health policy decisions are issues of justice, equity, and fairness, and hence, they are the measurements by which the maturity of democracy can be assessed. How deep is democracy in Canada?

The concept of health itself is a difficult one, particularly given that what is widely understood to constitute health—or a lack of it—often reflects a cultural bias indicative of the dominant worldview and privileging of values. Indeed, Indigenous peoples in Canada view health as much more complex than the overtly clinical and dichotomous Western perspective, which often separates the mind from the body in diagnosis and in treatment. Differences in concepts of health are manifest in differing approaches to achieving or maintaining health and well-being, which are further reflected in lifestyle and culture. Even as denial of Canada's colonial mindset fosters racial and sexual marginalization and discrimination, a lack of awareness in, acknowledgement of, or response to the health care crisis as fundamentally values-based stifles the national discourse vital to reworking the system so that it exists for the benefit of all Canadians.

Across Canada, the health care system is currently failing to meet the needs of entire Indigenous communities, coast-to-coast-to-coast. While it is important to recognize ‘Aboriginality’ to highlight the health inequities of the population, doing so runs the risk of attaching health problems to a ‘culture’ rather than to the *context* in which those health issues occur, and in doing so, reinforces enduring stereotypes: the persistent crisis in health care experienced by Indigenous peoples across Canada is compounded by lack of housing, high unemployment, high rates of school dropouts, and other pervasive, persistent, and urgent overlapping policy issues that plague many Indigenous communities across the country.

The diversity of humanity and geography presents yet a further complication for the development and implementation of health policy, as the needs of patients are often considered to be homogenous throughout the country. Such colonial assumptions set the stage for the sharply evident failure of Canadian health policy in regions across the north, where policy needs and interests of northern Indigenous peoples remain seriously neglected, under-serviced, and culturally inappropriate. The problems and perspectives facing the northern Indigenous population may differ sharply from those in the south, on the basis of geography and history. Price emphasizes that Nunavut, Canada’s largest territory created in 1999, has a distinctive colonial experience defined by swiftness and the use of different tactics (2007). In 2005, then Minister of State of Public Health, Carolyn Bennett, and then Nunavut Minister of Health and Social Services, Leona Aglukkag (2005), asserted that “[t]he health care system in Nunavut and the Arctic Inuit-occupied region is unique in every way and should be treated uniquely”. Homogenization of health policy leaves Indigenous women across the northernmost regions with particularly heightened marginalization, forced to contend with the dual discrimination of race and gender, compounded further by the additional barrier of geography. Too

often, they are the victims of a broad scale ‘white-washing’ of health concerns and solutions; complex underlying causes of health issues and disparities are overlooked, and policy focused on minimizing costs tends to prioritize the needs of the dominant group. Effective policy cannot be made in a vacuum; that is, context matters. Health is traditionally understood in Indigenous cultures as holistic, resulting from balanced relations between different areas of life, including physical, mental, spiritual and social elements (Native Mental Health Association of Canada, 2010). The emphasis on holism is very much a reflection of Indigenous worldviews, which emphasize balance; “the word “heal” has the same roots as the word “whole” and “holiness” (Absolon, 1994). The 1996 Royal Commission on Aboriginal Peoples (RCAP) report explains holism in the Indigenous worldview as an appreciation of the interconnectedness of people and nature, of people, and within each person, of mind, body, emotions and spirit. The interconnectedness is being articulated by John Borrows, a legal scholar, in his work on Indigenous legal traditions. He explains that one nation, the Asinshinabek, strive to live in community with the Earth; for them, for example, the “political relationship between humans and rocks creates mutual obligations and entitlements that must be respected for this community to reproduce in a healthy manner” (Borrows, 2010:243). Traditional Inuit healing emphasizes responsibility by each member of the community for one’s own health, and that of one’s community; this principle has underpinned Inuit social structure and well-being for thousands of years before being disastrously dismantled by colonizers. Life in Northern Canada revolves around the land, which provides for survival or starvation. Not unlike most Indigenous peoples in Canada, and indeed, elsewhere, for Inuit, one understands personhood from an “ecocentric” perspective, with an emphasis on the centrality of connections between individuals, and connection to place, as vital to health and well-being (Kirmayer, Fletcher and Watt,

2009). Most attempts to measure the health and well-being of Inuit have suffered severely from a Western cultural bias; for example, as Adelson (2003) astutely observes, definitions of health are inherently laden with ideological nuances. An understanding of health should not be separated from values and ways of being, and context.

Health status has been found to be affected by many layers of factors—both historical and contemporary. As pertaining to Indigenous peoples, such components of particular importance include the nature of the experience of colonization, the scope self-determination, the extent to which cultural heritage has been eroded and reclaimed, the impact of residential schools, the presence and usage of natural resources, accessibility to land and water, and the amount of financial assets. Biomedical perspectives have focused on very narrow health status indicators that have little relation, for example, to Inuit values and ways of living. Issues such as food security and acculturation exemplify the factors which inform a more “realistic perspective” of Indigenous health. A more holistic approach to health in northern communities, for example, includes an evaluation of health determinants such as the role of reclaiming traditional food for health and wellness, which is becoming known as ‘food sovereignty’. Similarly, the RCAP (1996) stated that Indigenous cultures and languages infused throughout innovative curricula were imperative to realize Inuit goals of self-determination. Without the presence of these unique health determinants, efforts to measure health remain disconnected from Inuit today.

Inuit women’s health needs to be examined in the specific context of the Arctic regions (Healey and Meadows, 2007). The Development Dictionary underscores the hazards of “cultural bias in indicators,” warning that “the Westernization of the world...has imposed the concept of standard of living as the dominant category for perceiving social reality” (Statistics

Canada, Survey on Living Conditions in the Arctic, 1998). The need for culturally appropriate policy responses is not a new discovery. For example, a 1997 report on Inuit well-being reinforces this concern:

Whereas standard indicators like per capita income and Gross National Product, average life expectancy and infant mortality rates, may reveal something about the state of a national economy and the overall health of its population, they do not reveal what some consider to be the more important indicators of development and social well-being (Duhaime et al., 2004:300).

As a result of such 'white-washing', most measurements of socio-economic reality continue to merely mimic Western values and definitions, goals and priorities. Geographically and culturally distinctive, Inuit are dually deviated from the Western southern perceived 'norm', with the implications that Inuit ways of life are extraordinarily and intensely disconnected from dominant institutions and policy systems, as well as from epistemological and ideological foundations upon which Canadian society rests.

Indigenous culture has been attacked from all sides; importantly, Indigenous concepts of health, healing, and well-being—central as they are to the strength and vibrancy of communities—have been assaulted as part and parcel of the colonial project, with intergenerational implications. Too little attention has been paid to Kelm's (1999:100) observation that medicine has long been "instrumental in shaping colonial relations, both within the dominant society through formulations of colonial power, and between the colonizers and their subjects". Dominant Western ideas of health are advanced as apolitical, acultural, and value-neutral. Instead, tackling the health needs of Indigenous peoples fairly and effectively depends on ac-

knowledge that the health crises they face are situated in historical, socio-cultural, political and economic contexts. As such, the focus on gathering data about the commonality of social ills, disease and pathologies are rooted within Western concepts of health. For some observers, including the authors, it may be common sense to hear that Healey and Meadows (2008) found that Inuit women's loss of culture and language affected both their well-being and that of their community. Naomi Adelson (2000) emphasizes that Indigenous concepts of "health [have] as much to do with the land, social relations and cultural identity as it does with the body". Clearly, the difference in understandings of health, healing, and well-being is very pronounced between the black-box of the Western biomedical perspective and holistic Indigenous perspectives, with implications beyond Indigenous lives, given that the continued dominance of colonial concepts delegitimizes holistic Indigenous perspectives in ways that impoverish all citizens. Thoughtfully, former federal Minister of State of Public Health, Carolyn Bennett, has said that health is the 'accountant' for how we're doing as a society (Bennett and Aglukkaq, 2005), yet this acknowledgement appears to underpin policy choices rarely. If health is the 'accountant', then Canada is running a serious democratic deficit after measuring the health indicators of Indigenous peoples. The disproportionately poor health status of Indigenous women and their communities across Canada is a reflection of the layers of discrimination that Indigenous peoples, individually and collectively, continue to confront on a daily basis.

The cultural and physical genocide wrought by colonial invasion has left enduring scars on the psyches and bodies of its victims. Such deep impact, which is passed on through the generations, has become known as "intergenerational grief" or "historic trauma". Colonial policies such as residential schools inflicted cultural genocide upon the Original Peoples of

Turtle Island, and the resulting pervasive intergenerational grief forced many individuals who survived to develop survival skills to help them cope with the post-traumatic stress their experiences produced. Such coping mechanisms serve to further unravel the cohesion and safety of indigenous communities, and often involve destructive behaviours such as learned helplessness, passive-aggressive behaviour, substance use, denial, violence against women and children, and suicide (Kirmayer et al., 2003). The brutal consequences of wilful blindness are starkly evident in the persistence of suicide among Indigenous youth across Canada. Inuit in Canada have among the highest suicide rates in the world, and almost all suicides are by teenagers, youth in their twenties: “In one community sample in Nunavut, one in five Inuit were found to be depressed...”, and another study of Inuit over the age of 14 in a Nunavut community found that 43.6 percent had thought of suicide within the past week and 30 percent had made a suicide attempt within the last six months...” (Kral, 2009:12). Smye’s (2004) study revealed that the lack of attention to Aboriginal mental health within the mental health system in British Columbia, Canada, was related, at least in part, to the way in which dominant discourse factored into institutional policies and everyday practices. Kral refers to Joseph Gral’s (2009:294) conclusion that “Western clinical mental health practices can incur an invisible cultural proselytization, replacing local knowledge about wellness and healing with models that are not based on the cosmology of the people living there”. In the Canadian context, an assimilationist ethos continues to prevail, largely masked by the seemingly neutral and universal aspects of institutional structures, policies and practices that both mediate and support its existence. Consequently, Indigenous health and attendant ‘differences’ from mainstream understandings (such as strong family, community and kinship ties that challenge Western notions of ‘family’) and Indigenous beliefs about and ways of being around

health and healing are largely glossed over or ignored by health policy makers and professionals.

Over fifteen years ago Rodolfo Stavenhagen, “the United Nations’ Special Rapporteur on the situation of human rights and fundamental freedoms of indigenous people” reported to the U.N. Committee on Human Rights regarding the plight of Inuit, and noted that many health indicators are getting worse (Berger, 2006). Inuit are beset by layers of challenges: those inherent in their rapidly changing physical environment; social factors created or at least aggravated by colonialism; and the social pathologies produced by in large part by these realities. Unemployment is a central problem in most Inuit communities: a 2001 survey found that 79 per cent of Inuit respondents considered unemployment to be the biggest problem in their communities (Little, 2006). The Nunavut Bureau of Statistics reports that in 2006 Inuit employment was 47.6 percent in the territory’s largest communities, compared to overall Canadian average of 64.2 percent for the same period. Statistics Canada data (2006) show that while First Nations people were five times more likely than non-Aboriginal people to live in crowded homes, defined as more than one person per room, overcrowding among Inuit is even higher. In 2001 on average 53 per cent of Inuit experienced overcrowding, and the myriad of dehumanizing consequences it both produces and exacerbates. Nunavut’s lack of adequate housing and subsequent overcrowding has unique adverse effects on Inuit women, leading to family violence from which, in a remote village, one cannot flee; indeed, Hodgins (1997) notes that the lack of housing and shelters means that women seeking to escape violent situations are rarely able to find safe places to stay.

The problems facing Indigenous individuals and communities are glaringly obvious. A wealth of statistics highlight the layers of oppression stacked against Indigenous peoples as a result of persistent wilful

blindness. For example, the extreme disproportionate suicide rates of Inuit youth are recognized globally: statistics from Inuit Tuttarvingat, the Inuit-specific centre of the National Aboriginal Health Organization (NAHO, 2009) show Inuit suicide rates to be “11 times the national average,” with “approximately 83 per cent of Inuit who commit suicide ... (being) under the age of 30”. Hicks and Bjerregaard (March 2006:53) suggest that “a significant social determinant of elevated rates of Inuit suicide is the intergenerational transmission of historical trauma, much of which is rooted in processes and events which occurred (or were particularly intense) during the initial period of ‘active colonialism’ at the community level”. Smoking in the territory has become an epidemic, one that Dr. Anna Banerji, a pediatric infectious disease specialist says “wouldn’t be tolerated anywhere else in Canada” (Ottawa Citizen, 2010). Mary Simon, the President of Inuit Tapiriit Kanatami (ITK), the national voice of Inuit in Canada, highlights the severity of the educational gap with the percentage of Inuit who graduate from school in Canada is *only 16 percent compared to 63 percent for the rest of Canada*. A day after the federal government’s apology for the Indian Residential school system, Simon (2008) told the Senate of Canada that “real and lasting forgiveness must be earned. It will be forthcoming only when it is clear that government is willing to act”. As John Ralston Saul (2008:231) cautions: “Canada’s leaders hate to hear any suggestion that they still suffer from colonial reflexes”. Where does the hope lie? Gkisedtanamoogk (2010:77), an Aboriginal scholar with degrees in political science and law, asserts: “The development of Indigenous responses intonates an unwillingness to be persuaded by the ignorance and hostility of government and corporate agendas. We are going to heal ourselves, ‘with or without you’”. Culture has not found a place within Canadian health policy.

Health policy is a barometer of the commitment to equality by the

Government of Canada—just as is the connectivity agenda of the country’s communication policy. Just as values are embedded in health policy, so too are they embedded in the federal digital strategy, in ways that reveal a lack of interest in harnessing the technology to serve the information and communication needs of Indigenous peoples coast-to-coast-coast. Focusing solely on narrow definitions of access and affordability denies the fact that at its heart, the connectivity agenda is about communication rights which are at the core of the health and well-being of a democratic society.

III. Up Here: Icts as a Mode for ‘Seeing Better’

Over thousands of years, Indigenous peoples developed knowledge systems to survive and to thrive, communicated across generations to youth via the oral tradition—including legends, songs, and direct modeling of behaviour. Before it was interrupted and almost extinguished by the imposition of settler institutions and systems, this learning process imparted a knowledge based on ancient values. Across Canada, Indigenous peoples are seeking ways to infuse traditional knowledge systems into their individual lives; however, doing so is a challenge, given that southern culture floods Indigenous communities through television, the telephone and the internet, nowhere more so than in Northern communities. Residential school experiences were one state sponsored strategy to ‘kill the Indian in the child’ and federal communications policies should not be overlooked as a source of assimilation. Even in the digital era, northern Indigenous peoples’ knowledge, including Inuit knowledge, or Inuit *Qaujimagajatuqangit* (literally translated as “that which has long been known by Inuit”), is having a difficult time being accepted in the South. Native American scholar

Donald Fixico (2003:15) asserts: “The wars fought between Indians and whites were more than just over land—they were wars of the minds. The American mainstream thinks in a linear fashion, which is very different from the circular fashion of traditionalists. These two are at odds when both are not realized, as by one not knowing the other one. This neglect presumes that there is only one correct way of thought, the linear way”. Innovations in information and communications technologies have provided the opportunity for governments like Canada to fulfill long-standing obligations in ways that would allow the most vulnerable groups in society to leap-frog the service gaps that have persisted. At stake is not mere connectivity, but an opportunity to become *content* producers rather than mere consumers by harnessing new media technologies which offer multi-media, interactivity, *and* non-linearity. Fixico (2008, 56) states: “The usage and dependency on computer technology to create images is the same visual imagery that Indian youth have always utilized in traditional learning via stories of the oral tradition”. In this context, Aboriginal languages, traditional knowledge and other cultural resources can be revitalized with the introduction of ICTs.

Online learning resources, such as the *IQ Adventure* [www.InuitQ.ca], represent Indigenous faces, histories, and experiences onscreen. Alexander served on the development team of the *IQ Adventure*. The community-based development of the multi-media environment was designed to *contextualize* Inuit traditional knowledge, or *IQ*, positioning it within diverse social spaces and places in Nunavut; create a dialogue about *IQ* to which Inuit artists, policy-makers, hunters, and other community members would contribute; illuminate *IQ* through multiple aesthetic forms and modes of communication; create opportunities for listening and reflecting upon, and engaging in, *IQ* in a *kappiananngittuq*—a safe, non-scary, place. The need for such a resource was critical. The former Commissioner of

Nunavut, Peter Irniq, served a critical role on the development team, given his international reputation as an Inuit cultural teacher. Peter Irniq reflects:

The purpose of residential school was to take the Eskimo out of his or her culture, so that he can become an ordinary member of the Canadian Society. He should forget his language and his culture. In addition to being assimilated into the *Qallunaaq* world, we had a loss of parenting skills. The impact of this residential school is now inter-generational (Irniq, 2008).

Irniq played a critical role in the interactive film on the IQ Adventure website. He serves as the guide in the virtual journey around Baffin Island in Nunavut. The IQ Adventure offers Inuit Elders, policy-makers, scientists, hunters and artists to share their knowledge about problem-solving, using a medium that privileges oral and visual traditions over text-based communication systems. Inuit youth can explore the legacy of their ancestors, building their knowledge as they apply IQ to contemporary challenges, whether personal, community-based, or global. Non-Inuit who live and work in Nunavut (from teachers to doctors to policy officials to consultants) can learn more about their Inuit neighbours. These non-Inuit may develop more of an appreciation and respect for Inuit culture and perhaps they may recognize the opportunity to infuse IQ in their daily interactions. In the classroom, in Nunavut and around the world, such online, multimedia, interactive, Indigenous-produced resources can provide opportunities to shape individual and collective identities, and forge and nurture solidarity among and between Indigenous, and non-Indigenous, nations. Such resources illustrate the potential exists to introduce and honour the Inuit voice, and other Indigenous voices, in Canada. John Ralston Saul (2008:291) states that the “greater problem lies with how the

vast majority of Canadians imagine the North” and cautions that Canadians “will be judged by the success of the individual lives of Northerners—lives successful in ways appropriate both to the North and to small, isolated communities, which is the reality of more than half our country. ...Perhaps, most important, all of us will be judged on how successfully the expression of citizenship and democracy throughout the North is adapted to Northern realities” (Saul, 2008:288). Communications policy, including digital strategies, is about values...and about power relations. The challenge with bilingual (Inuktitut and English), media rich resources such as the *IQ Adventure* website is that they are inaccessible to most Inuit in Nunavut and other Indigenous peoples across the Arctic! While federal funding was available to support a project such as the *IQ Adventure*, such multimedia resources do not work in low-bandwidth communities including those in northernmost regions of Canada, such as Nunavut. Internet speeds of 300–500Kb/s are insufficient to play media files such as those offered on the *IQ Adventure* website.

Federal communications policy have left rural and remote communities behind, and the gap is widening, an issue the federal communications regulator, the Canadian Radio–Television and Telecommunications Commission (CRTC) has been recently investigating. What is the role of government in providing broadband Internet services where it is currently not available or inadequate? In a 2007 Speech from the Throne, and in subsequent policy pronouncements, the federal government committed itself to ensuring that all Canadians would have access to the Information Highway. That vision never materialized. A 2010 Statistics Canada report revealed that 46 per cent of households falling in the lowest quarter—those earning \$30,000 or less—had no internet access.

The idea still persists in the 21st Century that computer-based resources are value neutral, apolitical tools despite the fact that well-before

the Internet Revolution of the mid-1990s, Langdon Winner (1988) and other observers cautioned that conditions of power, authority, freedom, and social justice are often deeply embedded in technical devices. Mark Warschauer (2002, n.p.) explains: "...meaningful access to ICT encompasses far more than merely providing computers and Internet connections. Rather, access to ICT is embedded in a complex array of factors encompassing physical, digital, human, and social resources and relationships." Technologies are developed and used within a particular social, economic, and political context (Franklin, 1999; Winner, 1988; Alexander, 1987); that is, technology is not only an artefact, but rather, it embodies and tends to reinforce the prevailing system of social practices and power relations (Zuboff, 1989; de Castell, 2002; Alexander, 2001). The introduction and sustainability of ICT infrastructures (understood broadly) represents a site of struggle over profoundly different value systems, and of course, power relationships. Alexander and Pal observed over a decade ago:

However sophisticated a system may be, technological change offers no easy 'solution' to alleviate complex social and political problems or ameliorate socio-political and economic cleavages. Indigenous peoples, women, and other underrepresented citizens in our political system have not yet found quick-fix 'technological solutions' to the challenges of economic dependence, weak political influence, and social inequity. We should not expect any technological silver bullet to deal with such complex and recalcitrant issues (Alexander and Pal, 1998:6).

At its core, communications policy that focuses on 'digital media' is about cultural legacies, the politics of identity, economic justice and human

security.

Exploring the Canadian experience with ICT infrastructures developed in the service of Indigenous peoples reveals that technology is more than a mode of information and communication. Rather, understanding ICT developments requires insight into how communities relate to existing power relations, and into how technological systems can be embedded with culturally-relevant and -meaningful values. The national 'Connecting Aboriginal Canadians' initiative provides an opportunity to assess ICT as a resource for Indigenous peoples to preserve and promote their cultural and linguistic legacies, in addition to other goals. Against the odds, Indigenous peoples in Canada have "appropriated the technologies of the dominant society and transformed them to their own uses in order to meet their cultural and political needs..." (Wilson and Stewart, 2008:3). Despite the access challenges, ICTs are providing an important resource to amplify voices that have survived colonial policies, exemplified by Indigenous-driven initiatives such as IsumaTV online [www.Isuma.tv] which serves to ensure that Inuit voices are heard on issues ranging from climate change to residential school experiences. Indigenous peoples have internal and external information and communication needs: "the internal needs are primarily about preservation of Native languages, literature, art, and science" while "external needs are keyed to sharing information as well as access to various storehouses of data beyond the Aboriginal communities" (May 1998, 18). The idea that closing the 'digital divide' depends upon promoting equal access "is illusory, as long as the power and poverty differential that undergirds it exists" (Moore, 2004:123). As with health policy needs of Indigenous peoples, so too must communications policy be contextualized.

Context matters in ICT development; that is, the prevailing assumptions and presumptions, dominant values and preferences tend to be reflected in

technological designs and infrastructures at all levels, from organizational to societal. For example, beyond impoverished material conditions, assimilation processes have almost eliminated native languages across Canada, coast-to-coast-to-coast. The absence of digital equity often reflects other socio-political and economic inequities. Less than a year after the federal government apologized to First Nations, Inuit and Metis victims of residential schools, Mary Simon offered a “mixed reaction” to the 2009 federal budget for neglecting to recognize all four Inuit regions, failing to include a specific section on Inuit infrastructure among other shortcomings: importantly given the focus of this article, she was disappointed that broadband allocations were not targeted for the Arctic (Simon, 29 January 2009). Indeed, at a meeting of First Ministers in January 2009 Simon emphasized that “modern communication tools are essential for economic development”, and brought attention to the fact that a “large digital divide still exists in the Arctic where the expansion of broadband width has lagged.” In Nunavut, for example, ‘high speed’ service is *65 times slower than southern high-speed service* and is *500 times behind southern Canada in cost-per-Kb*. For example, on Baffin Island, the fastest internet is 768 Kb/s download at \$400 per month; comparatively, this is more than 100 times slower than high-speed in a large urban center such as Toronto, at more than five times the cost. While the federal government has infused an additional \$21 million via local bandwidth subsidies to improve service in Nunavut, this injection fails to support minimum 2.0 multimedia interactivity.

Given the potential of ICTs to serve Inuit’s health, education, and other information and communication needs, Inuit film-maker Zacharias Kunuk (2008) has asserted that “Inuit communities must connect at the same speed as their governments and mining companies”. Kunuk (20 October 2008) explains that “[l]anguage and culture rights are *communication*

rights: the right to Inuit expression; the right to be consulted; the right to find out information and share it. Inuit need state-of-the-art technology tools to communicate equally”. The need for a federal communications policy that can better sustain democracy by advancing the needs and interests of First Nations, Inuit and Métis peoples across the country is one of the most surprising policy failures, given how critically important communications policy has been in nation-building since Confederation in 1867, and given that Canada had the strategic plan, and the resources, to do so. Ultimately, the Government of Canada chose not to fulfill its vision to connect all Canadians, articulated in consecutive Speeches from the Throne.

In the face of health, housing and other crises, Indigenous communities across the country did not have the resources, or inclination, to compete for limited federal funding to access ICT systems and networks. Federal communication initiatives are willfully blind in ignoring the fact that many Indigenous communities exist in a state of emergency, precluding consideration of innovations in distance learning, tele-health and e-commerce opportunities. Canada’s Northern and rural-based Indigenous communities remain among the poorest-served regions in the country, without access to the quality of educational resources, including teachers and connectivity, that most Canadians in the south take for granted. Indigenous communities remain, indisputably, Canadians who are among those in dire need of digital opportunities. Despite the fact that Canada is often heralded as the world leader in connectivity, the reality that arguably the most vulnerable ethnic population in Canadian society remains one of the most disadvantaged and disconnected cultural communities in the country’s new digital landscape reflects an important value orientation within the federal digital compass. Rather than commencing its connectivity agenda with a focus on the most under-served regions in the country—rural, remote and northern regions—Canada’s connectivity agenda was pursued first in the

country's southern communities, which *already* enjoyed comprehensive information and communication resources, as well as better access to public services, within the Canadian federation, neglecting the opportunity to begin the task by providing Indigenous peoples and their communities with access to e-learning and other digital opportunities that have become critical to contemporary socio-political and economic life. Indigenous peoples recognize the potential of new media to serve their individual and collective needs and interests. By 2006, 28 Atlantic First Nations schools had high speed Internet and video-conferencing through the First Nations School program. With word that federal funding for the ICT program was scheduled to end, Aboriginal youth rallied across the country to protest funding cuts. During a research interview, a joint communiqué prepared by a group of non-status Mi'kmaq youth from Bay St. George, Newfoundland and Labrador was given to Alexander by a policy official. An excerpt follows:

Until recently there was little communication between the youth in the different bands. The distances between bands in Newfoundland meant that the youth were only meeting once a year... We are making new contacts, learning about the customs and traditions that were part of our culture and heritage, and had almost been lost to us. ...The internet has enabled us to do research throughout Canada and the world. ...We are trying to educate ourselves about our ancestors and to learn their stories. ...The decades of struggle to keep their stories alive were almost lost, but through technology we are finding the ability to revive them and to pass them on to each other (n.d.).

New media technologies provide a new resource that can enable policy

stakeholders to challenge existing power relations. This potential may help clarify the lack of political will to provide long-term, stable funding for digital initiatives that can provide a powerful new resource that can support culturally meaningful developments in education, health, economic development and other policy fields. Remote communities need better high-speed connections to make up for the lack or absence of emergency, health, and education services. To date, federal policies of digital exclusion have profound consequences for Indigenous peoples by limiting their access to tele-health, e-learning, e-commerce, e-policy consultations, and many other digital initiatives that define contemporary life in the digital era. Interesting, in June 2011, the lead federal department that has advanced Canada's connectivity strategy, Industry Canada, was the target of federal budget cuts. Democracy is, indeed, on the line in more ways than one. A 2006-2008 strategic plan proposed by the First Nations Technology Council in British Columbia stated that Indigenous peoples should not have to choose between clean water and access to technologies that can bring "transformative changes to their communities." In an interview shortly before his election as the national Chief of the Assembly of First Nations, Shawn Atleo stated in July 2009 that the digital divide contributes to "externally imposed divisions between First Nations people who live in urban areas and those who reside on remote reserves" and he emphasized that "[w]e've got to get the pipes laid [referring to broadband connections]. ...Then we've got to fill those pipes with supports to communities, so the communication and sense of isolation gets diminished" (*Straight.com*, 2009). Across Canada but particularly in northern communities, there is an opportunity to 'see better', and to understand and embrace the full richness of the Indigenous legacies. As John Ralston Saul (2008:287) observes:

...Northern cultures and points of view are treated as marginal,

as if Northerners are not really citizens, not really the primary custodians of the land on which they have lived for thousands of years. There seems to be little understanding in the South, and certainly no sustained understanding, that Canada as a whole benefits and is truer to itself when there are strong Northern communities that stand out as expressions of our country.

Issues of *decolonization* underpin efforts to ensure access and to create culturally-infused new media systems. Indigenous peoples' visions of change are grounded in a recognition of, and respect for, indigenous language, culture, knowledge and belief systems. Although the field of Indigenous Studies is a rapidly expanding, there has been a dearth of studies that examine the relationship between communications policy *and* Indigenous values. The question of digital equity with respect to Indigenous peoples in Canada requires an appreciation of the challenges that face their efforts to decolonize and to design, in their own voices and from their own perspectives, post-colonial representations of their cultural legacies.

IV. Conclusion

The distinctive and often disregarded needs and interests, values and approaches of Indigenous peoples needs to inform policy discourse on the roles of Indigenous values, needs and interests in shaping public policy in the realms of health and communications. While these two policy fields may appear to be discrete, in the digital era, they are not. Indigenous understandings of health and wellness remain marginalized within national, regional, and local health care systems and practices, at the same time that

Indigenous populations must deal with health issues and illnesses that, epidemiologically, differ fundamentally both in nature and degree, from non-Indigenous populations. The legacy of intergenerational grief is one ongoing manifestation of the persistent impact of relocation, residential school, and other internal colonial policies that continue to impact the health and well-being of individuals and their communities. In every policy field, including health and informatics, the delivery of public services is under-resourced (from human to fiscal resources, from housing to health); however, despite this fact, Indigenous communities are seeking to reclaim traditional ways of being, Indigenous knowledge systems, languages and cultures, all of which influence health and well-being. ICTs have the ability to aid greatly in facilitating such processes of reclaiming indigenous ways of being—from philosophical tenets to governance systems to gender relations—foundational to achieving the level of health and well-being that is enjoyed by the broader Canadian population, the lack of which threatens Canadian claims to democracy, equality, and health care for all citizens.

This article has offered a brief exploration into how values are embedded in two policy fields, health and communications. Given the growing emphasis on health informatics to serve Indigenous populations across northern regions in Canada, there are serious implications for Indigenous health and identity if policy makers, academics, and citizens neglect to identify and examine the interplay between Indigenous peoples, health and ICTs. Research is needed, for example, into “how the practice of e-health and its applications should be adapted to support Aboriginal people’s aspirations in health care and self-determination in general” (Maar et al., 2010). With the kind of acute sensitivity that comes from lived experience in vulnerable communities and ecological systems, Northern communities in particular are at yet another moment of felt transition with the in-

roduction of ICTs. As much as communities critically need health-based information and communication systems that many citizens in southern Canada take for granted, the very urgency of the need has contributed to a lack of in-depth consideration of the values that are embedded in technological systems and their implications for Indigenous health and identity. Neither the health care system nor the Information Highway is ahistorical or apolitical. The concept of culture is not neutral in either the field of health policy or communications policy. Context is everything in the development of health policy and ICT initiatives, and this fact tends to remain ignored in policy-making systems. Such willful blindness is a danger to those vulnerable populations which it most affects—and a detriment to the nation as a whole. All Canadians are short-changed by the democratic deficit that is embedded in Canadian policy systems. As Heffernan (2011:4) concludes: “We may think that being blind makes us safer, when in fact it leaves us crippled, vulnerable, and powerless. But when we confront facts and fears, we achieve real power and unleash our capacity for change”.

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