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Aboriginal Health and Well-Being: The Paradox of Globalization

Robert Rattle

Introduction

While exposure to environmental contaminants has long affected the health of Inuit and First Nations peoples, the causes of these environmental contaminants are now shifting. The growing global human population, along with transformations in the “human” environment through the processes of globalization and changes in consumption activity and wealth accumulation patterns, are now exerting a significant influence on environmental health—directly and indirectly, locally and globally.

As our human footprint grows, ecological regions and environmental processes are coming under increasing stress. With closer ties to the land, First Nations and Inuit will experience the impacts of these stressors most acutely. Human activities—local development pressures, globalization, global environmental stresses and pollution, and market drivers—are profoundly affecting the way First Nations and Inuit relate to the land, their culture, their needs, and their society. The dramatic cultural changes these stressors generate are also affecting First Nations and Inuit peoples as they adapt to a rapidly changing and increasingly unpredictable world.

This paper discusses the impacts of global environmental trends on First Nations and Inuit well-being, giving special attention to elders and children. Future policy directions are also considered.

Well-Being Impacts

The net effects of globalization processes, growing unsustainable patterns and levels of consumption, and increasingly inequitable and polarized wealth distribution are generating unique transformations in local, regional, and global environments. Changes in environmental balance and harmony may create new environmental health instabilities, generating a complex web of environmental health impacts.

These impacts are much more pronounced for First Nations and Inuit given their close relationships to the land, traditional practices, cultural beliefs, and late entry into global market participation. At the same time, both ends of the age spectrum—children and elders—are far more likely to feel the effects of these trends given their unique life stages, experiences, and aspirations.

Transformed Cultural Practices and Traditions

While developing their logo, the National Centre for First Nations Governance quickly realized the differences between First Nations. Important symbols and messages were not equally shared, and, in some cases, represented divergent messages. This simple exercise revealed the diversity of First Nations and Inuit cultural experiences in Canada. Protection of such cultural diversity, even within the borders of one country, is important to the sustainability and health of the planet and its inhabitants.

Indicators of community well-being include knowledge of traditional language, knowledge of the land, shelter, and healing medicine, and other aspects of valued socio-economic components (VSECs) and valued ecosystem components (VECs) (RHS 2002–03; Rattle 2008). In other words, the health of any particular First Nations or Inuit community is largely defined by that community.

Globalization transforms this health relationship. As First Nations and Inuit are drawn away from their communities by promises of prosperous global opportunities, as they adopt global social norms and trends, as they alter their patterns and increase their levels of consumption, and communities modify their wealth accumulation and distribution, participation in traditional cultural practices will be transformed. For instance, as some communities embrace the promise of non-renewable resource extraction, many individuals are spending less time in their communities. This has the effect of limiting participation in traditional activities such as hunting. It also reduces family and community time, and creates wealth divides within and between communities. As a consequence, the policy of greater economic autonomy and stability in such cases can conflict with a desire for and the health benefits of maintaining cultural practices and community well-being.

As First Nations and Inuit join with other Canadians and further embrace globalization, and the practices reflecting global consumption and wealth distribution patterns, there will be a deepening dependence on global forces and structures. National autonomy to support and enhance culturally relevant health programs and choices may readily fall prey to global pressures as have other health-care structures in both developed nations, such as Canada, and low- and middle-income countries (LMICs) (Labonte and Schrecker 2007).

As local communities “globalize,” cultural identity is also being impacted. Traditional practices have long been associated with important identity-forming characteristics. As these shift to accommodate the global patterns of wealth distribution and consumption activity, First Nations and Inuit will more often be exposed to the identity-forming and marketing features afforded by global driving forces.

Children and youth (four to fourteen) are important market segments targeted by corporate advertising. This segment represents high financial profitability, exploitable spending power, and important future market segments for long-term loyalty to brands and brand marketing (Cook 2007). Once a trend sweeps through

a group—school, friends, clubs, community, etc.—the social pressures to conform can be immense. This cannot be easily averted by individual parents, families, or even entire communities, especially in a global world. As community bonds disintegrate, communities fall victim to the vagaries of marketing and global trends that seek to exploit consumer patterns and social wealth.

The close affiliation between identity formation and material artifacts (Baudrillard 1988; Penaloza 2001; Klein 2000) in modern globalization suggests that as First Nations and Inuit adopt these practices, they will simultaneously contribute to the social processes that drive global changes: climate change, ozone depletion, and cultural and biological diversity loss, ultimately affecting health in complex ways.

Altered Landscapes, Ecosystems, and Environments

Increasing global demands for energy and resources are constantly exposing all ecosystems as vulnerable to the whims of global markets. Similarly, the effects of globalization (e.g., climate change) open opportunities to access resources in formerly inaccessible ecosystems in order to satisfy global markets. Minerals, forests, natural gas and other fossil reserves, forests, and water resources are being increasingly exploited to meet rising global demands. This presents both opportunities and challenges for First Nations and Inuit communities.

Opportunities for market participation now mean that many isolated communities may participate in wage economies for differing periods of time, and in different ways and roles. However, there are also disadvantages for the landscapes, geographies, and ecosystems that have sustained the physical, cultural, and spiritual needs of First Nations and Inuit traditions. First Nations and Inuit lands are being exposed to continuously encroaching pressures from many new resource activities—from exploration to extraction and closure. Each stage of resource exploitation creates unique and significant challenges for both the environment and human health.

In some cases, landscapes and ecosystems will return to their original states, but this may take decades of remediation and natural processes. In the meantime, First Nations and Inuit communities will have to adapt and may be unlikely, unable, or unwilling to return to traditional ways after years of lost knowledge compounded by exposure to wage and mixed economic activities.

Another interesting phenomenon emerging is that of global financial trends affecting some First Nations and Inuit communities. Initially, it was believed that resource extraction industries would raise income levels for First Nations and Inuit deciding to engage in the wage economy. Altered landscapes, ecologies, and environments were merely mitigable side effects. While significant industrial activity has occurred, these developments have also ushered in (combined with global inflation) higher local prices for everything from food to land and housing. As a consequence, those engaged in the wage economy were able to maintain their socio-economic status with little net gain, despite a significant increase in

family incomes. Those not participating in the wage economy, or who maintained closer ties to traditional activities, fell behind even further in terms of participation in the formal economy and incomes needed for basic supplies.

The need for social services, housing, and other services has not been alleviated as a consequence of more First Nations and Inuit entering the formal economy in resource booming areas. Despite the substantial increase in monetary wealth circulating in some communities, housing conditions have not markedly improved (Diavik Communities Advisory Board 2003). Participation in the global economy has, at best, maintained the status quo. However, the industrial activity that permitted this participation has sacrificed (both long and short term) many landscapes, ecologies, and environments. This has far-reaching implications for the health of First Nations and Inuit people and communities.

The benefits from participation in the wage economy may not offset the costs from impacted landscapes, or the subsequent ecological and cultural impacts. While all First Nations and Inuit are witnessing—to varying degrees—both valued ecological services and valued socio-economic services deteriorating as a consequence of resource exploitation activities driven by global pressures for resources, those unable or unwilling to engage in the wage economy are experiencing the greatest effects of these losses. In particular, elders have observed the deterioration of both the social cohesion and cultural fabric of their communities following the disruption or loss of ecological values to global resource industries.

Loss of ecological values also creates an increasing dependence on global wage structures to support future health and well-being. As global resource demands place increasing stress on environments, future cultural opportunities can be expected to further erode. Children and youth, accordingly, are becoming increasingly dependent on the wage economy and formal educational mechanisms to provide future prosperity. In addition, as social costs such as education rise in step with transformations in the local, regional, and global economies, governments are becoming increasingly taxed to provide suitable and effective services. Increasingly, many social services are seeking alternative funding and delivery arrangements, including privatization and partnerships. These practices tend to divide communities and individuals along income lines, and support players best able to engage in market opportunities.

As a consequence, First Nations and Inuit social structures, such as learning and schools, will be assessed alongside global expectations of educational attainment, if not for grading student achievement, certainly in the formal marketplace and job market. Yet First Nations and Inuit social structures will be placed at a greater disadvantage by virtue of their geographic location, capacities, and resources. This in turn may exert increasing political pressure to rapidly expedite (resource) development activities in the name of increasing job opportunities, deepening the shift towards the wage economy in a vicious cycle. Despite the intent to use wage income to improve living conditions, additional impacts may counter these anticipated benefits. While living standards may improve, more pervasive health

risks may emerge. The role of globalization processes in generating these health impacts must be considered if solutions that avoid a continuous spiral of increasing impacts are to be identified. Development pressures derived from globalization may introduce many such unintended consequences affecting the health and well-being of First Nations and Inuit children and elders.

Global Opportunities: New Economies and Work/Social Environments

As many First Nations and Inuit are being drawn into formal economies of exchange and production, essential social and cultural features are slowly being eroded. For example, workers are spending less time in their communities and with their families, severing links between traditional activities, and with younger and older generations. This may leave community children and youth without the direction, support, knowledge, or wisdom of older generations. Conversely, this offers the opportunity for improved relations between elders and youth where elders may be able to provide parental supervision, informal teachings, and family support.

Yet as early adopters, children and youth are rapidly adopting new tools that will lead to different social understandings, social networks, cultural ideologies, and cultural practices, challenging the maintenance of traditional practices and beliefs. Chabot (2004) observes that the current generation of First Nations and Inuit children, surrounded by modern Internet and communications technologies exposing them to a global world, are unlikely to commit themselves to the current mixed economies of boom-bust cycles, social transfers, and limited market opportunities. The need for additional opportunities has already been established in some areas. For instance, in 2002 the Government of Quebec and representatives of the Inuit of Nunavik established an agreement to inject \$360 million into the regional economy over a twenty-five-year period. These measures, intended to stimulate the local market economy, should help propel the local cultures a little further into the modern global world.

Similarly, recent developments in the Northwest Territories diamond industry (and other resource exploitation industries) utilize socio-economic monitoring agreements and similar agreements to advance the education of, provide bursaries for, and advance the professional careers of First Nations and Inuit in order to participate in development projects (Rattle 2008). Once non-renewable projects have concluded, the most educated will be mobile and likely seek additional opportunities to engage in the wage economy. These opportunities are now global. This will create a vacuum of the most educated and potentially important assets to First Nations and Inuit communities.

Despite the quite legitimate reasons for adopting a global perspective, the effects from increased global consumption and inequitable wealth distribution patterns are already transmitting global shocks to First Nations and Inuit communities. For example, beyond the social and political consequences of maintaining

a traditional subsistence lifestyle under stressed ecosystems (e.g., fisheries), the benefits from wage income for food provision are falling short of expectations. In many First Nations and Inuit communities, Western or global food supplies can be difficult and expensive to acquire. Wage income does not stretch the food dollar as far as it used to, exposing First Nations and Inuit children and elders to increasingly vulnerable and poor diets (International Food Policy Research Institute 2008).

First Nations and Inuit Children and Elders

Youthful Aspirations

Exposure to the global marketplace—through recreational, leisure, entertainment, educational, and career opportunities—will offer compelling reasons to alter traditional practices and lifestyles, and integrate with global consumer trends. This will draw First Nations and Inuit youth away from their traditional territories as their mobility and aspirations to adapt to the processes of globalization intensify. No longer will First Nations and Inuit youth be defined (or confined) by the spatial or temporal geographies of their traditional landscapes.

While the values and beliefs of their culture may be maintained, these will be assaulted and challenged by many global differences and emerging opportunities—consumer products, lifestyle choices, and their consequences. Given the general acceptance of global consumer ideologies, despite attachment to traditional practices and beliefs, First Nations and Inuit children and youth will be exposed to environmental health risks similar to those that other Canadian children and youth experience. These may include the more obvious health risks associated with drug and alcohol abuse and increased consumption of nutritionally deficient foods, to risks from social promiscuity, bullying, and predation associated with products such as the use of electronic devices (e.g., cellular telephones) and associated activities (e.g., electronic social networking Internet websites and chat rooms).

Health risks may also be attributed to debt management as pressure for social conformity to material artifacts increases, as do the largely unknown associated health risks from a host of consumer products regularly flooding the global marketplace. However, these exposures may not be accommodated by equivalent understandings of the culturally relevant mechanisms that contribute to the burden of disease available to other Canadian children and youth. One need only consider diabetes and heart disease to understand the potential health-impact gulf between First Nations and Inuit and the general Canadian population. How else might the global market of consumer trends and wealth divisions manifest in First Nations and Inuit health in culturally vulnerable terms that remain unknown and may simply be unpredictable?

Health programs by local health authorities, provincial and territorial governments, and the federal government will encounter increasing challenges from globalization. Many of these programs, such as the Aboriginal Diabetes

Initiative, seek to encourage improved diets, identify risk factors, and improve physical activity through educational messages, social marketing, and research activities. However, these programs continue to face hurdles when we consider that children see dozens of television food ads for each public service announcement promoting physical activity or healthy eating that they see, compounded by global lifestyle trends more influenced by profits than health needs.

Modes of advertising are becoming increasingly pervasive. Consider that children and youth are exposed to embedded marketing, branding, and role models through such media as cellphones, the Internet, and text messaging. Television is a comparatively slow, cumbersome, and ineffective tool of modern marketing. Children and youth may now be exposed to product marketing simply by crossing a mall threshold or clicking an Internet website.

Fast-Forward to the Past

As demand for traditional practices declines, there will exist a gap between the needs and the resources available to First Nations and Inuit communities and elders. This gap may include food, spiritual experiences, material resources, housing, social gatherings, and others. As a result, the health of First Nations and Inuit elders may be seriously compromised. Similarly, as the socio-economic status (SES) gap between elders and youth and other members participating in the wage economy widens, and this becomes a more defining feature of First Nations and Inuit communities, elders may be placed in the unfortunate position of occupying the lower rungs of the SES ladder. This situation may be amplified by the future demographic distribution of First Nations and Inuit populations.

Traditionally dependent upon community and family bonds, elders may find these resources less accessible as families move in search of income opportunities, find their situations increasingly financially untenable, become more time-stressed, commodify and institutionalize care of the elderly, or adopt the globally prevalent individualistic approach. Incomes may not be representative of needs of elders (or families seeking institutional options to traditional elder care) as inflationary pressures erode purchasing power at the same time as traditional institutions and support mechanisms deteriorate. As a consequence of the impact of rising food, energy, transportation, and shelter costs, global shocks may be more pronounced in rural and remote areas than they are in southern urban regions, accentuating the disparities between First Nations and Inuit elders and senior populations in urban regions. Isolationism combined with increasingly unsatisfied physical, emotional, and spiritual needs may contribute to growing health challenges for First Nations and Inuit elders in a world defined by radically different institutional settings and social mechanisms.

The world for First Nations and Inuit elders will be transforming at a rapid pace, and there will be no anchor for traditional experiences or expectations at an increasingly vulnerable life stage. Spirituality and belief structures are key stabilizing features of any culture. The different First Nations and Inuit knowledge

systems (traditional knowledge) represent important understandings of geography and place, features rapidly dissolving in a global world. Many of the new ideals characterizing emerging global practices are quite inconsistent with traditional beliefs that place the Creator and the environment—Mother Earth—and culture as essential elements that maintain balance. These conflicting goals will destabilize the ideals of many First Nations and Inuit peoples, affecting elders particularly strongly. What may be the health consequences of having your belief structure transformed, subsumed, and questioned as global progress speeds forward?

Back to the Future

Despite the promise that globalization and economic growth may offer to First Nations and Inuit, there will always remain a stratified social order under the prevailing institutional arrangement of structured inequality. Some First Nations and Inuit will undoubtedly do well; however, by definition, not everyone can. According to the World Health Organization (World Health Organization [WHO] 2003), for every rung one moves up the socio-economic status ladder, the healthier one is. As one moves down the ladder, life expectancy decreases and disease prevalence increases (WHO 2003). Whether urban or on-reserve, First Nations and Inuit will always experience SES differences, and, therefore, the health disparities that disproportionately affect those on the lower rungs of the SES ladder.

The longer someone is exposed to this structure, the more likely they are to experience its associated health impacts, particularly those whose ancestry has not developed the cultural norms and institutions to offer mitigative or adaptive opportunities. For example, certain formal and informal mechanisms have evolved to manage stress in the modern, fast-paced, global economy. First Nations and Inuit have different forms of stress, and culturally and socially appropriate mechanisms to manage associated health risks. As the source of stress is altered, and the mechanisms to manage stress change, First Nations and Inuit will need to adapt appropriately, and this is unlikely to be a simple task of adopting modern global mechanisms. The rapidly evolving behaviours and habits of children and youth may also contribute health risks that may increase over time, for example, more sedentary lifestyles, and nutritionally deficient and culturally inappropriate diets.¹

At an ever-increasing rate, First Nations and Inuit children and youth are adopting the behaviour and lifestyles afforded by globalization—education, technologies, and wage employment. Along with the benefits come increased mobility, consumer practices, and wealth patterns that progressively deteriorate community and spiritual bonds, traditional practices and teaching styles, languages, and health. However, this is not to suggest that Aboriginal youth reject traditional practices. Aboriginal youth often transform traditional activities to meet their needs. For example, Aboriginal youth in British Columbia found that traditional notions of expressing emotion/cleansing could be successfully employed to help suicidal youth (Gideon et al. 2008).

Yet maintaining traditional cultural practices may become increasingly difficult as modern global practices are adopted. Even subtle differences, such as language, can introduce large destabilizing factors. Language, for instance, embodies key ideas and thoughts that are not readily translated into other languages. For example, the closest translation to “sustainable development” in Ojibway is the idea of “learning how to give back to Creation, rather than taking away,” on which their whole worldview is based (McGregor 2004). As more and more First Nations and Inuit adopt English languages predominant in the global marketplace, and encounter situations where six billion other people are attempting to communicate and use existing social and institutional tools, common languages and practices will become increasingly critical. Sustainable development, in the English language, is an extraordinarily contentious, nondescript term that often serves ideological purposes to foster and further prevailing worldviews. The vast differences between the intent of sustainable development in the Ojibway understanding and the global use and application of the term can be enormous.

As one cultural difference, this illustrates the gap between emerging global practices and traditional practices. Consider the evidence from healing practices to illustrate another difference and how, ultimately, health can be affected. First Nations and Inuit who are in balance physically, emotionally, spiritually, and mentally report support from immediate family members and traditional healers. Those who reported being upset or distressed reported use of mainstream health and support almost exclusively (Reading et al. 2007; RHS 2002–03). Beyond language and health practices, how many other health challenges might be lurking in the global embrace of consumer culture?

The materialistic nature of current global trajectories—associated with depression, dissatisfaction, anxiety, anger, weak personal coping skills, and social alienation—will have a significant effect on First Nations and Inuit children’s and elders’ health. This process can also lead to a loss of social cohesion, social supports, and social networks in First Nations and Inuit communities. This has had very real health consequences. As a result of the loss of community cohesion and support networks, 20% of First Nations youth had a close friend or family member commit suicide in the last year (RHS 2002–03).

As parents enter the wage economy, there is a decreasing attendance to community and family life. This tends to place children and youth at a disadvantage, and with potentially less parental supervision. In circumstances where supervision by either family or friends is maintained, maintenance of traditional beliefs may be strong. However, where this supervision is absent, the possibility for children to discover their own means of entertainment and recreation can lead to disastrous consequences.

In particular, when one parent is engaged in the wage economy and away from home for extended periods of time, essential family bonds may deteriorate, placing children at a particular disadvantage, including important differentiated and pronounced health impacts associated with gender differences. The 2006

Government of the Northwest Territories report on communities and diamonds (GNWT 2006) observes a substantial increase in single-parent families in the communities most affected by local diamond mining industries. This is most likely the result of rotation schedules and/or out-migration of one partner in search of work. This may lead to the need for increased support services, including child care (particularly as family and community bonds deteriorate) and social assistance. These families tend to have lower social and economic status, and there may be significant social stigma associated with these families. Children living under such family circumstances experience greater stress. Single parents also tend to have a more negative view of their health status and this tends to translate to their children.

In many cases, parents have discovered the newfound wealth of resource extraction industries only to exhaust it during the rotation schedule. The result: is less income when more is needed, and the loss of family, community, and traditional time that could permit continuance of traditional activities and supports. Children are suffering because they are not receiving any benefits from the increased absence of one parent to earn an income, but are experiencing greater family stress, financial poverty, and time impoverishment.

Affected by family circumstances, despite the health consequences, children and youth may, ironically, be important players in these cultural transitions by adopting global practices themselves. For instance, healthy food intake and traditional hunting and gathering activities are incredibly beneficial. Collecting wild foods can require “a lot of hard physical work, such as chopping, digging, and walking” (Johnston et al. 2007), in addition to cultural and spiritual benefits. Replace these activities with poor-quality food based on a Western diet and more sedentary lifestyle, and First Nations and Inuit children will grow up learning and utilizing far less healthy life skills than previous generations did. They may be exposed to greater stress, unhealthy family practices and circumstances, fewer health-enhancing opportunities, reduced social and cultural bonds, and an increased exposure to risky health behaviours.

Many health ailments may not appear until later in life but may, by that time, be the result of an incredibly complex assortment of factors. As traditional healing practices are eroded by global forces, treatment may consist of little more than managing the symptoms of these diseases in modern health-care facilities, where available and accessible.

Emerging health risks are driven by global environmental changes to which First Nations and Inuit are responding, adopting global development practices to adapt to changed environments. Children and youth are, paradoxically, important transmitters of, and conduits for, these adoptions and adaptations as much as they are recipients of the health impacts.

Conclusions

Ultimately, the structures of global economies and wealth distribution are key defining aspects of globalization and environmental health impacts. These structures represent both health opportunities and barriers.

Research and policy have typically focused on the proximate causes of ecological and human health. While the assumptions upon which this approach is predicated may be judicious, they will only remain so within certain limits. The increasingly transglobal nature of consumption and wealth distribution dramatically expands upon those limits. First Nations and Inuit must now confront this new global environmental health risk reality. The challenge for future policy will be to frame emerging health risks, solutions, and adaptations in culturally appropriate terms.

As First Nations and Inuit adopt a global posture, many global geophysical and human systems are experiencing greater stress—food prices are soaring; arctic ice shelves are disappearing, ultimately reducing available land mass; energy prices are escalating, making travel and heating more expensive; and ecosystems are being increasingly contaminated and transformed. Control over these events will be largely inaccessible, prompting First Nations and Inuit children and elders to adopt global tools that enhance autonomy and community self-determination. The choice to engage in the mitigative options afforded by these global tools and practices will be increasingly seen as beneficial, despite their contribution to the emerging health risks and this lack of control. Simultaneously, traditional knowledge and practice is waning at precisely the moment it may be most needed.

Sadly, it is the wisdom of First Nations and Inuit this world so desperately needs in order to identify sustainable solutions that transgress many health risks presented by existing globalization trends. The cultural and social institutions embodied by First Nations and Inuit languages, spirituality, environmental stewardship, land practices, and traditional healing and medicine being placed at great risk are precisely those mechanisms needed to correct current global trajectories of overconsumption and inequitable wealth distribution.

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Endnotes

- 1 Culturally inappropriate diets refer to diets that are not based on hunting, gathering, or growing practices of the Indigenous group.

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