

Nos terres, notre langue : les liens entre la dépossession et l'équité en santé dans un contexte autochtone

**Helen J. Brown, Gladys McPherson, Ruby Peterson,
Vera Newman, Barbara Cranmer**

L'entrecroisement des relations coloniales (passées et actuelles) et des politiques et pratiques néolibérales créent des formes subtiles de dépossession qui nuisent à la santé des Autochtones d'aujourd'hui et limitent leur accès à des services de santé appropriés. S'appuyant sur des idées du géographe critique David Harvey, les auteures montrent comment la dépossession des terres et des langues autochtones menace la santé et le bien-être de ces populations, et empirent l'état de santé des Autochtones déjà malades. Compte tenu des constatations qualitatives issues d'un programme de recherche communautaire auprès de la Première Nation de 'Namgis, dans la province de la Colombie-Britannique, les auteures préconisent qu'il soit rendu compte des manières dont fonctionnent les mécanismes néolibéraux pour accroître « l'accumulation par la dépossession » associée au colonialisme historique et actuel. Elles montrent en particulier comment les idéologies néolibérales opèrent pour maintenir le colonialisme médical et les inégalités en santé pour les Autochtones. Enfin, elles discutent de l'incidence des interventions infirmières dans l'atteinte de l'équité en santé dans les collectivités des Premières Nations en milieu rural.

Mots clés : colonialisme, politiques néolibérales, santé des Premières Nations, terres, langue autochtone, équité en santé

Our Land, Our Language: Connecting Dispossession and Health Equity in an Indigenous Context

**Helen J. Brown, Gladys McPherson, Ruby Peterson,
Vera Newman, Barbara Cranmer**

For contemporary Indigenous people, colonial relations (past and present) intersect with neoliberal policies and practices to create subtle forms of dispossession. These undermine the health of Indigenous peoples and create barriers restricting access to appropriate health services. Integrating insights from the critical geographer David Harvey, the authors demonstrate how the dispossession of land and language threaten health and well-being and worsen existing illness conditions. Drawing on the qualitative findings from a program of community-based research with the 'N̓amgis First Nation in the Canadian province of British Columbia, the authors argue for an account of how neoliberal mechanisms operate to further the “accumulation by dispossession” associated with historical and ongoing colonialism. Specifically, they show how neoliberal ideologies operate to sustain medical colonialism and health inequities for Indigenous peoples. The authors discuss the implications for nursing actions to achieve health equity in rural First Nations communities.

Keywords: colonialism, neoliberalism, First Nations health, cultural identity, land, Indigenous language, health equity

Introduction

Nurses engaged in the public health and primary health care sectors in Canada and elsewhere are increasingly challenged by what is becoming blatantly obvious: that even in a “first world” or industrialized country, access to the material conditions that determine health is inequitably based on gender, race, class, age, ability, and sexual orientation. Among Indigenous people, experiences of trauma, oppression, marginalization, and stigmatization that are easily traceable to colonial relations (both past and present) compound these inequities and further reduce access to health and health care. Poor health, violence, lack of education, and widespread poverty are evidence of and contributors to the many losses expe-

rienced by Indigenous people, and are believed by many to be reflections of what Harvey (2006) describes as the dispossession of the many by a powerful few — for Indigenous people this has included deprivation of land, position, and opportunity. Because health is determined by economic, cultural, social, and historical contexts and experiences (Raphael, 2010; Reading, Wien, & National Collaborating Centre for Aboriginal Health, 2010), knowledge about the complex pathways through which particular dispossessions, with their nuances of loss and disconnection, is critical for understanding what creates and sustains inequities in local contexts.

In Canada, nursing claims to have made a professional and ethical commitment to social justice and health equity and the values of fairness and respect that are central to this commitment. For such a commitment to be met, nurses must comprehend and connect particular paths of loss and dispossession for their health effect in efforts to redress inequities. In this article we draw on the findings from a program of community-based research in a rural Aboriginal community to argue for an analysis of how health inequities are worsened by health-care structures and practices that obscure the intersections among loss, dispossession, and health. Integrating Harvey's (2006) analysis of the oppressive effects of neoliberalism through the process of "accumulation by dispossession," we argue for nursing actions that tackle the conditions that contribute to and sustain health inequities for Canadian Aboriginal people. Specifically, we show how the dispossession of land and language create "spaces of exclusion" (Sparke, 2007) that shape the health and well-being of people living in one First Nations rural community in the province of British Columbia. The analysis is discussed in relation to its implications for nurses as they partner with First Nations communities in order to strive for equity.

Health Inequity Among Indigenous People in Canada

In recent decades research has exposed significant health inequities affecting Canada's Indigenous peoples. In comparison to the overall population, Indigenous people are at higher risk for unintentional injuries and accidental death, have considerably higher rates of chronic illness, and have shorter life expectancies (O'Donnell & Wallace, 2011; Reading, 2009). Although these health disparities have been linked to conditions of social and economic marginalization (the social determinants of health), we have a limited understanding of the mechanisms that have created and now sustain these conditions. There is increasing evidence

suggesting that the social determinants of health only partially explain these inequities and that the historical trauma and ongoing oppression experienced by Aboriginal peoples must be taken into account (Anderson, Smylie, Anderson, Sinclair, & Crengle, 2006; Browne, Smye, & Varcoe, 2005).

Historical relations between the dominant Western society and Indigenous peoples in Canada — relations shaped by the colonization¹ and imperial expansion activities of Western European powers beginning in the 17th century (Castagna & Dei, 2000; Dua, Razack, & Warner, 2005) — led to the displacement of Aboriginal peoples from their lands, erosion of their languages, and disintegration of their social structures (First Peoples' Heritage Language and Culture Council, 2010). Values of assimilation and acculturation that characterized 20th-century political agendas resulted in the decimation of traditional healing practices, the introduction of new health risks, and the creation of health-care systems that had no place for holistic understandings of human well-being (Kelm, 2004). Redressing the harms caused by colonization requires an examination of the systems and structures that shape and constrain the lives of Indigenous people — and the ideologies that sustain these systems and structures. Youngblood Henderson (2000) claims that restoring respect for the diverse worldviews, governance, languages, identities, and treaty orders of Indigenous peoples to the supreme law of Canada is not merely a dream but a right enshrined in the Canadian Constitution (Department of Justice Canada, 1982).

Given the magnitude of this challenge, how can nurses seeking to uphold social justice begin to account for and tackle the multiple intersecting causes of health inequities (Weber & Parra-Medina, 2003)? The conditions that sustain inequities are largely structural, embedded in the political and economic organization of our social world and, in many instances, causing injury in people's lives (Farmer, 2003). Among nurses working in primary health care and public health settings, there is a pressing need for practices that address the structural conditions and practice contexts that serve to sustain health inequity. Our research with the 'Namgis First Nation is generating health interventions to inform such contexts.

¹ A process that includes geographical incursion, sociocultural dislocation, the establishment of external political control and economic dispossession, the provision of low-level social services, and the creation of ideological formations around race and skin colour that position the colonizers at a higher evolutionary level than the colonized (Frideres, 1983, pp. 295–296).

Sustaining Mechanisms: Intersections of Colonialism and Capitalism

Hall (2010) reports on the disastrous effects of capitalism on Indigenous peoples:

The saga of colonialism's ascent and transformation to form the world-wide basis for monopoly capitalism is well recorded. There is extensive documentary evidence to demonstrate empirically the force of this trajectory of commercialized appropriation of colonialism's expansionary machinery. This continuity of warring aggression on imperialism's moving frontiers has never ended in many parts of the world where the ownership and control of natural resources is still heavily contested. (p. 886)

Hall goes on to highlight the strategic importance of the appropriation of Indigenous lands — dispossession not only of land, but also of connections to history and culture, traditional ways of life, and economic opportunities.

The dispossessions, displacements, and disconnections associated with historical colonialism continue. Neoliberalism operates as a colonial tool shaping the lives and health of Canadian Aboriginal peoples. It is a market-driven approach to economic and social policy that stresses the efficiency of private enterprise. Prices, outputs, and income distributions in markets are determined by supply and demand. The prosperity of entrepreneurs is mediated through a hypothesized maximization of utility by income-constrained individuals and of profits, and it depends on disparities between rich and poor (Harvey, 2006). The neoliberal political commitments that dominate contemporary Canadian economic policy have served to continue the oppression and exploitation of First Nations people and their resources. With a central commitment to the well-being of individuals rather than of communities, and to free market capitalism rather than to the sharing of social responsibilities, neoliberal policies and practices maintain the conditions that sustain historical injustice and contemporary forms of colonialism.

These neoliberal commitments to individual well-being and free market capitalism manifest in striking ways in health care. The privilege accorded to Western conceptualizations of the body underlies policies that support acute treatment of physical ailments. Some authors use the term “medical colonialism” to describe the tendency of Western medical practices and conceptions of health to undermine the integrity of Indigenous communities, and, in Kelm's (2004) words, “to disrupt Indigenous social structures as a way of enforcing acculturation” (p. 344).

For this reason, Kelm states, “Health and decolonization . . . go hand in hand” (p. 344). In our work with the ‘Namgis people, Elders draw attention to the critical importance of preserving language and sustaining a connection to the land — indicators of health and well-being not generally recognized in Western biomedical traditions.

In the current health-care context, neoliberal ideologies discourage us from addressing threats to cultural integrity and the complexities of historical trauma, and tempt us to interpret health challenges in Aboriginal communities as decontextualized individual problems. As a result, the solid evidence on the social determinants of health has minimal impact on policies and practices, and the place of recovering culture and identity as the “social capital” crucial to improving the health of Indigenous people tends to be absent from health policy and planning priorities (Reading et al., 2010).

Accumulation by Dispossession and Spaces of Exclusion

In describing the consequences of neoliberalism, Harvey (2006) uses the phrase “accumulation by dispossession” to illustrate how political processes such as privatization and deregulation serve to generate prosperity for a few while sustaining inequities for those who have been dispossessed of land or stripped of services. While Harvey’s discussion of how capitalism operates to sustain dispossession globally is beyond the scope of this article, we draw on his analysis of how accumulating forms of dispossession may generate equity-oriented health actions for nurses working in partnership with Indigenous communities. That is to say, we take the idea of accumulating forms of dispossession in the lives of Aboriginal people to show how and why particular losses and injustices have significance. Our community research partners frequently remind us how one axis of view — for example, the collapse of the fishing industry — is impactful today precisely because it is interconnected with so many losses that are at once social, cultural, and economic. The ability to see the ways in which multiple and intersecting forms of dispossession accumulate and lead into spaces of deprivation and exclusion may help nurses to comprehend how historical colonial relations take neocolonial forms and are manifested in the health and well-being of Indigenous people today. This perspective brings to light the fact that the people, structures, practices, and policies within health care actually shape and create the spaces where First Nations experience health care. Sparke (2007) claims that any repossession of space for a better world, such as one where health equity can be realized, calls for an examination of

“space-making processes and space-framing assumptions” (p. 338). He continues:

Dispossession, whether political, social, historical, economic, is geographical insofar as it creates spaces of exception: spaces where people can be controlled, tortured, or even killed with impunity because their geographical location is imagined and administered as somehow beyond the reach of justice. (p. 339)

Harvey (2005) is also unequivocal about the harms caused by the economic sequelae of neoliberal policies: “the redistributive tactics of neoliberalism are wide ranging, sophisticated, frequently masked by ideological gambits but devastating for the dignity and social well-being of vulnerable populations and territories” (p. 156). MacDonald (2009) argues that while achieving Indigenous self-governance might *appear* to benefit from neoliberalism’s politics of privatization through rejection of state interventions known to undermine Aboriginal autonomy and self-determination, in fact vulnerable populations face

further domination and exclusion, albeit in newer and less obvious forms, as the traceability of government policy and state accountability are altered in troublesome ways under the “progressive” auspices of accommodation and recognition. (p. 258)

This economic-policy context shifts health policy away from holistic, transformative, and capacity-building approaches known to redress health inequities in local contexts (Hills, LeGrand, & Piachaud, 2002; Raphael, 2010). While Harvey is generally referring to the economic well-being of vulnerable groups, economic well-being is intertwined with physical and social well-being, with effects on communities as well as on individuals. Furthermore, with the impact, both economic and social, of environmental dispossession on Canada’s Aboriginal population becoming increasingly apparent, we need to map the linkages between environmental dispossession, cultural identity, and the social determinants of health (Richmond & Ross, 2009). Inequities in colonial contexts can be mitigated only with knowledge of how cumulative and intersecting experiences of dispossession are themselves “space-making” in Aboriginal health and health-care contexts.

Research Program With the ‘Namgis First Nation

Our program of research with the ‘Namgis First Nation in Alert Bay, British Columbia, was begun in 2005, with several studies now completed. A study investigating rural Aboriginal maternity care revealed how history, economics, and the loss of traditional practices negatively shape

women's birth experiences and outcomes (Brown, Calam, & Varcoe, 2011). Building on these findings, we conducted two subsequent studies on the relationships between history, culture, tradition, and health and health experiences, then using these insights to map health services, policies, and practices that take account of the inseparability of culture and health. An intervention study is currently implementing local know-how for community health actions across areas, from youth mental health, to chronic illness care, to Elder social support. Theorizing on our findings to inform our ongoing work leads to new questions. The present theoretical analysis draws on the qualitative findings and health action research while also informing studies with other rural and semi-urban First Nations communities in British Columbia.

All of our studies are conducted using a community-based participatory research design. Community-based researchers and a community advisory committee develop the research questions, refine the data-collection methods, and guide the analysis and knowledge-dissemination strategies. We have three broad research goals: (1) investigating the connections between culture and Indigenous knowledge and health, (2) eliciting and recording cultural knowledge identified as essential to health-promotion programs and services, and (3) opening spaces for bringing community voices into dialogue with health leaders. Informed by post-colonial theory (taking a critical view of past and ongoing effects of colonialism) and Indigenous knowledge (framing the research based on local knowledge, history, culture, and meaningful life-ways), we work as community and academic partners committed to safety and inclusion. Our primary data sources are individual interviews, focus groups, and engagement with community members during local events and celebrations. A documentary film (Cranmer, 2008) has been produced to share oral and visual data for the purpose of knowledge dissemination within and beyond the community. Our analysis process is led by community leaders, researchers, and advisory members who bring Indigenous knowledge to the coding and interpretation of the data.

Dispossession of Land and Language

History matters. Throughout history our people have been challenged by outside forces, government, religious institutions and residential schools that almost took our identity away. At present we are bringing back all that was almost lost. We will achieve our greatest health and potential when we can live fully and thrive holistically as a community with our language, culture and potlatch system in place. (‘N̓amgis Elder)

Like many First Nations communities in Canada, the 'Nāmgis people living in a rural community in British Columbia have felt the effects of historical and contemporary social, economic, and political forces on their everyday health and well-being. In our research, two interconnected pathways of dispossession have become evident in the accounts of 'Nāmgis participants. *Uncertain identity* and *displaced connections* each undermine well-being and health equity. These pathways of dispossession accumulate in ways that have a greater impact than either path alone and, when understood within the context of neoliberal ideology and medical colonialism, indicate how nurses can participate in various forms of "repossession" that might contribute to health equity.

Dispossession of Language: Uncertain Identity

In the findings, Indigenous language emerges not only as a means of communicating but also — and more importantly — as an expression of cultural identity: defining all that is important in the past, present, and future. Being dispossessed of language creates the risk of, as Schouls (2003) puts it, being "washed out in a sea of undifferentiated Canadian citizenship" (p. 45). Preserving uniqueness through language and culture is seen to be both restorative and constitutive of identity. Speaking the language is a form of restoring, preserving, and creating identity amidst the dispossessions caused by historical patterns of Western political and cultural hegemony.

In various ways, Elder participants in our studies express how the preservation of Kwak'wala language serves two essential purposes: It is a medium for the transmission of cultural knowledge, and it is an expression of connections and relationships that constitute cultural history and identity. Elders associate the decline of Kwak'wala language with assimilationist policies and the legacy of residential schools, where "we were punished for being Indian . . . stripped of our language, our dances, our identity."

Not speaking my language and being ashamed of who I was did not end when they closed the school. I did not want anyone to know I was Indian then and for a long time . . . I used to tell my granny, "Don't tell me anything." It took me over 20 years since I left residential school to get back to feeling empowered, to wanting to know and speak who I am.

This profound loss of identity and sense of belonging, of displacement and dispossession, is echoed in the words of many of the participants in the studies. Elders indicate that being unable to speak the language has undermined, if not extinguished, the primary mode through which culture is kept alive and history is passed on. The threatened sustainability

of the language is understood by the Elders as present-day colonialism. In their quest to embrace cultural identity, many youths describe a yearning to revive and sustain the Kwak'wala language. Youths in particular say that when language and identity are discussed only in a historical context — which they may or may not relate to — then culture becomes a source of exclusion rather than a “warm blanket that wraps around you” (Elder participant). Yet when youths share their views on culture, they indicate that speaking the language is a way of expressing identity, of learning from the past to live in today's world. Language and identity are in this sense less about differentiating Aboriginal from non-Aboriginal people and more about gaining a contemporary feeling of value and self-worth. One youth gives this advice: “Go out and learn about the culture and the language, it will help you be proud . . . just go and do it, you won't regret it.”

In all of our studies, being dispossessed of language is understood as threatening cultural identity, resulting in uncertainty about the past, present, and future. One Elder states that without language “we are a throwaway society,” while a younger participant says that “without language the expression of our Nativeness is threatened, and that means, even today, the residential school legacy continues to destroy who we are and what is among us.” An Elder describes the ongoing health effects of the dispossession of language, and the great potential when language is revived:

People live here with their heads hanging low, not knowing who they are, where they have come from, and who they can be. Speaking Kwak'wala is and can still be a medium for knowing that. Even for our young people it can be a medium . . . to learn about who they are and who they can be, because culture and how we see ourselves never stays the same.

Elders make references to the “almost” successful assimilation policies and residential school legacy. Speaking the language and dancing the dances are described as forms of cultural revitalization and its expression in contemporary times. These positive and vibrant forms of expression build community connections that are known to be protective factors against a range of negative forces, such as unemployment, chronic pain, social isolation, and substance use and mental health issues. With the dwindling number of traditional knowledge holders and fluent speakers in the community, efforts to revitalize and preserve the language are constantly challenged by a lack of time and material resources.

Being dispossessed of language means far more than lacking a communicative form. It is a symbol of and a vehicle for experiencing connections fundamental to being 'N̓am̓gis, a *being* expressed through dances,

ceremonies, legends, and relationships with the creator, family, other relatives, and the community. The passing on of traditional knowledge and ensuring its many forms of expression rests on “knowing our language” as central to every expression of cultural identity. Elders understand language revitalization to be the essential medium for “knowing who you are, where you come from and where you are going” and to be fundamentally connected to health:

Our language is our culture; it is the medium, or the form, or the process, that allows us to give full expression to who we are, mentally, physically, spiritually, collectively, as friends and family, individually, historically [and] looking forward. It's the only medium we have that can do that. As long as we have our mind-set we're not going to be struggling with Western concepts [like] what's right or wrong. The creator never intended that to be the way it is. We're Kwakwaka'wakw and he gave us laws that are spiritual, that will sustain us through time. We will be the healthiest when we can give expression to that.

Participants describe how the decline of language when constructed as “inevitable” obscures the effects of historical colonialism, particularly church- and state-run residential schools. Portrayals of minority languages in the Canadian media as “threatened” due to, in the case of Indigenous peoples, the dwindling numbers of fluent speakers as a natural consequence of aging can be understood as a present-day form of colonialism. One Elder says that the term “lost language” fundamentally obscures the role that church- and government-run residential schools played in trying to “get the Indian out of us, when we were punished for speaking our language.” Other participants speak of how the intentional subjugation of “being Native” is continually subverted today through referring to Aboriginal languages as “vanishing.” Our data indicate that particular discourses obscure our view of these pathways of dispossession, leaving us more simplistic explanations of the ability of First Nations peoples to preserve their own languages. The very conditions of dispossession are playing out today, in that resources and initiatives for Kwak'wala language preservation are not systematic and sustained but are reliant on committed volunteers and imaginative educators in the Band school. Volunteers and educators strive to ensure that language is a mechanism for preserving, sharing, and evolving traditional knowledge and culture, yet such efforts are sustained primarily by personal resources.

Dispossession of Land: Displacement and Disconnection

As language is understood to be both a communicative pattern and an expression of cultural identity, connections to the land are seen as funda-

mental to Indigenous knowledge systems and ways of living and relating (Greenwood & de Leeuw, 2009). In each study, participants have indicated that being dispossessed of language and land together undermine the connections that nourish people and the conditions necessary for “holding our heads high.” As children were removed from home territories during the residential school era and, later, commercial fishing licences were lost to market forces, small villages were abandoned and few ‘Namgis people now live in their traditional territories. The impact of living away from home territories is described by one participant as “undermining sacred connections that nourish the relationship between the people and their land, between the past and present, and between one and another.” Going back to home territory is a form of repossession that continues the tradition of being “stewards of the land.”

Young participants and Elders describe oneness with the land, a sacred connection that cannot be translated into English. They say that separateness from the land has never existed despite state policies and practices based on Eurocentric conceptions of Mother Earth. Where non-Aboriginal references to Mother Earth are metaphorical, participants in our studies describe Native territories in existential terms, as fundamental to and inseparable from being. Being “one with the land” suggests a profound physical and spiritual connection, a connection that constitutes life itself. Displacement from ancestral lands, villages, or territories causes disconnections from conditions and relationships that are fundamental to being and creation:

When DIA [Department of Indian Affairs] decided to ship us all here, everybody now thinks they're Nimpkish, but they're not. It is important that you know your history and your territory, because when we got told where to go, there was so much lost, like a piece of you who are dies too, not living in the territory that is home.

Through connections with the land, there a process of continual creation; creation and being are intertwined, and being one with the land confers responsibilities and obligations regarding the maintenance of creation:

There is a much larger and richer context to being connected to the land. To be one with your territory means you were never separate from it in the first place. Culture is learned through a lifetime of personal experience travelling through and conducting ceremonies on the land. We can only continue to teach, develop, and renew knowledge systems fully by our own means of cultural sharing and experiencing. Our ceremonies renew our relationships with the land; we become stewards of the land, so we can

never be detached geographically or use our ceremonies elsewhere without completely losing their meaning.

Clearly, the relationship with the land entails not simply the physical geography of the land: It is a direct and personal kinship with the animal and plant species that co-exist with humans in the territory. In one of our studies, a practitioner and student of traditional medicine described her work harvesting medicinal plants. This involved visiting the plants, praying with them, and, through ceremonies, helping them. Knowledge of ecology and the use of plants, rituals, and medicine are intertwined, and together they create “oneness” with the land.

Related to the displacement and disconnection from traditional territory is an understanding that being in one’s home territory is better for one’s health. Several Elders associate displacement and the reserve system as severing spiritual connections that affect the procurement of traditional foods and the diet that today is associated with poor health:

I think back to when we lived in Karleqwes. You know, we lived off the land . . . we had all the fresh salmon, clams, mussels, crabs, fresh deer when the season would come around. Now I found out that when we moved out of Karleqwes it’s the first time that I really got sick, and, you know, could never understand why I was going through all that as a kid. The doctors couldn’t do anything. Mom did everything to get me better, and the funny thing too is that when I first came out here I couldn’t eat hamburger or beef and I couldn’t eat Kraft dinner [laughing], but I found that if we could make use of our old village and just go back there and do our harvesting and stuff like that . . .

The connection to traditional territory “bonds the community together,” in the words of one participant. Youth in particular speak of the importance of going into the territory to “find out who you are and where you come from.” Being displaced from traditional territories dismisses the importance, throughout history, of engaging with the land as a “living classroom,” as the ancestors would have. Participants in all of the studies explain that being assigned land in the reserve systems undermines the very connections to land that are meaningful — being connected to the land is very different from being assigned land:

Reserve systems do not honour the nomadic history of our people. We never stayed in one place. We had our summer home, our spring home, our winter home. Remember the flood in Kingcombe? The medical people said, “Why don’t they just move?” They couldn’t. It was their seasonal land, their territory — and that connection is sacred. Telling us, “There is your

land” is not our way. Meaningful connection to the specific land is not honoured in the reserve system.

When considering the social and material conditions under which health equities are produced and reproduced, these particular experiences of disconnection and displacement can be seen as barriers to the social inclusion and identity that are known to optimize health and well-being. One Elder’s phrase “heads hanging low” is symbolic of what another describes as “poverty of the soul,” which threatens health equity across diverse illness and disease categories. Language, cultural strength, and connections with ancestral territories have a central place in sustaining well-being:

To me, the land is culture. We know the land. We should be able to connect the land with everything healthy for our people. We are stewards of what we have been given, and we have to look after it. That should be the starting point and not a separate conversation when we plan to make us healthier as a First People.

Health Equity Through Geographies of Repossession and Spaces of Inclusion

Despite Canada’s leadership in the field of population health, there have been few successes in this country in reducing health and health-care inequities for Indigenous people, and on many fronts the inequities are worsening. Despite the progress made, wide gaps remain in understanding fully the root causes of inequities, including the complex ways in which the determinants of health relate, intersect, and reinforce one another. While it is well established that experiences of social exclusion contribute to poor health and health inequities (Hills, Le Grand, & Piachaud, 2002), there remains the question of how connections to land and language specifically shape identity and cultural strength to foster the social inclusion that is foundational to health and health equity. From a policy perspective, White and Maxim (2003) argue that particularities of the history, culture, and geography of Aboriginal communities in Canada contribute to different population outcomes, with different social and physical resources interacting and affecting the health and cohesion of these collectivities.

The ‘Namgis participants indicate that dispossession of land and language impact on health and well-being through particular pathways of uncertainty, identity, and displacement and disconnection. These pathways of dispossession suggest the urgent need for attention to the social and political forces that sustain the patterns of relating and access to the

resources necessary for human flourishing — particularly with respect to land and language. The neocolonial context of health and health-care inequities is both situated in and constituted through the neoliberal tendency to ignore social, cultural, traditional, and ecological considerations, giving way to a “mentality of plundering” (Sparke, 2007). In other words, to better understand and respond to the “foundational” causes of illness and disease and ensure equitable access to both health care and the conditions and contexts that determine health, we must include in our scope of activity those public health actions that sustain the identities and connections that are fundamental to *being* Indigenous. Cultural identity and connections to space and place are not objects of utilization, nor are they reducible to determinants of health; they are aspects of being that can be rendered invisible when individualism, efficiency, and the free market are given more weight, in our policies and practices, than connection and possession (Harvey, 2006).

Scholars and researchers in the field of Aboriginal linguistics are debating the relative benefits of language propagation. One of the arguments against the preservation of Indigenous languages is based on an economic analysis: cost-benefit (O’Sullivan, 2003). Some suggest that language recovery and preservation may have the effect of “ghettoizing” Aboriginal communities. O’Sullivan describes a spectrum of perspectives, citing several studies that claim that Aboriginal language preservation plays a role in lowered community moral, decreased human capital, lowered socio-economic status, and non-participation in the labour force. Social “progress” is considered under threat due to the preservation of minority languages. Yet, considering the connections between language, identity, cultural strength, and “holding our heads higher” made in our studies, new determinants of health may supplant those centred on capital accumulation as foundational to well-being. Our findings indicate that kinship, connection, oneness, and attachment as forms of being are the “capital” necessary for health.

Sparke (2007) discusses neoliberalism and accumulation of dispossession:

... new human and nonhuman geographies delineated and organized on the basis of the capitalist market — yet it is a form of dispossession that is frequently dependent on extra-economic forms of violence — such as the often racially targeted violence of state interventions — for its own impetus and organization. (p. 346)

Because language is fundamental to social identity, a kind of violence is sustained when language decline is constructed as “inevitable” or when its

value is judged solely in neoliberal economic terms. The basis upon which productivity is generally determined obscures the fundamental injustices inflicted in the name of “progress,” rendering invisible the conditions and roots of language decline. We argue that such analyses of language “retention” processes are driven by neoliberal ideology that fundamentally limits access to the conditions and contexts known to contribute to human flourishing and health equity. Harvey (2006) claims that accumulation of dispossession creates mechanisms of creative destruction that produce and reproduce what Sparke describes as “spaces of exclusion and exceptions . . . that are the result of the reimposition of architectures of enmity that have deep colonial foundations” (Sparke, p. 346). In our studies, Elders in particular explain that being dispossessed of language, identity, and connections to original territories has accumulated to influence the cohesion and connections that are fundamental to optimal health. In one study a woman reported that she was viewed as a “less than capable second-rate citizen at the doorstep of health-care facilities,” adding that uncertain identity, displacement, and disconnection serve to reduce the strength and ability of the ‘Nāngis to counter the alienation and degradation of people who are considered undeserving of health care. Our analysis supports the valuing of connections to language and land as an essential form of repossession tightly intertwined with human health. The possession of language and land creates spaces for the expression of identity and the experience of connections. These specific pathways of social inclusion create a very different form of human capital necessary for equity in health and health-care access for Indigenous people.

Implications for Nursing Action

Our analysis supports nursing action oriented towards dismantling the “spaces of exception” produced by colonialism, both past and present, and contemporary neoliberal forms of dispossession. By resisting the “naturalization” of language decline and disconnection from traditional territories, nurses can orient their actions towards creating opportunities for repossession as a fundamental dimension of health-promoting care for Indigenous people. Nurses can denaturalize “losses” through colonization and can engage with Indigenous people, knowing how dispossession causes disconnection and oppression and contributes to health and health-care inequities. Curiosity about the connections between identity, land, language, and health could be understood as a useful component of health assessment. There are opportunities to learn about the meaning and power of culture for Indigenous persons. For example, one can elicit

their life-stories by asking basic questions: Where do you come from? Is this your territory? Did you grow up in your territory? Nurses can honour connections by knowing the name of the language spoken, learning something about the territories they are working within, and being aware of the Nation to which the traditional land belongs. Nurses may have opportunities to partner with Elders and leaders in order to learn how ongoing forms of dispossession contribute to serious health issues in the community. For example, in our current project, a lack of access to affordable healthy food and low levels of medication adherence have been associated with poor management of diabetes. When devising strategies to improve adherence, community health representatives (CHRs)² recognize that social isolation and the lack of access to traditional foods are also playing a role. The CHRs are devising a Kwak'wala immersion program that will bring people with chronic conditions together, tap the strengths of culture and traditional foods for improved medication self-management, and integrate the language into medication pictograms. Working with 'Namgis youth, nurses are partnering with cultural leaders to bring these young people to traditional territories for cultural immersion as the basis for a self-esteem program.

If dimensions of the “social” are constituted through cultural identity and connections to the land, then the scope of nursing action directed towards increasing access to the social determinants of health will necessarily expand. By working with community members and cultural leaders, nurses can partner to create the *spaces of repossession* that are fundamental to experiences and contexts for achieving health and health-care equity. A 'Namgis Elder reminds us why this is so:

That is one reason why not only we but the entire world must do everything possible to keep these languages, songs, dances, and stories alive. If they die, our people and our children — and the human race — will lose something that no one can ever recover. Our languages, celebrations, and traditions define who we are, and they keep our heritages alive.

² According to the National Indian and Inuit Community Health Representatives Organization (Hammond & Collins, 2007), the primary role of the CHR in Canada relates to the promotion of wellness, the protection of health, and the prevention of injury and illness. CHRs help individuals, families, and groups of people in the community to take responsibility for their own health; they work with health-care teams to improve and maintain the spiritual, physical, intellectual, social, and emotional well-being of individuals, families, and the community. CHRs have become the gateway to health services in First Nations communities; they educate non-First Nations professionals in cultural protocols, the family history of the membership, the political process, and other important areas related to the community.

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Helen J. Brown, RN, PhD, is Assistant Professor, School of Nursing, University of British Columbia, Vancouver, Canada. Gladys McPherson, RN, PhD, is Assistant Professor, School of Nursing, University of British Columbia. Ruby Peterson, BSW, MEd, is a member of the 'N̓amgis First Nation. Vera Newman is a member of the 'N̓amgis First Nation. Barbara Cranmer is a member of the 'N̓amgis First Nation.