

Indigenous People with Disabilities in the Arctic

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Indigenous People with Disabilities in the Arctic

Over the past years, there has been an increasing focus on diversity and inclusion across the globe. In the Arctic, the focus has mostly been on gender¹; less attention has been paid to other groups, such as people with disabilities. Existing studies about disability in the Arctic have started to contribute to a better understanding of the prevalence, causes and treatment of selected impairments and chronic diseases. In addition, over the last decade, a few research projects in different parts of the Arctic have started to address the lived experiences of disabled people within their social, cultural, political, geographical and historical contexts. For example, Gjertsen, Melbøe and colleagues started to map the experiences and challenges faced by Sámi disabled people in northern Norway². In Greenland, the reports prepared by the national advocacy organisation Tilioq provide detailed information and first-hand accounts of the experiences of disabled people in Greenland³.

To bring together researchers and experts interested in the lived experiences and inclusion of Indigenous disabled people in the Arctic, a one-day hybrid workshop “Indigenous People with Disabilities in the Arctic: Workshop for Initiating Research Collaboration” was held on 31 May 2024 at the Valnesfjord Health Sports Centre in Valnesfjord, Norway. The workshop was organised by the Nordland Research Institute in collaboration with the Centre for Saami and Indigenous Studies at Nord University in Bodø, Norway, and supported by the Research Council of Norway. The aim of the workshop was, first, to map existing knowledge about the challenges experienced by Indigenous disabled people in the Arctic regions of Alaska, Canada, Greenland, and Sápmi, and second, to identify knowledge gaps and develop a shared research agenda. Discussions among the 18 participants from ten countries centred on two overarching

¹ e.g., Oddsdóttir et al., “*Gender Equality*”

² e.g., Gjertsen, “*Mental Health*”; Melbøe, “*Cultural Sensitivity and Barriers*”

³ Tilioq, “*Tiliup Saqqumersitai Suliallu*”

questions: What are the challenges experienced by Indigenous disabled people in the Arctic? And what are the most important research needs?

During the workshop, participants identified multiple interrelated challenges. First, people with disabilities across the globe have faced considerable battles to achieve recognition for the discrimination and disadvantage they face in society⁴. Indigenous disabled people in the Arctic face similar problems. In the Arctic, the literature suggests that the focus is often on impairment as a medical problem rather than on the lived experiences of disabled people and the disadvantages and discrimination they experience through stigmatization and social oppression. This perspective reflects the medical model of disability, where disability is seen as a tragic burden and a deficiency with no space for valuing social differences. As in other parts of the world, ableism seems to dominate in the Arctic, with a widespread lack of awareness and low prioritisation of the needs of disabled people.

Second, there are significant challenges related to access to education, the job market, healthcare and other services. These challenges are partly connected to the dispersed population and the Arctic environment and climate. While some basic services may be delivered virtually (e.g., telemedicine), access to specialised treatment and services often requires traveling or even permanently moving to the South.

Third, the lived experiences of Indigenous disabled people may deviate from western medical epistemologies which are at the core of most nation states' healthcare systems. Epistemic injustice has a long history in the Arctic, from the colonial period to current political, economic and social systems. Divergent conceptions of disability and quality of life, as well as different ways of communicating and expressing emotions can contribute to communication difficulties between Indigenous disabled people and health practitioners, often non-indigenous. Further, discussions highlighted the significance of nature and outdoor activities for Indigenous disabled

⁴ Barnes and Mercer, "*Disability, Work and Welfare*"

people in the Arctic and their role in enhancing personal well-being and a feeling of connectedness not only to other humans but also to non-human agents and environmental elements.

Building on Crenshaw⁵, workshop participants noted the intersectional discrimination and disadvantage experienced by Indigenous disabled people in the Arctic. Their cultural and ethnic identities interact with their impairment, creating a synergy that exposes them to a distinct combined disadvantage (e.g., the choice between access to specialist medical care available in the South and maintaining a sense of cultural and social identity by living in their home community). Taken together, these issues reveal that the intersecting legacies of colonialism and ableism have imposed narratives of stigma as well as structural barriers on Indigenous disabled people.

Challenges remain in dismantling internalised and externalised forms of bias that pervade local, regional, and global discourses; addressing the social determinants of health that limit access to equitable care; and rupturing the hegemonic forces of normalisation that have shaped categories of pathology while limiting notions of personhood and agency. Achieving these goals requires that we not just center disabled voices in discussions and decision-making processes, but amplify them through research and advocacy. To this end, workshop participants identified four promising directions for future research:

- focusing on the lived experiences, perspectives and priorities of Indigenous disabled people;
- investigating the obstacles to accessibility and trust in formal healthcare and welfare services, as well as their interplay with informal systems of care and support;

⁵ Crenshaw, “*Mapping the Margins*”

- developing new approaches and pedagogies in medicine and other disciplines that foster inclusiveness, e.g. inspired by the principle of “Two-Eyed Seeing”⁶;
- exploring the availability, impact, risks and opportunities offered by new technologies capable of promoting the agency and inclusion of disabled people in the Arctic.

Collectively, these initiatives hold the potential to transform disability from a biomedical problem to a vibrant source of possibility for valuing difference. Only then can we rupture the widespread narratives of exclusion and foster ever-wider horizons of inclusion.

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⁶ Bartlett, Marshall and Marshall, “Two-Eyed Seeing”

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