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Instructions to Authors

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Indigenous Wellbeing and Colonisation

Editorial

Indigenous Health and Wellbeing in the Circumpolar North

Among countries in the circumpolar north[1] there are persistent and substantial differences in health and wellbeing. Norway, for example, was at the top of the global 2015 Human Development Index compiled by the United Nations, while Russia ranked just 50th (United Nations Development Programme 2015). In addition to differences in human development and wellbeing *between* countries, there are also significant regional and sub-population disparities *within* countries. One of the most enduring areas of inequality relates to the circumstances of Indigenous peoples. The recent Arctic Human Development Report (AHDR-II) underscored the disproportionate burden of preventable death and disease borne by Indigenous peoples in the region. However, other than urging policymakers and health service providers to monitor and pay attention to the issues, it did not make any clear recommendations on actions to address the situation, either regionally or within specific countries (Nymand Larsen & Fondahl [eds.] 2014).

At the same time the AHDR-II also highlighted the extraordinary resilience and rich cultural knowledge systems of Indigenous communities. Indigenous peoples are at the forefront of changes which have seen increased participation in local decision-making and governance,

along with greater control and ownership of resources. As the countries of the north struggle to adapt and respond to the challenges of climate change, they are beginning to recognise the importance of Indigenous knowledge and the potential for it to contribute to national and regional advancement (Nymand Larsen & Fondahl [eds.] 2014; Smith & Sharp 2012; Berkes 2012). Indeed, reports like the AHDR-II reflect a broader global shift towards an increasing recognition of how Indigenous peoples can guide future adaption to climate change (Parsons, Fisher & Nalau 2016). At the same time, having collectively contributed very little to the consumption patterns underlying "wicked" problems such as global warming, Indigenous peoples are often the first to experience the ill effects, in the north as well as in the south (Ford *et al*. 2014; Salick & Byg [eds.] 2007). A devastating example is the Alaskan Inupiaq people on the island of Shishmaref whose village is disappearing into the ocean due to erosion. Efforts to relocate them to a new location are also being thwarted by melting permafrost (Marino 2015).

While there is incredible diversity across the world's estimated 302 million Indigenous peoples (Hall & Patrinos 2012: 10–12), there is a common emphasis on the importance of sustaining cultural identity, knowledge and practices; of protecting spiritual and ancestral connections to place; of the inalienable right to self-determination; and the need to see wellbeing in its holistic, and collective dimensions (Cunningham & Stanley 2003; Kant *et al*. 2013). Many of these aspirations are embodied in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Adopted by a majority of the world's countries in 2007, including five of the eight countries of the circumpolar north,[2] UNDRIP is fundamentally a human rights instrument. Davis describes it as a non-binding declaration of the General Assembly that "provides a framework that states can adopt in their relationships with indigenous peoples and that may guide them in the development of domestic law and policy" (Davis 2016: 32). Articles 23 and 24 deal explicitly with the rights to equal health; the second section of Article 24 states that:

> Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right. (UNDRIP §24)

Efforts to Monitor and Advance Indigenous Health

The ability to monitor whether these health rights are being met in specific countries, let alone globally, is a major challenge given the Indigenous "data deserts" that exist in many regions. One study suggests that fewer than half

of the countries that have an Indigenous population collect Indigenous-specific data in the national population census (Kukutai & Taylor [eds.] 2016: 4). The lack of robust and relevant data on the circumstances of Indigenous peoples acts as a formidable barrier to implementing the sort of transformative change envisaged by instruments such as UNDRIP and the United Nations 2030 agenda for sustainable development (United Nations 2015).

The invisibility of Indigenous peoples in national data collections is not a new issue. The United Nations Permanent Forum on Indigenous Issues, the United Nations Special Rapporteur on the rights of Indigenous peoples, and numerous Indigenous advocacy agencies, academics, and communities, have all stressed the critical importance of disaggregated data on Indigenous peoples (Davis 2016; Kukutai & Walter 2015; Madden *et al.* 2016; Pettersen & Brustad 2013; Tebtebba Foundation 2006; Taylor & Kukutai 2015). In 2016 the forum recommended that states actively work with Indigenous peoples to develop key indicators to be included in the sustainable development agenda. Davis (2016: 31) notes that, despite these calls, serious challenges remain, and there are few global efforts to collect data in a way that enables regional comparisons. More recently, the call for "Indigenous data sovereignty" has shifted the conversation beyond data disaggregation to consider issues of data relevance, access, governance, ownership and control (First Nations Information Governance Centre 2017; Kukutai & Taylor [eds.] 2016).

Notwithstanding Indigenous "data deserts," researchers, advocacy organisations and policy makers continue to make use of the data that are available to draw attention to the poor state of Indigenous health globally, and maintain pressure on governments to act. In 2016 an international research collaboration, led by prominent Aboriginal academic Ian Anderson, published the first major comparative study of Indigenous health indicators in *The Lancet* (Anderson *et al*. 2016). The study was a comprehensive analysis of Indigenous health in more than 20 countries and covered a diverse set of socio-economic characteristics, political arrangements, and colonial histories. The analyses clearly showed that inequities persist, with generally poorer social and health outcomes for Indigenous peoples relative to benchmark populations. The diversity of the circumpolar north was also evident. For instance, the life expectancy at birth of Inuit was 12.5 years less than for the Canadian population while the gap in life expectancy for Norwegian Sami was much lower at just 1.6 years (Anderson *et al*. 2016).

What reasons might account for the lack of major Indigenous health inequities overall in Scandinavia, compared to the large disparities observed elsewhere? This question is at the heart of an international comparative project "Indigenous Health in Transition (IHIT): A Longitudinal Study of Colonisation, State and the Health of Indigenous Peoples in Sweden,

Australia and New Zealand." Led by the guest editors of this special issue, the project traces the history of colonisation and its links to Indigenous health, focusing on developments from 1850 to 1960. During this period Sweden, along with other Scandinavian countries, developed and implemented successful state-sponsored health services, programs and interventions. The result was a dramatic reduction in mortality from infectious and other diseases, leading to increased life expectancy overall. Other contributors to the general improvement in life expectancy were improvements in medicine, more health personnel including midwives and doctors, avoidance of the two world wars, and various health acts aimed at improving hygiene and sanitation (Baldwin 1999; Sundin & Willner 2007). Despite these population-wide benefits, the relationship between the Swedish state and Sami from the 1850s onwards was, at best, contradictory, and at times, overtly discriminatory. The egregious actions of the state included a state-run racial biological institute that heavily stigmatised Sami people and culture, and the alienation of large tracts of traditional Sami lands. The state also heavily circumscribed the parameters of Sami identity, with the result that many families and individuals of Sami ancestry have come to be defined out of the Sami population. The cumulative effects of colonisation during this period, and the Swedish state's role in the Sami health improvement, begs further scrutiny.

Addressing the Impacts of Colonisation

One of the key issues facing the IHIT project is how to develop theoretical models, conceptual frameworks, and measurement tools to make robust cross-national comparisons of the effects of colonisation on Indigenous health. Indigenous scholars, researchers and communities have long argued that colonisation and ongoing colonialism are at the heart of poor Indigenous health (Bastien *et al*. 2003; Czyzewski 2011); that alienation from land has led to physical and emotional illness (Walters *et al.* 2011); and that decolonisation needs to be taken seriously as part of the solution (Alfred 2009; Smith 1999; Walters *et al*. 2011). The 2015 United Nations report, *State of The World's Indigenous Peoples*, acknowledges that the health of Indigenous people continues to be affected by the long-term impacts of colonisation (United Nations Department of Social and Economic Affairs 2015). However, while there is a broad consensus that colonisation has had profound and deleterious impacts on Indigenous cultures and lifeways, the relationship between colonisation and contemporary Indigenous health remains poorly articulated in many fields, particularly those that are dependent on quantitative analysis and statistical modelling (Axelsson, Kukutai & Kippen 2016).

In some fields and disciplines, notably historical trauma, Indigenous Studies, and History, much closer attention has been given to theorising, documenting, and addressing the impacts of colonisation on Indigenous wellbeing. The historical trauma literature, in particular, has been influential in highlighting the collective and intergenerational impacts of colonisation (Evans-Campbell 2008; Brave Heart *et al*. 2011). The term historical trauma refers to the cumulative emotional and psychological "wounding" experienced by individuals or entire communities and peoples, as a result of a traumatic experience or event. For Indigenous peoples, colonisation begat a long list of traumatic experiences including state-sponsored assimilation; the forcible removal of children from their families exemplified by Australia's shameful "stolen generation;" and the large-scale sexual, psychological and physical abuses that were endemic in Canada's residential schooling system. In the latter case, more than 150,000 First Nations, Métis, and Inuit children were forced to attend boarding schools, some of which were hundreds of miles from their home.

In Canada the Truth and Reconciliation Commission (TRC) has been working to try and heal the gaping wounds laid bare by revelations about residential schools, and the deeply fraught relationships between Aboriginal communities and the Canadian state. The TRC recognises that the "cumulative impact of residential schools is a legacy of unresolved trauma passed from generation to generation," and that this trauma has had "a profound effect on the relationship between Aboriginal peoples and other Canadians" (Truth and Reconciliation Commission of Canada 2017). To achieve reconciliation the TRC is calling on "collective efforts from all peoples" and the "commitment of multiple generations" to make for a "better, stronger Canada."

In Sweden, the Lutheran Church of Sweden has also taken steps to begin to repair its relationship with the Sami people. The church's 1,100-page "White Paper" describes, from various perspectives, why and how the church served as an integral part of the Swedish state's colonisation of Sápmi (Sami traditional land area) and the Sami people (Lindmark & Sundström 2016). The paper documents the Church's involvement in the removal of sacred objects and places; its support for racial biology theory that marshalled pseudo-scientific methods to designate Sami people as a lower "race;" and a substandard residential school system that separated Sami children from their parents. The Archbishop Antje Jackelén admitted that the Swedish Church had exposed generations of Sami people to massive violation of human rights.[3]

An investigation has begun into the possibilities of establishing a truth and reconciliation commission in Sweden, spearheaded by Sáminuorra, the

Sami Youth organisation, the Sámedigge (Sami parliament), Swedish Discrimination Ombudsman (DO) and the Centre for Sami Research (CeSam)—Vaartoe at Umeå University in Sweden. An international meeting was held in Umeå in October 2016 where the aim, demands, authority and potential outcomes of such a commission were discussed. The meeting served as an opportunity to learn from TRC processes in other parts of the world, and to build global networks and stronger relationships with Indigenous leaders. It has not yet been decided whether there will be a future TRC in Sweden. It should be noted that neither Sweden nor Finland has yet ratified the ILO 169 that guarantees the rights of Indigenous peoples, despite issuing several supportive reports over the years. Norway and Denmark, on the other hand, ratified the convention in the 1990s.

This Special Issue

This special issue focuses on colonisation and the links to health and wellbeing among Indigenous peoples in six different locations. Part of the motivation for this special issue is to bring colonisation more clearly into the frame of Indigenous health research in the circumpolar north, and to stimulate discussion about new directions in terms of theories, methods and policy approaches. In 2016 the editors edited a special issue of the *Journal of Population Research* which focused on the intersections between colonisation, history and Indigenous health in the specific context of population research. All of the papers were drawn from the CANZUS settler societies[4] (Ford, Vanderbilt & Berrang-Ford 2012) of Canada, Australia, New Zealand and the United States. This special issue of the *Journal of Northern Studies* provides a timely opportunity to expand the focus beyond the much-studied context of the CANZUS states to also examine the links between colonisation and Indigenous health in the circumpolar north. The interdisciplinary scope of the *Journal of Northern Studies*, and the emphasis on the northern environment, provides an ideal forum for such an exploration. The special issue comprises six papers, four from the north (Sweden, Norway, Greenland, Canada) and two from the south (Australia, Aotearoa New Zealand).

We begin in the south with a paper by demographer Ian Pool. His case study of the Māori population of Aotearoa New Zealand illustrates more broadly the negative impacts of colonisation on the health of Indigenous peoples. This case study centres on the processes by which colonisation derails normal demographic and health transitions, and how the effects of colonialism persist after the end of formal colonial rule. Continuing health deficits are linked to structural disadvantage whereby inequality is grounded in the social and political institutions of the hegemonic majority. The paper concludes by considering the challenge for colonised Indigenous peoples

of ongoing poor health and wellbeing outcomes, and lower life expectancy, and potential strategies to improve these measures.

The study by Ketil Lenert Hansen, Stephen James Minton and Tore Sørlie investigates the prevalence, settings and perpetrators of discrimination experienced by Sami and non-Sami living in mid and northern Norway. Norwegian policies of colonisation and assimilation—which included the banning of Sami languages and removal of Sami children to boarding schools—may be in the past, but their toxic legacy remains. The study finds that Sami respondents are much more likely than non-Sami to have experienced interpersonal (interaction between individuals) discrimination, and that this discrimination was mostly related to their ethnicity. Levels of discrimination are higher again for those with a strong Sami affiliation. There is increasing recognition that discrimination against Sami people is a serious social problem that must be addressed.

Peter Bjerregaard and Christina Viskum Lytken Larsen explore some of the ongoing deleterious mental-health effects of what was viewed as a "relatively benign" colonisation of Greenland. Historically, the Inuit in Greenland were not geographically displaced and were able to keep their language and many aspects of culture. However they suffered the cultural imposition of the colonising Danes and Norwegians, loss of autonomy, and large population losses through smallpox and other epidemics. Analysis of death registers and a recent population-health survey highlights the long-lasting effects of colonisation in Greenland, including high levels of alcohol abuse and suicidal ideation, and extreme rates of youth suicide.

Angela Mashford-Pringle reports on a Canadian qualitative study of perceptions by First Nations leaders, and federal and provincial government officials, of self-determination in four First Nations healthcare systems. Perceptions of self-determination differ between these groups. Government officials in the study view it as governance of administrative processes, albeit within strict government regulations and requirements. First Nations leaders perceive self-determination as choice, including autonomy of resource allocation and leadership development, and the freedom to use traditional medicines and provide other culturally sensitive health services. The First Nations communities in this study are progressing in self-determination in healthcare. This assists the process of decolonisation, and could facilitate self-governance in other First Nations institutions such as education and community development.

Anders Haglund and Per Axelsson examine regional healthcare developments in the three most northern counties of Sweden, an area recognised as Sápmi, the traditional Sami land. Based on analysis of extensive archival material from the county councils, 1863–1950, the authors show how region-

al healthcare development paid remarkably little attention to Sami people living in the area. Despite the fact that the "Sami shall remain Sami" mantra dominated Swedish national Sami policy during the period, it had little if any influence on regional public healthcare politics. No public healthcare facilities and no specific policies or directives aimed at improving access to healthcare for Sami people were set up by the county councils. In this administration, in the heart of their traditional area, the Sami people were made invisible.

Finally, a conceptual paper by Australian scholars Mark McMillan, Faye McMillan and Sophie Rigney explores the links between Indigenous peoples' collective rights to health, nation-building and governance. This paper differs from the others in its explicit recognition of Indigenous voice, with the McMillans writing as Wiradjuri nation builders and citizens, and academics. Their paper traces the evolution of health rights in global instruments, from the narrow framing of health as an individual right, to health as a collective right under the auspices of the UNDRIP. In particular, Articles 23 and 24 provide critical links between self-determination and health. Like Aboriginal scholar Ngaire Brown (2013), the authors see self-determination as a cultural determinant of health, expressed in a holistic sense to incorporate cultural identity and autonomy. They argue that the rebuilding and strengthening of Indigenous political and cultural institutions cannot be achieved without first interrogating how colonisation continues to impact the physical, social and emotional wellbeing of Indigenous peoples. The paper concludes with a discussion of how a university-based course has interwoven concepts of Indigenous nation-building, culture and health to give practical effect to these theoretical concepts in the context of Aboriginal communities.

The field of Indigenous health is burgeoning. We anticipate that the articles in this special issue, together with the 2016 *Journal of Population Research* issue, will provide an important backdrop to future discussions and research in the circumpolar north and beyond.

ACKNOWLEDGEMENTS

NOTES

[1] The circumpolar north comprises the world's eight northernmost countries (the Arctic Eight): Canada, Finland, Denmark (including Greenland and the Faroe Islands), Iceland, Norway, Russia, Sweden and the United States (Alaska).

[2] The Russian Federation abstained from the General Assembly vote, while the United States and Canada, along with Australia and New Zealand, opposed it. The four countries later changed their position to support UNDRIP but only as a non-legally-binding document.

[3] See: http://fokus.dn.se/kyrkan-och-samerna/; access date 10 March 2017.

[4] The term *settler society* refers to those countries settled predominantly by European migration between the eighteenth and twentieth centuries, and is used to distinguish settler colonies from resource extraction colonies, such as India and parts of the Carribean and Africa.

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IAN POOL

Māori Health, Colonization and Post-Colonization

Aotearoa New Zealand, from 1769

ABSTRACT The Māori of Aotearoa New Zealand are a case-study of the negative impacts of colonization on the health of precursor peoples, such as indigenous peoples in Australia, the Americas, and northern Eurasia. But, colonization has such effects regardless of whether colonized peoples eventually become "independent," or are swamped demographically and politically by a settler population. Indigenous peoples still suffer "internal colonialism" after their country becomes independent (from the United Kingdom for Aotearoa), even in social democracies, simply because majorities, through benign neglect or paternalism, often fail to meet the particular needs of indigenous citizens. Incidentally, "independent" ex-colonies do not escape post-colonialism, because they are subject to interventions by powerful international and bi-lateral agencies, such as structural adjustment policies imposed by the World Bank.

This paper uses the epidemiological transition framework, but questions its application to colonized peoples, who often, contrary to the paradigm's deterministic principle of progress, may suffer "regression" as their very survival is threatened by newly introduced diseases to which they have no immunity. Some, not Māori, even go through

demographic collapses." The eventual Māori transition did follow the conventional framework, but in its "delayed" form.

Finally the paper shifts from theoretical dimensions into praxis: health services. It identifies stages in the evolution of these as they affect indigenous people. This is a more detailed overview than the conventional view: a shift from social determinants of health change to the impacts of public health interventions, and from the domination of communicable diseases to non-communicable.

KEYWORDS Aotearoa, New Zealand, Māori, Colonization, health, epidemiological transition

Health Development and Colonization

Health is central to—an integral component of—all development. It is no exaggeration to say that trends in health have determined every aspect of the history of the Māori people from their first continuous contact with Europeans (1769, primarily of British origin, termed Pakeha in Aotearoa), through formal colonization (1840–1907), and its aftermath of internal colonialism enduring until the twenty-first century. For colonized people, social and economic development, including health, is very much determined by the processes governing contact and colonization, and by the way that post-colonization plays out.

In this regard, a case-study on Māori, whose post-contact history is reasonably well documented, illustrates issues of broader interest among other indigenous minorities and, indeed, other colonized peoples. This point was emphasized in a classical essay, by eminent, expatriate New Zealand demographer, Wilfred Borrie. He referred to Māori as a "microcosm of the new world," by which he meant developing countries (Borrie 1959: 248–249). A major aim of this paper is to use the Māori case first as a "microcosm" of the experience of indigenous peoples; adding to the evidence-base and building theory on "precursor peoples" (Belich 2009: 180–181). For indigenous minorities, post-colonialism is still infused with "internal colonialism," because, even the most benign social democracies that act in good faith, will do so in accordance with the whims of the politically and demographically hegemonic majority. But, additionally, the experiences of indigenous minorities are also analogous to the "neo-colonialism" faced by recent colonies, now politically independent, developing countries. The post-colonialism with which these policies must deal comes from the demands of external agencies, particularly those of the so-called Washington Consensus (e.g. IMF, World Bank) and some bi-lateral agencies. These external institutions en-

force neo-liberal ideologies (e.g. structural adjustments) or often work to ensure that donor countries' interests are paramount. But to take this even further, in the British imperialist era (eighteenth and nineteenth centuries) the metropole itself engaged domestically in processes that bore close resemblance to what was happening overseas in their colonial realms. The Highland and Irish Clearances used the same mechanisms of control, even conquest, and juridical processes to wrest the land from peasants. This was all in the name of progress and efficiency, and had the same sorts of negative impacts (e.g. famine, potato blight). As indigenous minorities such as Māori are now attempting to reassert their rights, so too are the effects of clearances being reassessed, especially in the northwest and Western Islands of Scotland.

This present paper draws very heavily on my just-published book on Māori 1769–1900 (Pool 2015). That book elaborates, reviews and critiques the theoretical frameworks raised in the next section of the present paper, particularly the demographic and epidemiological transition frameworks and emerging paradigms relating to health development. An earlier book also covers the twentieth century (Pool 1991; see also Pool 1985). Another, by Alistair Woodward and Tony Blakely, leading New Zealand epidemiologists, *The Healthy Country? A History of Life and Death in New Zealand* (2014) gives an authoritative account of trends in Māori and Pakeha longevity, particularly its medical and public health dimensions. Indispensable in documenting contexts are many books by historians, notably James Belich (e.g. Belich 1996).

For the entire nineteenth century a critical issue for the people of Aotearoa was whether or not Māori, confronting the invasion of pathogens to which they had no natural resistance, would actually survive as a people. Their saga inspires the meta-theme of my paper: *there is no more primal factor of development than sheer survival*; demography is indeed destiny. This issue is not unique to New Zealand. Overseas, beyond Aotearoa, it is fundamental for other colonized peoples, whose demographic trajectories will also have been moulded by health and mortality trends. These are affected, typically, from their contact with, and colonization by, imperial powers, and/or by control by co-resident hegemonic populations expanding into traditional domains of precursor peoples; examples are, Eurasia's northern polar and sub-polar indigenous minorities. In fine detail, adjacent residence rather than sea-borne colonization may seem to set Eurasian experiences aside, to a degree, from those such as Māori, whose lands were annexed during the period of great European imperial exploration and expansion from the eighteenth to the twentieth centuries. In this regard, though, as Alfred Crosby (1986) reminds us, European expansionism started back in the Viking days in Greenland and elsewhere; in Europe, to take another example,

the English colonized their adjacent Gaelic areas, inflicting "clearances" on Scottish and Irish peasants to expel them from their land (Hechter 1975).

Grosso modo, therefore, ignoring the fine print, what happened to Māori has strong parallels with what happened to other displaced indigenous people in Eurasia, Canada and the United States or Australia, and indeed to colonized people worldwide. The Māori experience is documented—imperfectly, but better than many other histories—so aspects can be extrapolated. A carefully constructed cross-comparative analysis by Frank Trovato linking health to "structural disadvantages," despite showing differences in levels of mortality and mixes of causes, concludes:

> Notwithstanding varying degrees of improvements in the social and economic conditions of the aboriginals of Canada, the United States and New Zealand, varying degrees of inequality [by comparison with non-aboriginals] persist in these societies [...]. Of the three groups in this analysis, Maoris share a more favourable pattern of relative risks [...].

> The situation for the Maori appears to have parallels as well as differences with the situations of the two North American aboriginal groups. For instance, like their Canadian and American counterparts, in the multivariate analysis of adult mortality, the ethnic effect for Maoris was substantial (although lower in magnitude than the other two groups). This suggests that, similar to Indians in Canada and the United States, Maoris may share some degree of structural disadvantage (though lower in magnitude than the other two groups). (Trovato 2001: 81–82)

The other scientific value of a Māori case-study is that New Zealand provides a relatively uncontaminated "natural experiment." They were a totally isolated island population, whose colonizers came virtually from only one source: the British Isles. The same counterpoints of "colonized-colonizer," and "imperial metropole-colonial periphery" held true for two centuries. From first continuous contact until the 1980s, New Zealand was a bi-cultural settler society, indigenous Māori and British-origin Europeans looking "home" to the "Mother Country," England.

From early settlement, there was intermarriage, in both formal and informal unions, so that by the end of the nineteenth century the proportion of all marriages conducted by the Auckland Registrar that were between Māori and non-Māori was not far below their percent in the population (4 % vs 6 %) (Harre 1972: 118–131). How typical this was is difficult to say, but at the 2013 census about half Māori male or female couples were in bi- or multi-cultural unions (Didham & Callister 2014). Tahu Kukutai (2011: 50) argues that

the boundaries between Maori and Pakeha [...] have become increasing-
ly complex, influenced by many decades of intermarriage, New Zea-
land's rapid ethnic diversification, changing ideologies about the nature
of ethnicity (broadly construed), and what it means to be Maori.

This fluidity makes data collection problematic for censuses and vital reg-
isters (New Zealand does not have Scandinavian-style civil registration).
Victorian, settler-statisticians did try to record Māori in ways "that were
integral to efforts to civilise, assimilate and integrate indigenes [...] [T]he
statistical interest in so-called Māori-European 'half-castes' was clearly
linked to colonial policies of racial amalgamation" (Kukutai 2011: 48). This
detailed update by Kukutai builds on and endorses, but adds new impor-
tant dimensions to, earlier analyses (Pool 1991: Ch. 2). She shows how New
Zealand attempted to use "degrees of blood definitions" until 1981, but has
experimented with other questions and coding systems since.

Indeed, diversification accelerated from 1970, as successive waves of
migrants arrived, first Pasifika from tropical Polynesia, then more recent-
ly Asians, particularly Chinese and Indians, plus others. Intermarriage has
intensified, particularly for the triad—Māori, Pakeha and Pasifika—all of
whom may be represented in the one family. Today, almost 40 per cent of
New Zealanders are of non-European descent. So until about 1980, the "ana-
lytical model" of contact and colonization that we can construct is rela-
tively simple, "bivariate," not complicated until then by successive waves of
different settling groups; from 1980, though, it is complex.

For indigenous minorities, colonization does not end as their country
becomes "independent" from their metropole; the indigenous minority is
still subject to the whims and rule of the demographically and politically
hegemonic majority. For sub-Arctic Eurasian minorities the sequence may
be different in detail, but the implications are very similar to what hap-
pened to Māori. No matter how benign that majority attempts to be in its
governance, it is still going to carry out acts which work against the needs
of the minority. For example, construction of infrastructure may benefit
the entire population, yet run counter to the concerns of the indigenous
minority (e.g. if grave sites are to be disturbed). This is not just the fate
of indigenous minorities, but applies even to newly, "wholly," independent
ex-colonies, especially in Africa. There, the agencies of the "Washington
Consensus" have acted almost in a neo-colonial way in enforcing neo-liberal
health and development policies, "structural adjustments," that attempt to
marketize health care and other social sector services, and have had the neg-
ative effect of running down health systems. Even from within the World
Bank itself, there has been recognition that these policies had left some

countries unprepared for the Ebola outbreak. But this issue is beyond the scope of my paper.

Suffice it to say, the act of colonization, and post-colonial internal colonialism, or indirect interventions post-colonially played dominant roles. Newly independent countries have the option of going it alone, although Guinea was punished by voting "non" in de Gaulle's 1958 francophone African referendum on association with the metropole. Indigenous minority status just makes the issue more complex, perhaps more intractable; even nomads cannot uni-laterally change their socio-political context. Moreover, even the most sympathetic hegemonic majority, operating a truly democratic regime, may still not appreciate the constraints that they impose on the minority, consciously or unconsciously. For minorities, constitutional accommodation can evolve only in the wider political arena, particularly in terms of the degree of political autonomy accorded indigenous people, with policies that vary between countries, but again this is an issue outside the scope of this paper. Nevertheless, at a service level—as against policy—there can be approaches that attempt to minimize the effects of these constraints. I return to this point in the empirical sections of my paper.

This paper takes the Māori population as a case-study. Its focus is on the way in which colonization disturbed their natural demographic and epidemiological transitions. It then shows how these resumed their normal trajectories to unfold during the twentieth century after the most disruptive elements of colonization had been replaced by post-colonialism, but also by internal colonialism, and by gradual social and health progress. Economic development, including health as an integral component, was negative, with Māori ending the constitutionally-defined colonial period (1907) in an "under-development trap." This term is inspired by Ricard Nelson's paper (1956) on "low-level equilibrium traps," in his case in developing countries. After the Second World War there were far more rapid changes that, to a significant degree, closed health and social wellbeing gaps between Māori and Pakeha, but economic development still dragged.

In the 2000s gaps still remain, so this paper closes by looking at challenges and strategies to overcome these. They are part of a wider context of differences in levels of socio-economic deprivation. One would like to say that "colonialism" in all its forms has disappeared from the dialogue on health policy, and its implementation, but residual effects remain. These are intimately interlinked with vestiges of centre-periphery relations involving control from the capital and central government interventions, sometimes over the protests of local people. Thus, one cannot easily disaggregate centre-periphery and ethnic differentials: on the one hand, like Pakeha, most

Māori (80+ %) live in urban areas, clustered but not extremely segregated (Grbic *et al*. 2010). Māori were never in reserves, but, because of the processes of land-loss (see below) became over-represented in the more isolated, marginal hill country regions in the North Island. Today, Māori are still disproportionately represented in areas that have small population numbers, low densities, characterised by poorer health and lower longevity, and difficult to service (Pool *et al.* 2009).

Concerning Health Development. Theory

This paper's basic frameworks come from demography and the health sciences: the demographic transition (Notestein 1945) and its twin, the epidemiological transition (Omran 1982; for New Zealand, see Pool 1991: Chapter 1). Nevertheless, I question whether these schema apply to Māori, and ask whether or not they also apply to indigenous minorities outside Aotearoa, or other decolonized populations now independent. It addresses some controversies surrounding this transition; notably whether or not its drivers were "economic" or "public health." For developed countries with early transitions, socio-economic factors certainly played a role, particularly before 1920, as Thomas McKeown (1976; Pool 1994 reviews this debate) argued. But, much of the global decline in mortality, occurring mainly in less developed countries, has post-dated effective public health measures used in mass campaigns becoming available (1940s on), vaccinations and anti-biotics, plus DDT, being obvious examples. New Zealand had two epidemiologic transitions, running side by side. The Māori model resembled the Third World's in many ways, yet co-residence with a wealthy population, and even some aspects of paternalistic neo-colonialism did have some advantages for Māori. The chemotherapeutic revolution erupted following the Second World War, reinforcing the important roles played by socio-economic factors and non-pharmacological technologies (X-ray diagnosis).

Any review of colonization and health must also recognise that the analytical frameworks relating to health are shifting rapidly, and these more theoretically driven developments have almost immediate implications for praxis. On the bio-medical side understanding of aetiologies is expanding exponentially, while the micro-biological sciences provides more refined but complex data on the spread of diseases and its human vectors, plus scientific breakthroughs in diagnostic, preventive and curative measures.

The bio-medical sciences were in their infancy in the nineteenth century, so colonialists had no theoretical base on which to build explanations of what they observed. For example, the "absence of children" among Māori and other Native groups was wrongly attributed to the "loss of will to reproduce in the face of superior races," not to the high levels of childhood

mortality. Major developments in medical science, and the chemotherapeutic revolution, largely postdate 1930; the bio-genetic and micro-biological revolutions 1970.

Additionally, economists during decades of neo-liberalism saw health simply as a vexing, costly demand-side burden on the economy, or, even more extremely, a personal responsibility of no concern to the state. But, recently—in publications by the World Bank (1993; 2006) and Stiglitz (2008), for example—it has been recognised that health is a key to the productive sectors, pre-determining human capital deepening. This is hardly a startling new paradigm; UNICEF has long highlighted this in its annual reports, the United Development Programme has proposed Human Development Indices to overcome crude measurements such as GDP and health objectives dominate its Millennium Development Goals. It takes the field of health development back to work, cited above (Nelson 1956), which saw health as an integral component of all development.

Concerning Health Development. Praxis

I turn to service-delivery. In the Victorian era, health interventions were ineffectual, simply because the health sciences were themselves so primitive, so this is essentially a twentieth century story. A partial exception to this was that missionaries had sporadically vaccinated Māori against small-pox. The coverage for these interventions is difficult to establish, but in 1913 Te Rangi Hiroa (1914), in New Zealand's first modern-type epidemiological study, did do an ex-post-facto "case-control" analysis of case-fatality rates of vaccinated and unvaccinated Māori, and the vaccinated seem to have had more resistance. Different strategies were formulated, however, from the start of the twentieth century to deal with problems of Māori health. These varied from programmes targeted specifically at Māori to more general ones that were addressed the whole population but had positive implications for Māori. Generally speaking, although time boundaries overlapped, they went through several phases of increasing sophistication. These depended on the way the issues were addressed, the way they were organised and the available technologies (prophylactic/preventive, diagnostic, curative; equipment; chemotherapeutic and anti-biotic; and exogenous facilitating technologies, such as transport, information technology, etc.). It is impossible to talk about health policy and development without also looking at the mechanisms by which these might be achieved. The Māori experience, outlined later, allows me to develop a framework for the analysis of changes over time in service delivery strategies.

Phase One: Commmunity Health Strategies. These addressed high levels of communicable disease morbidity, particularly water-borne and food-borne, respiratory and acute infectious diseases, by improving village sanitation, constructing latrines, replacing poor housing

Phase Two: Public Health and Social Welfare Strategies. These responded to lower but continuing high levels of communicable disease morbidity. In New Zealand's case, seminal research had identified tuberculosis among Māori to be a major problem, but methods of responding to this disease remained at the pre-antibiotic stages until well after the Second World War. Diagnosis had improved through X-ray technology, and it was recognised that tuber-culosis was very much a disease affected by socio-economic conditions—low income, poor diet and inadequate housing. Here transport (mobile X-rays) allowed targeting and welfare (the Social Security Act 1938), provided in-come, housing and nutrition. The hospitalisation of almost all parturitions improved maternal and child health.

Phase Three: Public Health Social Welfare and Chemotherapeutic Strategies. The expanding availability of chemotherapeutics after the Second World War strengthened the prophylactic and curative dimensions of public health, including universal delivery; for example mass immunisation using the new vaccines. This phase saw public health becoming more aware of the non-communicable diseases, notably cancers and heart disease, and the effects of avoidable life-styles, such as smoking. For populations with lower health statuses a double-burden of disease—communicable plus non-com-municable—had appeared. From the 1970s, combating non-communicable disorders became prioritised.

Phase Four: Sectorally Integrated Services within the Health System. From the end of the twentieth century four aspects of health received attention. First, there was a "compression" in causes, with more and more of all deaths oc-curring in two broad groupings of disease, cardiovascular and cancers, with a shift-share between the first and second of these. This was seen in the bet-ter-off developing countries as well as the more developed. Concern arose about factors such as diabetes and obesity, as well as lifestyle-related causes of ill-health. Secondly, survival levels were becoming so elevated that most cohort members survived to 75–80 years or older. There was also "compres-sion" occurring in the ages at which deaths were occurring. At the young-er ages below the median age of death, increasing percentages were dying close to the median, but above the median ages at death were extending, albeit gradually; the curve of mortality peaked sharply to the median, but

its right-side tailed. Earlier studies focusing on the mean had been affected by extreme values, the few infants dying neo-natally, whereas the median and mode reflect typical patterns (Pool 1994; modeled in Cheung *et al.* 2005). Thirdly, because of these factors health care became concentrated in the hospital sector, which was charged with undertaking costly procedures, often involving high technology. By contrast, community-resident patients required lower cost pharmaceutical props, plus support services delivered by carers who were trained but less skilled. Thus, in developed countries strategies attempted to shift services into the primary sector, to general practitioners, para-medicals and services supporting patients at home rather than hospital. Fourthly, some sub-populations proved more difficult to service, typically ethnic minorities, residents of more isolated, marginal, poorer regions, and the less well-off in general. The interplay of peripheral residence—whereby distance from services becomes significant for monitoring, screening and follow-up to clinical care and these socio-cultural factors makes this dilemma more problematic. In New Zealand, the exogenous technologies of transport and information technology become even more critical for Northland or the East Coast where Māori are heavily represented; in Sweden for the north and Sami; in Canada and Alaska for the sub-polar regions where Indian and Inuit are distributed across vast spaces; and for the centre and tropical north of Australia, where Aboriginals reside, sometimes engaging in "hybrid" economies (Altman & May 2011). In urban areas, where geographical distance is less of an issue, social distance and costs of medical care are still of significance (even in universal free sytems some costs evolve to patients and their families). Screening at a primary level becomes an efficient strategy (Pool *et al.* 2009).

Contact (1769) and Colonization (1840). Introduced Diseases and their Impacts

Emerging bio-medical evidence and theory gives a better understanding of what happened on contact and colonization to peoples isolated from the major global killers flowing around Eurasia and Africa. These pathogens were introduced on contact and to colonies such as New Zealand producing disastrous effects (Crosby 1986). It is essential to note, however, that, at least in Aotearoa, the exposure to diseases to which Māori had no inherent resistance was an unintended accident of contact. There is no evidence that New Zealand settlers intentionally exposed Māori to disease—unlike what happened in the Americas and Australia (passing infected blankets to Natives). In terms of isolation, Aotearoa, and other parts of Polynesia, were among

the more extreme in this regard, although even the continental Americas and Australia were relatively isolated, from smallpox for example:

> The role of epidemics in the history of the Americas was sometimes game-changing: "The truth is that the Spaniards did not succeed in con-quering any major state on the American mainland until after a small-pox epidemic had struck [...]. The first pandemic may have ranged from the Great Lakes to the Pampas [...]." (Pool 2015: 63, citing Wright 2008: 29)

That Aotearoa did not suffer the totally catastrophic population collapse recorded for the small, high islands of the Pacific, such as Hawaii and Tahiti, with high coastline population densities, was probably a function of New Zealand's larger size (Kirch & Rallu [eds.] 2007, exclude it from their study). Disease transmission was more difficult given its lower population densities and large inland populations away from the littorals, while among larger land-masses, New Zealand was the most distant from global reservoirs of infection. Fortuitously, therefore, Māori were also never really exposed to the great apocalyptic scourges—smallpox (one small outbreak in 1913 not-ed above), bubonic plague, cholera, malaria, etc.—or when these threatened they were quickly contained. So this sets the health history of Māori apart even from Australia and the Americas. Instead, for Māori the great killers were the so-called "childhood diseases" of Europe (e.g. measles): the most useful bio-medical model is close to Danish Peter Panum's (1848) obser-vations in the Faroe Islands, where a long gap between measles epidemics caused deaths at all ages, in contrast with Copenhagen, where measles was a "childhood complaint." As Faroe Islanders are Europeans, this also shows that the Victorian tendency to attribute Māori mortality to their "inferior" non-European constitutions was unfounded racism.

The most primal—the most Darwinian—of all development issues is the survival of a people. In the Victorian era, the "disappearance of the Maori race" was seen by many settlers as their likely fate, of "little cause for regret" (Newman 1881; Wohlers 1881). But by the 1890s, it was becoming apparent that they would survive; they neither "disappeared," nor "collapsed" below 40 per cent of their contact numbers. Much of the story up until the end of the nineteenth century was governed by the bio-medical trends of the introduction of pathogens, including both the venereal diseases and the vir-ulent form of tuberculosis prevalent about 1800 across Europe. These took a much more severe form than they did among previously exposed popula-tions. But from about 1860, Māori gradually gained resistance to introduced diseases through exposure, a function largely of more and more settlers—the critical mass for reservoirs of infection are important—spreading even to

the more isolated parts of the country. But accommodation was not as rapid as it should have been because the late nineteenth century Māori lost their land and related assets, and also their businesses, which had flourished from the 1820s to the 1850s were eliminated. Then, Māori owned ships had plied successful export trading, to Australia, California and even to Britain, particularly potatoes and grains grown on their land, and pork from semi-wild pigs, like Iberian pig-raising. After annexation, Māori merchants supplied the new Pakeha settlements. The decision of the British governor to invade the Waikato (above all), but also the Bay of Plenty and Taranaki, prime regions of Māori commercial horticulture, was driven in part by the succesful Māori competition with Pakeha.

Huge areas had been "purchased" by the Crown prior to the second New Zealand Wars (1860s), but in areas where relatively few Māori lived. But, the real land-loss for most Māori, North Island tribes, came first through confiscations (mainly 1860s) of land from those who opposed the Crown. This was followed by the enforced individualization of titles (1860s), which was implemented through an operationally highly-flawed juridical process (innocently titled the "Native Land Court"). Even Victorian commentators criticised its operations, including a major parliamentary report (e.g. Rees *et al.* 1891). By 1890, Māori were a socio-economically deprived population in one of if not the wealthiest countries in the world at that time. Consequently, Māori health did not improve, but the determinant was now more socio-economic factors than the predominantly bio-medical processes of lack of immunity then gradual gains in resistance that had been critical previously. In 1896, life expectation at birth, $e(0)$, was well below the level it had been at when Māori had made continuous contact with Europeans, perhaps from 30 years down to 20. This contrasted with Pakeha levels: from the first reliable records (1870s) among the highest $e(0)$s in the world; Pakeha women were the first to reach 55 years life expectation, then 60.

Explaining the high longevity of Pakeha is beyond the scope of this paper, but are documented (Pool & Cheung 2005). Suffice it to say, it was not because of the health services, but because of their high standards of living and incomes. Pakeha were well fed—overfed meat protein—all year round, much better than their British contemporaries. The first data showed that they were taller and heavier even than North Americans. Families lived in separate dwellings (there were no tenement slums), so the spread of respiratory disorders was limited. Urban densities were low, and thus, despite inadequate piped water—animals grazed in catchment areas—or sewage systems, diarrhoeal and dysenteric disease mortality was lower than in Britain, and cholera virtually absent.

Thus there was a stark contrast between Māori and Pakeha, who were

well advanced in their epidemiological transition. By 1901, their demographic transition was advanced, with low mortality by the standards of the day, and a radical fertility decline from a TFR of 7.0, the highest in industrialised countries, in 1876, to one of the lowest (1901 = 3.0). This trend had positive impacts on maternal and childhood mortality. Māori were polar opposites, because nineteenth century contact and colonization had seen both the demographic and epidemiological transitions regress, contrary to conventional theories. The demographic transition model posits systematic shifts, from an early stage with high fertility but major fluctuations in high mortality rates and short-term regressive periods of negative growth, to a last phase of very low fertility and mortality. The epidemiological model also progresses from high mortality due mainly to communicable causes having their greatest force on children, to low mortality mainly from non-communicable causes, but the force now on geriatrics. By contrast, the Māori regressions—mainly from communicable disease mortality, reinforced by sexually transmitted infections that reduced fertility—lasted almost a century, say 1805 to 1895. I would postulate that this lack of fit between the models and experience applied to most colonized peoples.

Finally, war also affected mortality rates and blocked development. This contrasts with the story told by the Imperialists, and by latter-day revisionists: that colonialism helped spread technology, and that the generally avuncular imperial governance, allowing a *pax Britannica*, accelerated progress for Native peoples. This was the theme underlying Queen Victoria's Jubilee (1897), when the grateful Empire's subject-peoples' military representatives marched through London. This triumphant party blissfully ignored history: the Highland clearances had just been stopped (1882); the Zulu War finished; the Second Matabele War underway, where, as for its predecessor and the conquest of Uganda, good use was made of machine-guns; at the Battle of Omdurman (1898) thousands of Mahdi cavalry, wielding spears, fell to the Maxim-gun, proudly endorsed by young Winston Churchill; the "one hundred years'" Ashanti Wars were yet to finish; and the Boer War soon to begin—plus others I have not listed here, including frequent frontier battles in India or the second Afghanistan campaign. Colonial wars, on a lesser or greater scale, continued really until independence was granted, and sometimes after, as for the Katanga secession after Congo gained nationhood. So much for the peace and progress brought by Imperialism.

Nor was Aotearoa immune from this trend: the First New Zealand Wars (1840s), the Second (1860–1872), the invasion of Parihaka (1881), and even other minor conflicts such as the Dog Tax War, constituted conquest and heavy-handed policing to extend British rule. In Rawene (1898) a naval ship, machine-gun and 130 soldiers killed two Māori protesting dog taxes. But, by

any standards, the earlier Second Wars in the Waikato, Taranaki-Whanga-nui, the Bay of Plenty and across to Poverty Bay, were major colonial campaigns, involving 27 per cent of all British troops outside India, from where regiments had been dispatched, and the United Kingdom, plus co-lonial militia and Māori loyal to the Crown. All these resources against a few thousand Māori insurgents. Using Vincent O'Malley's data (2014, I used an earlier report for the Waitangi Tribunal), Māori war fatality rates in the Waikato significantly exceeded New Zealand's very high First World War death rate, almost 2 per cent of the entire 1916 population. Add in "scorched earth" campaigns in the Urewera, which greatly increased civilian deaths, plus confiscations of land, usually the most productive, nominally taken from the combatants but also from Crown supporters, and the expulsion of Māori from the Waikato and coastal Taranaki. Warfare was definitely a ma-jor lethal and disruptive factor in Māori life from 1840 to Queen Victoria's Jubilee. In the Waikato during the Second Wars, "normal" Māori deathrates were perhaps 40 per 1,000, to which as much as 20 per 1,000 can be added for war fatalities.

The Twentieth Century

Century-wide. Two Separate Transitions then Convergence

In 1907, New Zealand became a nominally independent "White Dominion" (alongside Canada and Australia). But it remained closely associated with the "Mother Country," a link severed more formally in a *de jure* way in 1947, but in *de facto* ways only in the late 1960s when Britain, which had been New Zealand's major trading partner and the beneficiary of "Empire Pref-erences," suddenly entered the Common Market. For Māori, these consti-tutional changes were something of an abstraction as internal colonialism, in varying forms, persisted, to a degree affecting their daily lives. It differed between unthinking, merely paternalistic acts, to conscious interventions that favoured the majority at the expense of Māori. For example, there was the forced sale of pockets of remaining Māori land because individualiza-tion of titles had created multiple ownership of tiny parcels of land, or un-der Public Works Acts—for example to construct wartime airfields and oth-er infrastructure—and then the resale of this land to Pakeha, not to Māori.

At first Māori $e(0)$s improved gradually, but increased dramatically im-mediately after the Second World War. Over the twentieth century Māori passed through most stages of the demographic transition as conventionally outlined, and by CE 2000 were at the last phase (nearing replacement level fertility and relatively high life expectancy, above the world as a whole). Yet, their survivorship levels remained below Pakeha throughout the twen-

Table 1. Proportion (%) of each birth cohort reaching exact ages 5, 45 and 75 years, Māori and Pakeha (Synthetic life-tables)

YEAR	MĀORI			PAKEHA/NON-MĀORI		
	5	45	75	5	45	75
1896						
Male	55	29	4	89	75	30
Female	51	24	3	90	76	37
1946						
Male	85	62	20	96	89	41
Female	87	61	15	97	91	51
2006						
Male	99	92	46	99	96	72
Female	99	96	58	[99.5]	98	81

Source: 1896 and 1946, tables prepared for Pool & Cheung (2003); 2006 Official Life-Tables.

tieth century, in part because Pakeha $e(0)$s continued to improve and were in the highest group of expectancies worldwide. A Māori epidemiological transition also unfolded during the twentieth century, along its expected trajectory through the phases as outlined by Abdel Omran's 1971 framework (Omran 1982), after being stalled and regressing in the nineteenth. There was a shift from communicable to non-communicable diseases. The first reasonably reliable set of death certifications, 1945, shows the preponderance of the communicable causes for Māori: 54 per cent of their deaths. This level was far higher than that already experienced by Pakeha (13 %), who in 1876 had last experienced levels like Māori in 1945. But by 1976, a convergence was occurring: 25 per cent for Māori, 12 per cent for Pakeha. While they are not age-standardised, these proportions show strong trends for Māori, more than could be due to age-composition effects (confirmed Woodward & Blakely 2014: e.g. age-standardised Fig. 25).

Accompanying the movement towards non-communicable diseases and longevity increases was a shift in the force of mortality from young to older ages, shown in Table 1 (per cent of each cohort born alive surviving to selected ages). These statistics dramatically encapsulate the essentials of epidemiological transition. At the end of the Victorian period, using indirect estimates, a bare 50 per cent of Māori reached 5 years, whereas, using virtually complete registration data, most Pakeha survived to that exact age. So heavy was the force of Māori mortality at childhood, that, in the 1890s at age 38 years, a woman would have had the same life-expectancy (years) that she had had at birth. Analogously, the 42 per cent decline in Pakeha

under-five mortality rates accompanying a rapid fertility decline, 1876 to 1896, had cohort momentum effects that drove favourable life expectancies (on a world-wide basis) until the Second World War (Pool & Cheung 2005). By 1945, at childhood there had been significant improvements, but Māori still had a long way to go to catch up. Today, by contrast, Māori survivorship rates until age 45 have converged towards the non-Māori, but major differences emerge between 45 and 75 years. Only a minority of non-Māori die before age 75 years, almost no-one before age 45. Yet, half the 92 per cent of Māori males alive at middle-age will not reach mid-retirement ages, whereas three-quarters of their non-Māori peers will. These differences are partly due to cohort effects to which I return below.

The net result of these changes was, of course, increases in longevity: Māori $e(0)$s were about 48 years for both sexes in 1945, as against 67 for Pakeha males and 70 for females in that year. By 2006 there had been an incomplete convergence, with the Māori male $e(0)$ 70 years, and the female 75; for non-Māori males the level was 79 years and female 83 (to account for the greater ethnic diversity from 1980, I refer to Māori and non-Māori). Thomas McKeown (1976) has argued that declines in mortality in developed countries were driven primarily by socio-economic factors. This certainly fits the earlier stages of the Pakeha transition before 1930, but, as I note below, they also benefited from the chemotherapeutic revolution and other technologies available after the Second World War.

Until 1945

Until 1950, Māori levels of life-expectation were closer to those of populations in developing countries, not Pakeha. All the socio-economic determinants of poor health—for example overcrowded housing, malnutrition, poverty—were evident in New Zealand, recorded in a rigorous survey on tuberculosis in the early 1930s (Turbott 1935). Before 1900, the colonial regimes had not successfully implemented health development, for either Māori or Pakeha; health planning and services were unsystematic, fragmented and ineffective, for everybody. But, the Liberal government of the 1890s and early 1900s, in whose Cabinet was a Māori, senior Minister James Carroll, implemented many pioneering welfare reforms (e.g. the first country to legislate votes for women, Māori and Pakeha, 1893). New Zealand was so far ahead of the rest of the world that leading European social democrats extolled the "state experiments." In 1900, the Liberals established a Department of Health, largely and pragmatically in response to scares about bubonic plague (spreading in Australia with several deaths occurred in Aotearoa). Almost its first action was to create a Māori Health Unit, staffed by Māori doctors, Pomare, Te Rangi Hiroa and Erihana—all of whom came

from one Taranaki village—plus others. Maui Pomare later became Minister of Health; Te Rangi Hiroa, a Yale University professor of ethnology.

A feature of these programmes was the use of Māori cultural history to communicate health messages. The community health initiatives (e.g. building latrines; upgrading housing), of the sort that became the model (independently) for the Almaty World Health Congress (1978). Community health measures are an important, but blunt, first step. They address the immediate home and village environments that have impacts on communicable diseases dependent on hygiene and sanitation: water and food borne diseases, and those affected by overcrowding.

From 1910 to 1945 Māori life expectancy had gradually improved with limited inputs from the state. Māori nursing services made some impact, but probably the greatest effects came from slowly improving living conditions, although the Turbott study (1935) and other community analyses (see Pool 1991) showed that Māori had a long way to go materially. From 1913 vital registration became compulsory, and gives indications of health conditions. By 1936, the counts for deaths, but certainly not for births, were fairly reliable, but information on causes of death was very unsatisfactory as most were not medically certified. Ironically, Dr Sir Maui Pomare, as Minister of Health was instrumental in introducing improved standards in privately owned maternity hospitals (1924), an action that benefited Pakeha but not Māori as few Māori parturitions occurred in hospital until after the Second World War.

A change of seminal importance, that affected material wellbeing very significantly, was the passage of the extremely comprehensive 1938 Social Security Act. It provided birth to grave coverage by the state for most health and other social needs, such as education, housing—Māori and Pakeha had equality in the new welfare-state. Its main impact came in the 1940s, with the introduction of a plethora of regulations and other measures enabling the act's effective implementation. As Māori health was so poor by comparison with that of Pakeha, and material wellbeing was a major determinant of this differential, they benefited from these changes. From the 1940s, therefore, two factors affecting Māori health could be addressed: the underlying socio-economic conditions, such as poor housing, and the facilitation of Māori access to modern medical institutions plus the rapidly emerging pharmacological armoury resulting from the antibiotic and chemotherapeutic revolutions dating, effectively, from the Second World War.

From 1945 to 1981. Emergence of a "Double Burden of Disease"

The wide scope and range of regulations that were introduced in the 1940s following this act had a major positive impact on Māori health, housing and general wellbeing. Moreover, the Turbott study and a paper by Norman Edson (1943) highlighted the high levels of tuberculosis among Māori. Before and after an effective anti-biotic was available Māori tuberculosis death rates were radically reduced; among Māori adults this one disease contributed 50–75 per cent of the rapid decrease in mortality occurring 1945–1961. The example of tuberculosis demonstrates the importance of socio-economic factors, as well as medical technology to control this severe disease. Throughout, the cure was in sanitoria, where bed-care and isolation, plus thoracic surgery were the instruments available . But, perhaps more importantly, under the 1938 act, tuberculosis sufferers and their families were given priority for housing, and the families' food and income supplements. The diagnosis of tuberculosis was done with a systematic and successful screening programme: 10 per cent of Māori and of persons at "risk" (e.g. nurses) were X-rayed annually mainly by using mobile X-rays. Targeting of Māori was achieved, simply but effectively, by parking X-rays in communities where Māori were heavily represented—in the late 1940s Māori were still concentrated in peripheral rural regions, Northland, East Coast and the Bay of Plenty, with dispersed but significant numbers in Waikato-Hauraki and Taranaki. Everyone who passed was filmed and those proved positive—Māori or Pakeha—were hospitalised. Immunisation against tuberculosis (BCG) was available from 1949 but used widely from 1952, and the curative streptomycin in the mid-1950s, so initially there was really "no effective cure available" (Dunsford 2008: 88, 195). The Māori decline in the 1940s must, therefore, have been driven socio-economically, by the welfare measures in the 1938 Act, but then reinforced first by expanding mobile radiographical services, and later by immunisation and streptomycin.

The successful campaign against tuberculosis plus active implementation of other regulations and measures, saw Māori mortality shift from the dominance of communicable disease to non-communicable. But, Māori increasingly became subject to a "double burden" that even affects health care in the twenty-first century: infectious causes were still disproportionately prevalent, yet by 1960 "disorders of affluence"—diabetes, cardio- and cerebrovascular diseases, obesity, and similar conditions had emerged. Levels of smoking were also much higher than for Pakeha. While the chemotherapeutic revolution, public health measures, improved housing and a mix of bio-medical and socio-economic determinants increasingly brought communicable diseases under control, non-communicable causes were also affected by cohort flows: older Māori carried forward into middle- and older-

age the "bio-medical" baggage of their younger years. In the 1940s, exposure to a range of infectious and similar disorders left impacts lasting into retirement. Some, such as that between rheumatic fever and cardiovascular risk linkages are well known; others more diffused, less specific.

The End of the Twentieth and the Early Twenty-First Centuries

From about 1980, New Zealand's population no longer dichotomised into Māori and Pakeha, but became, for the pupuses of this paper, Māori (15 % of the total) and non-Māori. Recent migrants had added to the demographic and epidemiological mix of New Zealand. By millennium's end, Aotearoa's people had diversified ethnically from being British-origin Europeans, plus 8–10 per cent Māori, to just under 40 per cent of the entire population being of non-European descent. Pasifika, from tropical Polynesia have disease profiles not unlike Māori; Indian sub-continent migrants a different pattern again, but with a propensity to diabetes; east and south-east Asian each different again; and the mix was further confounded by migrants from many other sources. Some were advantaged (e.g. South Africans, Europeans, Americans, whether Anglo- or Latin-), but others from poorer countries (e.g. refugees, other Africans). Because of their proportions in the total population, the ethnic mix is a major challenge for the New Zealand health system. In many developing countries, "chronic diseases [are] causing a double burden of morbidity to weigh on the population" (Gaimard 2014: 20). But developed countries with large minority groupings also face this. Indeed, this can be seen as a component of a worldwide convergence in health trends. We often forget that populations with high levels of longevity, particularly in Asia (e.g. Singapore), were high mortality developing countries until recently.

For Aotearoa we know more about health in this period because of a wave of public health papers (summarised by Woodward & Blakely 2014) mainly cause-specific, but some covering the longer-term, and socio-economic and ethnic differentials. There are also now rigorous comparisons between Māori and other indigenous minorities (e.g. Trovato 2001). Also there have been detailed analyses of health services including changing trends in hospitalisations between 1980 and 2010. For New Zealand this was a period when the health system underwent several restructuring episodes, often radical, mainly driven by neo-liberal ideology. But, there were also some attempts to make hospitals part of better organised more responsive systems that could exploit the emerging technologies defined earlier (Pool *et al.* 2009).

For Māori new issues were appearing particularly, but not entirely, for

non-communicable diseases. In part, the non-communicable causes had become dominant aspects of national policy: how to screen for the occurrence of non-communicable diseases, especially different cancers, and then effect follow-up for those diagnosed as positive. This required costly and complex health system changes. There were also the problems of coverage: were Māori (and Pasifika) as fully served as Pakeha? This was true not only for the non-communicable diseases, but also for some infectious disorders related to poor living conditions; rheumatic fever has been a continuing problem for which diagnosis is merely a first step to be followed by a long course of treatment with anti-biotics demanding visits to health providers. This issue is exacerbated for the small minority of Māori (and non-Māori) living in communities that are long distances from larger urban area with better facilities; similar situations also occur in Northern Scandinavia, outback Australia, and more remote areas (e.g. sub-Polar) in Anglo-America. For Aotearoa, the erosion of the welfare state by neo-liberal policy, including attempts to privatize segments of the social sectors (schools, health, public housing, prisons) for ideological reasons, but promulgated as a need to enforce fiscal austerity, puts further pressures on Māori families with health problems.

To add to this, there are the residual impacts of the cohort effects noted above. This shows up when data on health expectancies are linked to the real cohort (as against synthetic) patterns of life-table survivorship. Of note when comparing Māori and non-Māori, are the patterns of health expectancies in the late middle and early retirements ages and their impact on life-table survivorship (Pool 2014). The survival and health-expectations' differences between older Māori and non-Māori fit well with the cohort morbidity hypothesis of Caleb Finch and Eileen Crimmins. Higher Māori than non-Māori mortality at geriatric ages can be traced, at least in part, to the exposure to higher levels of infectious disease morbidity and "inflammations," described above, experienced by Māori when they were children in the 1930s–1950s (Yon & Crimmins 2014).

Finally, systematic primary-level screening for specific diseases, but also for overall health status, can have major positive effects. The early 2000s saw a marked increase in the referrals of men to hospitals—up till then men, especially Māori and Pasifika, had been less likely than women to present to health providers either when sick, or in terms of check-ups. By 2010, male adult hospital discharges exceeded female, especially in those health districts where attention was paid to primary-secondary/tertiary health care linkages (e.g. in New Zealand's largest metropolis, the southern part of which Māori and Pasifika are heavily over-represented) (Pool *et al.* 2009). But, unless enforced by regulations not seen in New Zealand (e.g. the withholding of benefits/schooling where children have not been vaccinated), screening

can only be successful where population-health system gaps can be over-come, especially if cultural factors intervene. Among Polynesians, including Māori, breast cancer screening encounters this, so different approaches have to be taken to encourage participation. Some commentators argue in favour of Māori providers for health and other social services. In education, this has existed since the 1970s when Māori parents pressured the government to provide Māori language pre-school and then school-services; the majority of Māori pupils attend general schools, and Māori-language schools are not exclusively Māori. Health services provided by Māori agencies have had to wait for the graduation of sufficient Māori medical practitioners to staff clinics. Today, according to Māori physician David Jansen the number of Māori medical students is proportional to their population size (Taylor & Kukutai 2015).

Conclusion

Colonization, and its post-colonial offspring, internal colonialism and neo-colonialism, have major, generally negative effects on the health and wellbeing of Native peoples. In this review, in looking at initial contact and colonization, I have considered in the main the pathogenic impacts on Māori, but one must add warfare, that seems almost a normal side-product of colonialism. By the end of the colonial period (1907), Māori were in an "underdevelopment trap." The rest of my paper describes how Māori have gradually, but not entirely, moved out of this trap, in part because of gov-ernment initiatives, but marked inequalities still exist in health and welfare between Māori and the hegemonic population.

Indigenous minorities in other developed countries did not escape the negative experiences of colonialism and post-colonialism; everywhere in these plural societies greater or lesser inequalities still exist. But, whichever situation one looks at, the formal cessation of colonial rule or the recogni-tion of intra-country differences, did not end settler-indigenous minority gaps (I use settler loosely to include the hegemonic populations of northern Eurasia). These are real issues for the polities involved; in some minorities these seem to be "out of sight out of mind," in others their needs are being addressed. Yet, policy initiatives are always, ultimately, at the grace and fa-vour of the majority.

New Zealand was the last of the mid-temperate land-masses to be set-tled by white colonizers. The more recent experiences, of mid-latitude or mid-altitude colonization, suitable for "white settlers" have been even more tumultuous than New Zealand's: Namibia, Zimbabwe, Zambia, Kenya, Al-geria, to name examples. It is no further stretch of the imagination to ex-traoplate this experience to other colonized peoples, with "white settler"

minorities or not—after all, Nelson's classic paper (1956) was adressed at the poor countries that were newly independent, or about to become so, and had often suffered the deprivation and tumult colonialism brings. Many had just fought wars of independence. Since independence, many have benefited from mass public health programmes, supplied under bi- or multi-lateral assistance, but they have also faced the neo-colonial effects of misguided health development policies under "Washington Consensus" structural adjustment regimes.

To add to this complex mix, for "settler societies" there are the impacts on health development of the residual effects of history. First, there are the ways in which colonization shaped, and continues to shape, the present. I have covered a number of these, but outstanding are the facts that indigenous minorities are generally not as advantaged as their hegemonic co-nationals. This is compounded by the fact that aboriginals are disproportionately represented in distant and isolated areas that are difficult to service, or concentrated to varying degrees in the poorer sections of urban areas where social capital and also health services, institutions and infrastuctures are under pressures. In this era of neo-liberal and austerian economic policies, the gaps between poor and rich are increasing even in the most advanced welfare states.

History has also bequeathed the effects of the epidemiological transition. In improving longevity, the health system has also become a victim of its successes. The prime causes of mortality may be "compressing," so that proportionately more and more people die from cancers, or cardio-vascular, or cerebro-vascular disorders. But chronic non-communicable disorders are more difficult to address than acute communicable causes that typically people either die from quickly, or survive quickly. Moreover, most suffering these diseases chronically are old, and often frail. There are also the cohort effects referred to earlier, for which there are ethnic differences. Trying to accommodate these competing needs is an extra problem for the health system, a "multi-burden" extension of the "double burden" discussed earlier, with variance between ethnic groups, and typically differentiating indigenous minorities from majority populations.

Finally, while trying to cope with indigenous/non-indigenous differentials, another factor has emerged. The recent history of a number of countries with indigenous minorities, has seen large migrant and refugee waves that bring social and economic advantages to the countries concerned, but also bring their own "burdens of disease." All of Australia, Canada, New Zealand and the United States, for example, now have large immigrant minority populations. Sweden is noteworthy for accepting refugees, and Russia has seen large in-movements from newly independent central Asian and Caucasian countries.

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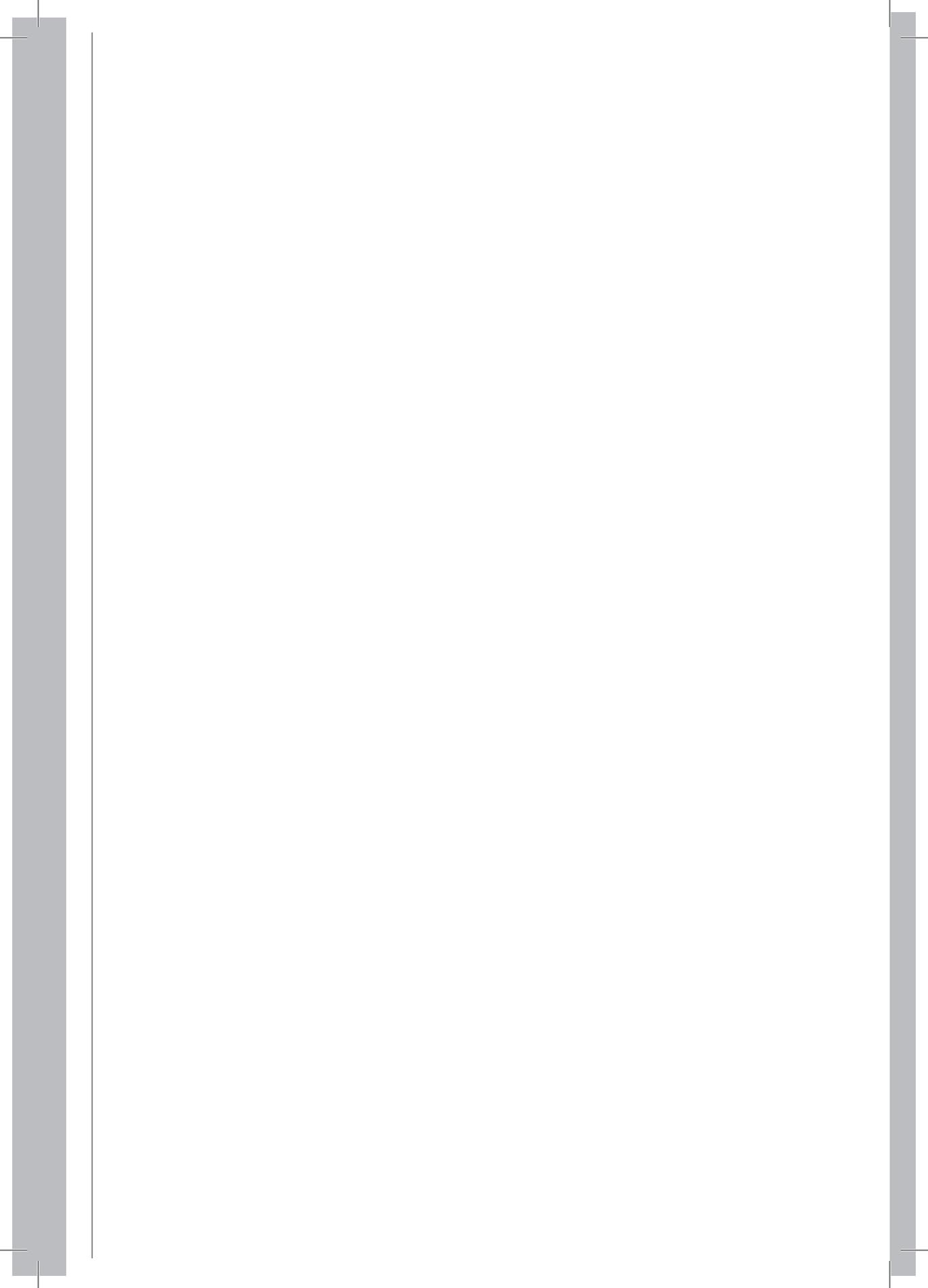
KETIL LENERT HANSEN, STEPHEN JAMES MINTON, ODDGEIR FRIBORG & TORE SØRLIE

Discrimination amongst Arctic Indigenous Sami and Non-Sami Populations in Norway

The SAMINOR 2 Questionnaire Study

ABSTRACT *Background*: Recent research demonstrates that for many indigenous Sami people, experiencing ethnic discrimination is a regular occurrence. The present study was designed to provide estimates of the prevalence of self-reported discrimination in order to identify specific settings where discrimination happened, to identify perpetrators and to examine individuals' responses to the discrimination.

Methods: In 2012, all inhabitants aged between 18 and 69 living in selected municipalities with both Sami and non-Sami settlements in mid- and northern Norway were mailed an invitation to participate in a questionnaire survey covering questions about discrimination (types

of discrimination, settings where discrimination happened, and who the perpetrator was). Altogether, 11,600 participated (a response rate of 27 %).

Results: In total, 2,496 (21.5 % of the sample) reported discrimination; of these, 29.8 % reported that discrimination happened during the past two years. Ethnic affiliation, age, education level, income and living area were all significantly associated with differences in the frequency of experiencing discrimination. Respondents with a strong Sami affiliation reported the highest levels of discrimination; in total, 50.8 % responded that they had been discriminated against, compared with 14.3 % of the non-Sami respondents (OR=6.16 CI:5.42–7.00). Sami with strong Sami affiliation reported having experienced significantly more discrimination over the past two years more than did the non-Sami respondents (16.5 % vs 4.4 % respectively; p < 0.001; OR=4.15 CI:3.45–4.99). Additionally, Sami respondents reported experiencing discrimination in multiple settings more often than did non-Sami respondents (p < 0.001). Respondents aged between 30 and 49 years, those with a medium high level of education, those with medium household income, and those living in Sami minority areas, reported the highest prevalences of discrimination. In terms of responses to discrimination, 37.6 % reported that they had done something to stop the discrimination, and 19.1 % reported that the discrimination had affected them a lot. Just 1.8 % of those who reported having been discriminated against had been in contact with the Equality and Anti-Discrimination Ombudsman Service in Norway.

Conclusion: The findings from this study show that the Sami people still experience high levels of discrimination in Norwegian society. Our findings suggest that interventions specifically designed to prevent discrimination against the indigenous Sami people of Norway should be implemented.

KEYWORDS discrimination, ethnicity, Arctic, Sami, indigenous, Norway

Background

Recent research in Norway shows that indigenous Sami adults report experiencing ethnic discrimination more frequently than ethnic Norwegians (Hansen 2008; Hansen 2011), and that it is associated with adverse health effects (Hansen 2015; Hansen, Melhus & Lund 2010; Hansen & Sørlie 2012). The present paper extends those studies (Lund *et al.* 2007) by introducing a broader framework for the study of discrimination in order to: (1) examine the prevalence of self-reported discrimination, (2) identify and target specific settings where discrimination happens, (3) establish who the perpetrators were and (4) identify the reactions and adaptation of those experiencing discrimination (Brustad *et al.* 2014).

Discrimination can be defined as a range of behaviours and practices that result in unfair and avoidable inequalities in power, resources or opportunities between groups in a society, and serve to support systems of privilege and oppression. Discrimination may be manifested across a continuum of actions, from subtle forms of social exclusion, and verbal aggression, through to illegal actions such as physical acts of violence (Ferdinand, Paradies & Kelaher 2015). Discrimination persists as a cause of exclusion, conflict and disadvantage on an international scale (United Nations 2009), and existing data suggest that discrimination is increasing in many national contexts (Paradies *et al.* 2015). Predominant types of adverse discrimination may be based on race/ethnicity, culture, gender, age, sexuality, disability, religion, nationality, or other causes. Discrimination happens in multiple settings, including families, schools, the workplace, in the media or on the Internet, in trading, in finding employment, in accessing medical care or other public agencies and social services, in the local community, and on the street or in public settings (Krieger 2001). Types and settings of discrimination can be both overlapping and mutually reinforcing; therefore, individuals may simultaneously face multiple forms of discrimination (Viruell-Fuentes, Miranda & Abdulrahim 2012). Discrimination may originate at different levels: *personal* or *internalised* (e.g., the incorporation of racist attitudes, beliefs or ideologies); *interpersonal* (interactions between individuals) or *structural* (e.g., institutional policies that restrict access to opportunities or resources) (Hansen 2015). This paper focuses specifically on the investigation of self-reported interpersonal discrimination amongst the adult indigenous Sami and non-indigenous populations in Norway.
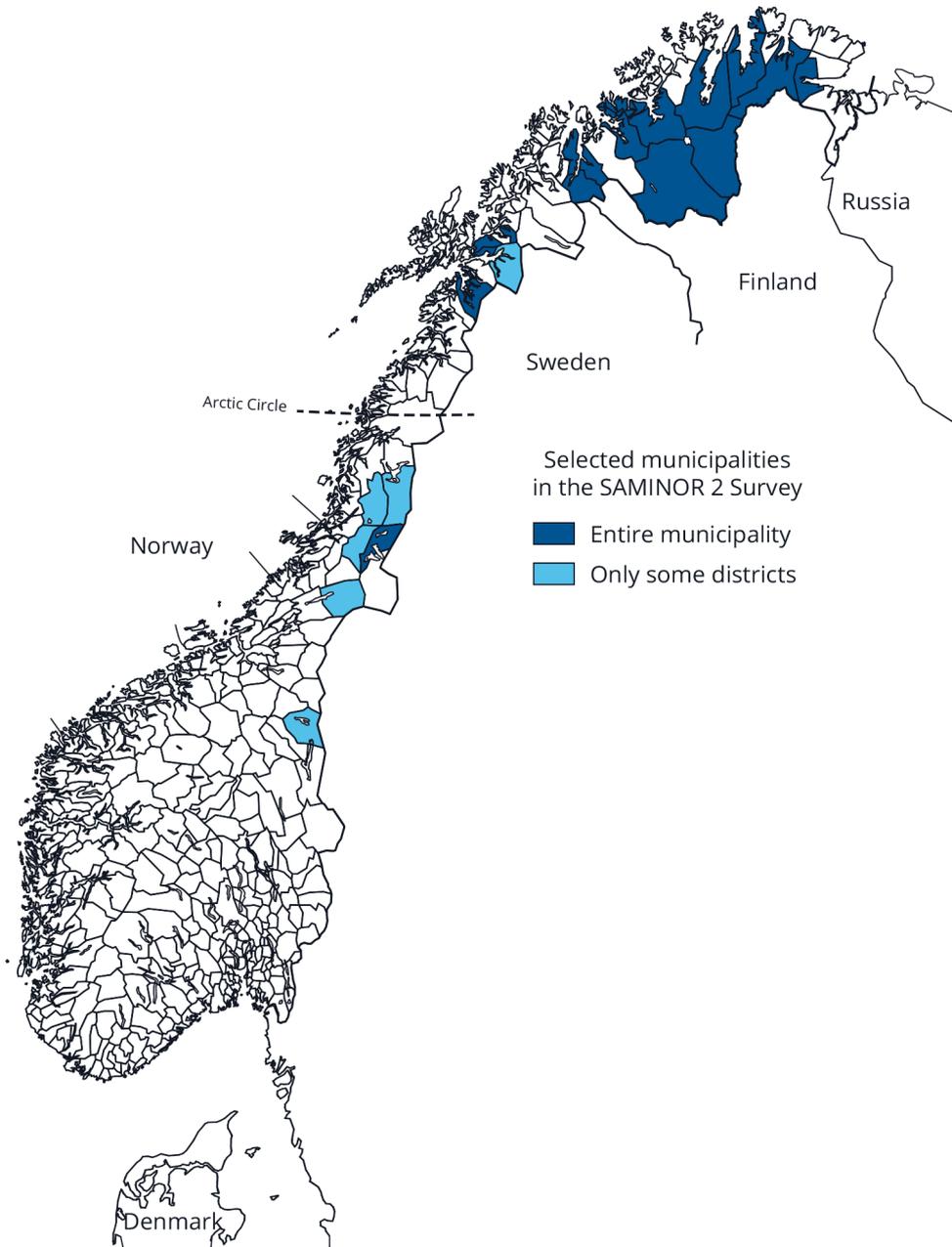
Map 1. Investigation area of the SAMINOR 2 questionnaire study.

The Sami are the only recognised indigenous people in Europe, having closely-related languages and cultural features. They mainly inhabit the northern part of Norway, Sweden, Finland and Russia's Kola Peninsula. The Sami languages belong to the Finno-Ugric branch of the Uralic language family. The traditional Sami lifestyle and culture includes involvement in occupations related to hunting, fishing, farming and reindeer husbandry. However, few are holding on to their traditional ways of life (Hansen 2015) resulting in considerable migration from traditional Sami municipalities to urban towns and cities during the last decades (Sørlie & Broderstad 2011). The Sami population is estimated to be between 60,000 and 100,000 individuals, residing in the four countries (Young *et al*. [eds.] 2012), of which two-thirds live in Norway. However, this study targeted the indigenous Sami people that live in Arctic rural communities with fewer than 3,000 inhabitants except one city (Alta, with 19,822 residents per 1 January 2014, which was included as one of the twenty-five communities).

In a previous study (the SAMINOR 1 study 2003–2004), we found that Sami adults experienced ethnic discrimination significantly more often than the ethnic non-indigenous population in Norway (Hansen 2011). Ethic discrimination occurred most frequently amongst respondents with a strong Sami affiliation living in Sami minority areas (Hansen 2008). According to a recent review (Midtbøen & Liden 2015), research on discrimination has been conducted far more extensively on immigrant populations than on the indigenous (Sami) population, or on other national minorities in Norway. An important underlying factor is the absence of ethnicity data (on the Sami people) in national censuses (Pettersen & Brustad 2013). This paper addresses this obvious knowledge gap concerning equality, and the challenges that discrimination poses for the Sami population in Norway. In the present population-based study on health and living conditions in areas with mixed Sami and Norwegian settlements (the SAMINOR 2 questionnaire survey), we included multiple dimensions of discrimination, including typology, where these experiences occurred, perpetrators and the response of those discriminated against to these experiences (Brustad *et al.* 2014).

Materials and Methodology

Survey

This study is based on the Population-Based Study on Health and Living Conditions in Areas with both Sami and Norwegian Populations—the SAMINOR 2 Questionnaire Study, which was a cross-sectional health survey. The first population-based study on health and living conditions in areas with both Sami and Norwegian populations, the SAMINOR 1 study,

was conducted in 2003–2004 and has previously been described in detail (Lund *et al.* 2007). The SAMINOR 2 questionnaire study was designed as a follow-up study on issues addressed in the first SAMINOR, but was also expanded to include the introduction of a broader examination of discrimination. The SAMINOR 2 questionnaire study itself has been described in a recent paper (Brustad *et al.* 2014).

Sample

All inhabitants aged between 18 and 69 years registered in the Central Population Registry in selected municipalities with Sami and non-Sami populations (44,669 people) received a postal invitation to participate (Fig. 1); 1,424 were returned unopened, and therefore classified as technically "missing," leaving a total of 43,245 persons eligible for the study. Among these, 11,600 returned a completed questionnaire (hence, the participation rate was 27 %). Further details concerning the material and methodology of the SAMINOR 2 questionnaire study have been published previously (Brustad *et al.* 2014).

Fig. 1. Distribution of sub-populations among participants with Sami affiliation—The SAMINOR 2 questionnaire study.

Sami affiliation[1]: 3928 individuals

Circle 2
2a
2b
Circle 1
1a
Self-reported Sami (n=1,459)
Strong Sami affiliation
(n=1,372)
3c
3b
2c
Circle 3 3a
Sami family background[2]
(n=1,097)
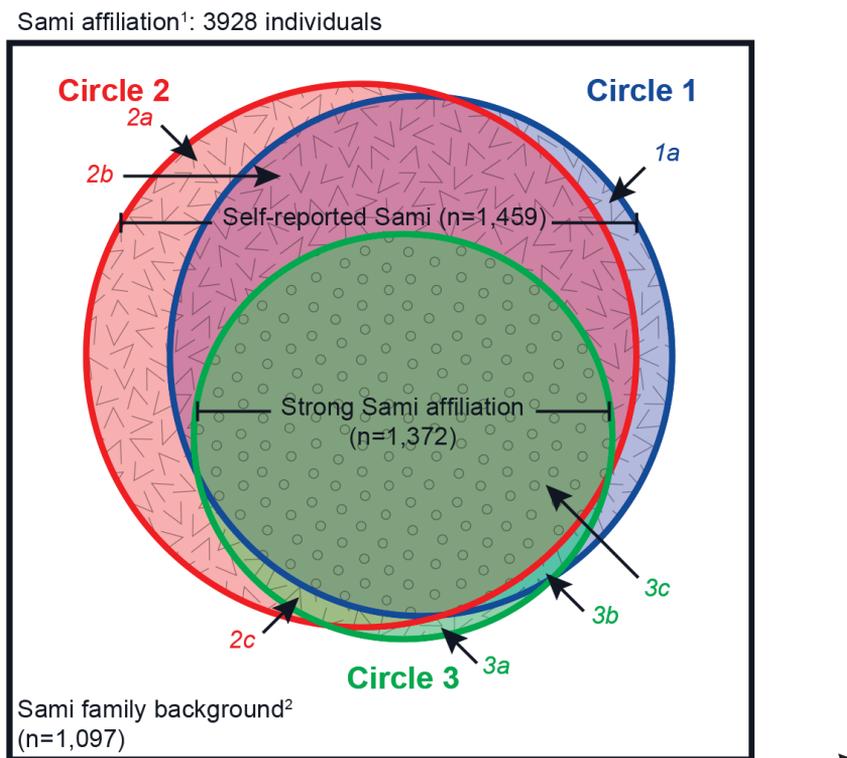
[1] *Sami affiliation* is defined as Sami language being spoken at home by at least one of the grandparents, parents or the respondent, or Sami ethnic background reported for respondent or a parent, or that the respondent considers himself/herself as Sami.

[2] Respondents who reported use of the Sami language or ethnicity for grandparents or parents, but did not consider themselves to be Sami or to have a Sami background/home language.

Circle 1: *Self-perceived Sami(ness)* (2,321 individuals) is defined as "Yes" to the question: "I consider myself Sami."
1a: 118 participants reported Self-perceived Saminess, without saying that they have Sami ethnic background and Sami as home language.

Circle 2: *Sami ethnic background* (2,645 individuals) is defined as "Yes" to the question: "My ethnic background is Sami."
2a: 420 participants reported Sami ethnic background but did not report self-perceived Saminess and Sami as home language.
2b: 805 participants reported both self-perceived Saminess and Sami ethnic background, but not Sami as home language.
2c: 48 participants reported Sami ethnic background and Sami as home language, but not self-perceived Saminess.

Circle 3: *Sami as home language* (1,488 individuals) is defined as "Yes" to the question: "My home language is Sami."
3a: 42 participants reported Sami as home language, but not Self-perceived Saminess and Sami ethnic background.
3b: 26 participants reported both self-perceived Saminess and Sami as home language, but not Sami ethnic background.
3c: Strong Sami affiliation. "Yes" to all three following questions: "I consider myself Sami," "My ethnic background is Sami" and "My home language is Sami."

Strong Sami affiliation (area green circles; 2c, 3a and 3b) (1,372 individuals) was defined as answering "Yes" to all three following questions: "I consider myself Sami", "My ethnic background is Sami" and "My home language is Sami."

Self-reported Sami (area marked with ^) (1,459 individuals) was defined as answering "Yes" to minimum one (one or two) of the three following questions: "I consider myself Sami," "My ethnic background is Sami" and "My home language is Sami," but not "Yes" to all three questions.

Sami family background (white area within the frame beyond the circles) was defined as respondents who reported use of the Sami language or ethnicity for grandparents or parents, but did not consider themselves to be Sami or personally consider that they have a Sami background/home language.

Key Variables

Self-Reported Discrimination

Participants were asked, "Have you ever been discriminated against?" The response alternatives were: "Yes, during the last two years;" "Yes, previously;" "No" and "I do not know." Respondents answering "Yes, during the last two years" or "Yes, previously," received additional questions concerning: (1) how often it had happened ("very often," "sometimes" or "seldom"); (2) the perceived reason for being discriminated against (i.e., physical disabilities, sexual orientation, learning difficulties, gender, religion or beliefs, ethnic background, geographical affiliation, age, illness or other factors); (3) where the discrimination took place (i.e., Internet, in school, at work, applying for a job, at voluntary work/in organisations, in contact with government agencies, within family/relatives, when renting/buying house/apartment, asking for bank loan, accessing medical treatment, in a shop/restaurant, in the local community, somewhere else or other places); and (4) who the perpetrators were (i.e., public employee, work colleagues, those belonging to the same ethnic group as the respondent, those belonging to other ethnic group than the respondent, fellow student(s), teachers/employees, other people or unknown people).

Ethnicity

The *ethnicity* of the participant was decided based on the following questions: "Which language do you/did you use at home?;" "Which language did your parents use at home?;" "Which language did your grandparents use at home?;" and "What do you consider yourself as?" The response options were: "Norwegian;" "Sami;" "Kven;" or "Other." Questions of the ethnic background of the respondents and the respondents' parents used the same response options. Respondents were also asked about their self-perceived ethnicity; specifically, "What do you consider yourself as?" For each of the above questions, respondents were allowed to provide more than one answer. Based on responses to these questions, *Sami affiliation* was defined as Sami language being spoken at home by at least one of the grandparents, parents or the respondent, or Sami ethnic background reported for respondent or a parent, or that the respondent considered himself/herself as Sami.

Moreover, additional sub-populations with varying Sami affiliation could be constructed. "Strong Sami affiliation" represented those answering "Yes" to the three following questions: "I consider myself Sami;" "My ethnic background is Sami;" and "My home language is Sami." Another sub-population termed "Self-reported Sami" represented those answering "Yes" to either one or two (but not three) of the questions. Respondents who reported use of the Sami language by, or the Sami ethnicity of, their grandparents

or parents, but did not consider themselves to be Sami, or reported that they did not have a personal Sami background/home language, were categorised as people with a *Sami family background* (See Fig. 1 for distribution of sub-populations among participants with Sami affiliation). The variables are described in more detail by Lund *et al.* (2007), Brustad *et al.* (2014), and Hansen (Hansen 2008; Hansen, Melhus, Høgmo & Lund 2008; Hansen, Melhus & Lund 2010; Hansen 2011; Hansen & Sørlie 2012; Hansen, Brustad & Johnsen 2015).

Other Variables
Background demographic information such as education, income and source of income was accrued via responses to the questionnaire; and age, gender and municipality from Statistics Norway (SSB). Four age groups were categorised from the respondents' years of birth: 18–29, 30–49, 50–59 and 60–69 years. Information about education was classified according to the number of years spent in school. Information about gross income per year was categorised into four groups: low (<300,000 NOK), medium (301,000–600,000 NOK), high (601,000–900,000 NOK) and very high (>900,000 NOK). We defined the municipalities of Kautokeino, Karasjok, Nesseby, Tana and Porsanger as *Sami majority areas*, and the municipalites of Røros, Snåsa, Røyrvik, Namskogan, Narvik, Grane, Hattfjelldal, Tysfjord, Evenes, Skånland, Lavangen, Lyngen, Storford, Kåfjord, Kvænangen, Loppa, Kvalsund, Lebesby and Sør-Varanger as *Sami minority areas*. Alta (the largest municipality in the northernmost county) was the only city in the sample, with 19,822 residents (per 1 January 2014) (see Fig. 1).

Ethics
Written informed consent was obtained by the participants' answering "Yes" to the questionnaire item, "I approve my participation in this questionnaire, according to the information given in the information letter." The data collection and storage of data was approved by the Norwegian National Data Inspectorate (*Datatilsynet*), and this project was approved by the Regional Committees for Medical and Health Research Ethics (REK-Nord).

Data Treatment and Statistical Analysis
SPSS Statistics Version 22 was used for statistical analyses. Participants' experiences of discrimination were categorised into "none;" "low" (reported that experiences of discrimination had happened "seldom"); "medium" (reported that experiences of discrimination had happened "sometimes"); "high" (reported that experiences of discrimination had happened "very often"); and "total" (of those reporting experiences of discrimination, i.e., the

	N	%
Gender		
Male	5,149	44.4
Female	6,451	55.6
Missing	-	-
Age (years)[a]	**49.9 ±13.7**	
18–29	1,484	12.8
30–49	4,289	37.0
50–59	2,933	25.3
60–69	2,894	24.9
Missing	-	-
Gross income		
Low	1,633	14.1
Medium	4,245	36.6
High	3,667	31.6
Very high	1,612	13.9
Missing	443	3.8
Education (in years)		
<7	301	2.6
7–9	1,456	12.6
10–12	3,090	26.6
13–16	3,941	34.0
>16	2,599	22.4
Missing	213	1.8
Living area		
Sami minority	9,179	79.2
Sami majority	2,417	20.8
Missing	4	0.0
Ethnic distribution 1		
Sami affiliation[b]	3,928	34.1
Non-Sami affiliation[c]	7,577	65.8
Missing	95	0.1
Ethnic distribution 2		
Strong Sami affiliation[d]	1,372	11.9
Self-reported Sami[e]	1,459	12.7
Sami family background[f]	1,097	9.5
Non-Sami[c]	7,577	65.8
Missing	95	0.1

Table 1. Demographic characteristics of the sample (N=11,600)—the SAMINOR 2 questionnaire study.

[a] Mean ± SD.
[b] *Sami affiliation* was defined as Sami language being spoken at home by at least one of the grandparents, parents or the respondent, or Sami ethnic background reported for respondent or a parent, or that the respondent considers him-/herself as Sami.
[c] Reporting non-Sami affiliation.
[d] *Strong Sami affiliation* was defined as answering "Yes" to all three following questions: "I consider myself Sami," "My ethnic background is Sami" and "My home language is Sami."
[e] *Self-reported Sami* was defined as answering "Yes" to minimum one (one or two) of the three following questions: "I consider myself Sami," "My ethnic background is Sami" and "My home language is Sami," but not "Yes" to all three questions.
[f] *Sami family background* was defined as respondents who reported use of the Sami language or ethnicity for grandparents or parents, but did not consider themselves to be Sami or personally considered that they have a Sami background/home language.

total of the "low," "medium" and "high" frequency categories). In Figs. 1a, 1b, 2a, 2b, 3a, 3b, 4a, 4b, and Tables 2 and 4, the "total" category of experience of discrimination is used, and in Table 3 (and also Table 4, for some of the calculations) the "medium" and "high" categories were combined into a single "'medium/high" category. In Table 1, demographic characteristics of the sample are presented (in numbers and percentages). In Fig. 1, the distribution of the sub-populations amongst participants with Sami affiliation are presented (n=3,928 individuals). In Figs. 1a and 1b, the characteristics of discrimination experienced by those who reported having been discriminated against (n=2,496) are presented as percentage-based pie charts. Information on the types, settings of and perpetrators of discrimination experienced by Sami and non-Sami populations are presented in clustered column charts in Figs. 2a, 2b, 3a, 3b, 4a and 4b (for both males and females, as a percentage of the total number of members of each ethnic group); here, chi-squared analyses were used to test for differences between items, and ethnic groups.
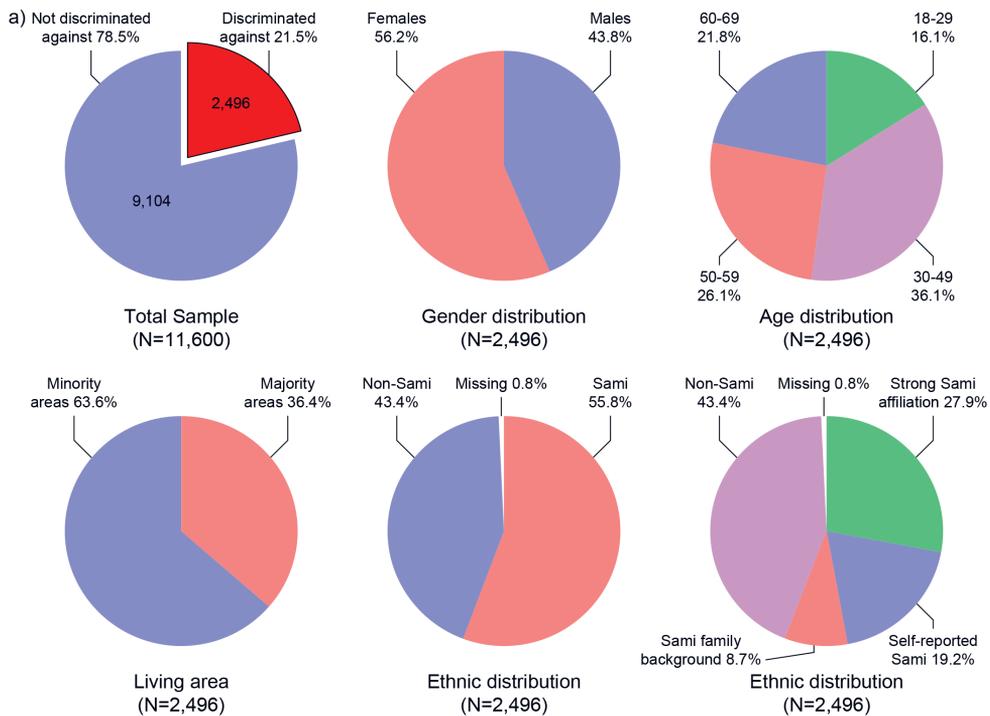
Fig. 1a. Discrimination characteristics (those who have been discriminated against) of the sample (presented with pie charts).

b)

How often did it happen? (N=2,496)

When did the discrimination happen?

Discriminated against due to your Sami ethnicity?

Gross income

Education level (in years)

How much did the discrimination affect you?

Did you do anything to stop the discrimination?

Been in contact with the Equality and Anti-discrimination Ombud
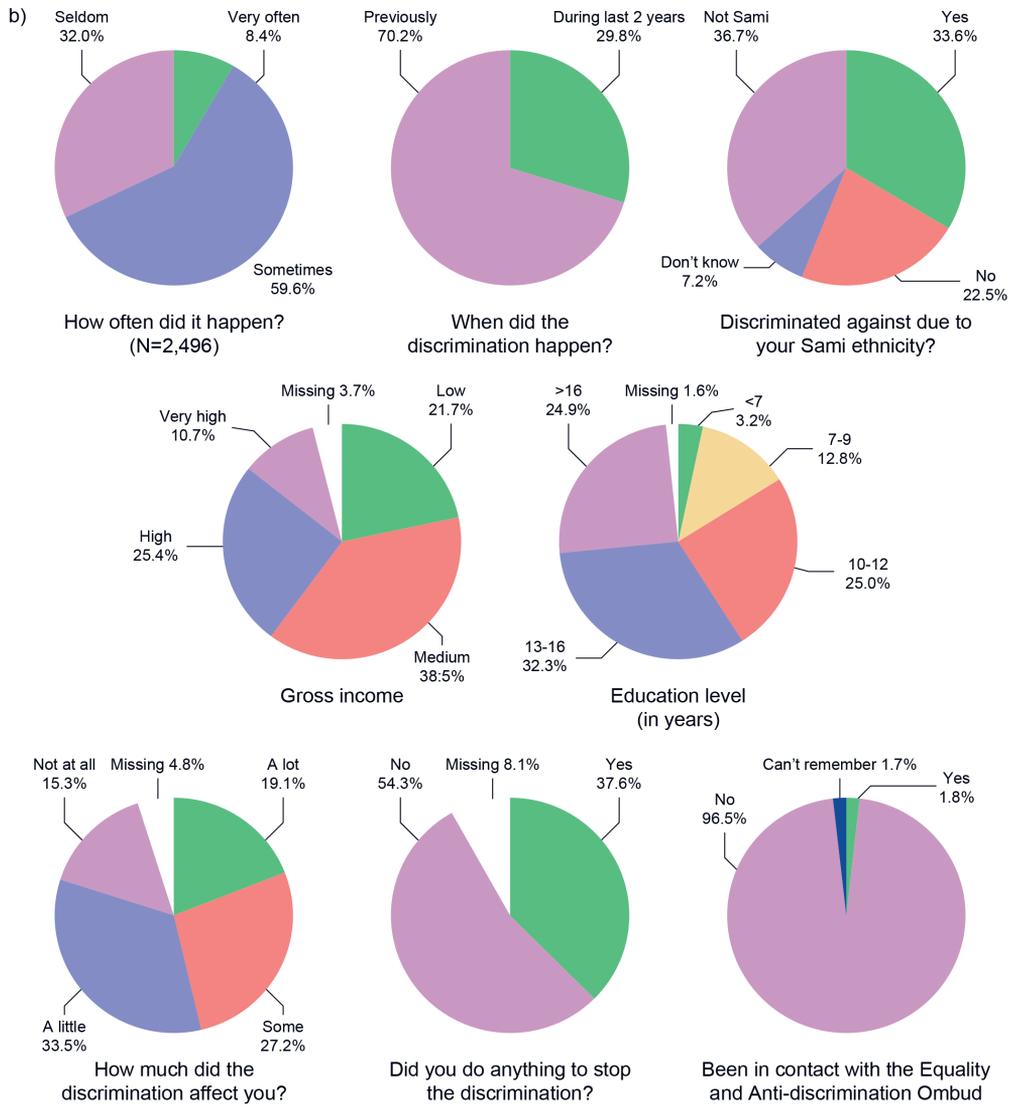
Fig. 1b. Discrimination characteristics (those who have been discriminated against) of the sample (presented with pie charts).

Table 2. Experiences of discrimination by demographic characteristics—the SAMINOR 2 questionnaire study.

Setting	χ^2	df	p^*
Age	41.5	3	<0.001
Gender	0.46	1	0.50
Ethnic affiliation	20.3	4	<0.001
Education	466.6	2	<0.001
Income	197.1	3	<0.001
Living area	1040.9	3	<0.001

*Chi-square analyses was used to examine difference between demographic characteristics and experiencing discrimination

In Table 2, chi-square analyses were used to examine demographic differences between groups of people who reported experiencing discrimination at different levels of frequency. Pearson's correlations were used to assess the relationship between exposure to discrimination in the SAMINOR 1 and the SAMINOR 2 studies (Table 3). In Table 4 logistic regression analyses (including 95 % confidence intervals [CI]) were conducted to examine the effects of ethnic Sami affiliation (which was the independent variable, with non-Sami as the reference group) on the total reported experience of discrimination (the total reporting experiences of discrimination, i.e., the total of the "low," "medium" and "high" frequency categories was the dependent variable) and discrimination that had happened within the last two years. We hypothesised that strong Sami affiliation would be more positively associated with higher level of experiences of discrimination, than would be weaker or no Sami affiliation. All models controlled for age, gross income and education as potential confounding variables. In addition, the likelihood ratio test (including the associated p-value) was performed in order to assess the differences between ethnic groups in terms of their members' experiences of discrimination. As some participants did not complete every item, valid percentages are reported for frequencies. Missing data were hence removed.

Results

A total of 11,600 people participated in the population-based study on health and living conditions in areas with mixed Sami and Norwegian settlements—the SAMINOR 2 questionnaire survey. In total, 3,928 (34.1 %) of the participants had some type of Sami affiliation, and of these, 59.1 % reported that they considered themselves as Sami (Fig. 1).

Demographic characteristics of the sample are presented in Table 1. The majority of participants were women. The mean age of the sample was 50 years (SD=4), and the majority of the participants had a medium household income, a high education level and were living in rural areas (Sami minority living areas). One third of the participants had a Sami affiliation.

Around one in five of the participants reported having experienced discrimination at least once (n=2,496) (Fig. 1a). Among these, 8.4 % reported that discrimination occurred "very often," 59.6 % "sometimes," and 32 % "seldom." Almost one third of respondents reported having experienced discrimination within the preceding two years (Fig. 1b). Sami respondents with strong Sami affiliation experienced discrimination during the last two years significantly more frequently than non-Sami participants (16.5 % and 4.4 % respectively; (p < 0.001) (Table 4).

Ethnicity, living areas, age, education and household income were all significantly associated with differences in frequencies of experiencing discrimination (Table 2). In general, Sami people reported discrimination more frequently than non-Sami respondents. Sami people living in Sami minority areas were more likely to experience discrimination than were Sami people living in Sami majority areas. There were no statistically significant gender differences in this respect. Amongst respondents, the prevalence of discrimination decreased with increasing age (from 30 to 69 years) (p < 0.001). One third of the participants related the discrimination they experienced to their Sami ethnicity. Respondents aged between 30 and 49 years, and with medium household income and medium high education level, reported the highest levels of discrimination. More than one third of the participants reported having done something to stop the discrimination, and one fifth reported that the discrimination affected them a lot. Only 1.8 % of those discriminated against had been in contact with the Equality and Anti-Discrimination Ombudsman Service in Norway (Fig. 1b). 78.5 % of the respondents reported that they had no experience of being discriminated against (Fig. 1a).

The most frequent types of discrimination reported were those based on ethnic background, gender and geographical affiliation. Ethnic discrimination was reported by 33.3 % of male Sami respondents with strong Sami affiliation, and 31.9 % of female Sami respondents with strong Sami affiliation (Figs. 2a and 2b). 9.7 % of the Sami respondents with strong Sami affiliation (11.9 % of the females, and 6.7 % of the males in this category) and 2.2 % of the non-Sami respondents (2.9 % of the females and 1.2 % of the males in this category) reported having been subjected to gender-based discrimination. 9.3 % of the male Sami respondents with strong Sami affiliation, and 2.3 % of the male non-Sami respondents, reported having experienced

a)

	Ethnic Background*	Gender*	Geograhical affiliation*	Age*	Illness	Learning difficulties**	Religion or beliefs	Physical disabilities/ handicap	Nationality	Sexual orientation	Other causes*
Sami I	33.3	6.7	9.3	3.4	1.4	2.9	1.6	1.0	1.6	0.9	4.8
Sami II	15.0	4.5	3.4	3.0	1.3	1.8	0.7	1.6	0.4	0.7	4.0
Sami III	3.9	1.2	4.5	0.8	2.3	2.3	1.9	1.9	0.6	1.2	3.5
Non-Sami	2.4	1.2	2.3	1.3	1.1	1.4	1.0	0.9	1.1	0.4	2.8

Note: Sami I = Strong Sami affiliation, Sami II= Self-reported Sami and Sami III= Sami family background.
* Significant difference between ethnic groups (<0.05 level) **borderline significant.

Fig. 2a. Type of discrimination experienced by Sami and non-Sami populations (males).

b)

	Ethnic Background*	Gender*	Geograhical affiliation*	Age*	Illness***	Learning difficulties	Religion or beliefs	Physical disabilities/ handicap	Nationality***	Sexual orientation	Other causes*
Sami I	31.9	11.9	7.6	3.3	1.8	1.5	1.5	1.1	1.9	1.0	5.3
Sami II	17.0	9.4	4.1	4.2	2.8	1.1	2.5	1.3	0.9	0.9	3.2
Sami III	3.3	4.1	1.6	1.3	1.6	1.6	2	1.3	0.3	0.7	3.4
Non-Sami	2.9	2.9	1.7	1.3	1.2	0.9	1.4	0.6	2	0.4	2.6

Note: Sami I = Strong Sami affiliation, Sami II = Self-reported Sami and Sami III = Sami family background.
* Significant difference between ethnic groups (<0.05 level), ***Significant difference, but unsure estimate due to low n in each groups.

Fig. 2b. Type of discrimination experienced by Sami and non-Sami populations (females).

a)

	Education*	Employment*	Local community*	Government*	Internet*	Shops/ restaurants*	Family*	Applying for work	Voluntary work/ organisations*	Health care system	Housing	Finance	Other places*
Sami I	20.5	16.2	15.5	9.8	7.8	9.3	2.6	2.6	2.9	2.1	0.2	0.2	9.3
Sami II	12.9	9.5	8	4.8	1.8	2.5	2.2	2.1	1	1.3	0.4	0.6	3.4
Sami III	7	6.8	5.2	2.7	1	1.2	1.6	1.2	0.2	0.6	0	0	1.4
Non-Sami	3.9	4	3.4	2.1	0.7	0.8	1	1.4	0.4	0.5	0.4	0.2	1.5

Note: Sami I = Strong Sami affiliation, Sami II= Self-reported Sami and Sami III= Sami family background.
* Significant difference between ethnic groups (<0.05 level).

Fig. 3a. Settings where Sami and Non-Sami populations experienced discrimination (males).

b)

	Education*	Employment*	Local community*	Government*	Internet*	Shops/ restaurants*	Family*	Applying for work	Voluntary work/ organisations*	Health care system*	Housing	Finance	Other places*
Sami I	23.1	16	15.9	11	9.3	5.2	5.4	2.5	2.4	3.3	1.5	0.5	5.8
Sami II	13.6	11.8	8.5	4.2	3.3	3.2	5.1	2.9	2.3	2	0.4	0.8	4.8
Sami III	8.5	6.5	4.4	1.8	0.8	2	2.8	2.3	0.3	1.3	0.5	0.7	0.21
Non-Sami	4.3	6.8	3.3	2.3	0.5	1	1.9	1.7	0.5	1.3	0.6	0.5	1.4

Note: Sami I = Strong Sami affiliation, Sami II= Self-reported Sami and Sami III= Sami family background.
* Significant difference between ethnic groups (<0.05 level).

Fig.3b. Settings where Sami and Non-Sami populations experienced discrimination (females).

discrimination because of geographical affiliation (Fig. 2a). Other types of discrimination reported included that based on age, illness, learning difficulties, religion or beliefs, physical disabilities, nationality, sexual orientation or other causes (see Figs. 2a and 2b). In total, 66 % of the respondents reported having been subjected to one type of discrimination, and 24 % and 7 % to two or three types of discrimination respectively. There were no ethnic differences between Sami and non-Sami respondents regarding the number of types of discrimination being reported (data not shown).

Sami respondents reported experiences with discrimination in multiple settings significantly more frequently than non-Sami respondents (p < 0.001). Discrimination in education, employment or local community settings were most common. Among Sami with strong Sami affiliation, 20.5 % males and 23.1 % females reported discrimination at school compared to 3.9 % and 4.3 % non-Sami males and females, respectively (Fig. 3a and 3b).

Among Sami with a strong Sami affiliation, 16.2 % males reported discrimination at work compared to 4.0 % among non-Sami participants (Fig. 3a), and 15.9 % females reported discrimination in the local community compared to 3.3 % among non-Sami participants (Fig. 3b). Furthermore, many participants reported having experienced discrimination in meetings with the government, and on the Internet. Indeed, experiences of cyber-discrimination were reported around eleven times more frequently by Sami males with strong Sami affiliation (7.8 %) than by non-Sami male participants (0.7 %) (Fig. 3a). In total, 51 % of the respondents reported discrimination in one setting, and 26 %, 11 % and 5 % in two, three and four settings, respectively (data not shown).
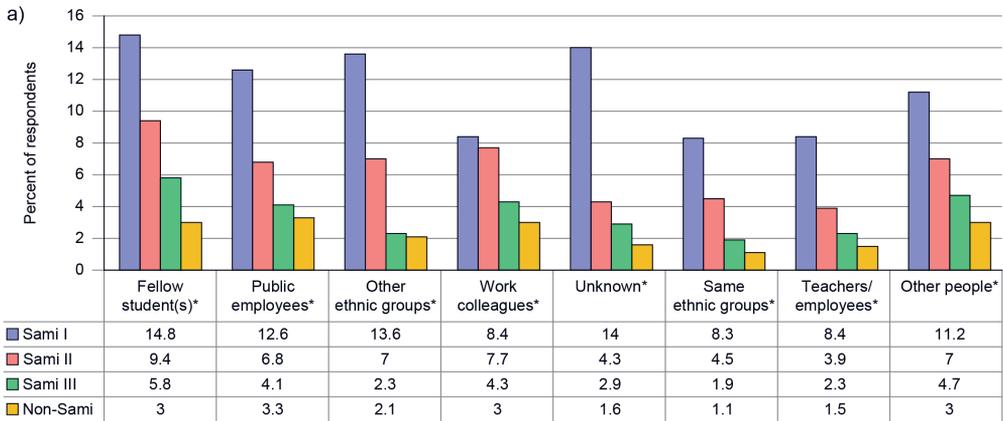
a)

	Fellow student(s)*	Public employees*	Other ethnic groups*	Work colleagues*	Unknown*	Same ethnic groups*	Teachers/ employees*	Other people*
Sami I	14.8	12.6	13.6	8.4	14	8.3	8.4	11.2
Sami II	9.4	6.8	7	7.7	4.3	4.5	3.9	7
Sami III	5.8	4.1	2.3	4.3	2.9	1.9	2.3	4.7
Non-Sami	3	3.3	2.1	3	1.6	1.1	1.5	3

Note: Sami I = Strong Sami affiliation, Sami II= Self-reported Sami and Sami III= Sami family background.
* Significant difference between ethnic groups (<0.05 level).

Fig. 4a. Perpetrator of discrimination by Sami and Non-Sami populations (males).
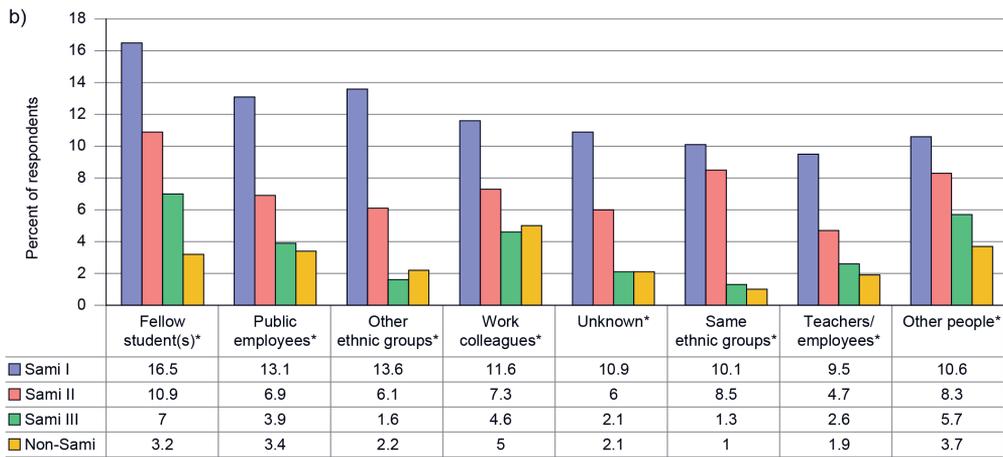
b)

	Fellow student(s)*	Public employees*	Other ethnic groups*	Work colleagues*	Unknown*	Same ethnic groups*	Teachers/ employees*	Other people*
Sami I	16.5	13.1	13.6	11.6	10.9	10.1	9.5	10.6
Sami II	10.9	6.9	6.1	7.3	6	8.5	4.7	8.3
Sami III	7	3.9	1.6	4.6	2.1	1.3	2.6	5.7
Non-Sami	3.2	3.4	2.2	5	2.1	1	1.9	3.7

Note: Sami I = Strong Sami affiliation, Sami II= Self-reported Sami and Sami III= Sami family background.
* Significant difference between ethnic groups (<0.05 level).

Fig. 4b. Perpetrator of discrimination by Sami and non-Sami populations (females).

Data on perpetrators showed that fellow students, public employees, people of ethnic groups other than that of the respondents, work colleagues, closely followed by "unknown" perpetrators, people of the same ethnic group as that of the respondents, and teachers, were all common perpetrators of discriminatory acts against respondents with Sami affiliation. For non-Sami respondents, the most common perpetrators of discrimination were work colleagues, public employees and fellow students (see Figs. 4a and 4b).

On comparing the prevalence of self-reported ethnic discrimination from the first (2003–2004) and the second SAMINOR study (2012), the high levels of discrimination stayed unchanged among those reporting "medium" to "high" discrimination rates. For non-Sami participants, it is evident that they reported higher levels of discrimination in 2012, than they did in 2003–2004 (see Table 3). The highest incidence rates of self-reported experiences of discrimination were found amongst participants with strong a Sami affiliation (50.8 % in total; 16.5 % and 34.3 % had experienced discrimination during the last two years and "before," respectively). Respondents with less strong Sami affiliation reported lower levels of discrimination (32.8 % and 19.8 % amongst those categorised as "self-reported Sami," and "having a Sami family background," respectively); however, these rates were still significantly higher than those reported by non-Sami respondents (14.3 %) (Table 4).

When estimates were adjusted for age, gross income and level of education, Sami respondents were more likely to report having experienced discrimination than were non-Sami participants, and the highest prevalence rates were reported by Sami people with a strong Sami affiliation (OR = 6.16 [5.42–7.00]). Sami males and females with a strong Sami affiliation who were living in Sami minority areas reported the highest levels of discrimination (58.3 % and 56.9 % respectively). Sami respondents with a strong Sami affiliation reported that they had experienced more discrimination over the past two years significantly more often than the non-Sami respondents (16.5 % vs 4.4 % respectively; p < 0.001; OR=4.15 CI:3.45–4.99). Non-Sami participants living in Sami majority areas reported a higher incidence rates of discrimination than did non-Sami participants living in Sami minority areas (see Table 4).

Table 3. Comparing the prevalence of self-reported ethnic discrimination from the first SAMINOR study (2003–2004) by the SAMINOR 2 questionnaire study (2012).

	Self-reported ethnic discrimination[a]				
Age groups	SAMINOR 1		SAMINOR 2 p-value*		
	n	%	n	%	
Strong Sami affiliation[1]					
36–40	53	34.6	46	43.0	0.17
41–44	62	38.0	25	29.8	0.20
45–49	111	41.4	46	37.7	0.04
50–54	103	39.6	60	35.5	0.39
55–60	106	36.6	91	36.5	0.93
61–64	38	30.6	58	31.5	0.87
65–69	53	32.7	49	33.8	0.84
Self-reported Sami[2]					
36–40	44	23.5	30	20.3	0.48
41–44	32	20.3	26	18.4	0.69
45–49	50	24.2	36	19.3	0.04
50–54	59	25.2	47	25.0	0.96
55–60	54	22.2	59	24.8	0.51
61–64	17	15.6	34	24.5	0.08
65–69	25	17.7	26	19.7	0.68
Sami family background[3]					
36–40	11	7.2	14	12.4	0.15
41–44	10	8.2	12	10.5	0.54
45–49	17	10.1	17	12.7	0.47
50–54	14	7.2	11	9.2	0.52
55–60	22	9.2	40	21.7	<0.001
61–64	9	7.6	10	8.3	0.83
65–69	9	7.0	12	10.8	0.31
Non-Sami[4]					
36–40	36	3.4	74	10.6	<0.001
41–44	47	5.4	64	9.4	0.002
45–49	75	6.3	76	8.4	0.06
50–54	64	4.7	88	9.7	<0.001
55–60	73	4.6	99	8.6	<0.001
61–64	26	3.0	65	7.7	<0.001
65–69	26	3.2	71	7.9	<0.001

a Self-reported ethnic discrimination was defined as in the SAMINOR 1: and in the SAMI-NOR 2: "Yes" to the question: "Have you ever been discriminated against?" or positive response to one of the other discrimination questions (type, place etc.) in the survey, as happened "very often" (high) or "sometimes" (medium).

1 Strong Sami affiliation was defined as answering "Yes" to all three following questions: "I consider myself Sami," "My ethnic background is Sami" and "My home language is Sami."

2 Self-reported Sami was defined as answering "Yes" to minimum one (one or two) of the three following questions: "I consider myself Sami," "My ethnic background is Sami" and "My home language is Sami," but not "Yes" to all three questions.

3 Sami family background was defined as respondents who reported use of the Sami language or ethnicity for grandparents or parents, but did not consider themselves to be Sami or personally consider they have a Sami background/home language.

4 Reporting non-Sami affiliation.

* Chi-square test for difference between SAMINOR 1 and SAMINOR 2 ethnic groups and self-reported discrimination.

Table 4. Prevalence and odd ratio estimates of discrimination in Sami and Non-Sami populations by gender and living areas - The SAMINOR 2 questionnaire study

	Ethnic affiliation	Self-reported discrimination[a]			
		Total[0]	Before[b]		
			Total[8]	Often/ Sometimes[9]	
		% (n)	% (n)	% (n)	
Total	Strong Sami affiliation[3]	50.8 (697)	34.3 (470)	23.4 (321)	
	Self-reported Sami[4]	32.8 (479)	24.5 (375)	16.2 (236)	
	Sami family background[5]	19.8 (217)	14.9 (164)	9.8 (107)	
	Non-Sami[6]	14.3 (1085)	9.9 (748)	6.3 (479)	
	P-value[7]	<0.001	<0.001	<0.001	
Sami majority					
Males	Strong Sami affiliation[3]	50.5 (220)	36.9 (161)	23.2 (101)	
	Self-reported Sami[4]	35.2 (77)	25.6 (56)	16.0 (35)	
	Sami family background[5]	24.2 (23)	20.0 (19)	9.5 (9)	
	Non-Sami[6]	23.2 (64)	15.9 (44)	10.5 (29)	
	P-value[7]	<0.001	<0.001	<0.001	
Females	Strong Sami affiliation[3]	47.6 (297)	31.4 (196)	23.2 (145)	
	Self-reported Sami[4]	32.5 (87)	20.5 (55)	13.4 (36)	
	Sami family background[5]	26.4 (28)	22.6 (24)	17.0 (18)	
	Non-Sami[6]	28.0 (104)	18.0 (67)	11.8 (44)	
	P-value[7]	<0.001	<0.001	<0.001	
Sami minority					
Males	Strong Sami affiliation[3]	58.3 (84)	37.5 (54)	22.9 (33)	
	Self-reported Sami[4]	31.1 (141)	26.2 (119)	18.3 (83)	
	Sami family background[5]	19.5 (76)	14.6 (57)	9.0 (35)	
	Non-Sami[6]	12.9 (399)	9.1 (281)	6.4 (197)	
	P-value[7]	<0.001	<0.001	<0.001	
Females	Strong Sami affiliation[3]	56.9 (95)	34.7 (58)	24.6 (41)	
	Self-reported Sami[4]	33.6 (174)	24.5 (127)	15.8 (82)	
	Sami family background[5]	17.8 (90)	12.6 (64)	8.9 (45)	
	Non-Sami[6]	13.5 (517)	9.2 (355)	5.4 (208)	
	P-value[7]	<0.001	<0.001	<0.001	

	Last 2[c] years		Adjusted OR[1]	Adjusted OR[2]
	Total[8]	Often/ Sometimes[9]	Total[8] Independent of time frame	Total[8] Last 2 years
	% (n)	% (n)	(95% CI)	(95% CI)
	16.5 (227)	12.5 (172)	6.16 (5.42-7.00)	4.15 (3.45-4.99)
	8.4 (122)	6.4 (93)	2.89 (2.54-3.29)	1.85 (1.48-2.30)
	4.8 (53)	3.5 (38)	1.45 (1.23-1.72)	1.09 (0.80-1.47)
	4.4 (337)	3.2 (243)	1.00	1.00
	<0.001	<0.001		
	13.5 (59)	10.3 (45)	3.39 (2.39-4.79)	1.98 (1.14-3.44)
	9.6 (21)	7.8 (17)	1.84 (1.22-2.76)	1.34 (0.69-2.58)
	4.2 (4)	3.2 (3)	1.08 (0.62-1.88)	0.57 (0.19-1.74)
	7.2 (20)	5.4 (15)	1.00	1.00
	0.006	0.023		
	16.2 (101)	11.7 (73)	2.22 (1.67-2.95)	1.58 (1.05-2.40)
	11.9 (32)	7.8 (21)	1.05 (0.74-1.50)	1.01 (0.59-1.69)
	3.8 (4)	2.8 (3)	0.94 (0.56-1.57)	0.40 (0.14-1.17)
	9.9 (37)	7.0 (26)	1.00	1.00
	<0.001	0.003		
	20.8 (30)	16.7 (24)	9.28 (6.43-13.38)	6.55 (4.16-10.30)
	4.8 (22)	4.4 (20)	3.13 (2.48-3.95)	1.20 (0.74-1.93)
	4.9 (19)	3.6 (14)	1.52 (1.14-2.01)	1.17 (0.69-1.94)
	3.8 (118)	2.8 (86)	1.00	1.00
	<0.001	<0.001		
	22.2 (37)	18.0 (30)	8.80 (6.31-12.28)	6.08 (4.04-9.17)
	9.1 (47)	6.8 (35)	3.21 (2.60-3.97)	2.06 (1.45-2.92)
	5.1 (26)	3.6 (18)	1.39 (1.08-1.79)	1.23 (0.79-1.90)
	4.2 (162)	3.0 (116)	1.00	1.00
	<0.001	<0.001		

[a] Self-reported discrimination was defined as Yes to the question: "Have you ever been discriminated against?" or positive response to one of the other discrimination questions (type, place etc.) in the survey.

[b] Discrimination happened before, and not the last two years.

[c] Discrimination happened last two years, and not before.

[0] Total experience of discrimination. Self-reported discrimination was defined as Yes to the question: "Have you ever been discriminated against?" or positive response to one of the other. Discrimination happened before or last two years. Discrimination questions (type, place etc.) in the survey

[1] Total experience of discrimination. Estimates adjusted for age, gross income and education (also tested for gender, but was not significant and taken out of model). Non-Sami was the reference population.

[2] Total experience of discrimination as happened last two years. Estimates adjusted for age, gross income and education (also tested for gender, but was not significant and taken out of model). Non-Sami was the reference population.

[3] Strong Sami affiliation was defined as answering "Yes" to all three following questions: "I consider myself Sami", "My ethnic background is Sami" and "My home language is Sami".

[4] Self-reported Sami was defined as answering "Yes" to minimum one (one or two) of the three following questions: "I consider myself Sami", "My ethnic background is Sami" and "My home language is Sami," but not "Yes" to all three questions.

[5] Sami family background was defined as respondents who reported use of the Sami language or ethnicity for grandparents or parents, but did not consider themselves to be Sami or personally consider they have a Sami background/home language.

[6] Reporting non-Sami affiliation.

[7] P-value from likelihood ratio test for difference between ethnic groups.

[8] Self-reported ethnic discrimination was defined as happened "Very often" (high) or "Sometimes" (medium) or "Seldom (low).

[9] Self-reported ethnic discrimination was defined as happened "Very often" (high) or "Sometimes" (medium).

Discussion

Our principal aim in this paper has been to examine which discrimination Sami and non-Sami people experience, and how they respond to it. Accordingly, we examined the prevalence of self-reported discrimination, identified the settings where discrimination takes place, identified who the perpetrators are, and how those being discriminated react to these experiences.

The present data show that most indigenous Sami living in Norway experience discrimination regularly. In total, more than half of Sami respondents with a strong Sami affiliation, compared to one in ten non-indigenous respondents, reported having experienced discrimination. Comparably, more Sami than non-Sami respondents reported more frequent discrimination during the last two years, and that it happened in multiple settings. Sami respondents with a strong Sami affiliation living in Sami minority areas reported the highest levels of discrimination. The Sami respondents reported their ethnic background as the main reason for being discriminated. The results of the present study extends previous research on discrimination against the Sami people in Norway (Hansen 2008; Hansen, Melhus & Lund 2010; Hansen & Sørlie 2012; Hansen 2011; Hansen, Brustad & Johnsen 2015), as well as the growing body of literature showing that indigenous people worldwide experience discrimination more frequently than the majority population (Paradies 2006; Paradies *et al.* 2015; Pascoe & Smart Richman 2009; Williams & Mohammed 2009).

The Sami people in Norway share many of the experiences of colonisation and forced assimilation as that of indigenous people living in other parts of the world (Minde 2005). In Norway, the process of assimilation, referred to as "Norwegianisation," was at its most intense in the period from c. 1850 to 1959. The leading ideology in that period held that the Sami people were "different," and "uncivilised;" therefore, Sami children had to be removed from their homes, families, and communities, in order to become educated as "good Norwegians," or otherwise face extinction (Jensen 1991). Sami languages were banned, and Sami children were sent to boarding schools in order to remove them from their linguistic and cultural environment (Meløy 1980). The centrality of residential schools in the forcible assimilation of indigenous people in Norway has a parallel in the treatment of Aboriginal children in North America. In 2015, the Truth and Reconciliation Commission of Canada made an explicit and unequivocal acknowledgement that:

> For over a century, the central goals of Canada's Aboriginal policy were to eliminate Aboriginal governments; ignore Aboriginal rights; terminate the Treaties; and, through a process of assimilation, cause Aborig-

inal peoples to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada. The establishment and operation of residential schools were a central element of this policy, which can best be described as "cultural genocide." (Truth and Reconciliation Commission of Canada 2015: 1)

The Canadian federal government has estimated that over 150,000 First Nations, Inuit, and Métis children—approximately 30 % of Aboriginal children—attended Canada's residential schools. The Truth and Reconciliation Commission of Canada further concluded that sending Aboriginal children to residential schools was done "not to educate them, but primarily to break their link to their culture and identity" (Truth and Reconciliation Commission of Canada 2015: 2). Although the overt policies of assimilation may be a thing of the past in terms of today's Norwegian society and politics, the collective historical memory and the negative consequences of this policy may project well into the future and shape peoples' attitudes towards themselves and their ethnic pride. Centuries of colonial contact have irrevocably damaged the cultural traditions and practices of many Sami people, and have also had a lasting, negative impact on generations of Sami people (Hansen, Brustad & Johnsen 2015).

Over the last few decades, there has been a significant strengthening of legal measures against discrimination in Norway (United Nations Report 2014). In addition to comparatively strong gender equality legislation, legal protection against discrimination has been expanded through a series of legal regulations to cover ethnicity, national origin, language, religion, sexual orientation, disability and age, in accordance with the international legislature (Skjeie & Langvasbråten 2009). In modern times, Norwegian policy towards the Sami has been based on the recognition that the state of Norway was established on the territory of two peoples, the Norwegians and the Sami, and that both peoples have the same constitutional right to develop their culture and language (The Sami Act 1987). Norway has put considerable emphasis on promoting and protecting Sami and indigenous rights both on international and regional arenas. Norway was the first state to ratify the ILO Convention No. 169 concerning indigenous and tribal peoples in independent countries (ratified by Norway on 20 June 1990), and played an active role in the drafting and adoption of the UN Declaration on the Rights of Indigenous Peoples (Skogvang 2009). Hence, whilst Norway has enacted comprehensive legislation designed to combat discrimination, this study shows that few Sami individuals who have been discriminated against—less than 2 % of our participants—said that they had reported such discrimination to the Equality and Anti-Discrimination Ombudsman.

It takes time to fundamentally change general frameworks in Norwegian politics, legislation and ordinances, as well as myths and attitudes, in order to appropriately address Sami culture, language, traditions and social needs (Arbeids- og inkluderingsdepartementet 2008). Many Sami people remain influenced by past assimilation politics despite the official legislation having been reversed. Simply "being different" in any respect is often the source of discrimination and harassment (Minton 2014), and, as a minority population, the Sami people are vulnerable (Hansen 2011).

When comparing the prevalence of self-reported discrimination from the first SAMINOR study (2003–2004) (Hansen 2008; Lund *et al.* 2007) with the SAMINOR 2 questionnaire study (2012) (Brustad *et al.* 2014), we found that Sami people in the different age cohorts between 36 and 69 years old experience the same high levels of discrimination in 2012 as they did almost a decade ago in 2003–2004. This indicates that the level of self-reported discrimination amongst Sami people in Norwegian society has remained constant, thus not changing for the better. However, for non-Sami participants we saw that they reported higher level of discrimination in 2012 than they did in 2003–2004. A reason for this may be that the SAMINOR 1 study focused on just one type of discrimination, namely *ethnic discrimination*, whereas the SAMINOR 2 study broadened the discrimination focus extensively by including several types of discrimination, and settings where also the majority population experienced discrimination.

The fact that the Sami people have been and currently are being discriminated has been increasingly acknowledged by the broader society (Hansen 2012). At several scientific conferences Sami individuals have told their personal stories of discrimination due to their ethnic background in the mainstream and social media. The former chairman of The Equality and Anti-Discrimination Ombudsman Service in Norway, Sunniva Ørstavik, stated on the Norwegian Broadcasting Corporation (NRK) that discrimination against Sami people is a serious social problem that needs a political initiative (NRK 2012*a*). For example, in 2012, a young Sami woman was verbally abused and physically attacked on the street outside a night club by a bunch of young men in the city of Trondheim (NRK 2012*b*). The then-Norwegian Prime Minister Jens Stoltenberg responded that, "It is unacceptable that people are being bullied and harassed because of their ethnicity in the Norwegian society" (NRK 2012*c*). In a statement by the former President of the Sami Parliament in Norway, Egil Olli, about the research that has been undertaken on discrimination against Sami people in Norway, Norway clearly has major challenges with finding solutions to the inequality and the elimination of discrimination against the Sami people in society (NRK 2011).

The current results show that Sami individuals who are highly "visible" by expressing their ethnicity, for example by using Sami language, are subject to higher levels of discrimination than Sami individuals reporting lower levels of Sami affiliation. Additionally, the type of discrimination that the Sami respondents reported most frequently was ethnic discrimination. "Visible difference" in general, in contemporary Norwegian society across multiple axes, has been associated with higher rates of reporting experiencing ethnic discrimination, amongst both national minorities, and immigrants and their descendants (Midtbøen & Liden 2015). The international literature also supports the general finding in Norway of more visible "minority" and/or ethnic groups experiencing higher levels of ethnic discrimination than do less visible groups (Ferdinand, Paradies & Kelaher 2015).

For almost thirty years, "gender" was the only comprehensively protected discrimination ground in Norwegian national legislation (The Gender Equality Act 1978) (Skjeie & Langvasbråten 2009). The Anti-Discrimination Act in Norway came into force 1 January 2006. The purpose of the act is to promote equality, ensure equal opportunities and rights and prevent discrimination based on ethnicity, national origin, descent, skin color, language, religion or belief. However, in Norway, there is still a lack of surveys about self-reported gender-based discrimination amongst the whole population (Skjeie *et al*. 2012). In our study, gender-based discrimination was the second most common type of discrimination reported, after ethnic discrimination. Sami females reported in this study showed significantly higher levels of gender-based discrimination than did their non-Sami counterparts. We know little about gender-based discrimination within the Sami population. However, the United Nations has recognised that gender-based discrimination may combine with other forms of discrimination, and present particular obstacles for women (United Nations 2000). We also know that violence against indigenous women is prevalent across the world (Kuokkanen 2015). In a recent study, Sami respondents (and particularly Sami females) were more likely to report interpersonal violence than were non-Sami respondents (Eriksen *et al.* 2015); furthermore, due to prevailing sexism and internalised colonialism within their communities, Sami females often experience dismissiveness, victim-blaming or normalisation of violence (Kuokkanen 2015). Intersecting forms of racism/stereotypes/ethnic discrimination and sexism render indigenous (Sami) women particularly vulnerable to various forms of gendered (emotional, physical or sexual) violence in mainstream society. Such factors could well underpin the finding that Sami women reported significantly higher levels of gender-based discrimination than did non-Sami women in our survey.

A clear picture of the association between having an ethnic minori-

ty background and an increased vulnerability towards being discriminated against or bullied at school came to light in the findings of the first SAMI-NOR study. Specifically, it indicated that Sami respondents were far more likely to experience discrimination or bullying at school than majority ethnic Norwegians (Hansen 2008; Hansen 2011). In the present study, the setting where the Sami people most frequently experienced discrimination was, once again, in the educational system. Lately, Norwegians have witnessed media accounts of findings from the National Public Survey (Norwegian *Elevundersøkelsen 2014–2015*) and a national White Paper, that school bullying or discrimination has occurred to a much greater extent in municipalities with a greater proportion of Sami students, than the national average figures for bullying in schools (Djupedal *et al.* 2015). This finding raises a serious question as to whether the 1998 Education Act (last updated 1 October 2015) (Ministry of Education and Research 2015) in Norway protects ethnic minority or Sami pupils equally well as ethnic majority Norwegians (Minton 2014). Furthermore, Norway has benefited from nationwide anti-bullying intervention programs for over three decades (Ertesvåg & Vaaland 2007; Olweus 1995; Olweus & Limber 2010; Roland 2014), although as Minton (Minton 2012; Minton 2014) has noted, a shortcoming of these programs has been their relative inattention to the addressing of prejudice as an underlying factor in bullying or discriminaory behaviour, which he has suggested as a design priority in the future development of anti-bulling/discrimination interventions (Minton 2014).

The workplace was the most commonly reported setting that non-Sami participants reported having experienced discrimination, and the second most common setting (after education) for Sami respondents.

Sami participants reported discrimination at work at rates of between 6.5 % and 16.2 %, (depending on their level of Sami affiliation). For non-Sami people, females reported the highest rates of discrimination in the workplace (6.8 % of all women). Previous studies in Norway on the prevalence of workplace bullying have recorded incidence rates that varied between 2 % and 14.3 %, depending on the methods of measurement and definitions employed by the researchers (Nielsen *et al.* 2009). However, the use of latent class cluster analysis has been considered as giving the most reliable estimates, and has indicated that as many as 6.8 % of people are exposed to a high degree of bullying behaviours at work (Nielsen *et al.* 2009). Our study's findings were consistent with this range, and indeed, a little higher for the Sami participants with a strong Sami affiliation. Hence, because a larger proportion of the Sami participants than the non-Sami participants in our study reported having experienced this form of discrimination, it is possible to suggest that workplace bullying is an even bigger problem for the Sami

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population than it is for the non-Sami population in northern Norway. Furthermore, Sami participants in the present study faced discrimination more often than non-Sami participans in the local community; as when in contact with government agencies, or when visiting shops or restaurants. Sami people are thus more likely to encounter discriminatory attitudes in public spaces, a situation that may limit their democratic participation in the society, or their equitable access to social and public services.

The prevalence of cyber-bullying increased in Norway between early 2000 and 2010 (Roland 2014). In a study by the Centre for Behavioural Research conducted in 2008, it was concluded that traditional bullying affects about twice as many people as cyber-bullying does (Auestad 2011). International studies have found a slight tendency for girls, more than boys, to be exposed to cyber-bullying (Parker-Jenkins 2011). In the present study, the term "cyber-discrimination" was used. Sami respondents reported that they had experienced cyber-discrimination significantly more often than did their non-Sami counterparts. Cyber-discrimination was most frequently reported amongst the youngest (18–29 years old) Sami respondents. More than one in five Sami participants with strong Sami affiliation in the 18–29 years old age group reported having experienced cyber discrimination. In this respect, no significant gender differences were discernible amongst non-Sami participants, however, among Sami respondents as a whole, cyber-discrimination was significantly more frequently reported amongst Sami females, independent of age categories, although there were no gender differences between the youngest Sami respondents. We know little about cyber-discrimination among Sami people, as this has not been previously studied. What we know from the media (television, radio and newspapers) is that many Sami people experience insulting comments, hateful prejudices and stereotypical depictions of Sami culture and identity in different forms in the comment fields online and on various websites (Hansen 2012).

The level of discrimination was highest among Sami people with a strong Sami affiliation living in Sami minority areas, which we relate to the national assimilation process which had the greatest impact in those areas, typically being coastal communities (Bjørklund 1985; Høgmo 1986). The official policy towards Sami people in Norway has gradually changed from assimilation towards cultural safeguarding and a decolonisation of Sami society (Minde 2005), but despite the overall strengthening of Sami language and culture in Norway since the 1970s, the buffering effect of a growing Sami civil society today is more obvious in the Sami majority areas than in the Sami minority areas (Hansen 2015). Within the Sami majority areas, there are several well-established Sami institutions, including professional indigenous health and social service networks (Young & Bjerregaard [eds.]

2008). In some areas (predominantly Sami majority areas), so-called "Sami-ness" is a given and more accepted; in others (predominantly ethnic Norwegian majority areas), one must actively struggle for a visible Sami presence to be accepted. In these areas, the stigmatisation of and prejudice towards Sami people, and ethnicity-based conflicts, are still present (Hansen 2015).

Data on perpetrators show that fellow students (the most frequently reported perpetrators), public employees, members of other ethnic groups, work colleagues, closely followed by unknown people and other Sami people and their former teachers are all named as common perpetrators of discriminatory acts against respondents with Sami affiliation. It is worth noting that Sami people were significantly more likely than were majority Norwegians to report having been discriminated against by fellow students, people of other ethnic groups than themselves, unknown persons, teachers/employees and other Sami people. We have previously discussed school bullying or discrimination, and it was not surprising to find that there were fellow students who have acted as perpetrators of incidents of discrimination that have occurred at school. More surprising, perhaps, and certainly more alarming, was the finding that almost one in ten Sami with a strong Sami affiliation reported that they had experienced being bullied by teachers or employees at school or at work.

Sami respondents also reported experiencing discrimination from other Sami people. The historically based "shame" associated with belonging to Sami culture is perhaps one of the hardest and most important barriers to revitalisation and decolonisation in Sami individuals, Sami families and ethnically mixed local communities (Nergård 2011). The best example of such a distinction is found in Sami families where some of the members consider themselves as having a Sami background, whilst other members consider themselves as having a non-Sami identity. We find many examples of this in ethnically mixed Sami and non-Sami communities in northern Norway (where the Sami people have been exposed to forced assimilation), especially in the coastal Sami areas (Sami minority areas), where Norwegianisation (the forcible assimilation of the Sami people) has been particularly prominent (Bjørklund 1985; Minde 2005). Many Sami people have changed their identity and language because of a century-long Norwegianisation history (Høgmo 2012). This has caused many assimilated Sami individuals to keep silent about their Sami ethnic backgrounds, and even strongly denying their knowledge of, or connection to, their Sami heritage (Høgmo 2011). These factors may explain why assimilated Sami people may discriminate other in-group and "highly visible" Sami members.

For non-Sami participants, the three most typical categories of perpetrators of discrimination were work colleagues, public employees and fellow

students. This is, of course, related to the broader finding that it is in employment, school and in local communities/meetings with the government that the majority of ethnic Norwegians (non-Sami) most frequently experience discrimination.

More than 98 % of the respondents who reported having been discriminated against had *not* been in contact with the Equality and Anti-Discrimination Ombudsman Service (EDO); hence, only a very few of the respondents reported that they had been in contact with the EDO for help. Several factors may underpin this finding. One of these relate to certain Sami "cultural norms," where the traditional value of Sami resilience may prevent Sami people from talking about "problems" when facing discrimination (Kuokkanen 2015). The traditional value of Sami resilience may influence people to manage on their own, not to show weakness, or specifically, to keep problems such as discrimination to themselves or within the family, and generally to avoid seeking external help, particularly from official Norwegian institutions (Bongo 2012; Dagsvold, Møllersen & Stordahl 2015; Kaiser, Ruong & Renberg 2013). Another reason for not seeking help and advice from EDO could be related to structural problems, such as cultural and language barriers; and unfortunately, it is indeed the case that the EDO has neither a website in the Sami language, nor Sami-speaking advisors, although they do offer interpreters. Research in other public services has shown that Sami people prefer Sami-speaking advisors, rather than an interpreter between the Sami and Norwegian languages (Dagsvold, Møllersen & Stordahl 2015; Møllersen, Sexton & Holte 2009; Nystad, Melhus & Lund 2008). Hence, whilst a large proportion of the Sami people are Norwegian speakers, they may still experience a lack of the Sami language to express their sense of cultural identification with language and/or culture (Skutnabb-Kangas 1981; Vangsnes 2013), or may indeed prefer to use or feel more comfortable using the Sami language.

A growing body of research literature indicates that perceived discrimination is an acute and chronic stressor linked to mental and physical health problems (Paradies *et al.* 2015). One fifth of those discriminated against reported that the discrimination affected them a lot, and this group will be especially important to study further in relation to negative health outcomes. However, it is to be hoped those respondents who reported that they had actively done something to stop the discrimination (37.6 % of those who reported having been discriminated against) would have a buffering (protective) moderating effect on the negative effects that discrimination have on health and well-being, and we can assume that they would cope better than those who did not do anything to stop the harassment.

Strengths and Weaknesses of the Study

The large number of participants (n=11,600) is a principal strength of this study. Furthermore, data was collected in multi-ethnic municipalities, making it possible to assess differences based on ethnicity. Having said this, the overall participation rate was low (27 %), especially amongst the 18–29 years age category, prompting concerns regarding potential selection bias among the youngest age group. However, despite the limitations in relation to low response rates, the SAMINOR 2 questionnaire study provides a unique database for researching prevalence of discrimination among the Sami and non-Sami populations in Norway. We have limited information about the non-respondents, other than that they were younger, and male. This might have influenced our estimate of prevalence of discrimination among the youngest. Education, household income and living areas were all significantly associated with differences in the frequency of experiencing discrimination. Respondents aged between 30 and 49 years, and those with medium household income and medium to high education levels, reported the highest levels of discrimination, and one reason for this might be that these categories of people had the highest overall response rate to the survey.

We used instruments (with several items) to measure everyday experiences of ethnic discrimination in different domains (such as school, work, local community setting, Internet, etc.), type (such as ethnic discrimination, gender discrimination, geographical affiliation etc.) and location (e.g., on the Internet, at school, at work, on applying for a job, etc.). This gave us a unique opportunity to capture discrimination in a broad sense, which has not previously been done in a large sample involving Sami and Norwegian populations in Norway.

The options for reporting ethnicity in the current questionnaire were the same as those used in the SAMINOR 1 study in 2003–2004. Due to its diverse nature, both the classification of ethnicity, and its use as an independent variable in research, is complex and somewhat controversial. We contend that self-reported ethnicity at the individual level (including the various types of ethnic affiliation) enabled a more comprehensive analysis across ethnic groups. Different definitions of ethnicity could change risk estimates. We are aware that the ethnic definition has limitations, since it may have different validity in different geographical regions, and within subgroups of the Sami population. The questionnaire and the information material were written in Norwegian, but also translated into three relevant Sami languages (North, Lule and South Sami), by professional translators. Information letters were sent out to all in Norwegian, and in the Sami languages relevant to the area. The Norwegian questionnaire was sent to all, and a translated version in the relevant Sami language was also included for

those living in the Administrative Area for the Sami Language (Nesseby, Tana, Karasjok, Porsanger, Kautokeino, Kåfjord, Lavangen, Tysfjord, Røyrvik and Snåsa) (Brustad *et al.* 2014).

As ethnicity is not recorded in any official register in Norway, we were not able to assess whether the non-respondents in the two ethnic populations differed. However, a comparison between participations in SAMINOR 2, and those participating in the first SAMINOR study, has been conducted (Brustad *et al.* 2014). The proportion of participants classified as indigenous did not differ between the SAMINOR 1 and SAMINOR 2 studies. As the participation rate in SAMINOR 1 was considerably higher (60.9 %), this population may well have been representative for the background population. Furthermore, compared to the participants in the SAMINOR 1 study, participants in the SAMINOR 2 study tended to have higher levels of education. A limitation of our study is the cross-sectional design, which did not allow for conclusions to be made regarding causality (Rothman 2012). Nevertheless, comparisons with the findings from the SAMINOR 1 study provided us with a unique opportunity for studying trends in prevalence of discrimination (over the last decade), especially those experienced by the Sami people living in the rural areas of central and northern Norway.

Conclusions

Overall, Sami people with a strong Sami affiliation reported the highest levels of discrimination. Sami people with a strong Sami affiliation also reported having experienced significantly more discrimination before, and over the past two years, than did the non-Sami respondents. Sami participants reported experiencing the same high levels of discrimination in this study that they did almost a decade ago. The most frequent types of discrimination reported among Sami people were those based on ethnic background, gender and geographical affiliation, and many Sami females reported that they had experienced gender discrimination. Additionally, Sami respondents reported having experienced discrimination in multiple settings more often than did majority Norwegians; Sami respondents indicated that discrimination was most commonly reported in education, employment, and local community. Furthermore, many Sami reported having been discriminated against in meetings with the government, and, in shops or at restaurants and on the Internet.

Data on perpetrators showed that fellow students, public employees, people of ethnic groups other than those of the respondents, work colleagues, closely followed by "unknown" perpetrators, people of the same ethnic groups as the respondents, and teachers were all common perpetra-

tors of discriminatory acts against respondents with a Sami affiliation. In terms of responses to discrimination, around four in ten reported that they had done something to stop the discrimination, and one in five reported that the discrimination affected them a lot. However, less than 2 % of those who reported having been discriminated against had been in contact with the Equality and Anti-Discrimination Ombudsman Service (EDO) in Norway.

The findings of this study highlight the need to acknowledge and address the discrimination experienced by indigenous (Sami) people of Norway. The current research shows that for many indigenous Sami people living in Norway, the experience of discrimination is a regular occurrence. Discrimination towards the Sami people is a serious social problem, and this must be placed firmly on the political agenda. The findings suggest that interventions specifically designed to prevent discrimination towards the indigenous Sami people of Norway should be implemented.

CONFLICT OF INTEREST AND FUNDING

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Health Aspects of Colonization and the Post-Colonial Period in Green-land 1721 to 2014

ABSTRACT Colonization in Greenland lasted from 1721 to 1953 but even after the introduction of self-government in 2009, aspects of economic and cultural colonization persist. Several epidemics that decimated the population have been recorded from the colonial period. In the post-colonial period urbanization, immigration of Danish workers and alcohol consumption increased significantly while suicides became an important cause of death.

We have outlined two parallel sequences of events, namely the general history of Greenland with emphasis on certain effects of colonization on everyday life and the epidemiological transition with emphasis on mental health. In particular, results from a health survey in 2014 among the Inuit in Greenland showed statistically significant associations between suicidal thoughts in adulthood and sexual abuse as a child as well as between sexual abuse as a child and alcohol problems in the childhood home. Among women also current socioeconomic conditions were associated with sexual abuse as a child.

Colonization in Greenland was relatively benign and our results illustrate that it is not only extensive colonial stress such as genocide and loss of language and culture that has negative effects on mental health but also the more subtle stress factors that the Inuit in Greenland were exposed to.

Introduction

All colonizations are different but there is a common core. Many but not all indigenous peoples share a history of displacement, slave labour, loss of language and culture, and ending up as a marginalized minority. The Inuit of Greenland have been spared most of this as colonization was generally benign. No Greenlanders were enrolled as slave labourers and the land was not taken over by settlers. The Inuit language has survived. In more recent times, contrary to the Inuit in Canada the Greenland Inuit were not transported south for treatment of tuberculosis nor were they enrolled in the notorious boarding school system. But the Danish/Norwegian colonizers did impose a sense of their superiority, smallpox epidemics did reduce the population significantly and indigenous control was curbed. However, the post-colonial period is characterized by massive mental health problems including very high rates of youth suicides. The high rates of depression, alcoholism, suicide, and violence experienced in many indigenous communities have been linked to cultural discontinuity and oppression among aboriginal peoples in general (Kirmayer *et al.* 2000). Especially in the North American context these issues have been conceptualized as historical trauma and subsequently linked to intergenerational trauma in the younger generations (Kirmayer *et al.* 2014). In northern Scandinavia, young Sami experienced higher occurrence of suicidal ideation than non-Sami (Omma *et al.* 2013). Especially reindeer herders exhibited suicidal behaviour and several studies have argued that the difficulties of maintaining a traditional livelihood are a key to understanding suicidal behaviour in Sápmi (Silviken 2011; Kaiser 2011; Stoor *et al.* 2015). In Greenland, suicides and other mental health problems have been attributed to an intense post-colonial development but research has not been able to point at specific components of the development process as causal (Lynge 1997; Bjerregaard & Lynge 2006).

The purpose of the present paper is to give an overview of the health related effects of the Danish/Norwegian colonization of Greenland and of the health and societal changes during the post-colonial period. We shall in

particular analyse suicides and suicidal thoughts among adults as indicators of poor mental health. Our hypothesis was based on the observation that (youth) suicide rates soared in the generations that grew up in the post-colonial era and that the temporal pattern of suicides differed among the capital, towns, villages and the east coast (Bjerregaard & Larsen 2015) where also modernization happened at various pace. Based on previous research by ourselves and others (see, for example, Bjerregaard & Lynge 2006; Christensen & Baviskar 2015; Lynge 1997; Pedersen & Bjerregaard 2012; Thorslund 1992) we subsequently hypothesized that recent suicidal thoughts were associated with birth cohort, socioeconomic position, current residence and not least childhood conditions including place of residence, alcohol problems in the family and sexual abuse during childhood. The fact that male suicide rates are significantly higher than female rates while the prevalence of suicidal thoughts is somewhat higher in females (Bjerregaard & Larsen 2015) argues for the construction of separate statistical models for the two genders.

Data and Methods

During the 200 years following initial colonization, information on health was collected by the colonial administrators in their reports and from the diaries of explorers. This material was collected by Bertelsen in his monumental work in four volumes *Grønlandsk medicinsk Statistik og Nosografi* ['Greenland medical statistics and nosography'] (Bertelsen 1935; Bertelsen 1937; Bertelsen 1940; Bertelsen 1943) which is the main source of the description of the colonial period below.

Prior to the 1970s information on health is scarce and often anecdotic. From 1950 the local District Medical Officers have reported health conditions, diseases and deaths to the Chief Medical Officer who publishes an annual report. Statistics Greenland, a number of censuses and a variety of other sources have information about demography and import of alcohol. In 1972 Greenland was integrated in the Danish population registry and all persons were attributed a unique civil registration number that follows individuals throughout life and facilitates longitudinal epidemiological research. The Greenland Registry of Causes of Death has information on all deaths in Greenland since 1968 coded according to the International Classification of Diseases. The Death Registry currently covers the period 1968–2013 and has information about all 19,309 deaths in Greenland during that period of which 94 per cent have a diagnosis according to ICD-8 or ICD-10. Since 1993, regular population health surveys have been carried out. The most recent survey is from 2014 and contrary to the registries mentioned above the surveys have information on persons who have not been in contact with the health services. The analyses in the present paper are with few

exceptions based on the Registry of Causes of Death and the most recent Population Health Survey in 2014.

Population Health Survey 2014
As for previous health surveys, data for the 2014 Population Health Survey were collected by interviews and self-administered questionnaires supplemented by a few clinical measurements and blood sampling in a subsample (Bjerregaard 2011). Interviews were conducted in the language of choice of the participant, most often in Greenlandic, by native Greenlandic speaking interviewers who had been trained in the study procedures. The self-administered questionnaires were available in Greenlandic and Danish.

All 4,322 surviving participants in previous surveys who were still residents of Greenland made up the initial sample. For logistic reasons towns with less than 60 and villages with less than 25 persons in the sample were excluded from the survey reducing the initial sample to 3,016 adult Greenlanders and Danes currently living in 11 towns and 8 villages in West and East Greenland. A supplementary sample of 775 persons aged 18–25 years was drawn from the population register in order to maintain the study as representative of the whole adult population in Greenland. During the interview phase the sample was further reduced by persons who had died, moved out of the communities under study or which the interviewers were unable to contact despite a broad search including contacts with the municipal authorities, the health care services, family members and neighbours (n=432). The final sample consisted of 3,359 persons and with a response rate of 63 per cent, the study base was 2,102. Inuit made up 2,064 of the participants (98 %) and 1,841 (89 %) of these answered the self-administered questionnaire.

Information on education classified as None/School only; Short; and Medium/Long was obtained by interview. Household wealth was measured using an index of ownership of seven household items including video/DVD player, computer, landline telephone, refrigerator, microwave oven, washing machine and dishwasher. Household wealth was calculated as the sum of these items and subsequently divided into quartiles. Information on suicidal thoughts, exposure to alcohol problems and sexual abuse during childhood was obtained by a self-administered questionnaire by the following questions used since 1993: "Have you ever seriously considered suicide? If yes, was this within the last year?;" "Were there alcohol related problems in your home as a child? Answers can be yes often/yes sometimes/no never;" "Have you ever been sexually abused or has somebody attempted to sexually abuse you? As a child (less than 13 years old); as a young person (13–17 years old); as an adult (18 years old or older)." All three questions were to be answered yes/no.

Data from the Greenland Registry of Causes of Death and the Population Health Surveys were analysed using the statistical analysis programme SPSS version 22. Statistical procedures included general linear models and binary logistic regression models with backwards selection. Backwards selection was chosen because the progression proceeds from a full model to the simplest possible model in accordance with the data but this can be said to be a matter of personal choice. We have chosen to make separate logistic regression models for men and women instead of introducing an interactive term because the former approach is more intuitively informative to readers who are not professional statisticians and because we suspect that the social variables may have different impact on men and women that are not brought to light by interaction analysis. Direct standardization for age was performed by Excel spreadsheets for Figs. 2 and 5.

Background

General History of Greenland

Greenland has during the last 4,000 years been populated in a number of migration waves from the west and the east. Several Paleoeskimo cultures (Saqqaq, Independence I and II, Dorset) have been identified. Originating in Siberia and Alaska, these immigrants crossed the ice on the narrow strait between Canada and Greenland. The last of these cultures, the Dorset, had all but disappeared when in 985 the Norse Vikings came by ship from Iceland and Norway and set up a community that for 500 years thrived in the southwest part of the country. Around 1200 the bearers of the Thule culture, which are the immediate ancestors of present day Inuit in Greenland, arrived from Canada and soon spread over the entire coastline (Gulløv *et al.* 2004).

The start of colonization in Greenland defined as the continued presence of an economically and military superior power may be set at 1721 when the Danish-Norwegian missionary Hans Egede took land not far from present day Nuuk. East and North Greenland were colonized later, East Greenland in the late nineteenth century and North Greenland/Avanersuaq in the early twentieth century. The colonization period formally ended in 1953 when Greenland became an integrated part of the Kingdom of Denmark but even after the introduction of Home Rule in 1979 and Self Government in 2009 aspects of economic and cultural colonization persist.

It has recently become possible to estimate the relative genetic distribution on Inuit and European ancestry (Moltke *et al.* 2015). Despite the relatively minor presence of Europeans during colonial times around 80 per cent of more than 4,600 survey participants ethnically classified as Inuit

had some European ancestry; on average 25 per cent of the genome. The relative distribution varied across the country and was as expected least in villages and remote parts of Greenland. No trace was found of Norse Viking or Dorset admixture.

Colonization and the G-50

During the eighteenth century, Christianity replaced the religion of the Inuit and by a variety of enticements the Inuit hunters were convinced to trade the blubber and fur of marine mammals for consumer goods such as tobacco, coffee, sugar, cloth etc. Alcohol, however, was not for sale to the common Greenlanders throughout the colonial period. Education and literacy followed in the footsteps of religion and already in 1861 the first newspaper in Greenlandic language—*Atuagagdliutit*—was published.

The traditional livelihood of the Inuit was the hunting of marine mammals, seals in particular, which necessitated a decentralized settlement pattern. Due to a warming of the ocean temperatures in the beginning of the twentieth century, vast shoals of cod found their way to the coastal waters of Greenland and a transition towards commercial fishing, cash economy and increased urbanization started.

Until the Second World War Greenland was a closed country and nobody could enter without permission from the Royal Greenland Trade Department. The war severed the connection with Denmark and Greenland opened up towards the USA. After the war, time was ripe for change and a reform commission was established by the Danish government, the G-50 Commission. G-50 suggested several changes among which were the further development of a commercial fishing industry and support of the already ongoing centralization of the population (Ministry of Social Affairs 1950). In 1953 the former colony became an integral part of Denmark. Many negative aspects of colonization were absent in Greenland. There was never forced enrolment of children in boarding schools abroad although during the postcolonial period parents were enticed to let their children attend school in Denmark for one year. The post-war anti-tuberculosis campaigns also did not send patients abroad for treatment but carried out treatment in Greenland.

The Post-Colonial Period

After 1953 a massive infrastructural development was initiated with the Danes in the driver's seat. In 1979 Home Rule was granted with an increasing number of public sectors being transferred to Greenland authority. En route to nationhood, self-governing status was obtained in 2009 but the economy of Greenland is still subsidized by Denmark; in 2013 the BNP was

13.6 billion DKK and direct subsidies from Denmark amounted to 3.6 billion DKK (26 %).

During the post-colonial years profound changes took place in Greenland. The population increased from 24,000 to 56,000 in 2014 and the movement from villages to towns continued. While in 1950, 50 per cent of the population lived in villages this proportion had decreased to 15 per cent in 2014. Hospitals were built in all towns. Alcohol consumption increased and by 1960 surpassed the average consumption per capita in Denmark. Greenland became connected internally and to the outside world by commercial airlines and telephone, and in 1992 the introduction of real time TV further integrated Greenland in the world community. Widespread availability of the Internet has improved participation in the global community although data traffic rates are still prohibitively high.

There were never many colonists and the Danes rarely settled permanently in Greenland. In 1901 Danes made up 2.3 per cent of the population, a proportion that had increased to 4.4 per cent by 1950 (Statistics Denmark). After G-50 had catapulted Greenland into an intense modernization, the proportion of migrant workers from Denmark increased dramatically reaching a peak of 19 per cent in 1975. It is now down to 11 per cent.

Aspects of colonial inequity persist. One example of this is the widespread use of Danish as the language of administration and education which puts many monolingual Greenlanders at a disadvantage; another example is the discrepancy in income between persons born in Greenland and persons born outside Greenland. In 2013, according to official statistics, the average income of 20–64 year old persons born in Greenland was 151,000 DKK compared with 277,000 DKK of those born outside Greenland, a ratio of 0.55. Recently, the now former prime minister established a reconciliation commission, which has received some attention but not overwhelming popular support.

In 2015, the population of Greenland was 55,984 of which 89 per cent were born in Greenland and 11 per cent were born outside Greenland, mostly in Denmark. Place of birth is a proxy for ethnicity used by Statistics Greenland and other agencies; for adults living in Greenland, this is a rough but useful estimate of ethnicity as Greenlanders (Inuit) or Danes. Among 2,069 participants in a population health survey in 2014, 95 per cent of those born in Greenland classified themselves as Greenlanders. Greenlandic, an Inuit language, is the vernacular spoken by virtually everybody while Danish is the major second language, spoken by a substantial proportion although far from all.

Fig. 1. Map of Greenland with towns and villages indicated by dots according to population size. Villages with less than 100 inhabitants are not shown.

The population is scattered in 17 small towns and approximately 60 villages which are all situated on a narrow coastal strip. A town is defined historically as the largest community in each of 17 districts. The capital, Nuuk, has 17,000 inhabitants, the second largest town 5,600 and the villages between 500 and less than 50 inhabitants. In the towns are located district school(s), health centre or hospital, church, district administration and main shops. These institutions are absent or present to a much smaller extent in villages. There are no roads connecting the communities. The majority (92 %) lives on the West Coast, around 3,500 people live on the South East Coast, and about 750 people live in Avanersuaq in the extreme northwest corner of the island (Fig. 1). The communities in the east and extreme north are poorer and less developed than the rest of the country. Countrywide there are marked socioeconomic and infrastructural differences between towns and villages.
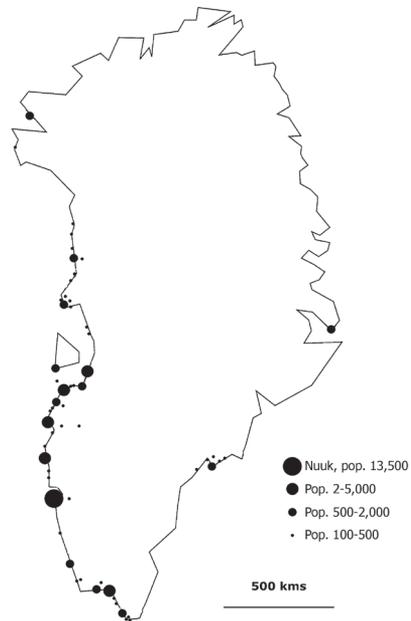
Results

Early Health Effects of Colonization. Eighteenth and Nineteenth Century
Relatively little is known about the health of the Inuit at the time of the first contact with Europeans in the seventeenth century. Whalers and explorers left no information. The first description of the health of the Inuit was given by missionary Hans Egede ([1741] 1984) according to whom epidemics (such as plague and smallpox) were unknown until 1734

> when one of the [Greenlanders] who had been infected by smallpox in Copenhagen passed the infection on so that more than two thousand people in the vicinity of "the Colony" died. (Egede [1741] 1984: 67)

Information on health is sparse during the colonization period and based on laymen's observations but a number of epidemics have been recorded. During the eighteenth and nineteenth centuries repeated epidemics of in-

fluenza, respiratory infections, smallpox and typhoid fever decimated the population as had been the case all over the Americas during the early years of contact. The impact of these epidemics is for the most not described in detail. However, in one community of 400 inhabitants, 357 (90 %) died in the smallpox epidemic of 1800. In some communities the whole population died, in others only a few children were spared (Bertelsen 1943).

Starvation and even hunger deaths were not uncommon in the eighteenth century but probably also later. In 1884 in East Greenland cases of survival due to cannibalism were reported. Even as late as in 1980 a local informant pointed out an abandoned village in North Greenland to one of the authors where allegedly a family had starved to death while the informant was a young man in the middle of the twentieth century. At the "colonies" starvation was to some extent kept at bay by the distribution of hunger relief to those most in need, but this was far from adequate and almost every winter witnessed periods of severe starvation when the Greenlanders were forced to eat their skin clothes, the soles of their boots and the skin covering of their kayaks (Bertelsen 1937).

Health in the Twentieth and Twenty-First Century

Based on information from Bertelsen (1935), the annual reports of the Chief Medical Officer and the Greenland Registry of Causes of Death, Fig. 2 gives an overview of causes of death in the Inuit population of Greenland since
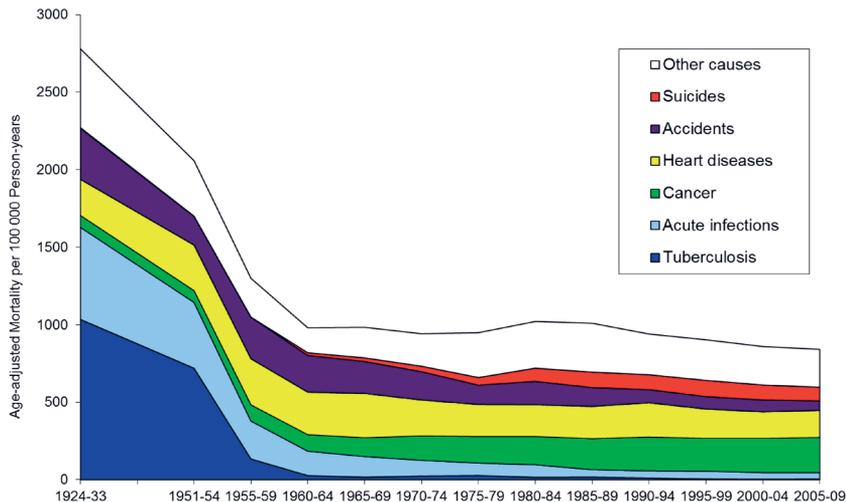
Fig. 2. Age-adjusted mortality from major causes of death in the Inuit population of Greenland 1924–2009. Data sources: Bertelsen (1935); Chief Medical Officer (1951–1967); unpublished analyses of the Registry of Causes of Death at the National Institute of Public Health.

1924. Mortality from tuberculosis and acute infectious diseases declined significantly until the 1960s and are now negligible as causes of death. Since 1960, a decrease in mortality from infectious diseases, heart diseases and accidents has been balanced by an increase in mortality from cancer and suicides.

The decrease in mortality from tuberculosis and acute infectious diseases can be attributed to a combination of improved living conditions, including housing, and improved health care in the post-colonial period. The increase in mortality from cancer has to a great extent been due to lung cancer and other tobacco related cancers (own analyses of the Greenland registry of causes of death). Although this drug was introduced during colonial times by colonial traders, it was more than willingly accepted. The combination of dietary transition and reduced physical activity has resulted in vastly increasing prevalence of obesity and diabetes.

Mental Health, Alcohol and Suicides
There is general consensus among health care professionals and Greenland politicians that mental health is a major case for adverse effects of (post-) colonial development on health. In this respect, alcohol misuse and suicides stand out as rather well studied themes. During colonial times it was illegal to sell or give alcohol to the Inuit except in certain situations as a reward. It was accordingly highly valued and it was reported by the colonial authorities that intoxication was the purpose of drinking. In 1955 general sale of al-
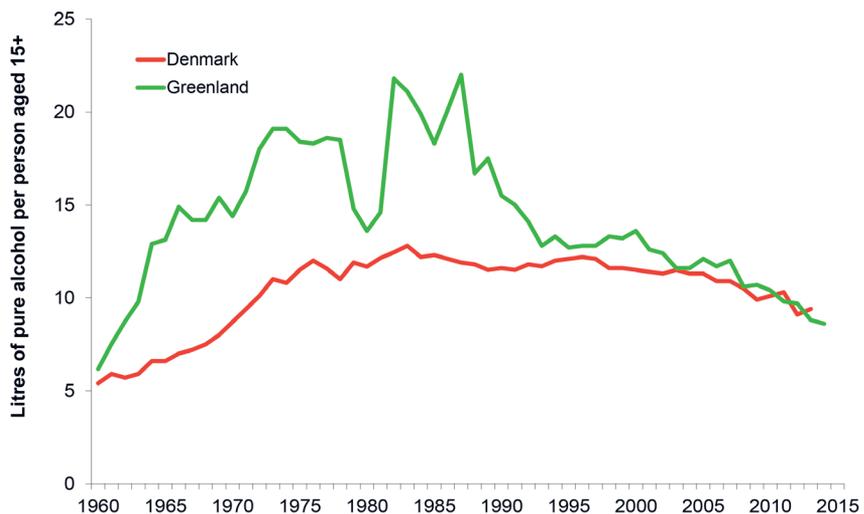
Fig. 3. Import of alcohol to Greenland and sale of alcohol in Denmark 1960–2014, calculated as litres of 100 % alcohol per person aged 15+. Data sources: Statistics Greenland; Statistics Denmark.

cohol was permitted and consumption increased (Fig. 3). Strictly speaking, information is only available for import of alcohol but in the absence of any significant cross border purchase or home production this is for practical reasons equivalent to consumption (Bjerregaard & Becker 2013). Apart from a brief interlude in 1979–1982 with restrictions on the sale of alcohol, consumption increased until 1987. After this consumption plummeted and since 1993 there has been a slight but steady downward trend. However, despite this pattern and the fact that for 20 years the average consumption has been at the same level as in Denmark alcohol misuse is still among the most serious public health problems, if not the most serious problem, in Greenland.

First, an average consumption of about 10 litres of pure alcohol per person aged 15 and above is quite high compared with many countries in the world, for instance 50–70 per cent higher than in Norway and Sweden. Second, the typical consumption pattern in Greenland is characterized by weekly or monthly episodes of high consumption, binge drinking, which has multiple health and social risks. Third, the effects of the high consumption during 1965 to 1990 are still substantial. Fig. 4 shows the prevalence of alcohol problems in the childhood home reported by participants in the health survey of 2014 by year of birth. Already among those born in 1950, the reported prevalence of often having witnessed alcohol problems was 12 per cent, increasing to a peak of 29 per cent among those born 1975–1979. Among those born during 1965–1995 and probably reporting their childhood conditions during 1970–2000, more than 60 per cent reported having witnessed some degree of alcohol related problems in their childhood home. This temporal trend corresponds well with the alcohol import statistics. A similar temporal pattern exists for another indicator of dysfunctional families, namely sexual abuse. Child sexual abuse does not generally happen between close relatives. More often it is the case that parents are unable to control what is happening in a home steeped in alcohol (Christensen & Baviskar 2015; Pedersen & Bjerregaard 2012). Birth cohorts from 1970 to 1989 reported sexual abuse much more often than previous birth cohorts and more often than the few survey participants born in 1990 and later. Two demographic variables (urbanization and immigration) showed parallel development with alcohol problems (Fig. 4).

Suicides
In colonial times, suicide rates were low, estimated by Bertelsen (1935) at 2.3 per 100,000 person-years in the beginning of the twentieth century. A significant increase took place from 1960 to 1980 and since 1980 the crude suicide rate has been around 100 per 100,000 person-years (Bjerregaard &
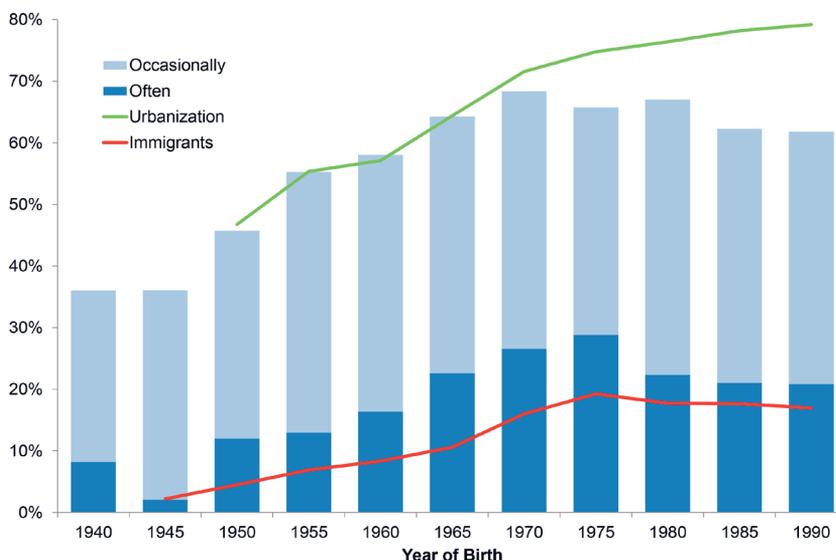
Fig. 4. Reported prevalence of alcohol problems in the childhood home of participants in the 2014 health survey by year of birth. Inuit in Greenland; N=1739. Overlay of official statistics of urbanization (per cent living in towns) and percentage of (Danish) immigrant (workers).
Data sources: Statistics Greenland and unpublished analyses of the Health Survey in 2014 (see Dahl-Petersen *et al.*, 2016).

Larsen 2015). Suicides are considerably more common among men than among women, and there is a distinct peak in the age group 20–24 for men and 15–19 for women.

In a colonial discourse it is particularly relevant to note that the temporal trend of suicides differs among regions (Fig. 5) (Bjerregaard & Larsen 2015). In the towns of West Greenland the temporal pattern was similar to that of the whole country, namely an increase until the late 1980s followed by stagnation of rates. In contrast, the capital had an early rise in rates in 1980–1984 followed by a decrease, and rates have been lower than in the other towns in West Greenland since 1985–1989. From the start, the suicide rates in the villages in West Greenland were relatively low but a steady increase has brought them at the same level as those of the towns. Finally, the suicide rates in East and North Greenland have remained the highest of all since 1985, recently more than twice as high as rates in West Greenland although there was a decline in the most recent period, possibly artificial due to small absolute numbers. Since 1985 the rates have differed little among the three regions in West Greenland but since 2000 the rate for the capital was below those of the rest of West Greenland (p=0.004) while the rate in East and North Greenland was higher (p<0.001). The different tempo-
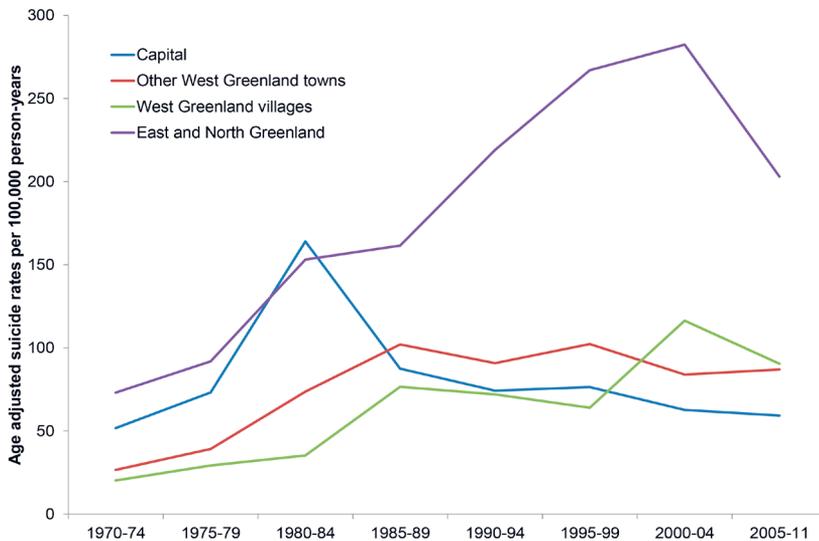
Fig. 5. Temporal trend of suicides in four regions of Greenland. Inuit in Greenland. Rates per 100,000 person-years standardized to World Standard Population 2000–2025. N=1669. Source: Bjerregaard & Larsen (2015).

ral patterns suggest that the timing and degree of post-colonial social and economic development influence the suicide pattern. Social and economic development started first in the capital and socioeconomic conditions have generally become better there than in the rest of the country. In remote East and North Greenland, the development started later, and the improvements in socioeconomic conditions have not yet reached those achieved in the rest of the country.

Suicidal Thoughts
While the analysis of completed suicides is only possible at superficial and ecological levels such as rates by age and sex, calendar year, year of birth, and place of residence, questions about suicidal ideation were included in the recurrent health surveys and may be analysed according to for instance social position and childhood conditions. Suicidal thoughts and attempts are much more prevalent than completed suicides and should not only be thought of as risk factors for suicide but as a general measure of poor mental health. The variable used for the present analyses was suicidal thoughts within the last year. Of 1,841 Inuit participants in the 2014 survey who filled out the self-administered questionnaire, 1,749 (95 %) answered this question.

Table 1. Associations of childhood conditions, socioeconomic position and current residence with recent suicidal thoughts. Adjusted for birth cohort. Inuit of Greenland 2014. N=1706.

Childhood	
Sexual abuse	No
	Yes
Alcohol problems in home	None
	Sometimes
	Often
Residence 10 years old	Nuuk
	Other towns in West Greenland
	Villages in West Greenland
	East Greenland
Current socioeconomic position	
Education	None
	Short
	Long
Household assets	1st quartile
	2nd quartile
	3rd quartile
	4th quartile
Current residence	Nuuk
	Other towns in West Greenland
	Villages in West Greenland
	East Greenland

While suicide rates were much higher for men at all ages, the prevalence of suicidal thoughts was similar for men and women. Among participants in the age group 18–29, 28 per cent had ever had serious suicidal thoughts while 25 per cent had attempted suicide (Bjerregaard & Larsen 2015).

We hypothesized that recent suicidal thoughts were associated with birth cohort, gender, childhood conditions, socioeconomic position and current place of residence. This hypothesis was tested in the most recent dataset from 2014. The prevalence of recent suicidal thoughts increased significantly with birth cohort but was not significantly different in men and women. Table 1 shows separately for men and women univariate associations of the other variables adjusted for birth cohort in a General Linear Model. All associations were statistically significant in women but only a

	Men			Women		
	Estimate %	95 % Conf.int.	p	Estimate %	95 % Conf.int.	p
	9.4	6.7;12.2	<0.001	6.0	3.7;8.2	<0.001
	24.3	17.5;31.0		17.9	14.6;21.2	
	7.7	4.3;11.0	0.02	7.0	4.2;9.7	0.045
	10.3	7.1;13.6		10.2	7.6;12.9	
	18.2	13.2;23.3		12.1	8.6;15.7	
	11.8	5.7;17.9	0.75	7.0	2.1;11.9	0.009
	11.7	8.7;14.7		8.1	5.7;10.5	
	9.2	4.7;13.7		9.6	6.5;12.8	
	10.1	4.7;15.4		16.9	12.1;21.7	
	11.9	8.9;14.9	0.34	11.2	8.9;13.5	0.004
	10.3	6.7;13.9		8.9	6.1;11.8	
	7.4	107;13.1		3.4	0;7.6	
	13.0	8.5;17.6	0.03	12.9	9.2;13.7	0.002
	16.0	11.2;20.8		13.2	9.2;17.1	
	10.4	5.9;15.0		10.0	6.5;13.4	
	8.2	5.0;11.5		6.1	3.5;8.6	
	12.4	8.5;16.3	0.46	5.4	2.5;8.3	0.001
	11.3	8.2;14.4		9.9	7.4;12.3	
	6.6	0;13.8		10.8	6.4;15.3	
	9.1	3.5;14.6		17.1	11.8;22.4	

few in men. The main findings were that being exposed to sexual abuse and alcohol problems during childhood as well as poverty increased the prevalence considerably. In women also lack of education and childhood and current residence in East Greenland were associated with high prevalence of suicidal thoughts.

A statistical model was built with these variables and Table 2 shows the results of a logistic regression analysis with backwards removal of variables. For both men and women Odds Ratios for sexual abuse during childhood were high (3.0 and 4.1, respectively) while inverse associations with a measure of socioeconomic position (household wealth) were less powerful. For men, alcohol problems in childhood showed an additional high OR of 3.8. The univariate associations with education and residence did not enter the models.

Table 2. Model for recent suicidal thoughts among Inuit in Greenland. Logistic regression adjusted for birth cohort. N=1706. Nagelkerke R-square

	Men (r^2=0.18)			Women (r^2=0.17)		
	OR	95 % Conf.int.	p	OR	95 % Conf.int.	p
Sexual abuse	2.98	1.37;6.46	0.006	4.11	2.45;6.90	<0.001
Alcohol problems in home (often)	3.82	1.57;9.30	0.003	n.s.	-	-
Assets	0.82	0.68;1.00	0.05	0.84	0.72;0.99	0.04

Note: n.s. = not in model.

Table 3. Model for sexual abuse in childhood among Inuit in Greenland. Logistic regression adjusted for birth cohort. N=1494. Nagelkerke R-square.

	Men (r^2=0.18)			Women (r^2=0.17)		
	OR	95 % Conf.int.	p	OR	95 % Conf.int.	p
Alcohol problems in home (often)	4.79	2.35;9.76	<0.001	3.47	2.29;5.26	<0.001
Education (medium-high)	n.s.	-	-	1.79	1.08;2.96	0.02
Household assets	n.s.	-	-	0.85	0.77;0.95	0.003
Current residence (towns outside Nuuk)				1.77	1.18;2.66	0.006
Current residence (villages in West Greenland)	n.s.	-	-	2.15	1.14;4.06	0.02

Note: n.s. = not in model.

With child sexual abuse as the major risk factor for recent suicidal thoughts the next logical step was to search for risk factors for this. The result of a logistic regression model with child sexual abuse as the outcome variable (Table 3) showed that for men the only significant risk factor was alcohol problems in the childhood home (OR for sexual abuse among participants reporting often having had alcohol problems=4.8; 95 % CI 2.4;9.8). For women, alcohol problems in the childhood home was the most significant risk factor (OR=3.5; 95 % CI 2.3;5.3) while also medium/high education, poverty and current residence outside the capital were statistically significant. Women growing up in East Greenland had an OR=2.23 (p=0.10) for sexual abuse in childhood; the lack of statistical significance may be due to a relatively small absolute number.

Discussion

The Inuit in Greenland is an example of a people subject to a benign colonization followed by a peaceful decolonization, that is by now far advanced in political self-determination and possibly heading for nationhood. Despite this, the Inuit of Greenland still face an undiminished challenge from mental health issues such as youth suicides, sexual abuse and misuse of alcohol.

We have shown parallel developments of suicides, alcohol problems and sexual abuse in childhood with post-colonial development, in particular population increase, urbanization and increase in the proportion of migrant workers which started in the 1950s and accelerated in the 1960s. Alcohol problems, child sexual abuse and suicides were manifest from the 1960s and although the demographic changes described above have stabilized, these health issues have not improved. It is well known that psychological trauma is inherited and it is a likely explanation that the parenting skills of the 1960 to 1990 generation have been damaged and that the effects of those years will linger for generations.

Our findings indicate that colonization is far from over when colonization status has legally ended. It is rather the case at least in Greenland that the attempts at "modernizing" a previous colony despite the successful creation of infrastructure, health services etc. have caused social havoc and poor mental health. It is thus important to include both the colonial and the post-colonial periods in studies of the "colonization complex" and to keep in mind the transgenerational effects on health and social conditions.

We have shown strong associations of suicidal thoughts with self-reported sexual abuse during childhood and for men with alcohol problems in the childhood home. We have also shown strong associations of sexual abuse in childhood with alcohol problems in the childhood home. These associations point towards an integrated complex of adult mental health

and adverse childhood conditions which suggest that childhood conditions influence adult mental health.

Lynge (1997) concluded that many young psychiatric cases had been exposed to neglect, alcoholism and changing childhood environments. An epidemiological overview of suicides in Greenland until 1999 concluded that although the increase in suicides coincided with the modernization after 1950 it was not possible to pin point any specific components of modernization as main causes of the increase in suicide rates (Bjerregaard & Lynge 2006).

The gender aspect is principal and epidemiological analyses of men and women together or with statistical control for sex would have obscured many relevant observations. It is particularly salient that studies of completed suicides only have often lead to the conclusion that suicides are a problem among young men while the likewise high rates among young women have been somewhat ignored. The prevalence of suicidal thoughts is as high among women as among men but women apparently more often than men refrain from acting upon the ideation. Unfortunately there is little knowledge about suicidal attempts in Greenland which might cast more light on the gender issue. It is furthermore intriguing that in univariate analyses the associations between potential risk factors and recent suicidal thoughts were stronger and more often statistically significant among women than among men.

The regional differences in the prevalence of recent suicidal thoughts (among women) did not remain in the statistical models after control for sexual abuse but a high although not statistically significant risk of sexual abuse was contingent on growing up in East Greenland and on currently living outside the capital. Despite the lack of significance between region and recent suicidal thoughts, regional differences remain an important aspect to keep in mind when studying issues of mental health among the Inuit because of differences in living conditions and access to improving social status through education, job opportunities and proper housing (Riva *et al.* 2014). Both variations within regions and the differences across regions are without doubt important upstream determinants of health in modern Greenland. To improve our understanding of the possible interaction between region and mental health and the differences between men and woman as to how traumatic experiences during childhood are manifested as mental health issues later in life, the population based studies should be combined with qualitative interviews focused on how the connection between childhood conditions, the place you grow up, generational differences and gender perspectives are perceived at an individual level and among social groups.

A high socioeconomic position (household affluence) offered some protection against suicidal thoughts but given the cross sectional nature of the data the results may also be interpreted the other way round, that a heavy burden of childhood exposure and mental health problems make it more difficult to finish an education and obtain a high social position. The latter was concluded from results similar to ours in a recent study of sexual abuse of children in Greenland (Christensen & Baviskar 2015).

The strengths of the study include good countrywide data on exposure and mortality as far back as the 1970s which was only a few years after the start of the post-colonial societal development.

The Health Survey in 2014 comprised communities of all sizes from both West and East Greenland and is as such representative of the whole country. The sample was drawn at random from the selected communities but with a participation rate of 63 per cent there is a risk that differential non-participation may affect the results. It was shown that the participation rate was lower for men than for women and that young people (18–34 years) were underrepresented (Dahl-Petersen *et al.* 2016). Furthermore, non-participants had less education and more often smoked while drinking patterns and self-reported health did not differ significantly. The differences between participants and non-participants were small and while it is possible that non-participants had higher prevalence of suicidal thoughts and adverse childhood conditions, it is not probable that the associations among these variables are fundamentally different.

The main weakness of the study is that the causality of colonial stress on living conditions during the 1960s and 1970s is only inferential. Furthermore it is a methodological challenge in a cross sectional study to causally connect information about childhood conditions with information about suicidal thoughts in the same study. One important aspect of colonization was not included in our study, that is discrimination. A study from 1963 on relationships between Greenlanders and Danes in Greenland analysed the perception of differential treatment of either group. Not surprisingly both groups expressed feelings of differential treatment by the other group up to the level of discrimination (Udvalget for samfundsforskning i Grønland 1963: 74). This theme has never been included in health studies in Greenland but studies among the Norwegian Sami have showed associations between self-perceived discrimination and several negative health outcomes (Hansen 2015).

Future population health surveys should include questions on perceived colonial and post-colonial stress and questions on perceived discrimination. The existing data include additional data on of other aspects of mental health, for instance Goldberg's General Health Questionnaire, and

additional descriptors of childhood conditions such as, for example, parents' residence and job, internal migration and language proficiency. Associations between these variables should be further analysed.

Conclusion

Colonization and living conditions during the post-colonial period exerted a profound and long lasting negative influence on the present day mental health of the Inuit in Greenland. In particular, a childhood with exposure to alcohol misuse and sexual abuse was linked to suicidal behaviour in adult life. The results further illustrate that it is not only extensive colonial stress such as genocide and loss of language and culture that has negative effects on mental health but also the more subtle stress factors that the Inuit in Greenland have been exposed to.

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Is There Self-Determination in Canada's First Nations Communities?

ABSTRACT What is self-determination? How was the definition created? Examining First Nations health care systems has shown that definitions of self-determination for First Nations leaders and communities are different from those provided by federal and provincial governments. To ensure First Nations survival in the long term, it is important for First Nations people, leaders and communities to collaboratively develop definitions of self-determination in an Aboriginal context. This paper reviews perceptions of self-determination in health care by First Nations, and provincial and federal governments, and how relationships between these three groups are affected by differing perceptions. The impacts of colonialism are examined and discussed as they pertain to perceptions of self-determination in health care in First Nations communities. To survive, First Nations must establish firm definitions and boundaries to prevent further oppression and colonization, and to navigate control of their health and health care for future generations.

KEYWORDS Aboriginal people, First Nations people, First Nations health care, Health Care—Canada, health policy

Introduction

All people living in a democracy are believed to have self-determination over their lives; which is the power of choice in all aspects of their lives (Buchan 2003; Royal Commission on Aboriginal Peoples 1996*a*). There is considerable literature that discusses self-determination in Aboriginal communities in Canada, but not necessarily in health (Borrows 2001; Boyer 2003: 2; Royal Commission on Aboriginal Peoples 1996*b*). However, after examining First Nations health care systems in four First Nations communities in Canada, it is apparent that the definition of self-determination is different for First Nations leaders and people than for bureaucrats in federal and provincial governments. The definition of self-determination currently used by the federal government with regards to health leans toward administrative or bureaucratic control of health programs and services decisions in First Nations communities rather than true choice for an individual or community's health and the primary health care they receive (Borrows 2001; Buchan 2003; Napoleon 2005). With a lack of health care options in many First Nations communities, First Nations people do not have true choice over their health care (i.e., when, where, and who provides their health care to them). Therefore, it is important for First Nations people, their leaders and their communities to work collaboratively to establish a clear and concise definition of self-determination in health and health care that will be used when dealing with the federal and provincial governments, who often provide funding and resources.

Through the enactment of the "British North America Act," "Indians" became wards of the state with limited rights and freedoms (Borrows 1994; Miller 1990) . Many other policies and legislations, such as the Indian Act of 1876 and the White Paper of 1969, have created tension in the relationship between Aboriginal people and the federal government. Due to this tension and the First Nations (the current term used for "Indians") belief that they have an inherent right of sovereignty, they continue to strive for self-determination with the freedom to choose how to express "their identity, their sense of themselves and the character of their relations with others" (Royal Commission on Aboriginal Peoples 1996*b*: 108). Returning to being self-determining and self-governing will assist with revitalizing and reclaiming their cultural identity, which has been shown to be a protective factor for health (Chandler & Lalonde 1998; Warry 1998; Warry 2007). Therefore reclaiming cultural identity can assist First Nations people, and communities may promote self-determination in their health care systems and may ultimately improve their health.

Taking control of health care could be a first step toward decolonization and reconciliation from the oppressive and colonial policies of the past two

hundred years in First Nations health care. In Canada, the federal government has sent mixed messages about self-determination. Through the Indian Act and residential schools, First Nations people were legally unable to use traditional healing practices and discouraged from the use of traditional medicines. Intergenerational trauma and the inequitable relationship between First Nations and the federal government has led to gaps in the health care available and provided to First Nations people who remain on reserves in their traditional territories (Loppie & Wien 2009). Thus to obtain *choice* in health care (to be considered biomedical), a First Nations person or family must leave their reserve and community and enter the provincially run health care systems that are secular and often blind to First Nations sociopolitical history with the nation-state that has led to a myriad of health conditions that were not present at contact or shortly thereafter.

Self-determination in health may hold the key to providing culturally sensitive health services to match evolving health care needs of First Nations communities. This self-determination in health care may be the catalyst that could promote self-governance in other aspects of First Nations communities such as education, community development, cultural traditions and policy development (Graham & Wilson 2004) .

Some scholars (Lavoie 2011; Romanow 2002; Royal Commission on Aboriginal Peoples 1996*c*) stress that certain factors are required for self-determining First Nations health care systems, such as strong and open communications, adequate funding, and leadership capacity. Health Canada (2004) and First Nations Healing (2010) state that these factors can move First Nations communities toward an ideal First Nations health care system that is culturally and linguistically responsive and provides communities with increasing self-determination. The structure or organization and delivery of health care in First Nations communities are not well documented in the literature. Warry (1998) argues that it would be difficult to examine how self-determination influences health care as there are many variables that can influence the level of self-determination that communities have or strive to achieve. Lavoie (2011) acknowledges that there is a patchwork of policies and programs to meet the health care needs of First Nations people, but does not provide any details about the organization of First Nations health care systems. Health Canada (2004) released the *Handbook on Health Transfer*, which vaguely outlined the necessary components of a First Nations health system that are required to enter into a health transfer policy.

In this study, First Nations leaders and health directors, and provincial and federal government staff were asked about the level of perceived control that First Nations governments and health authorities have over their

health care. The different perceptions of the level of influence or control by First Nations will be discussed in detail.

Methodology

The current study emerged from a previous qualitative study (Expanding the CIRCLE) that examined the quality of diabetes care provided in four First Nations communities that were selected because of specific community characteristics (i.e., isolated, remote, close to an urban centre, increased number of follow up visits, etc.). Blood Tribe (Alberta), Wasagamack and Garden Hill First Nations (Manitoba), and Lac La Ronge Indian Band (Saskatchewan) were chosen and semi-structured hour-long interviews were conducted with the doctors, nurses, Community Health Representatives (CHRs), and patients in August and September 2010. Based on the analysis of these interviews, the current study was conducted to determine how much decision making authority or self-determination did the First Nations governments have over their health programs and services provided to their community, and what role does the degree of contact with western paradigms have on the perceptions of self-determination in health care by federal, provincial and First Nations bureaucrats and leaders. For the current study, an additional ten federal and provincial government bureaucrats were interviewed by telephone in June and July 2011. These participants were recruited through the First Nations communities and through snowball methodology. Table 1 shows number and description of participants used in this study. The qualifiers are the number of possible participants for each of the respondent groups. The study was approved by the University of Toronto Research Ethics Board in May 2011.

The study was designed using an Indigenous conceptual framework (the Medicine Wheel as shown in Fig. 1). After reviewing the findings from the Expanding the CIRCLE study and determining that there were varying methods of organizing and delivering health care in First Nations communities, a Medicine Wheel conceptual framework was developed to illustrate the interconnectedness between the socio-political history, the organization and delivery of health care, the perceived level of self-determination in each of the four First Nations communities and their health care system. The outer boxes in Fig. 1 show some examples of the traditional teachings given to the author as an Aboriginal person. The quadrants of the large circle relate to the traditional teachings in the outer boxes. As in life, the Medicine Wheel does not have to flow in only one direction, there are connections between all four quadrants and the themes represented here may have been missed in other frameworks. For example, culture and language are

Table 1. Number and description of participants for current study.

Respondent Title	Number of respondents	Qualifiers—number of participants out of the possible number of participants
Provincial government participants—with at least one participant from each province	4	1 of 5, Alberta 1 of 2, Saskatchewan 2 of 2, Manitoba
Federal government participants—with at least one participant from each region and one from National office	7	2 of 4, Alberta 1 of 2, Saskatchewan 2 of 2, Manitoba 2 of 50, Headquarters
Doctors	2	1 of 2, Blood Tribe 1 of 2, Garden Hill
Nurses	4	1 of 8, Blood Tribe 1 of 5, Lac La Ronge 1 of 4, Garden Hill 1 of 2, Wasagamack
Band council members with health portfolio or chief	4	1 of 2, Wasagamack 1 of 2, Garden Hill 1 of 2, Lac La Ronge 1 of 2, Blood Tribe
Health care directors or managers in First Nations	3	1 of 1, Garden Hill 1 of 1, Wasagamack 1 of 1, Lac La Ronge

embedded in all four quadrants in different capacities, but in a linear model, it would be difficult to show how culture and language impacts self-determination in each area. The Medicine Wheel teachings gained by the Aboriginal author throughout her life guided the analysis of the qualitative data in NVivo. Using the traditional teachings of the Medicine Wheel and the health care literature, themes emerged from the interviews that illustrated that there were many factors that were determining the perceived level of self-determination that First Nations communities may exert over their health care systems.
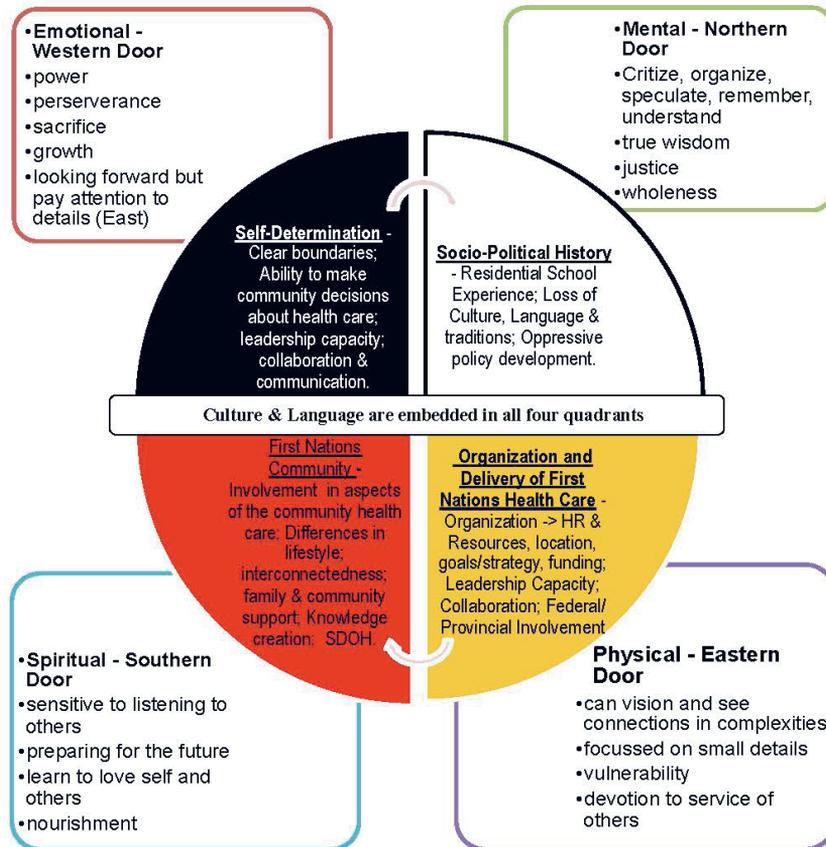
Fig. 1. Medicine wheel conceptual framework.

Many themes emerged through the analysis, but for the purposes of this paper, the definition and perceived level of self-determination that First Nations communities are perceived to have will be the only areas examined.

Results

Self-determination in any aspect of a person's life can influence the other areas in their life; for example having choice to where to reside or being employed can change the income levels of individuals and families, which can then influence the amount of healthy foods that they can access. Self-determination for a First Nations community means that they have control to make choices to improve the health care and health programs and services for true change and benefits the community's needs; for example control

over who is employed in primary health care (i.e., doctors and/or nurses) can change how, when and where First Nations people access primary care to move from intervention to prevention of illness and disease. Despite the many limitations of the health transfer policy and Health Canada's lack of commitment to support true self-determination in health (Jacklin & Warry 2004), all four of the First Nations communities in this study have made strides in gaining greater control over their health services (i.e., health programs and services, and in some instances the primary health care provided). Self-determination in health is evident in all the communities as they have chosen strategies to help them to achieve their goals to improve primary care and specialized services. Each of the communities is aware of their progress and continues to work with their provincial and federal government counterparts to increase awareness and understanding of their abilities leading to self-determination.

The participants who were chosen from the federal, provincial and First Nations governments provided their perception of the level of self-determination that the First Nations communities had in their health care system. These perceptions were based on their knowledge of mainstream or western bio-medical health care and the ability of these First Nations communities to achieve similar systems in their communities.

Federal Government Participants

Through policies such as the Health Transfer Policy, Self-Government Policy, and the Indian Health Policy, federal government bureaucrats become familiarized with the government's definition of self-determination as part of their role in First Nations communities. Many of the federal government participants believe their role is to assist First Nations communities with increasing their leadership capacity. "[T]he more capacity they have, the more independence or the more flexibility that they can have around things" (federal government participant). Another federal government participant spoke about the role of bureaucrats working with First Nations: "so my primary objective is to facilitate health outcomes by increasing the capacity of community level to self-determine." First Nations and Inuit Health (FNIH), a branch of Health Canada, had staff assist First Nations communities with moving toward health transfer and then increased flexibility available under such an agreement according to some federal government participants.

When discussing the Health Transfer Policy (HTP), which provides First Nations communities with funding to provide public health and some primary care services, one federal government participant noted that there were "levels of agreements [HTP], based on leadership capacity and ability," with region-wide planning and delivery, leadership and capacity building

may not be as important in future agreements. However in "each community, the leadership can determine the direction and we don't want or have any control over that" (federal government participant). This statement clearly is not pursued by all federal government bureaucrats as some of the federal government participants who work with First Nations communities state that there is established criteria that FNIH bureaucrats must apply to determine a community's flexibility and control over their health system. In fact, some federal government participants stated that there are no published criteria for the communities, but that the relationship between the FNIH bureaucrat and the community as well as their previous experience with contribution agreement programs and services is considered when determining the level of flexibility assigned to a community.

Some federal government participants believe First Nations communities are moving toward more flexibility. Most of the federal government participants provided their interpretation of the guidelines to self-determination for First Nations communities to obtain control of their health care. When these participants spoke about self-determination, it was clear that the definition that they understood was to have the ability to make individual choice about when and where to access health care. Some of the participants noted that communities have control over the administration of the funding, planning the programs and services, but all participants said that First Nations communities, regardless of the flexibility they are afforded, must adhere to the guidelines for accountability that Health Canada has provided in the health transfer handbooks. All these participants agreed that strong leadership capacity was absolutely necessary in order for a community to move toward flexibility and self-determination.

In terms of the federal government participants' perceptions of each of the four communities, it was acknowledged that Blood Tribe had the most control over their health care as they have strong leadership capacity and "a fair bit of administrative control" (federal government participant). Lac La Ronge Indian Band was perceived by federal government participants as having some flexibility in their health transfer agreement. Many of the federal government participants acknowledged that smaller First Nations communities must build their leadership and ensure that they have the appropriate level of capacity to receive flexible health transfer agreements and contribution agreements. Two federal government participants believed that the leadership in Garden Hill has already learned how to negotiate new partnerships and relationships in a way that will benefit the community's health, and as such the community is moving toward greater flexibility and control of their health care system. In Manitoba, there was discussion with the federal government participants who believed the federal gov-

ernment was moving toward transferring nursing stations to the province and then from the province to the First Nations, but that this would take a vast amount of time before First Nations communities would have control over their nursing stations. Most federal government participants perceive strong leadership capacity, both at the band and health levels, as the key to increased flexibility that leads to self-determination.

Provincial Government Participants
Alberta, Saskatchewan and Manitoba have large Aboriginal populations and there are several treaties signed in each province. Provincial governments are responsible for providing and administering health care to all citizens in their jurisdiction as established in the British North America Act, 1867, but there are some notable exceptions including First Nations people living on reserves. As one provincial government participant explained "we are really aware of their treaty rights and don't want to do anything to jeopardize them."

The provincial government participants in Alberta believe that Blood Tribe "have complete control over their health care." The Alberta government participants were more concerned with individual self-determination in health care than the collective First Nations community self-determination over the health care system. The provincial government participants stated that the Blood Tribe has a lot of control in their health system and were definitely working on full self-determination for individuals and families.

In Saskatchewan, the provincial government participant refrained from commenting on the level of control in Lac La Ronge Indian Band. However the participant did state that Lac La Ronge had access to a good health care system, which they could influence through partnerships and networking. The provincial government participant believed that Lac La Ronge had many challenges because of its size and geographic diversity, but "they are very much involved in a number of different initiatives" that may assist them in gaining leadership capacity for future self-determination in health care.

In Manitoba, the provincial government participants were interested in working more collaboratively with First Nations communities, but the local health care system was designed and delivered by the regional provincial health authority. In this way, regional health authorities have substantial influence with regards to the organization and delivery of health care, and by extension the level of self-determination, for "mainstream" Manitobans. One government participant noted

> I think in some ways FNIH has kept them back. They have separat-
> ed them from the RHAs [Regional Health Authorities] and the RHAs
> have services that can be helpful and assist them with having some self-
> determination in health care.

The participant believed that every First Nations community in Manitoba
could become self-determining, but the First Nations authority for Garden
Hill and Wasagamack (Four Arrows Health Authority) needed more control
(self-determination) to work with provincial health authorities to then pro-
vide more self-determination to First Nations people.

All of the provincial government participants seemed to be more inter-
ested in individual self-determination rather than collective or community
self-determination in health care on reserves. Some of the provincial parti-
cipants noted that access to health care was the key to individual self-deter-
mination in health and that community self-determination was a matter to
be discussed between the federal government and First Nations communi-
ties. Thus the provincial government participants stated that their mandate
and goal was to assist First Nations communities, when called upon, with
ensuring that individual First Nations people have access to the health care
system provided by the province in order to improve the health of First Na-
tions people.

First Nations Leaders
The Blood Tribe participants believe that their health care system has pro-
vided them with some level of self-determination, but their perception
regarding the level of self-determination over health care is far less than
both the federal and provincial government participants. The difference in
perceptions of the level of control must be a factor in the organization and
delivery of health care for the Blood Tribe because when an organization
feels that they must follow guidelines and objectives, they believe they have
less ability to provide their own input. Participants from Blood Tribe believe
that they can make decisions and changes to the health care system wher-
ever needed; Blood Tribe Health Department can be considered self-deter-
mining.

Lac La Ronge Indian Band participants felt that the community had
some degree of self-determination in their health care, but Health Can-
ada and FNIH have the ultimate control and could change the direction
of health care when they feel because there is a need for transparency and
accountability attached to the funding provided for in the health transfer
agreement. As one Lac La Ronge participant stated, "if you make a drastic
change in the [health] plan, well ..." the consequences can be severe. The Lac

La Ronge participants firmly believed that the Health Director could make small or subtle changes to the health plan, but major change could not occur without extensive consultation. One community participant noted that the five-year health transfer agreement allows the community to have control over the money (self-administration) that goes directly to the Lac La Ronge Health Services for the management and board to approve of the work plan. However there would be limited flexibility in changing the prewritten proposal documents that provided the money unless you were changing the community health plan, which only occurs every 5 years. Therefore the participants felt as though Lac La Ronge Health Services had limited self-determination.

For both Garden Hill and Wasagamack participants, they perceived that both communities had no control over the community's health care, but the health participant in Garden Hill felt they had a small amount of control in health care because they could have input into how the local regional hospital ran. In both communities, health care is arranged and provided by FNIH employed health care professionals, which some participants believed helped the communities with building leadership capacity and community development as they were not focused on recruiting and staffing health care professionals. However, these remote communities lack choices in health care because of their distance from other populations; these communities are 600 kilometres northeast of Winnipeg with only winter roads or fly-in possibilities.

Discussion

The perception of control or self-determination varied depending on the level of government (federal, provincial, or First Nations) and the interactions the participant has had with First Nations health care systems. Federal government participants perceive self-determination to mean control of administrative processes, within strict parameters dictated by federal or provincial governments. Additionally, the provincial government participants saw self-determination from an individual perspective not a collective, but wanted to assist First Nations communities with gaining more self-determination in health from a provincial perspective. Community and health care professionals perceive self-determination to mean control over the allocation of resources and the uses of traditional medicines. There is clearly a difference in level of perceived self-determination that community participants see versus that of the federal or provincial counterparts, which can lead to the amount of support and flexibility the communities receive with funding, human resources, and leadership capacity development. Even the criteria for strong or effective leadership capacity are not created by First

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Nations communities, but rather by federal and provincial bureaucrats. The definition of self-determination is a factor in the perceived level of control at various levels of government (federal, provincial, or First Nations), then it is important to allow First Nations leaders and governments to have input into the definitions that clearly affect their ability to provide health care and public health programs and services. Beyond the definition, it is clear that the criteria established for each label (i.e., self-determination, leadership capacity, health, health care, etc.) should be created in collaboration with First Nations health leaders (i.e., community Health Managers, Assembly of First Nations Health Director, Indigenous health scholars, etc.) to ensure that everyone from the federal government to health professionals are working from the same definition and criteria that will improve the health and well-being of every member of First Nations communities.

Warry (1998) discussed the need for communities to achieve self-determination in health care to achieve a health care system that was culturally appropriate and community sensitive. However if the different levels of government do not perceive the same level of self-determination, it may be difficult to attain the requirement needed to increase their flexibility, which in turn will increase their level of self-determination. The guidelines and criteria are created by non-First Nations people and those who may not be familiar with the realities faced in First Nations communities or the socio-political history that First Nations people and communities have faced. Therefore arguments can be made for either a western biomedical system only or a blended system, like the ideal First Nations health care system.

Lavoie (2011) found that First Nations communities do have some flexibility within their health transfer agreements, but that the government bureaucrats who oversee the agreement make the judgment of how much control a community may have. As Malloy (2003) argued, government bureaucrats can assess Aboriginal communities based on their individual perceptions and implement policies based on their individual interpretations, which could also impede these four communities from obtaining more control in their health care systems if the bureaucrats do not perceive the community as being capable of handling increased control in the health care system. For example, Wasagamack participants acknowledged the need to increase their leadership capacity, which Lavoie *et al.* (2005) argued is required for a First Nations community have any measure of self-determination. The government participants were aware of the limited control that Wasagamack First Nation had over the health care system, but most believed that it would take the community time to develop leadership capacity that would be able to effectively operate health services in the community. Both federal and provincial government participants suggested that capacity

building of para-professionals and cultural and history awareness training for government bureaucrats may assist Wasagamack First Nation (and others like it) in taking more control over their health care sooner. Training and education about the socio-political history and culture for government bureaucrats and para-professionals would assist with moving toward the ideal First Nations health care system as everyone would have similar knowledge and understanding of the needs of First Nations health, history, and culture.

The process of devolving health care actively engages First Nations communities and the provinces, which can lead federal, provincial and First Nations governments to find innovative ways to provide self-determination in First Nations health care (Rae 2009). In the province of Manitoba, there seems to be some discussion about devolving health care, which should increase communication and assist with increasing self-determination in health care. However, if First Nations communities are forced to take control of devolved programs or services, like health care, when the program's structure, reporting requirements and partnerships are already established, this produces self-administration, not self-determination (Rae 2009). It is important for all First Nations communities to attain true self-determination, not self-administration.

Conclusions

All four First Nations communities have started their journey toward self-determination in their health care systems. The path that each community chooses is different and marked by different partnerships, collaborations, funding, communication, incorporation of culture, language and worldview, and proximity to non-Aboriginal towns and cities. The participants from the First Nations communities all stated their community had low or no self-determination in health care. This perception could be reflective of the unspoken desire to create the ideal First Nations health care system, which incorporates traditional healing and medicines with the biomedical health care system that all Canadians are entitled to and enjoy. This is important because if First Nations communities are striving from the ideal First Nations health care system, or a blended system, then their perception of how close the community is to having an ideal system would influence their perception of the level of self-determination currently experienced. Therefore many factors are influencing the perception of self-determination regardless of where a person is situated. The perception of self-determination in First Nations health care is influenced by employment (government bureaucrat versus First Nations leadership), knowledge of the socio-political history (advanced knowledge of assimilation policies and programs versus limited understanding and awareness of the traumatic

past), criteria about the health care system (biomedical health care versus the ideal First Nations health care system), and the experience of the health care system (patient and community member experience of the existing system versus an "outsider" perspective with knowledge of only a biomedical health care system). Therefore, the level of self-determination in each of the four First Nations communities appears to be at different levels depending on the participants' vantage point.

The perceived level of self-determination is subject to the power and control that the federal government currently has over First Nations communities. The control that the federal government has can be seen as similar to a parent/child relationship, in which the First Nations communities are "growing up" and with maturity wish to take further control from the parent. This imbalanced relationship is replicated in the primary care provided to First Nations communities, with little input or acknowledgement of traditional healing and medicines that may complement the biomedical care provided. Further research and policy development will be needed to continue along the continuum of a blended health care system (biomedical and traditional medicine) that is clearly defined fully self-determining.

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ANDERS HAGLUND & PER AXELSSON

The Invisible Sami Population

Regional Public Healthcare in Northern Sweden 1863–1950

ABSTRACT Medicine and public health provision have often been used as instruments of power that have shaped relations between the colonizer and the colonized. The county councils, established in 1862 as regional self-governing authorities, became (and have remained) the main architects of Swedish public healthcare services. In this paper, we investigate the political praxis in regional public healthcare development in the three northernmost counties of Sweden, during 1863–1950. Our study finds that the "Lapp shall remain Lapp" policy, which dominated Swedish Sami policy at the time, had little if any influence on regional public healthcare politics. During the focal period, there were no public healthcare facilities and virtually no *specific* policies or directives aimed at improving access to healthcare for the Sami population.

KEYWORDS colonization, Sami, history, county councils, Jämtland, Västerbotten, Norrbotten, Sápmi

Introduction

In his periodical report to the Swedish King, the County Governor of Norrbotten wrote in 1823 that he was witnessing the decline of the Sami people. According to the governor, this was due to Swedish colonization and the negative impacts that civilization and culture were having upon "wild and nomadic people all over the world" (County Governor of Norrbotten 1823: 36). This was one of several reports from the nineteenth century onward, where Swedish state officials acknowledged that Sami had worse general health (manifested by a population decline, lower life expectancy and higher rates of both child mortality and vaccination) than the non-Sami people in northern Sweden (for examples, see County Governor of Norrbotten 1823; County Governor of Jämtland 1852; Hellstenius 1884; Chief Medical Supervisor of Norrbotten 1894).

In other settings, such as Canada, New Zealand and Australia, the ill-health and apparent decline of Indigenous peoples strongly influenced the formation of both colonial relations and public healthcare provisions. From the late nineteenth century onwards, state public healthcare policies often included the establishment of separate health administration systems for Indigenous and non-Indigenous peoples.

The Swedish state began, during the latter part of the nineteenth century, to develop what has come to be known as the "Lapp shall remain Lapp" policy. According to Lantto (2000) and Mörkenstam (1999) this policy strongly influenced the Swedish state's views and actions related to the Swedish Sami until after the Second World War. Nonetheless, the Swedish state never set out to incorporate responsibility for all Sami affairs under one single administrative branch, such as the Canadian Department of Indian Affairs or Native Department of New Zealand. Instead, throughout many sectors of the state, national Sami policy came to influence the formation of separate systems for Sami and non-Sami. The intention was often to protect the Sami from the negative effects of "modernization," but would instead subordinate the Sami in relation to the Swedish state (Lantto 2012). On a regional level, from 1863 onwards, the newly instated county councils (Swedish *landsting*) of Jämtland, Västerbotten and Norrbotten initiated efforts to combat poor health. These counties were and are still located in the traditional Sami area in Sweden, that today is recognized as the Swedish part of Sápmi.[1]

Fig 1. Public healthcare facilities in Jämtland, Västerbotten and Norrbotten at the start of the 1920s. The map, found in the collaborate committee of the Royal Medical Board and the Swedish Red Cross (1920–1923), displays existing public healthcare facilities administered by the county councils as well as new facilities proposed by the committee. Source: Riksarkivet, Svenska Röda korset, Kungl. Medicinalstyrelsens och Svenska Röda korsets samarbetskommitté 1920–1923.

Översiktskarta

över

nuvarande och föreslagen sjukvårds-
organisation inom Sveriges
ödemarksområden.

(Tillhör samarbetskommitténs betänkande år 1921.)

Skala 1:1.500,000

Svenska Röda Korsets Distrikts- och
Kretsstyrelser ingående uti rikets
ödemarksområde.

Norrbottens län
Distriktsstyrelse:
Luleå

Kretsstyrelser:
Arjeplog
Arvidsjaur
Gellivare
Jokkmokk
Karesuando
Kiruna
Korpilombolo
Långträsk
Murjek
Pajala
Tärendö
Vittangi
Över Kalix
Över Torneå

Västerbottens län
Distriktsstyrelse:
Umeå

Kretsstyrelser:
Dorotea
Vilhelmina

Jämtlands län
Distriktsstyrelse:
Östersund

Kretsstyrelser:
Berg
Mörsil
Sveg

Kopparbergs län
Distriktsstyrelse:
Falun

Värmlands län
Distriktsstyrelse:
Karlstad

Kretsstyrelser:
Dalby
Torsby

Beteckningar:

Svart anger nuvarande organisation; grönt nyorganisation, dock att med
rött äro betecknade Svenska Röda Korsets alla samariter, hjulbårar och enkla
bårar; ödemarksområde är gulbelagt.

Lasarett.

Sjukstuga med isoleringsrum.

"   "   "   och tuberkulosavdelning

Tuberkulosanstalt.

Epidemisjukstuga

Sjukbärbåge

Apoteksinrättning.

Distriktssköterska utan sjukbärbåge.

Dispensärsköterska.

Barnmorska.

Samarit

Läkarbil med bår.

Motorbåt.

Hjulbår

Enkel bår.

Ortnamn ─── alltså understruket anger boningsort för provinsial- (extra
provinsial-) läkare.
──── Gräns för provinsial- (extra provinsial-) läkardistrikt.
─ ─ ─ Socknegräns.
═══ Länsgräns.
──── Större Landsväg.
──── Mindre dto och andra farbara vägar.
──── Gångväg och Båtled.
──── Järnväg.
──── Föreslagen Järnväg.

As it has not been previously addressed we want to understand the ways in which Sami people and Sami health were administered by these three county councils. We scrutinize the processes influencing decision-making at the county councils of Jämtland (CCJ), Västerbotten (CCV) and Norrbotten (CCN) based on records of their extensive archives from 1862 to 1950. We investigate how the county councils interacted with other regional and local authorities in the decision-making process regarding when and where public healthcare facilities should be established. Thus, the aim of this paper is to examine the establishment of regional public healthcare and how Sami health and healthcare needs were managed in the three counties during the period 1863–1950. We pose the following questions. Was the poor health among Sami, and their healthcare needs, formulated as part of "the Indigenous problem" and, if so, handled as a matter of separate interest? More specifically, did the "Lapp shall remain Lapp" policy influence political decision-making in the county councils during the establishment and development of public healthcare facilities in their regions?

When we end our study the county councils were the primary organizers and providers of healthcare in the evolving Swedish welfare state (Nilsson & Forsell 2013: 453–465). Moreover, a comprehensive epidemiological study concluded that, by the 1960s, the health of the Sami people in Sweden were on par with the majority population (Hassler *et al*. 2005). This means that this study covers the period when the Sami health transition took place as well as the active years of The State Institute of Racial Biology.

Previous Research
Previous research has shown that the "Lapp shall remain Lapp" policy profoundly influenced the development of welfare services in traditional Sami areas. Often, but not always, welfare services for Sami nomadic reindeer herders were to be separate from those provided for other citizens, including elderly care (Andersson 1996; Gaunt 1996; Karlsson & Liliequist 2016; Liliequist & Karlsson 2011; Lundström 2015), poverty care (SOU 1924) and education (Lantto 2005). Therefore, elderly care and education facilities provided for Sami were physically separated from those for the rest of the population through establishment of a system of residential homes for elderly Sami (Swedish *lappålderdomshem*) and schools (Swedish *nomadskolor*) throughout the Swedish part of Sápmi. These were specially designed to meet requirements for what the Swedish authorities defined as special needs of the Sami. According to Lantto (2005: 103), schools for Sami children were not to be too "comfortable" or "modern," as this would pose a threat to "the nomadic character of the Sami, and in the long term the entire Sami culture." Residential homes for the elderly Sami were, according to Liliequist

& Karlsson (2011), "designed to resemble a [Sami] settlement," and located "in surroundings designed to incorporate Sami culture and tradition" (Liliequist & Karlsson 2011: 19).

The tendency to formulate separate systems for Sami and non-Sami can also be seen in poverty relief and poverty care provisions. The costs of Sami poverty care were covered by the Swedish government rather than the local communities and municipalities where Sami people lived, although the national Poverty Care Act of 1918 stated that the municipalities were responsible for poverty care of "the entire population, without consideration to nationality" (SOU 1924: 1).

In contrast to the segregative Swedish Sami policy, Norwegian policies aimed to promote assimilation of all Sami. For example, early twentieth-century campaigns against tuberculosis in the Finnmark of Norway (largely cooperative efforts by the Norwegian state and NGOs such as the Christian missionaries of Norsk Finnemission), were influenced by perceptions of the Sami people and culture as less civilized and more primitive than the majority population (Ryymin 2007: 146). According to the Norwegian National Association against Tuberculosis, the Sami were less resistant to the disease than the majority population, due to social and cultural rather than biological factors. Therefore, actions taken to combat tuberculosis included culturally uplifting and "civilizing" the Sami (Ryymin 2007).

In Sweden, the formation of public healthcare policies in relation to the country's Indigenous people during the late nineteenth and early twentieth centuries has received little attention. In the 1960s Sixten Haraldson, a physician in Norrbotten since the 1940s, stressed that Sweden had done nothing to understand the health of the Sami people (Axelsson 2006). Prior to that, the only studies in the twentieth century connected to the "well-being" of Sami people were carried out with an eugenic agenda. The Swedish state Institute of Racial Biology examined in the 1920s and 1930s "when the Sami would die out." It was not until the 1980s, when the Chernobyl nuclear power plant accident occurred, that the health of the Sami population, especially the reindeer herders, became matter of any greater a concern for health research and medical authorities (Axelsson 2015).

In countries such as Australia, Canada, New Zealand and the United States, Indigenous peoples' healthcare needs were often identified and handled as part of an "Indigenous problem." As stated by Shewell (2004), in Canada, the measures of the Indian welfare policy were "enough to keep them alive," but forced First Nations into a colonial system created by the colonizers for the colonizers. In British Columbia, Canada, "notions of racial superiority and the 'white man's burden,' assimilative goals, and the fear

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of interracial pathological contagion merged to set the parameters of federal Indian health policy" (Kelm 1998: 100).

During the nineteenth and the majority of the twentieth century, the state of Victoria in Australia created reserves, officially intended to protect Aboriginal people from the abuse of settlers. Even if doctors assisted the reserves' inhabitants, the Australian health system was still oriented towards providing superior medical care and services for the white population, and minor support for the Aboriginal peoples until they "faded away" (Smith *et al.* 2008; McCalman *et al.* 2009). In the United States, public health provisions for Indigenous people were, until 1955, under the jurisdiction of the Bureau of Indian Affairs rather than the Public Health Service that provided healthcare for the non-indigenous population (Kunitz 1990: 654). Similarly in New Zealand, Māori health has often been identified and handled as a separate matter from health of the Pakeha (those of European descent). From the establishment of Native Medical Officers in 1850 and the Native Department in 1863 to care for health of the Māori, administration of Māori health was generally characterized by ad hoc solutions and a lack of national-level coordination (Dow 1999: 68–69).

Theoretical Concepts, Methods and Sources
In this study we examine regional political praxis as manifested in records of the decision-making processes of the county councils, and their outcomes, regarding the development of public healthcare facilities in the three northernmost counties in Sweden. We also study how this process was shaped by interaction with other regional and local actors. We use a qualitative directed content analysis (Hsieh & Shannon 2005: 1281–1283). In order to examine the voluminous material, comprising of the printed records from the council assemblies of the different counties, spanning over 86 years and almost 100,000 pages, we used key concepts identified by previous research relating to Sami history and society. One of these key concepts is encapsulated in the maxim "Lapp shall remain Lapp" (Swedish *lapp skall vara lapp*), introduced by Reverend Vitalis Karnell (1906). His ideas were founded on the conclusion (based on essentialist, racist and hierarchical cultural ideas about the Sami) that to "protect" the nomadic reindeer-herding Sami from the "superior" Swedish culture and negative effects of modern society, they should be excluded from Swedish society as much as possible. Those that were of Sami descent but not reindeer herders should assimilate into the majority society. Researchers such as Lantto and Mörkenstam (2008) and Lantto (2005) have asserted that the "Lapp shall remain Lapp" notion strongly influenced Swedish Sami policy due to its harmony with prevailing images of the Sami in Swedish society at the time. The cit-

ed authors attribute some of their argumentation to the strong theoretical connections between images, identity and formulation of policy proposed by Kooiman (2003). According to Kooiman (2003: 29), the way in which a group is identified and framed profoundly influences the governing process and policy formation. Congruently, Lantto states that:

> The native policies are based on how the indigenous groups are viewed, and these views limit the scope of possible political measures and actions; they define the boundaries of the policy area, and decide what the policy can contain and what it cannot. In a sense, these views also define the group, by stipulating who belongs to the group and who does not. (Lantto 2005: 98)

This theoretically explains the profound impact of the "Lapp shall remain Lapp" policy on the development and provision of welfare in Swedish Sápmi (Karlsson & Liliequist 2016; Lundström 2015; SOU 1924; Lantto 2005) and the industrial colonization of Sami lands in the nineteenth and twentieth centuries (Össbo 2014; Össbo & Lantto 2011). However, to what extent this view also came to influence the formation of public healthcare policy in the core Sami areas of Sweden, the focus of this study, has not been previously examined.

Archive Material

The primary sources for this study are records from the County Councils of Jämtland, Västerbotten and Norrbotten from 1862 to 1950. These records were created within Swedish administrative bodies for purposes defined by the Swedish state. Thus, they do not enable us to articulate Sami people's own experiences, a common limitation in analyses of archival material that tends to reduce Indigenous people to passive subjects rather than historical actors. We acknowledge this shortcoming. Nevertheless, the sources still illuminate colonial dimensions in Swedish policy-making and its effects on the formation of the regional public healthcare system.

Archives from the county council assemblies are, as noted by Nilsson and Forsell (2013: 416), rather brief and formal. Records of long speeches that may have been given, or extended discussions that may have been held in council arenas, are virtually non-existent in this material. Thus, it is not ideal for small sample analysis of a specific political debate. However, the printed records from the county councils include substantial numbers of proposals submitted by council members, petitions from central and local authorities or county governors, and reports from provincial doctors, infirmary boards and NGOs such as the Swedish Red Cross. They also include information about, and reports from, a vast number of investigations con-

ducted by the council. Thus, overall the material provides diverse insights into regional political processes that came to shape development of public healthcare in the three county councils located in Swedish Sápmi.

It is also important to acknowledge that the state and the church repeatedly changed their definitions of Sami identification during the period of our investigation (Axelsson 2010). It is also very likely that Sami identification locally or regionally differed from understandings at state level, although to examine these variances is beyond the scope of this paper. However, as we know that the interpretation of who was "Sami" changed over time, the terminology used in this paper is based on contemporary use in the county councils.

Background to the County Councils

Since the 1860s, the county councils have been central institutions in the Swedish public healthcare system. During the first decades of the twentieth century, the councils evolved into monolithic healthcare providers of the Swedish welfare state. The county councils were instituted through the County Council Act of 1862 (Swedish *1862 års Landstingsreform*). The act was highly influenced by liberal ideas that had gained increasing support in large parts of Western Europe after the turn of the nineteenth century (Nilsson & Forsell 2013; Gustavsson 1989). The Swedish government envisioned the county councils as forums that would represent the will of the people and exercise authority over matters within their regional jurisdiction accordingly. Through popular elections, the people of each county selected representatives who attended annual assemblies in the county capital and debated matters of common concern specified in the County Council Act. They were designed to cover the whole country, both geographically and administratively. Healthcare was initially handled as a subordinate issue at the councils, which primarily attended to improving communications, agriculture and (to some extent) education. According to Nilsson and Forsell (2013) the county councils began to emerge as the main organizers of public healthcare during the 1920s, as increasing parts of the public healthcare sector were officially placed under the councils' authority (Nilsson & Forsell 2013: 410–413, 433–434).

The counties were divided into electoral districts that were allocated numbers of council seats. A weighted voting system was used in the county council elections, in which the number of votes was decided by taxation on income and capital. In contrast to the parliamentary elections, unmarried women of legal age (25 years) and companies registered and taxed in the county had the right to vote. The weighted electoral system was abandoned in 1918/1919 and replaced by a proportional voting system that reduced the

dominance of high officials, and owners of large estates or companies. From the 1930s onwards, the county councils have mostly been governed by social democrats and left-wing parties (Nyström 1987).

The Swedish public healthcare system slowly started to expand in the north of Sweden during the eighteenth century. In the middle of this century, medical authorities submitted a report to the Swedish parliament stating that the lack of healthcare services posed a serious threat to population growth in northern Sweden. They called for publicly funded provincial doctors and midwives to be stationed throughout the area. This idea was met with great enthusiasm by the parliament, as it strongly resonated with the mercantilist ideology of the time. However, due to economic constraints of the Swedish state, most of the ideas were never implemented (Sandblad 1979: 22–27). The only result in practice was that a few provincial doctors, who were supposed to monitor health development and public vaccination programs in addition to providing medical services, were sent to northern Sweden.

At the end of the eighteenth century, the state built several hospitals throughout the country, including one in Umeå in 1785, which became the northernmost hospital in Sweden. Half a century later, hospitals opened in Piteå (1827) and Östersund (1836) (Sandblad 1979: 99–101; County Governor of Jämtland 1840). In areas of northern Sweden distant from the regional capitals, the provision of public healthcare was limited to sporadic visits by provincial doctors from the coast and services provided by church personnel. The most prominent elements of state public health provisions introduced during the eighteenth century were large-scale vaccination programmes, which were administered by local church personnel (Johannisson 1994; Sandblad 1979).

One important difference between Jämtland and the other two counties is that the Sami population were registered separately from the non-Sami population. Föllinge Lappförsamling ['Föllinge Sami parish'] established in 1746 was not an ordinary Swedish parish, in the sense that it was without exact geographical boundaries. It served more as an administrative unit loosely covering Kopparberg and Jämtland county, recording only Sami. The priest in charge of the parish was named *pastor lapponum* ['The pastor for the Sami']. The Föllinge parish was later divided into smaller non-territorial parishes, with this system in place until 1942. This system also came to have an impact on taxes as Lars Thomasson (2016) has pointed out. Well into the twentieth century the Sami in Jämtland and Härjedalen were not registered for poll tax (Swedish *mantalsskrivning*) but paid for certain areas, called tax mountains (Swedish *skattefjäll*).

Results

At the beginning of the year 1863 there were five hospitals in the focal counties: three in Norrbotten (Piteå, Luleå and Haparanda), one in Västerbotten (Umeå) and one in Jämtland (Östersund). Although the Council Act of 1862 stated that the county councils were to be responsible for public healthcare, regulations initially stated that this only encompassed hospital care. The first national Health Act (1874) stated that healthcare was mainly a responsibility for the municipalities, while supervision of health and healthcare was a matter for the Royal Medical Board (Swedish *Kungl. Medicinalstyrelsen*). The Health Act of 1919 transferred more responsibility for public healthcare into the hands of the councils, but until the early twentieth century, the provision and development of healthcare was largely a responsibility of the municipal councils. Consequently, most elements of public healthcare—including rural healthcare, provincial doctors, maternity care, vaccination programs, control of epidemics and tuberculosis care—were not under the county councils' jurisdiction. However, a general understanding seems to have emerged during the late nineteenth century, that the county councils were the natural bodies for discussing and administering matters regarding public healthcare. Therefore, the councils adopted a more active role in public healthcare development than regulations stipulated. As the county councils did not have a mandate to singlehandedly administer or develop public healthcare, they assumed numerous roles (depending on the issues concerned and time), ranging from mandating, developing, planning, organizing and financing healthcare to assisting or working in cooperation with local or national healthcare institutions and companies. Unsurprisingly, therefore, public healthcare came to develop along rather different lines in the three focal counties, as outlined below.

Västerbotten

In the autumn of 1863, the county council of Västerbotten held its first assembly, and concluded that the region was inadequately served with public health institutions as there was only one (in an area of 15,000 km^2): the hospital in Umeå (which also had a small annex for venereal patients). Thus, in 1864, the council decided to build a second hospital in the city of Skellefteå, in the north-eastern part of the county, and to split the county into two separate hospital districts (southern and northern). The hospitals were to be funded separately through the collection of healthcare tax from the people of each district. However, the Lappmark[2] of Västerbotten was not included in either of the districts. Instead, it was decided that the people of the Lappmark would be granted access to the hospitals if a higher fee was paid, and that residents from the coastal areas were to be given higher priority

(CCV 1864). Thus, the people of the Lappmark, who accounted for about 20 per cent (16,205) of the county's population (81,478) at the time, were not included in the first major regional healthcare reform.

In the 1870s and 1880s, the council became increasingly involved in co-operating with the municipalities in developing rural healthcare provisions. The council decided to give economic support to municipalities willing to invest in infirmaries. These facilities, which came to form the backbone of rural public healthcare, were to be owned and maintained by the munici-palities, but administered by the county council as integrated parts of the regional healthcare system.

This cooperation proved to be rather successful, and by the end of the nineteenth century a number of rural healthcare facilities had been built. However, they were predominantly located in the eastern part of the county, along the coast of the Gulf of Bothnia (Burträsk, Bygdeå, Byske, Degerfors, Norsjö, Nysätra). In the Lappmark only two infirmaries had been built (at Lycksele and Åsele). Several passages in the council archives highlight the poor state of infrastructure and communications in this sparsely populated area as factors holding back the expansion of healthcare services (CCV 1892, 1902, 1912–1918). The council tried to address the paucity of provisions in the Lappmark, which was considered in a number of investigations during 1870–1920. The reluctance of the Lappmark municipalities to participate in any large-scale healthcare project, such as establishment of an infirmary, was another obstacle highlighted in one of these investigations (CCV 1873). However, the peculiar administrative and fiscal status of the Lappmark, dating back to the seventeenth-century colonial policies of the Swedish Crown, seems to have been one of the most substantial problems. Due to these policies inhabitants of the Lappmark area were only liable for certain forms of national and local taxation. They did not pay regional taxes, such as the healthcare tax. This was a recurring issue in the council assemblies, and on several occasions their exemption was noted as a factor holding back development of public healthcare facilities in the Lappmark. Therefore, the lack of participation in funding public healthcare, together with the low population density, and poor state of communications and infrastructure, separated people of the Lappmark (both Sami and non-Sami) from the rest of the county. The following quote—from the summary of an investigation into the state of public healthcare in the Lappmark of Västerbotten—illus-trates the nature of discussion at the beginning of the twentieth century.

> Those municipalities in the Lappmark, yet to erect an infirmary, still need to have their entitled access to healthcare provided. Even if popu-lation density increases, and the state of communications improves,

which would allow the construction of a hospital, the services provided at infirmaries will still be needed. (CCV 1901)

Although access to public healthcare institutions was prescribed as a public right, the council members considered that the overall state of development and lack of economic resources among municipalities in the Lappmark were holding back its expansion. Hence, the county council continued to focus on expanding public healthcare provisions in eastern parts of the county. After 1874, the fiscal status of the Lappmark cleared somewhat, as some of the special regulations were lifted. However, the expansion still stalled for several decades until the aftermath of the Spanish flu epidemics (1918–1920), which struck the population in northern Sweden most severely (Åman 1990). From then, a combination of extensive financial support from the Swedish government and initiatives by the Swedish Red Cross resulted in a rapid expansion of healthcare institutions in the Lappmark of Väster-botten. Starting in the early 1920s, a number of infirmaries were built at sites throughout the Lappmark, including Malå (1923), Tärna (1925), Doro-tea (1927) and Vilhelmina (1928), and the Swedish Red Cross built small healthcare shelters in Dikanäs and Saxnäs.

Although this expansion clearly signalled a shift of focus regarding the development of public healthcare facilities, the healthcare needs of the area's indigenous population, which according to official statistics of the time composed 1.5 per cent of the county's total population and 8 per cent of the Lappmark's population (County Governor of Västerbotten 1862), were not regarded as separate concerns for the county council. Furthermore, there is no evidence that the council created or discussed separate health facilities or healthcare policies for reindeer-herding Sami or other Sami. The few times Sami peoples or matters are mentioned in the material, it is together with Swedes in the same area.

Norrbotten

In Norrbotten, public healthcare provisions were more extensive, but in some ways similar to those of Västerbotten. The public healthcare insti-tutions present in 1863 were all located in the eastern part of the coun-ty along the Gulf of Bothnia. In 1863, two hospitals were in operation (in Piteå and Luleå). In addition, a third hospital was under construction in the city of Haparanda by the Swedish-Finnish border. As in Västerbotten, the council decided to establish separate districts for each hospital. However, in contrast to Västerbotten, the Lappmark of Norrbotten was included in the hospital districts.

During the early 1880s, the council began discussing the obvious lack of

progress in the expansion of public healthcare in rural areas. One member suggested that the council should consider adopting the model developed in Västerbotten. Initially, the council seemed rather reluctant to shoulder responsibility for any additional healthcare institutions, and thus voted against the proposal, stating that infirmaries in rural areas were to remain the responsibility of the municipalities (CCN 1882). The following year, the subject was debated again. This time, the council rescinded its previous opposition, and decided to provide financial support for efforts by the municipality of Överkalix to build a local infirmary. They also initiated an investigation into the public healthcare conditions in the county, which led the council to develop a model of cooperation with the municipal councils in establishing infirmaries (CCN 1884). This became the foundation for expanding public healthcare facilities and, during the following decades, several infirmaries were built. Up until the 1920s, the county council and municipal councils combined forces to build infirmaries in Överkalix (1883), Nederkalix (1885), Pajala (1909) and Öjebyn (1916–1917). In the Lappmark, the cooperation resulted in infirmaries being built in the municipalities of Jokkmokk (1897) and Arvidsjaur (1908). Besides being among the most populous municipalities in the Lappmark of Norrbotten, these were, according to reports of the County Governor, municipalities where those of "Swedish nationality" had formed a clear majority for several decades (County Governor of Norrbotten 1887).

Thus, public healthcare institutions were starting to be built in the Lappmark of Norrbotten through cooperation between county and municipal councils at this time. However, stronger driving forces (especially in areas where Swedes were still in a minority) until the last years of the nineteenth century were the mining industry and large-scale infrastructure projects. For instance, the first infirmary in the Lappmark of Norrbotten was built to provide healthcare services for the labour force during construction of the Luleå–Narvik railroad in 1882–1903. The infirmary was located in Gällivare, an area mostly inhabited by Sami up until 1876, when the area quickly developed into the largest mining district in Sweden (Sköld & Axelsson 2008). After an agreement was reached between the company and the municipal council of Gällivare, the infirmary became a privately owned but partly publicly financed healthcare institution that was also intended to provide services to the general public (CCN 1892).

As the first phase of the railroad project came to an end in 1892, the infirmary was shut down, but a year later the municipal council and county council agreed to reopen it, this time as the first publicly owned healthcare facility in the Lappmark of Norrbotten. As the railroad had connected the iron ore-rich lands in Gällivare and Kiruna to shipping docks on the

Swedish and Norwegian coasts, the mining industry boomed, leading to a large inflow of settlers to the area, accompanied by increased demand for healthcare. In less than two decades, several healthcare facilities were built in the districts, including an infirmary in Kiruna and a second infirmary in Gällivare intended for tuberculosis patients. However, the county council neither initiated nor participated in this development. Instead, the mining companies emerged as the main organizers of healthcare development and provision. The county council eventually became involved in healthcare in the mining districts in the early twentieth century, following an investigation into the state of healthcare in northern Norrbotten initiated in 1908:

> The population growth in the area and the fact that it is expected that mining will increase further due to the parliamentary decision in 1907 on the enlarged ore shipment, and that the mining industry is plagued by numerous accidents, will lead to an increased demand for care in the area. As it is now, there is only one hospital in Gällivare operated by the municipality with the contribution of the county council and also an infirmary in Kiruna operated by Luossavaara-Kirunavaara companies. The latter only company employees have access to. (CCN 1908)

The archives reveal how the manager of the mining company LKAB, a mine foreman, the county governor, and the chief medical supervisor, alongside a wholesaler from Piteå, were some of the minds behind the expansion of the healthcare system in the county. Although the hospital had been one of the original responsibilities of the county council, the discussions during assemblies in 1910 and 1911, as well as statements issued by county council committees, show that the opinions of the mining industry, as well as its financial support, played a major role in the eventual decision to build the new hospital, and its location within the mining district (CCN 1910; CCN 1911).

Just as in Västerbotten, the state of public healthcare in the Lappmark became an increasingly prioritized concern in Norrbotten after 1920. In the most northern part of the county, a number of healthcare facilities were established. However, just as in the previous development of healthcare in the mining district, this did not involve the county council. In this area, where Swedish settlers were a minority well into the twentieth century, the Swedish Red Cross became the major contributor to the development of healthcare facilities. During 1920–1923, this charity constructed small healthcare shelters in Tärendö, Muodoslompolo, Korpilombolo and Junosuando, as well as a combined healthcare shelter and Sami old age home in Karesuando. These were subsequently handed over to the county council and added to the regional public healthcare system in the 1940s (CCN 1942).

Thus, the development of public healthcare provisions in the Lappmark of Norrbotten followed a different pattern from that of the county's coastal areas. The model developed in the 1880s, based on joint development of healthcare facilities in rural areas by the county and municipal councils, does not seem to have delivered the same results in the Lappmark of Norrbotten, where expansion largely resulted from actions by mining and infrastructure corporations as well as NGOs. Following construction, these facilities often received public grants to deliver healthcare services to the general population, were subsequently taken over by the county council, and were thus formally incorporated into the regional public healthcare system. As in Västerbotten, the health of the Sami was not generally discussed as a separate matter from that of the general population when the development of public healthcare facilities was considered.

However, in 1946, the county council in Norrbotten drafted a new plan for maternity care where it was stated that an additional 200 maternity lots were needed "at institutions to enable that all pregnant women in the County, *including* [sic] the Sami population, can be given institutionalized childbirth" (CCN 1946). During our period of investigation, this is the only document that explicitly includes the Sami population in a general public healthcare plan.

The following year, 1947, the county council of Norrbotten received a proposition that the council, because of the severe isolation of the population north of Torneträsk, should appoint a nurse in the area. The lack of roads meant that the population of this area—estimated to be 300–400 individuals by the Sami Bailiff assistant (Swedish *lapptillsyningsmannen*)—was almost completely isolated for months at a time when water transportation was made unavailable due to weather conditions. The disastrous consequences this situation could have for women during pregnancy or labor was especially emphasized. The council gave its approval to the employment (CCN 1947).

Jämtland
In 1863, the hospital in Östersund was the only public healthcare institution in Jämtland, and until the later part of the 1880s, the county council's sole public healthcare priority was to develop and modernize this hospital. As there was only one hospital in Jämtland, the county was not divided into different hospital districts. However, as in Västerbotten and Norrbotten, the lack of public healthcare institutions in rural areas became a matter of concern for the council during the last decades of the nineteenth century. This dearth was raised in 1887, when council members from Hammerdal and Ström submitted a motion recommending that the council should fol-

low the example set by other county councils, and initiate the development of rural healthcare services. Just as in Västerbotten and Norrbotten, the Jämtland county council formulated a policy to extend provisions cooperatively with the municipal councils, through granting economic support to establish infirmaries in rural areas. Results of these initiatives seem to have been limited at best, as the county council concluded in 1895 that no infirmaries had been built. Furthermore, they decided that the county council should take control of rural healthcare development, due to the municipal councils' negligence of public health. They also concluded that infirmaries should be treated as facilities of common interest for the entire county, and thus under the responsibility of the county council rather than the municipalities (CCJ 1895–1897). As this policy was being developed, the council initiated investigations into the state of rural healthcare and began negotiating with potential partners who could participate in financing rural healthcare facilities. The council decided that infirmaries were to be built in Sveg, Hede and Ström. Besides the municipal councils, several private companies opted to participate in building these infirmaries. Consequently, the first rural healthcare facilities in the counties (infirmaries in Sveg, Hede, and Ström) were built by 1902. The county subsequently built an infirmary in Gäddede (1910). There were discussions in the 1910s of building a second hospital as they recognised that healthcare "was not sufficiently organised in Härjedalen" and that it was very possible that in the future it will be necessary to build a hospital in the southern part of the county. However, the new railway (*inlandsbanan*) was expected to be able to transport patients to the hospital in Östersund. At first the council argued that instead of setting up a hospital, priority should be given to complete the railway. However, eventually, a second hospital was built in Sveg in 1924, to serve the population in the southern part of the county.

Just as in Norrbotten and Västerbotten, the Swedish Red Cross was to play an important part in the development of rural healthcare services in Jämtland. In the early 1920s, the Swedish Red Cross began to set up health shelters in areas where public healthcare services were still particularly scarce, such as Hotagen and Storsjö. These were later handed over to be administered by the county council, and subsequently included in the regional public healthcare system; a system that had grown from a single hospital in 1863 to two hospitals, six rural infirmaries and two health shelters by the 1950s.

During our period of investigation, we find that the county council-led negotiations regarding rural healthcare development did not involve any Sami representatives. The Sami parishes, for instance, did not participate in any deliberations. The Sami population in Jämtland—according to the

County Governor of Jämtland (1862) numbering around 800 (less than 1.5 per cent) of the county's total population of 61,218—were referred to as nomads, and were not considered an integrated part of the municipalities (Thomasson 2016).

This is reflected in the way that Sami are discussed in regional public healthcare policy. For example, in the late 1930s during a discussion of how to improve the maternity care in the county, it was concluded "some wasteland areas with no or only nomadic populations should not be considered" (CCJ 1939).

In another example, the county council received an official state report in 1927 on the need to improve tuberculosis care and the accessibility to dispensaries in the three northern counties. The report identified the Sami population as one of several vulnerable groups requiring special support: "special measures must be taken to combat tuberculosis among the Lapps, who during their wanderings, when they stay at someone's house constitute an infection hazard" (CCJ 1927).

Nevertheless, in the following discussions concerning the implementation of the national directives, the Sami population were neither highlighted nor mentioned as a vulnerable group. In fact, during our period of investigation we are unable to find that the county council of Jämtland instituted any form of special measures for the Sami population regarding dispensaries or tuberculosis care.

Thus, we find evidence that the historical division of Sami and non-Sami in Jämtland was also apparently implemented in the political process of regional public healthcare development. Furthermore, we can conclude that the records show very little evidence that the Sami people or their health and wellbeing were discussed at all.

Discussion

The role of the county councils in the development of public healthcare in northern Sweden varied greatly over time and space. From a strong focus on hospital-based healthcare in towns in the 1860s and 1870s, the county councils gradually came to influence rural public healthcare from the early 1880s. Initially, this consisted mainly of assisting municipal authorities in establishing rural healthcare clinics. By the turn of the twentieth century, the councils had emerged as a platform for general discussions of public health. These findings thereby challenge previous research, which states that county councils were not involved in the development of public healthcare until the 1920s.

The increased involvement of the county councils seems to have initiated a rapid expansion of public healthcare institutions throughout the

counties. However, our findings show that the councils paid most attention to developing healthcare facilities in the urban areas along the east coast of Norrbotten and Västerbotten and in central, densely populated parts of Jämtland. In Norrbotten and Västerbotten, increasing the number of public healthcare facilities in the Lappmark seem to have been a low priority. The same can be said for the sparsely populated areas in Jämtland, especially places only inhabited by nomadic people. This neglect seems to have resulted from the unclear fiscal status and lack of clarity regarding the respective rights and responsibilities of the Lappmark inhabitants and the Sami population of Jämtland. Therefore, establishing rural healthcare facilities in these regions often required extensive financial backing by the state or private companies, and/or initial establishment by the Swedish Red Cross. Especially in Norrbotten, private companies and state enterprises involved in mining or large infrastructural projects heavily influenced the development of healthcare in the county.

We also find that, as the regional public healthcare system in northern Sweden developed in the late nineteenth and early twentieth centuries, Sami people's health and health needs were not a matter of special concern for the county councils. In fact, the Sami people were seldom mentioned at all. In Norrbotten at the very end of our period of investigation, a maternity care plan in 1946 stated that Sami women should also to be included. Seven years prior a similar maternity plan was formulated and discussed in Jämtland, where the council explicitly excluded areas only inhabited by Sami people. Throughout the nearly 90 years this study covers, proceedings from the county council of Västerbotten reveal no mentions of either including or excluding Sami people.

This means that the county councils did not discuss or frame either Sami or reindeer-herding Sami health as an "issue," clearly defined and separated from that of the non-Sami. The councils did not develop or discuss the need to provide Sami people with public healthcare through a separate system of healthcare services. These results clearly deviate from findings on the formation of public healthcare provisions in other countries (including Canada, the United States, Australia and New Zealand), where Indigenous people's health has been identified as part of the "Indigenous problem" and thus handled separately from healthcare of the non-Indigenous population.

Furthermore, our results also differ from findings regarding the development of other Swedish welfare sectors in northern Sweden at the time such as education, poverty relief and old-age care. In these sectors, the Sami, and especially the reindeer-herding Sami, tended to be identified as a group in need of special consideration. The Swedish state invented separate systems for administrating Sami people that were designed to separate and "protect"

the nomadic reindeer-herding Sami from the "threats of modern society and the more developed Swedish culture" (Lantto 2005: 101). Towards the end of the nineteenth century there were also distinct facilities for the provision of welfare services for Sami people, and these were active up until the Second World War. Thus, it seems as if the "Lapp shall remain Lapp" policy, as well as the eugenic and cultural hierarchical arguments which influenced and legitimized the formation of separate systems for Sami and non-Sami in other welfare sectors, neither framed nor severely limited the councils' political praxis and had little impact on the development of regional public healthcare.

Conclusion

In this article we address the development of public healthcare provision in Swedish Sápmi and the way in which the county councils, as the main organizers of public healthcare, handled the health of the Sami population. By investigating the records from the county councils of Jämtland, Västerbotten and Norrbotten, 1863–1950, we show that the councils did not manage the health of the Sami people as a matter of separate interest. Few actions were taken specifically to administer healthcare of the Sami population. These results show that the impact of the Swedish image of the Sami, as encapsulated by the "Lapp shall remain Lapp" maxim, was limited, at least in comparison to its influence on the development of other welfare sectors during the late nineteenth and early twentieth centuries. Moreover, this clearly deviates from reported findings regarding the development of healthcare provisions in other colonial powers such as Canada, New Zealand, Australia, the United States and Norway.

ACKNOWLEDGEMENT

NOTES

[1]   In this paper, we refer to the part of Sápmi that was administered by the Swedish state during the period covered in the study. In this article, we use the contemporary terminology, thus referring to the area in terms of *län* ['counties']. The term *Lappmark* (which today would translate into 'The Sami land' or 'Land of the Sami') is the historical term used by the Swedish state referring to the north-western part of present-day Sweden (Lindmark 2013: 131).

2   Before the term *Sápmi* came in use during the late twentieth century, the Swedish state referred to the western parts of Norrbotten and Västerbotten as *Lappmark*, meaning 'Sami land.'

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CCN = Länsarkivet i Norrbotten, Luleå ['County archive of Norrbotten'], Norrbottens läns landstings handlingar 1863–1950 ['Records of the County Council of Norrbotten 1863–1950'].
CCV = Västerbottens Läns Landstings Arkiv, Umeå ['County Council archive of Västerbotten'], Västerbottens läns landstings handlingar 1863–1950 ['Records of the County Council of Västerbotten 1863–1950'].
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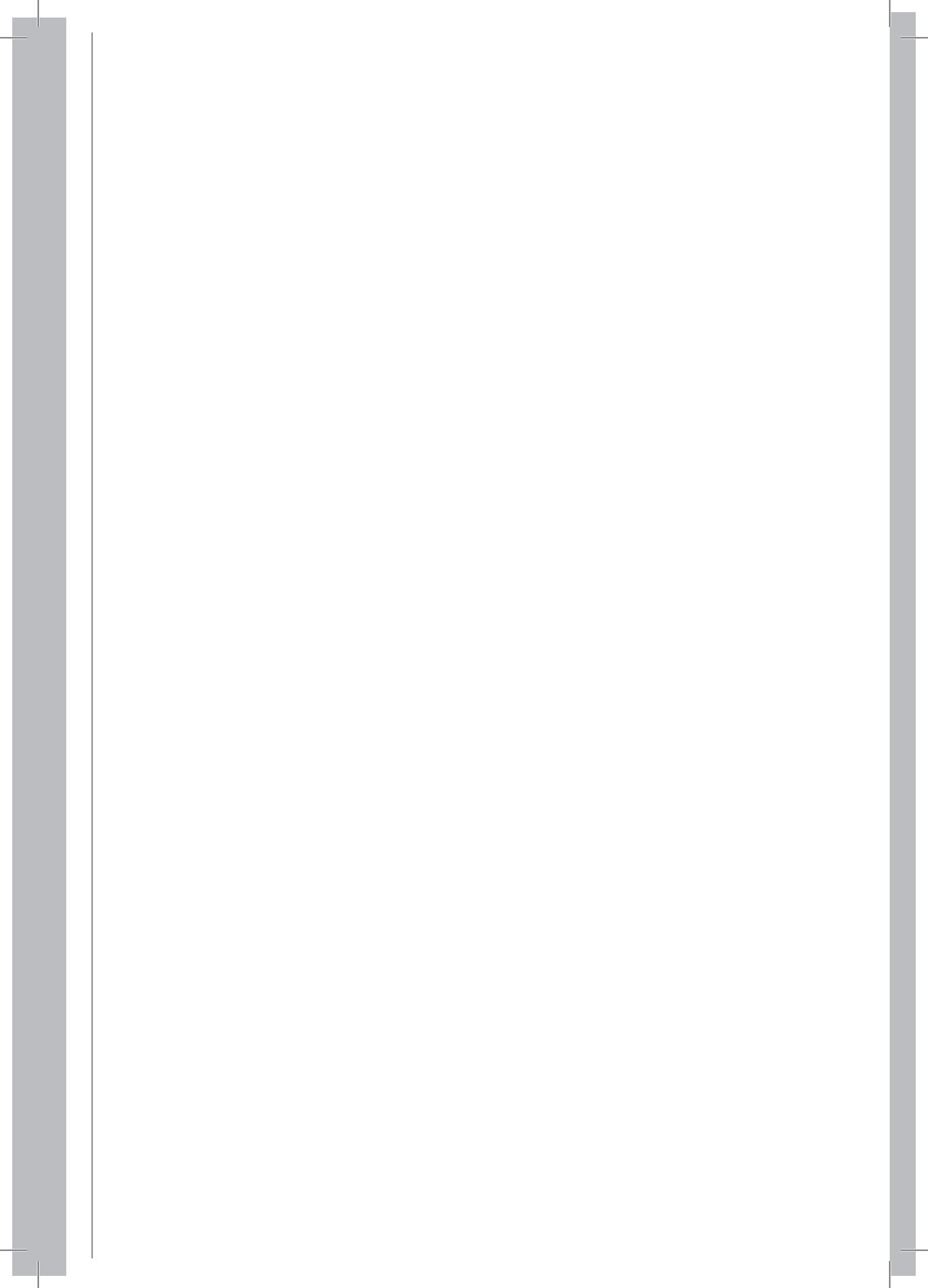
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How Indigenous Nation-Building Can Strengthen Indigenous Holistic Health Outcomes

Retelling the Right to Health

ABSTRACT The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) has declared that Indigenous peoples and populations inherently possess a right to health. Such a right does not merely exist with reference to physical health. The General Assembly of the United Nations when adopting the UNDRIP requires the meaning of "health" to be expansive and also be characterised as a collective right. This article will provide a particular framework for understanding the right to health for Indigenous peoples as a collective right, which exists in a symbiotic relationship with the rights to greater self-determination and governance.

The passage of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP 2007) in 2007 has provided a particular framework for understanding the right to health for Indigenous peoples as a collective right, which exists in a symbiotic relationship with the rights to greater self-determination and governance. The UNDRIP provides a unique and timely opportunity for Indigenous peoples to articulate our demands that bring legal and cultural rights into the realm of epidemiology, and facilitate epidemiological approaches that have cultural legitimacy with Indigenous participants. Historically, many approaches have ignored the emphasis that Indigenous people place on the holistic concept of health that encompasses the social and emotional well-being of the individual, family and community (see ICESCR 1966: article 12). In this paper, we (Mark and Faye McMillan) speak as Wiradjuri nation builders and citizens, as well as academics from the disciplines of health and law (Sophie Rigney). We seek to interrogate the history of the UNDRIP, and specifically the Indigenous rights to health. Here, through conversation, we retell the history of the development of the right contained in the UNDRIP. This retelling is important, because it is a starting place for the leaders of Indigenous nations—in their nation-building processes—to restore the holistic understanding of health for our nations and their citizens. In this way, we argue, nations are able to use self-determination as a cultural determinant of health. We also demonstrate how health and governance are already being linked in tertiary education, to support Indigenous people to understand the interdependence of the health of nations and citizens. This article therefore offers both a conceptual understanding of the right to health and how it is linked to nation-building, and a demonstration of how this conceptual understanding is currently being invoked in epidemiological teaching approaches.

Our Places as Lawyers and Indigenous Health Care Educators between the Spaces of the Domestic and the International

This paper can properly be understood as a conversation. As authors, we come to this paper from different backgrounds, and seek to bring different approaches to the question of Indigeneity and how "health" may be properly constructed around that concept. In particular we are trying to understand the complicated space between the domestic and the international[1] to explore different understandings of how Indigenous peoples might practice good health, and how the health of Indigenous families, communities and nations might be measured. We do this from the positions as Indigenous and non-Indigenous people. This conversation—an act of storytelling—practices

our distinct jurisprudences and lawful relations with and to each other; and the international and domestic and the Indigenous international.

Meeting places of law, through conversation in particular, operate between individual people as actors of particular jurisprudence. One meeting place for the exchange of jurisprudence and the exercising of our multiple jurisdictions is through conversations as scholars. McMillan (2014: 118) defines jurisdiction as "an outward expression of the internal structure of a particular existence." He writes that in order to "understand a jurisdictional boundary or meeting point there must be a recognition of the structured existences of the other to observe (and respect) its jurisdiction" (McMillan 2014: 118). McMillan draws on the work of Shaunnagh Dorsett and Shaun McVeigh, who "assert that jurisdiction or 'speaking the law' is an activity [...] that must be practiced to be maintained" (McMillan 2014: 118; see Dorsett & McVeigh 2012). Indeed, "jurisdictional thinking may allow for a better explanation for how our lives, our existences, (through our laws) are structured" (McMillan 2014: 118). McMillan also points out that for Indigenous legal scholars and practitioners Christine Black (2011)[2] and John Borrows (2002),[3] the practice of jurisprudence through storytelling "is not new or novel [...] it is as old as our societies themselves" (McMillan 2014: 118). To begin this conversation, it is important that we first set out our individual stories, to "place" ourselves in our dialogue.

Faye: The Wiradjuri ways of knowing and being, *Yindymarra*, which *means* to show patience, respect and honour, and to be courteous has guided me through my upbringing in Trangie in the Central West of New South Wales—a little town on Wiradjuri country. *Yindymarra* has also guided me through my studies to become a pharmacist (the first Indigenous Australian to become a registered and practicing pharmacist) and post-graduate and doctoral studies in Indigenous health and its intersection with women leadership and nation-building. Coming into conversation with Sophie and Mark through their understanding of law allows me to practice my own understandings of law and jurisdiction as a Wiradjuri woman.

Sophie: Growing up as the grandchild of Polish people displaced by war, I was attracted to the hope of the international from an early age. I saw international law as being able to offer redress for wrongs. My current research is positioned in the field of critical approaches to international law, and my continued belief in the possibilities of international law is now present in my view that international law must transform into a stronger system than it is presently. In this conversation, I am grounded in my appreciation of how international law might operate as a tool for peoples to use to pursue claims to justice—which includes the many dimensions of health. Coming in to conversation with Mark and Faye allows me to better understand these

justice claims of Indigenous peoples and their resurgent nation-building processes, as well as understand more fully how European international law is best understood as only one version of international law, in encounter with Indigenous international laws. I therefore better appreciate the limits and fallibilities of the type of law I practice, and the discipline of which I am a member.

Mark: As a Wiradjuri man growing up "on Country"[4] in the west of New South Wales (a state of Australia) with a particular knowledge of the Wiradjuri (Indigenous), the international, and the domestic, storytelling and engaging with other scholars (like Sophie and Faye) is the meeting point that Christine Black (2011) and John Borrows (2002) refer to. I conceive of the Wiradjuri jurisdiction and jurisprudence as that of an atom. My nucleus is my Wiradjuri jurisdiction and jurisprudence—they hold the nucleus together. It is my ontology and my ontological connection to my country. The domestic and international jurisdictions are the electrons that orbit the nucleus. All three are needed to make up the atom—but there is a nucleus as the core. My Wiradjuri knowing is my core. Being in conversation with Faye and Sophie allows an exploration of the limits of experiences and understanding of the Indigenous, international and domestic, so that health in all its complicated forms for Indigenous peoples can be understood and practiced.

In this paper, we are engaged in a dialogue that rests upon different approaches to and experiences of international law. We are able to interrogate the hope of international law—and its failings—from different perspectives, in order to determine whether and how it can be of assistance to Indigenous peoples.

Retelling the Story of the Rights to Health and Self-Determination

The right to health was originally set out in the 1940s: first in the 1946 preamble of the World Health Organization (WHO 1946) and then in the 1948 Universal Declaration of Human Rights (UDHR 1946), article 25. It was with the International Covenant on Economic, Social and Cultural Rights (ICESCR 1966) that the right to health was first stipulated in treaty form. Article 12 of ICESCR states that the "States parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" (ICESCR 1966). The right to health has been set out in a number of other international and regional human rights instruments.[5] The right to health has also been proclaimed by the Commission on Human Rights, and in the Vienna Declaration and Programme of Action of 1993. ICESCR is understood as part of the "second

generation" of human rights (see Macklem 2015). The obligation on states to protect and promote economic, social and cultural rights made ICESCR unpalatable to many Western nations—including the "CANZUS" block of Anglo-settler states (Canada, Australia, New Zealand and the United States of America), that would later voice concerns over the UNDRIP.

The right to health has been generally viewed as a right that attaches to individuals. The right to health articulated in the ICESCR is an individual one: health is something that people enjoy (or lack) as separate entities, and not as communities. This is different for Indigenous peoples, where health is experienced collectively as well as individually. While the ICESCR did not articulate this collective dimension of health, General Comment 14 on the Right to Health—which set out the normative underpinnings of this right under the ICESCR—acknowledged that Indigenous peoples have a particular understanding of, and experience of, health. It particularly noted that in Indigenous communities, "the health of the individual is often linked to the health of the society as a whole and has a collective dimension" (CESCR 2000).

This understanding of collective and holistic health of Indigenous peoples, as well as Indigenous individuals, was expanded in the UNDRIP. The right to health articulated under UNDRIP is important for two main reasons. First, it explicitly acknowledges the collective aspect of health and wellbeing. Second, it also acknowledges the intersections between governance rights and health rights, both of which are collective rights. The history of colonisation which has led to poor health outcomes, and the potential for collective health and wellbeing that may come of greater (collective) self-governance, are both parts of the collective Indigenous experience of health—and are both highlighted in the UNDRIP framework. The adoption of UNDRIP, as a moment in the "third generation" of human rights, allows us to examine how these collective rights to health and governance work in tandem. In operationalizing the rights articulated in UNDRIP, Indigenous peoples may be able to better realise justice for their Nations. These are the aspects of UNDRIP which need to be highlighted in a retelling of the story of the right to health under UNDRIP.

In the UNDRIP framework the right to health is not only an economic, social and cultural right: it is also a right that attaches to Indigeneity as a collective experience (McMillan & Rigney 2016). As Indigenous nations, the rebuilding and strengthening of our political and cultural institutions cannot be theorized and practiced without a proper interrogation how colonisation has impacted our ongoing physical, social and emotional well-being.

The UNDRIP is properly understood as a collective action of various communities of Indigenous peoples, and it provides a framework for under-

standing the intersections of our colonisation and our well-being. Through the Working Group on Indigenous Populations, established to draft and advance the Declaration, it became apparent that there was a

> universality to the narrative of oppression and racial discrimination described by Indigenous peoples as a consequence of colonialism [and] a commonality to the ways colonisers had dispossessed Indigenous peoples of their lands. (Davis 2012: 20)

The implications for health were clear (Cobo 1983: 21). Colonisation, and its continuing legacy of oppression, discrimination, and trauma, has resulted in poor Indigenous health outcomes. Understanding how Indigenous experiences of colonisation have affected Indigenous health is important for the leaders of Indigenous nations—because it brings a better appreciation of the urgent need to restore the social and emotional wellbeing of Indigenous citizens within our nations, *as well as a focus on the health of our Nations themselves.*

UNDRIP also provided a particular moment for understanding the relationship between self-determination and governance, and health. The collective rights to self-determination and self-governance can be linked to a right to health at both collective and individual levels. Self-determination is the "overarching norm" of the UNDRIP, and it is "from the right to self-determination that the corpus of Indigenous rights can be realised" (Davis 2013: 11). Self-determination is also the first right outlined in both the International Covenant on Civil and Political Rights (ICCPR) and ICESCR, and is therefore both a civil and political right, and an economic, social and cultural right (ICCPR 1966: article 1; ICESCR 1966: article 1). Operationalizing this right in the governance and health spheres, and understanding how health and governance are linked through self-determination, is important for understanding the relationship between governance, culture, and health outcomes.

We can see the connections between collective rights to health, and collective rights to governance, when we examine the particular rights to health under the UNDRIP. The right to health is protected under articles 23 and 24 of the UNDRIP. Article 23 states that:

> Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions. (UNDRIP 2007: article 23)

In this way, the links between governance, self-determination, development and health are acknowledged in this provision. Megan Davis has noted that community control over health is a way of operationalizing the right to self-determination (Davis 2012). As Davis argues, the community sector, such as health providers "deal with the bread and butter of self-determination—choices people make about their lives each and every day" (Davis 2012: 13). For Davis, "the health community control sector is implementing the UNDRIP in terms of leading the way on the right to self-determination—what it looks like in practice" (Davis 2012: 13). In this way, the right to health is a way of "doing" self-determination. In addition, self-determination over healthcare—through community control over health—is recognition of the need to protect and promote health and wellbeing in a collective way. Yet self-governance beyond the specific health programmes may also have consequences for health outcomes, and we explore this below.

Self-determination can rightly be considered a cultural determinant of health. As Ngaire Brown notes,

> cultural determinants of health originate from and promote a strength based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety. (Brown 2013)

Other cultural determinants of health include freedom from discrimination; the ability to enjoy individual and collective rights; and freedom from assimilation and destruction of culture (Brown 2013). Brown also lists other cultural determinants of health, such as protection from removal/relocation; connection to, custodianship, and utilisation of country and traditional lands; reclamation, revitalization, preservation and promotion of language and cultural practices; protection and promotion of Traditional Knowledge and Indigenous Intellectual Property; and understanding of lore, law and traditional roles and responsibilities (Brown 2013). There is an understanding of the link between connection to Country, and positive health outcomes for Indigenous peoples (Kingsley *et al.* 2013: 678). That these are both cultural determinants of health, and also rights of Indigenous peoples set out under the UNDRIP, demonstrates the connection between self-determination, the operationalization of Indigenous rights, and health outcomes.

The connection between self-governance and health is also seen in article 24 of UNDRIP, which asserts that Indigenous peoples have the right to their traditional medicine and to maintain their health practices. Indi-

genous individuals also have the right to access all social and health services, free from discrimination (UNDRIP 2007: article 24). Article 24 also states that:

> Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right. (UNDRIP 2007: article 24)

This is crucial, as the Declaration legitimates and affirms the "value of protecting indigenous peoples' ways of life and cultures per se" (Williams 1990: 687). The right to equality in healthcare, and the right to freedom from discrimination that is noted in this provision are particularly important. As the Martinez Cobo report noted, discrimination does characterize Indigenous experiences of healthcare provision (Cobo 1983).

Thus, community control over the provision of health services is simultaneously a way of operationalizing self-determination; a way of linking the right to self-determination to the right to health; and a way of understanding that self-determination in the provision of health services will result in positive outcomes both for governance and health. There are health benefits from promoting Indigenous ways of knowing and doing healthcare, and wellness. It is, however, important to expand the area of enquiry and examine how self-governance and nation-building may affect health.

How Can this Retelling Be Used by Indigenous Leaders in their Efforts in Formal Nation-Building?

Indigenous nation-building—as an academic exercise—is a relatively recent phenomenon largely due to the work of the Harvard Project on American Indian Economic Development (HPAIED 1980s).[6] The questions that Indigenous nation-building as an academic exercise offer to the practice of Indigenous nation-building are exciting. One of the critical frames for Indigenous nation-building in Australia is its relationship to the UNDRIP. The establishment of understanding the rights to health for Indigenous peoples and nations within the framework of Indigenous nation-building is crucial to understanding the dimensions of the right expressed in the UNDRIP. In order to understand how UNDRIP's right to health can be operationalized in Indigenous nation-building, it is first important to ground Indigenous nation-building in the Australian academic space and then position that against the practice of Indigenous nation-building by nations.

A growing number of Indigenous peoples are engaged in nation-building: they are "expressing greater desires for self-governance and creating

legitimate and effective governing institutions" (ARC DP1092654 2009). There is a suite of research projects that focus on Indigenous nation-building in Australia. Collaborating universities[7] and three Indigenous nations (Wiradjuri, Ngarrindjeri and Gunditjmara) are starting to develop materials that seek turn nation-building theory into practice for the unique Australian applications.

One of the initial developments in Indigenous nation-building that have occurred in the curriculum space has been within the Wiradjuri nation project. This project has involved embedding Indigenous nation-building into a health and leadership framework within existing course offerings at Charles Sturt University, a large multi-campus public university in Australia. The connections between health and governance feature prominently in the courses that one of the authors (Faye) has direct teaching and learning responsibility for. The starting point has been the Martinez Cobo report that demands that Indigenous peoples have special health needs and that those needs are a reflection on their physical and socio-cultural environment (Cobo 1983). These encompass not just physical health but the mental health and social and emotional wellbeing of Indigenous peoples. The re-telling of these rights can be used by Indigenous leaders and nation builders in formal (direct) and informal (indirect) nation-building activities.

The following example is drawn from the delivery of a specific nation-building subject in the Graduate Certificate in Wiradjuri Language, Culture and Heritage Program (WLCH) "Rebuilding Australia's Indigenous Nations" at Charles Sturt University (CSU). The programme seeks to "build students' capacity to become community spirited leaders who guide the empowerment and development of Indigenous nations" (CSU IKC401 2015). It explores concepts of nation-building, how nation-building informs collective health, and the centrality of culture as a unifying force. The WLCH program is a non-restricted program that seeks to engage all members within the community to understand and contribute to the nation-building activities within the communities in which they reside. The students undertaking the WLCH are empowered to use Wiradjuri language, noting that the UNDRIP identifies the access to and the ability to speak language.

Another initiative at the same university has involved integrating Indigenous nation-building concepts into a restricted entry program of the Bachelor of Health Science (Mental Health) degree known as the Djirruwang Program (CSU MHP302 2015). The program restricts entry to the Baccalaureate Degree to people identifying as Aboriginal and/or Torres Strait Islander and comprises a diverse cohort of students that represent a number of different nations across Australia. The nation-building component involves engaging small focus groups, supplemented by material from the

University of Technology Sydney (UTS): Jumbunna—Indigenous House of Learning, and the Native Nations Institute for Leadership, Management and Policy at the University of Arizona. Consent has been given from these institutions to utilise material from "Changing the Conversation. A Guide for Indigenous Community Reflections on Nation Building." The research aim is to utilise a strengths-based approach to nation-building to empower individuals to take this knowledge back to their communities and embed the practical elements of Rebuilding Australian Indigenous Nations (RAIN) into their everyday structures.

Third year students within the Djirruwang program were introduced to nation-building concepts and ideas within a paper focused on professional issues. They discussed ways in which individuals could contribute to the service delivery of mental health services as citizens within their own nation or working within another Indigenous nation. This exploration was undertaken in a supportive environment with students sharing their lived experiences and identifying those areas that could be considered to be nation-building activities. This activity was supplemented through the use of case studies that generated group discussion and self-reflection. Students were encouraged to complete an evaluation of the session around the subject delivered on the day and all 16 responded. We asked to identify the session highlights, their responses included:

- Nation-building was the highlight for me—it has given me the tools to re-connect with my community;
- Understanding what it takes to build a nation;
- Self-awareness activities (what I do for my nation);
- Hearing from the group—easier to learn when we know that it is already happening (we just didn't call it nation-building);
- The variety and quality of the information.

This feedback shows the varied ways in which Indigenous students can incorporate concepts of nation-building in their professional carriage and within their own nations, irrespective of whether they live on or off Country.

Conclusion

The passage of UNDRIP has provided us with a framework to understand the rights to health and to self-determination as collective, interdependent, and indivisible rights. For Indigenous peoples, they are rights that are experienced as individuals, peoples, and Nations. UNDRIP's acknowledgement of the effect of the colonial experiences on health outcomes means that we

can appreciate the need for healthy Nations in order to ensure the health of our peoples, and vice-versa. The health of peoples and the health of Nations is thus symbiotic. We can use this retelling of the right to health under UNDRIP as a starting place for Indigenous Nations leaders to pursue an agenda of healthy nations: Nations that utilise self-determination as a cultural determinant of health. As we have demonstrated, linking health and nation-building has been done successfully in university education, with students demonstrating a strong understanding of how health and nations are inter-dependent. The retelling of the story of the right to health permits a holistic approach to healthcare and nation-building, as collective rights that will lead to collective positive outcomes.

NOTES

[1] By "the domestic" and "the international," we mean the orders of both law and politics, which exist at the level of the nation-state and of the international. "The domestic"' is related to the nation-state. "The international" is related to the interactions between nation-states and to organisations such as the United Nations, and includes international law. See also McMillan & Rigney (2016).

[2] Dr Christine Black is a Kombumerri and Munaljahlai woman; http://www.griffith.edu.au/environment-planning-architecture/griffith-centre-coastal-management/staff/christine-black; access date 14 May 2015.

[3] Professor John Borrows is Anishinabek (also called Ojibway or Chippewa). He is a member of the Chippewas of the Nawash First Nation from Georgian Bay, in the Lake Huron area of Ontario, Canada; http://www.law.umn.edu/facultyprofiles/borrowsj.html; access date 14 May 2015.

[4] *Country* for the context used in this paper: "A term used by Aboriginal people to refer to the land to which they belong and their place of Dreaming. Aboriginal language usage of the word country is much broader than standard English" (Australian Museum, *Glossary of Indigenous Australia Terms*; http://australianmuseum.net.au/glossary-indigenous-australia-terms; access date 5 February 2017). Country is much more than the land; it is also the place of our jurisdiction and jurisprudence. There has always been governance existing of the land with the peoples that are connected to it. European conceptions of governance exist in tandem with the Indigenous nations that exist over the same territory.

[5] The right to health is recognised, *inter alia*, in the International Convention on the Elimination of All Forms of Racial Discrimination 1965, article 5 (e) (iv); the Convention on the Elimination of All Forms of Discrimination against Women 1979, articles 11.1 (f) and 12; the Convention on the Rights of the Child 1989, article 24. Regional human rights instruments which recognize the right to health include the European Social Charter 1961, article 11; the African Charter on Human and Peoples' Rights 1981, article 16; and the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights 1988, article 10.

[6] HPAIED, Harvard Project on American Indian Economic Development. Foundational work began with the Harvard Project on American Indian Economic Development in

the 1980s. From that specific project emerged, in parallel, The Native Nations Institute for Leadership, Management, and Policy (NNI). Both projects are currently housed at The University of Arizona's Udall Center for Studies in Public Policy, and have formal places within the current Australian collaborations on Indigenous nation-building (see http://nni.arizona.edu/; http://hpaied.org/; http://government.unimelb.edu.au/research/research-theme-governance-and-performance/research-project-indigenous-nation-building; access date 8 March 2017)."

[7] The participating universities are the University of Technology, Sydney (Jumbunna—Indigenous House of Learning), Australian National University, Flinders University, RMIT University, Charles Sturt University, University of Arizona and the University of Melbourne (Melbourne Law School and Melbourne School of Government). The initial grant awarded from The Australia Research Council Discovery project was entitled "Changing the Conversation—Reclaiming Indigenous Government." This project has been supplemented by an Australia Research Council Linkage grant, "Indigenous nationhood in the absence of recognition. Self-governance insights and strategies from three Aboriginal communities," and the Melbourne School of Government Research Cluster grant, "Indigenous Nation Building. Theory; Practice and its emergence in Australia's public policy discourse."

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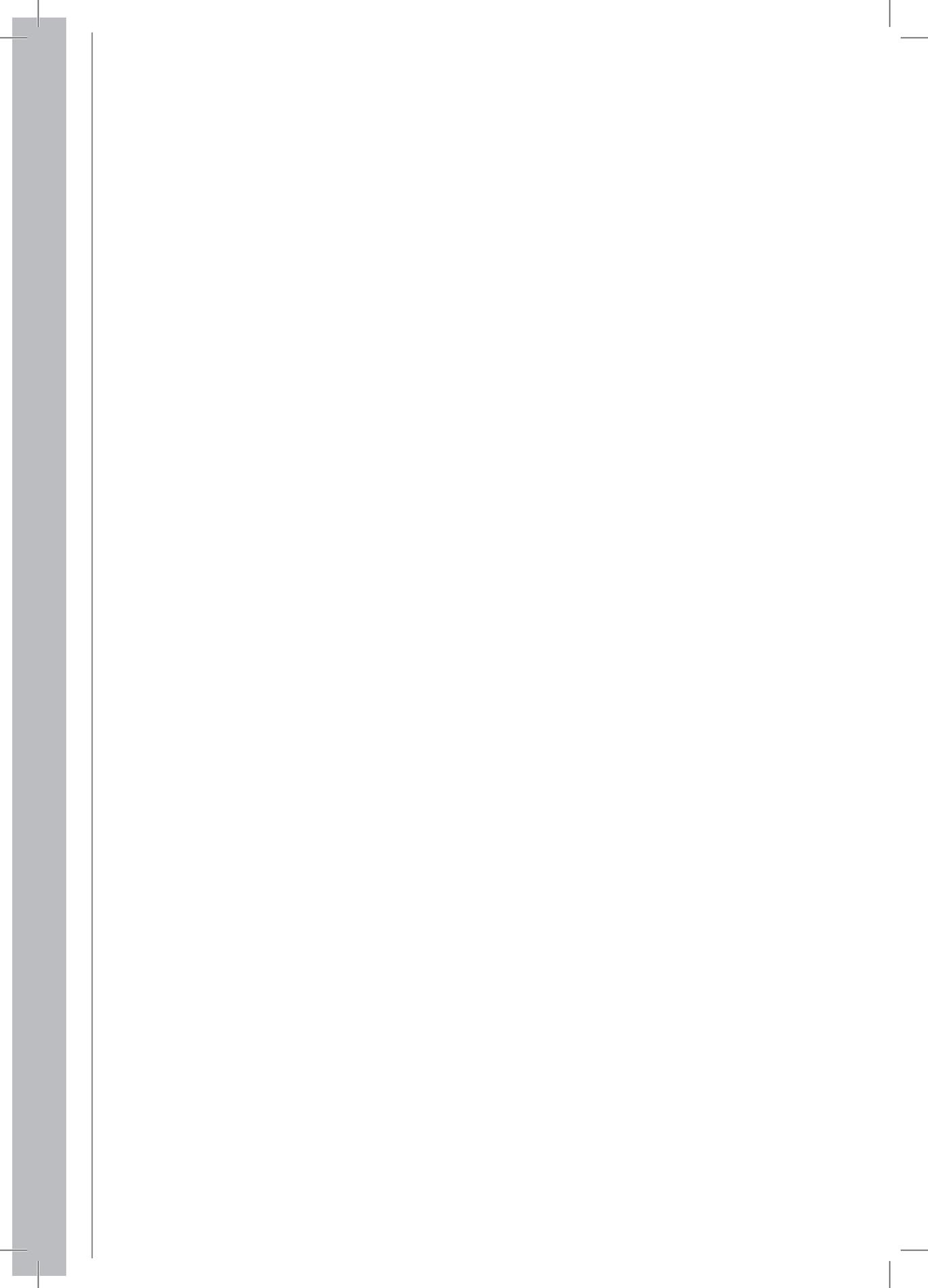
Reviews/Comptes rendus/Besprechungen

Roger Andersson (ed.), *Birgittas texter på fornsvenska. Birgittas Uppenbarelser, vol. I*, Stockholm: Sällskapet Runica et Mediævalia 2014 (Sällskapet Runica et Mediævalia. Editiones 6), ISBN 978-91-88568-62-5, 285 pp.

This monograph is the first more extensive result of the activities in the research project "Heliga Birgittas texter på fornsvenska" ['St. Bridget's texts in Old Swedish'], whose aim is to publish all Bridget's written documents in Old Swedish in an edition with modern philological standard. When the publication is eventually complete, it will replace G.E. Klemming's five-volume edition in Svenska fornskriftsällskapets samlingar ['Early Swedish Text Society's collections'] (1857–1884).

By way of introduction, the reader is reminded that according to tradition, Bridget dictated her revelations to the confessors, who then translated them into Latin; as far as can be judged Bridget herself also wrote drafts (cf. the so-called *Bridget autographs*, which have been the subject of several studies). When the Latin text had been finally edited, the revelations began to be translated into the vernaculars.

The manuscript situation is initially accounted for by the publisher—Cod. Holm. A 5a in the National Library in Stockholm was chosen as the primary manuscript for the edition. In Andersson's edition the punctuation and lower-case/upper-case letters are used in accordance with modern usage, abbreviations have been resolved and some other changes have also been implemented and the section numbering is the same as in the Latin edition. In the critical apparatus, variations of a morphological, lexical and syntactic nature have been accounted for. Lacunas, omissions and other inadequacies in the primary manuscript are corrected in the edition with the aid of other manuscripts. There is a comprehensive summary of the content together with section references at the beginning of each chapter, and in a special section there are some comments and literature references.

There are many parts in the edition that arouse the reader's curiosity. In one section, Maria says to Bridget that there are three things in the dance, i.e. vain happiness, frivolous talk and meaningless toil (Ch. 27). In another place, it is said that Bridget should be like a cheese and her body like a cheese vat, as a result of which Bridget's soul will be formed in her body so that the flesh obeys the spirit and the spirit steers the flesh to chastity (Ch. 33). There is also a very readable section that deals with the bumblebee where it is said that in the same way as the bumblebee flies

up and down as if jumping, so the human being rises in pride but is at once pressed down by lust and gluttony.

In a number of appendices, variants of different parts taken from various manuscripts are accounted for together with Latin versions of some of the texts. The edition itself is preceded by a short chapter that accounts for how researchers from the nineteenth century up to the present time have regarded the development of the Old Swedish version of St. Bridget's revelations, and an account of textual establishment and publishing principles. The research survey shows a well-read publisher who accounts for central philological principle issues. The question that the researchers have focused on might have been accounted for with even clearer thematisation.

In the reading, Bridget appears as a highly present person who sharply observes her surroundings and in addition seems to have had a practical mind. I look forward with great expectation to the further publishing of St. Bridget's texts in Old Swedish.

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Janne Bondi Johannessen & Kristin Hagen (eds.), *Språk i Norge og nabolanda. Ny forskning om talespråk*, Oslo: Novus Forlag 2014, ISBN 978-82-7099-795-4, 335 pp.

The book is the result of a seminar in 2013 on Nordic languages and dialects. The background was that an important tool for the research on the spoken Nordic languages, the Nordic Dialect Corpus, had recently been completed. New research on the material is presented in the volume.

The Nordic dialect corpus is described in the introduction (pp. 14 ff.). It contains about 2,800,000 running words from the natural speech of 821 informants from 228 places in the five Nordic countries. The Norwegian part of the corpus is by far the largest, 564 informants, 163 places and 2,187,000 running words. How the material might be increased and mapped out is briefly described in the introduction.

The book gathers thirteen contributions which elucidate syntax, morphology and phonology as well as lexicography, based on material taken from the corpus in question. Among the syntactic studies might be mentioned Tor Arne Haugen's contribution, which makes observations concerning the placing in speech and writing of the indirect object

in a phrase such as "Hun var ham kjær" and illustrates differences in distribution in Norwegian dialects in phrases such as "flink til å sykle"– "flink å sykle." In their contribution, Ida Larsson and Björn Lundquist deal with "Objektsplacering vid partikelverb i norska dialekter och äldre svenska," where one can notice interesting differences in the placing of particles in clauses like Norwegian "Vi kastet den ut" compared to Swedish "Vi kastade ut den." Øystein Alexander Vangsnes and Marit Westergaard write about phrases such as "Ka studentan drikk?" and the distribution of them in Norwegian dialects. One of the other syntactic contributions is written by Kristine Bentzen ("Setninger med *kanskje* i forfeltet i skandinavisk, med vekt på norsk og svensk"), and another is co-authored by the trio Janne Bondi Johannessen, Marit Julien and Helge Lødrup ("Preposisjoner og eierskapsrelasjoner. Det menneskesentrert hierarki").

A number of articles deal with morphological and phonological phenomena. Lars-Olof Delsing writes about the verb system in Swedish dialects in the Lycksele area in southern Lapland. He shows that a number of sound changes in the dialects have resulted in the verbs of the productive first conjugation losing the difference between the infinitive and the present tense and between the preterite and the participle. The phenomenon can also be observed in other verb classes. Thórhallur Eythórsson and Jóhannes Gísli Jónsson compare Icelandic and Faroese in the article "Oblike subjekter i færøysk og islandsk," which deals with phrases existing in island Norse, such as Faroese "*Henni* dámar føroyskan tónleik" ['She likes Faroese music']. The corpus is really too small for a study of this phenomenon; it contains only about 56,000 running words from Icelandic and slightly more than 62,000 from Faroese.

Among other things, Unn Røyneland and Brit Mæhlum discuss in their contribution the usefulness of dialect maps—the authors might be said to be battering at an open door to some extent here—and together Leiv Inge Aa, Kristin Melum Eide and Tor A. Åfarli write about the perfect participle in the dialect corpus. A particularly interesting discussion in the last-mentioned article concerns the subjunctive as a still-living grammatical category in Norwegian dialects. A young informant in Oppdal was found to be using the participle form when talking about something that has not happened ("de *kunna* vørå arrti") and the preterite form in an ordinary modal sense ("åss fann ut att åss *kunn* jøra sånn").

Four contributions are about the use of words. Ruth Vatvedt Fjeld writes about the variation in Norwegian dialects of a number of central kinship terms and Helge Sandøy about the amount-denoting *somme*, *nokon* and *einkvan*—among other things he discusses the reason

why these words are distributed in different ways in the corpus—, Jan Svennevig writes about the use of *nå* as an interjection and a particle and in a reinforcing function, while finally Åse Wetås deals with the subject "Nordisk dialektkorpus og Norsk målføresynopsis—ei saman-likning av to kjelder til talemålsforsking frå kvar si tid."

It is clear that the Nordic dialect corpus constitutes an important resource for Nordic research, but it is also clear that in order for it to be usable for comparative studies, it must be considerably enlarged. It is obvious that a number of interesting observations can be made in the Norwegian part of the corpus, which is the largest, while this is more difficult when it comes to other parts of the Nordic language area.

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Endre Brunstad, Ann-Kristin Helland Gujord & Edit Bugge (eds.), *Rom for språk. Nye innsikter i språkleg mangfald*, Oslo: Novus Forlag 2014, ISBN 978-82-7099-803-6, 306 pp.

The point of departure of the essays in this volume is a conference under the heading "Rom for språk," which was held on 14–16 March 2014 in Bergen as the university's main celebration of the 200-year ju-bilee for Ivar Aasen (p. 5). The book rests on a number of premises: that language diversity has an intrinsic value, that the phenomenon of language diversity—globally, nationally and locally—is a reality that we must relate to and that language diversity is a complex phenomenon that may be valued positively but also negatively. The book's contribu-tions are divided into three main sections, each of which represents a chief aspect.

The first section, "Inn med språket," deals with the societal con-ditions that make it possible for language diversity to be realised and focuses on language policy aspects. Markku Suksi discusses here how language rights can be legally regulated and emphasises among other things that even if international framework conventions exist and have been ratified, the most important thing is how the national legislation is ultimately designed. Jarmo Lainio deals with Swedish Finns' work of transferring Finnish to new generations, and presents the so-called *Språkpaketet* ['the Language Packet']. The perspective is different in Ce-cilie Hamnes Carlsen's contribution, where the author shows that it is

obvious that the formulations of language requirements differ considerably between the European countries, and the survey of the concrete empiricism is instructive here. The requirement for language proficiency can be considerably problematised, as can the relation between language requirements and citizenship. The altered view of Norwegian sign language in the last thirty years, which has resulted in sign language coming to be regarded as a language beside the natural languages, is accounted for in Arnfinn Muruvik Vonen's article.

The second section has the heading "Inn i språket" and describes language diversity as a cognitive and individual phenomenon. In an important contribution, Ellen Bialystok summarises psychological research concerning the linguistic and cognitive effects of bilingualism in individuals. It is a complex picture that is presented (pp. 134, 136). What is focused on in Bialystok's article is multilingualism where the involved languages are not mutually understandable. The conditions are different when one investigates the language situation in Norway which involves change between closely related language varieties. This is the topic of the article co-authored by Mila Vulchanova, Tor A. Åfarli, Maria Asbjørnsen and Valentin Vulchanov, which presents an experimental study of how 50 persons with Norwegian as their mother tongue but with different experiential backgrounds and from different parts of Norway process words from *bokmål* and *nynorsk*, which are regarded as systematically different language systems in Norway. The authors believe the study shows that mastering different written varieties also has positive effects. Nina Schjetne writes about the language development of children adopted from abroad, who at different ages have suddenly lost their first language. Among other things, works in the field of special needs education are described. Gunhild Tveit Randen focuses on pupils with minority languages and with Norwegian as their second language. The routines for how the pupils' proficiency in Norwegian should be investigated vary considerably.

The third section in the book is entitled "Ut i språket" and discusses how language diversity is handled in practice. Hjalmar P. Petersen deals with the Faroese language contact situation, and pays attention not least to a phenomenon such as færøydansk ['Faroese Danish'] with special Faroese constructions in local Danish. New Norwegian and the view of this variety are the focus of Hjalmar Eiksund's article, based on a master's paper. Pernille Fiskerstrand elucidates the situation for pupils with *nynorsk* as their main language, which in their technical writing are forced to go via *bokmål* to *nynorsk*. Finally Randi Neteland is folk linguistically inspired in her article, which is based on interviews with a number of

informants in different places in Norway and deals with how people use the concepts of *nynorsk* and *bokmål.*

As there are many perspectives in the book, it does not have an entirely clear focus other than on a more overarching level. The volume would have been felt to be sprawling, if it had not been for the editors Endre Brunstad and Ann-Kristin Helland Gujord who in an initiated and broadly constructed introduction—which in itself constitutes an independent and valuable contribution—try to elucidate the entire complexity of language diversity. For this introduction they are worthy of great praise.

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Maria Bylin, Cecilia Falk & Tomas Riad (eds.), *Studier i svensk språkhistoria 12. Variation och förändring*, Stockholm: Institutionen för svenska och flerspråkighet, Stockholms universitet 2014 (Acta Universitatis Stockholmiensis. Stockholm Studies in Scandinavian Philology, N.S. 60), ISSN 0562-1097; ISBN 978-91-87235-85-6; 978-91-87235-86-3, 261 pp.

For the twelfth meeting of the series Svenska språkets historia, the theme chosen by the conference committee was "Variation and change." As pointed out in the preface, the history of language "is to a great extent precisely a study of how languages vary and change over time" (p. 5).

This time the plenary lectures are four in number. The merger of cases in Old Swedish is discussed in an interesting way by Lars-Olof Delsing. Two periods when the case system changes are identified, viz. about 1300 and about 1450. The changes in the first period result in simplification. In the latter, a far more dramatic change takes place, according to the author first in the Stockholm and Kalmar areas, and it is therefore believed to be connected to the presence of Low German speakers in these towns. The development of *nu* from a temporal adverb to a discourse particle is the subject of Mirja Saari's plenary lecture, where differences in usage between Swedish in Sweden and Swedish in Finland are also discussed. Karl G. Johansson argues that interdisciplinary collaboration in Nordic text research might "resume its role in the research on

medieval culture" (p. 60). Lars-Gunnar Andersson's contribution "Svensken om svenskan. Om synen på variation och förändring" ['The Swede on Swedish. On the view of variation and change'] is primarily a study of attitudes concerning modern Swedish, in which some perspectives on Swedish in the future are also discussed.

The section lectures are fifteen in number. Different periods and materials come to the fore here. In a pilot study of runic texts from Västmanland—illustrated by means of a number of maps—Magnus Källström mediates the picture of a possible dialect situation in the Viking Age, even though one must keep in mind, as does the author, that the empirical material for the investigation is rather thin. At the end, the author presents reasons for the assumption that in the Västmanland runic inscriptions "one may actually have the germ of the Dalecarlian dialect" (p. 121). The origin of the Nordic definite suffix and its background in two different pronouns, *enn* and *hinn*, as well as the age of the phenomenon, is discussed in Ulla Stroh-Wollin's section lecture. The grammaticalisation of the indefinite article is dealt with in Dominika Skrzypek's article, where the material consists of sixteen Old Swedish texts from Äldre Västgötalagen to Historia Trojana (1529).

Important questions regarding the Low German—Swedish language contact in the Middle Ages based on a study of word order are elucidated by Erik Magnusson Petzell, who also revises the view of the nature of the language contacts in an interesting way. Erik Falk writes about insults in Uppsala in the seventeenth century and develops his theses about pragmaticalisation. Lars-Erik Johansson elucidates the Swedish occasional publications from the seventeenth century; as regards this material nearly everything remains to be done, not least making it digitally available. Kerstin Thelander deals with the term of address *ni* in drama dialogues between 1700 and 2000, while Håkan Åbrink describes the origin of theatrical Swedish in the early nineteenth century.

The origin of short [o] in central East Nyland dialects is described in Johan Schalin's contribution. This also has interesting language history implications, since the author, among other things, assumes that

> the East Nyland settlers' language in the dialect geography of the fourteenth century is an even more typical Svealand dialect than has so far been assumed, but the development of its vocalism stops abruptly shortly afterwards and gradually takes an essentially different development direction. (p. 217)

An important contribution is Henrik Rosenkvist's article on four syntactic novations in the Älvdalen dialect, where language history obser-

vations and language conditions in other non-standard Germanic language varieties are also focused on. Among other things, it is noted that, as far as can be judged, the subjunctive-forming auxiliary verb *edde* in the dialect is not, as might be assumed, related to the Erik's Chronicle *edha* but is rather a novation in Älvdalen.

Fundamental problems in historical sociolinguistics are elucidated by Bengt Nordberg; the contribution gives evidence of the author's profound knowledge of different variation linguistic problems. The linguistic adaptation and adaptation strategies among West Nyland migrants in Stockholm constitute the subject of Malin Löfström's contribution. Works in the making are presented by Minna Sandelin (on reference binding in the Inheritance Code of the Uppland Law) and Theresia Pettersson (on language change and variation in the minute books of the city of Stockholm in the period 1476–1626). Jonatan Pettersson assumes a didactic perspective on the history of language, where the question is central: "what special value may the knowledge of the history of language have that justifies its position in the teaching of Swedish?" (p. 153).

The comprehensive volume shows that exciting research is being conducted into the history of the Swedish language in several scholarly environments.

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Matthias Egeler, *Celtic Influences in Germanic Religion. A Survey*, München: Herbert Utz Verlag 2013, ISBN 978-3-8316-4226-7, 162 pp.

This lucid and well-informed survey attempts to summarize and critically assess two centuries of debate about Celtic influences in Germanic religious history. The task is dealt with against the backdrop of a familiar dilemma in the fields of cultural history and anthropology: how should cultural parallels be interpreted, and by what standards are we to measure the parallels as non-coincidental? The author initially seeks to frame his task by using the ethnographic label "Celtic" (as employed by writers in antiquity) in its wider linguistic sense to include as well the "Celtic" speaking groups of Britain and Ireland. Furthermore, cultural influences along routes of transmission that merely include the Celtic and Germanic speaking areas should not be considered Celtic-Germanic in the strict sense. Likewise excluded are the parallels thought to result from a

common (and mostly Indo-European) heritage, as well as those restricted to later folklore and literary motifs "pure and simple" (p. 108). Matthias Egeler's major task is thus to scrutinize whether any parallel (or set of parallels) proposed can be considered 1) exclusively Celtic-Germanic, 2) exclusively religious or 3) exclusively a result of cultural influence.

The first section of the investigation proper (Ch. 2, pp. 16–32) deals with Celtic-Germanic influences in antiquity. Egeler is here mostly concerned with notions and practices ascribed to Celtic and Germanic tribes by Classical authors (i.e. the rejection of cult images, hair-sacrifice, weapon sacrifices, animal standards, etc.), none of which seem exclusively Celtic-Germanic and many of which turn out to be based on clichés used to characterize archaic or "barbarian" peoples. A few examples of real contact between Celtic and Germanic tribes can be attested on a regional level, but these are mostly limited to linguistic borrowing (i.e. the name of the Batavian prophetess Veleda [from a Celtic noun with the original sense 'seer'; cf. Old Irish *fili*] and the term *nimidas* for 'forest-sanctuaries' among the pagan Saxons, which clearly echoes a common Celtic term for 'sanctuary' [*nemeton*]). The only clear-cut example of Celtic-Germanic interaction in antiquity with an exclusively Celtic origin is the cult of the *Matres* and *Matronae*, which is supposed to have spread from southern Gaul to the Rhineland during the first century AD. The epithets of these goddesses are of either Celtic or Germanic derivation, and similar triads are unattested in Classical sources.

The second and largest section (Ch. 3, pp. 33–107) deals with parallels between Celtic (mostly Old Irish) and Old Norse sources from the Middle Ages held in earlier scholarship to result from Celtic influence. They include examples such as mythical episodes (e.g. the Útgarðaloki-episode in the *Snorra Edda*), singular motifs (e.g. mythical pigs, drowning in mead, etc.) and the parallel appearance of individual gods (e.g. Taranis-Thor, Heimdall-Manannán, Ægir-Ler, Lug-Odin, etc.). Most of the parallels do not stand the test of the author's scrutiny. When they do so, however, they are either considered too trivial or superficial to have any deeper religious significance, or thought to reflect pagan-Christian contact through the medium of hagiographic literature.

The last section of the investigation proper (Ch. 4, pp. 108–126) is concerned with the remaining three examples of what Egeler considers to be Celtic-Germanic parallels which are detailed and significant enough "to be embedded in the fabric of the mythology of each cultural group" (p. 108). These are 1) the parallel between the Old Norse Valkyries and the Irish Bodbs (female supernatural beings associated with birds, battle, eroticism and a lethal influence on the minds of their victims), 2)

the parallel between the Old Norse goddess Freya and Irish Medb (the 'mead-woman' [*Me^{d}hw-ā]) and 3) the Old Norse eschatological notion of an otherworldly grove of fruit trees (*Ódáinsakr/Glæsivellir*) and Celtic notions of an "island of apples" known from Arthurian legend as *Avalon* or, according to Geoffrey of Monmouth's *Vita Merlini* (908), as *insula pomorum.* In the author's opinion these parallels all raise "the possibility of a historical connection" (p. 124), but what eventually prevents him from considering them to be exclusively Celtic-Germanic in nature is that they also echo notions attested in the mythology of the ancient Mediterranean: 1) Sirens and Harpies in the case of Bodbs and the Valkyries; 2) Aphrodite in the case of Medb and Freya; and 3) the garden of the Hesperides in the case *Avalon* and *Ódáinsakr/Glæsivellir.*

The overall conclusion to be drawn from Egeler's exercise in comparative Celtic-Germanic religious history is that the terms *Celtic* and *Germanic* tend to be used either too broadly or too narrowly; too broadly when they concern phenomena of a much more limited local and temporal significance (e.g. the cult of the *Matres* and *Matronae* of the Rhineland), too narrowly when the Celtic and Germanic regions rather appear as intermediaries of ancient traditions that encompassed much larger parts of Europe, including the ancient Mediterranean world.

While Egeler argues most of his cases convincingly, he sometimes adduces typological parallels from sources outside the Celtic-Germanic world in order to disqualify the Celtic-Germanic hypothesis without scrutinizing these sources as rigidly as those on the inside. One might, for instance, question whether Aphrodite's association with war and the battlefield is really as prominent as that of Medb and Freya. Egeler's only evidence does not involve Aphrodite's role in mythology at all, but rather a single notice in Pausanias that some cult images represented her as an armed goddess. Similar doubts might be raised against the hypothesis that the Valkyries and Bodbs belong to the same continuum of ideas as other female demons of death in the Mediterranean world, such as Sirens and Harpies. Whereas Valkyries and Bodbs are mythological figures of war, Sirens and Harpies are not. This is a minor weakness in Egeler's otherwise persuasive critique, which should be recommended to anyone interested in the religions of ancient Europe and the methodology of historical comparison.

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Birgit Falck-Kjällquist, *Ortnamnen i Göteborgs och Bohus län. XIII. Ortnamnen i Stångenäs härad. 2. Naturnamn*, Göteborg: Institutet för språk och folkminnen; Dialekt-, ortnamns- och folkminnesarkivet i Göteborg 2015, ISSN 0284-1908; ISBN 978-91-86959-20-3, XXVI + 175 pp. + map.

A further volume in the series *Ortnamnen i Göteborgs och Bohus län* has now come out, a study of nature names in the district of Stångenäs. The author is the former head of archives Birgit Falck-Källquist. After an introduction where nature conditions, industry and trade and the dialect are briefly described, follows a systematic survey of the district's many nature names divided into ten sections based on what the names have denoted: lakes and small pools of water; watercourses; islands, islets and shore areas; roads, fords, bridges etc.; heights and slopes; bogs and swamps; valleys and hollows; fields, meadows, clearings etc.; forests, groves and single trees; other localities. In each section a number of important parts of the main elements are initially accounted for; then follows a survey of nature names in the group in question, e.g. names of islands, islets and shore areas. The description in this part is brief and sometimes a bit insufficient. This survey is followed by a final part where names considered to be of special interest are analysed in greater detail. In the middle part of each section, where the lion's share of the names is dealt with, there are references back to the section where the main elements are accounted for; however, there are no forward references to the section where the freestanding, somewhat longer articles are found. Such references would have been advantageous.

Among many other interesting things in the book, might be mentioned the discussion of *Härnäs*(*et*) as containing a counterpart to Old West Norse *herr* with reference to a fleet of Viking ships (p. 60), the analysis of *Kåvran* in the light of different meanings of Old Norse *kǫgurr* (p. 62) and the analysis of names that have to do with communications, such as roads, fords, bridges, jetties and other passages (pp. 67–72). The interpretation of a name such as *Belsberg* (p. 102) in connection with the dialectal *bel* 'opening e.g. between two houses, small interspace, small gap' (cf. Norwegian dialectal *bel*, 'interspace, e.g. between mountains'), which is factually justified by the author, appears probable, as is that of *Styrsberget* in connection to *styre*, 'rudder' (pp. 111 f.), where the original name-bearer might be 'some rudder-like formation on or at the locality used as a natural landmark.' However, no factual support for the latter interpretation is given.

Some local terrain designations are found here, such as *båg* m., 'bay,

preferably with a slight curve, broad creek, round (curved) bay' (p. 4), *häller* m., 'cave in a mountain, large cavern; protruding part of mountain' etc. (p. 9), *flu* n., 'skerry that barely rises above the water surface, small skerry that is flooded by high water or hard wind' (pp. 38, 42) and a few others. The author might have been able to clarify the factual background more precisely in the case of *Munkeviken* (p. 11; cf. p. 47 about *Munkarna* and others, cf. also p. 156). In some case, the interpretation of a name is left entirely open, for example *Sköllberg* (p. 94), where a possible interpretation would have been welcomed.

At the end of the book, there are registers of toponyms mentioned, first names, bynames and names of soldiers and boatswains, as well as of a number of words and some circumstances relating to cultural history mentioned in the book. The book contains photographs which are a valuable complement to the text.

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Lennart Hagåsen, *Sveriges ortnamn. Ortnamnen i Hälsingland, vol. 2:2. Hudiksvalls kommun. Hudiksvallsområdet. Bebyggelsenamn*, Uppsala: Institutet för språk och folkminnen 2014 (Skrifter utg. av Institutet för språk och folkminnen. Namnarkivet i Uppsala. Serie A. Sveriges ortnamn), ISBN 978-91-86959-18-0, 320 pp.

A first publication on settlement names in Hälsingland has now come out in the series *Sveriges ortnamn*, more precisely the names in an area in the northern part of the region which, in addition to Hudiksvall, consists of the parishes of Forsa, Hälsingtuna, Hög, Idenor and Rogsta. Lennart Hagåsen is the author. Among other things the introductory section contains a survey of the age of the names and the relative chronology as well as a brief exposition of some types of names existing in this area (names in *-boda*, *-by*, *-sta* and *-sätter*). These short accounts provide a picture of an author well familiar with the research literature. One notices that the author has rendered the dialectal pronunciation of the names not by means of the Swedish dialect alphabet (*landsmålsalfabetet*)—which one is accustomed to—but with a sound notation of his own. It may be praiseworthy to make the pronunciation available also to the public at large, but for researchers a rendition by means of the Swedish dialect al-

phabet would have been preferable, since it is in this way that notations are made in the collections of the traditional archives. In some cases, the Swedish dialect alphabet is also clearer than the notation now chosen, for example regarding the pair *vå:ˋr-da:'g* and *vå:ˋrda:'g*, where with the latter a supradental is noted. The major part of the book contains interpretations of the area's settlement names: the name of the town of *Hudiksvall*, the parish names mentioned, names of parts of parishes, villages and certain names of homesteads.

Quite a few investigations make the reader pause with interest, not least of course that of the name of *Hudiksvall*, 'the settlement *Vallen* that is close to the village of *Hudik*' or 'the flat grazing-ground intended as a meeting-place for trade or the like (*vallen*), situated close to the village of *Hudik*,' where *Hudik* is interpreted as 'the bay at the mountain end (similar to a head),' concretely the jut of Galgberget. This seems very likely. Many interpretations would be worth bringing up here, but I choose to mention only a few. After a thorough discussion regarding *Ölsund* (p. 123), Hagåsen chooses in the first place to interpret the origin of the word as an Old Swedish **Ylsund*, 'the sound with heat vapour (so that a hole in the ice is formed),' with concrete reference to Björkmovaken in the narrowest part of the sound, which is always open in wintertime. An alternative interpretation with **yr*ð, 'stone ground,' as the first element seems less probable for linguistic as well as factual reasons. The first elements of names in *-sta* are discussed in a well-balanced way, e.g. *Hillsta* (pp. 69 ff.) and *Klångsta* (pp. 77 f.).

The assessment of the meaning of the element *stav* in *Stavåker* is sensibly enough kept somewhat open; this is an element that it difficult to interpret and must be dealt with in a larger context. Similarly the interpretation of *Tåsta* (pp. 207 ff.) is fraught with difficulties, and as for the mysterious *Smälsk* the authors finds his proposed interpretation "highly uncertain" (s. 162). However, it still provides a good basis for further discussion of the name. In some cases I think that names from other places could have been included in the discussion, e.g. in connection with *Fränö* (pp. 60 f.) and *Finnflo* (pp. 129 ff.) the Ångermanland names *Frånö* and *Finna*, respectively. At *Ullsäter* (pp. 165 ff.) the discussion of *Ullånger* in Gösta Holm's monograph on the names in *ånger-* (1991) could have been referred to.

Investigations concerning different appellatives are found in the book, e.g. *skåll* f., 'large, bare area' (p. 49), **hog* m., 'height, elevation' (pp. 73, 89, 106, 179) and *ball*: **baller* m., 'bump' etc. (p. 183), and also concerning **rok* m. (p. 239) and *hös* m. (p. 259) denoting height and regarding **røn* n., 'stony ground' (p. 276).

The author's working method is characterised by thorough sound analyses based on the names' Old Swedish forms and the dialectal pronunciation. The scrutiny of the names' factual basis is consistently careful and markedly cautious. One notices that in quite a few places the author repudiates his predecessors' interpretations with a sharpness that one is not quite used to in the series *Sveriges ortnamn*; these assessments are mostly well-founded, however. With this work on the names in the north part of Hälsingland, we now know considerably more about the settlement names in the area.

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Kåre Hoel, *Bustadnavn i Østfold. 13 Hvaler. Utgitt av Institutt for lingvistiske og nordiske studier, Universitetet i Oslo ved Tom Schmidt*, Oslo: Novus Forlag 2014, ISBN 978-82-7099-765-7, 319 pp. + map.

Volume 13 of *Bustadnavn i Østfold* was published in 2014, and the final editing was done by Tom Schmidt. The toponymic articles are structured in the same way as before in the series; there are texts from *Norske Gaardnavne* (NG), Kåre Hoel's detailed treatment of the toponyms in the area in question, incidentally many more than those dealt with in NG, and the editors'—i.e. Tom Schmidt's and Margit Harsson's—toponymic investigations. It is easy to distinguish the different parts in the articles from one another, and the structure is such that in some places one actually finds oneself involved in an onomastic discussion (see e.g. *Brunsvik* below), which is stimulating.

Many individual investigations might be focused on, but I confine myself here to presenting a handful of interpretations in the volume that I have found especially interesting. The area name *Hvaler* is regarded by Oluf Rygh as a name where the islands have been compared to a flock of whales (s. 20). The name *Seile/Seiløy* is discussed in the light of a meaning of something notched or something cut down (p. 214). This discussion also has a bearing on the interpretation of other similar names. The thorough survey of the old island name *Lóendr* (pp. 229 ff.) is important. The discussion of *Homlungen* (pp. 28 ff.) is interesting, not least semantically, as is the treatment of the main element in *Skjærhalden* (pp. 30 ff.). The factual source of *Bislett* (of a *Bi så litt*) is discussed (p. 74) and it is argued that it may be

connected to 'a place where people had a rest when they were travelling,' which seems reasonable. As for *Brunsvik*, Schmidt assumes that the interpretation suggested by Oluf Rygh—but not further discussed by Hoel—in connection with *Braunschweig* cannot be completely ruled out because the place might have been named by Danish priests. In the reading one also notices lots of words designating heights that were used in the name formation, e.g. *ball* m., 'round lump, cliff' (p. 121) and *haus*(*e*)/*høs* m., 'skull' (used about a round height, p. 122), and also terrain terms such as *heller* m. and *gljúfr* n. The difficulties in establishing the current meaning of an appellative in the naming are evident in connection with the treatment of *Rev* (pp. 82 f.). In special sections there are derivations of names that have disappeared (pp. 221 ff.) and old island names (pp. 227 ff.).

The basic topographic words are listed in a special section (pp. 235–264), followed by a literature and source list, abbreviation lists and an account of the phonetic transcription. Toponym registers, word registers and registers of personal names and surnames conclude the book. The account is generally clear and the argumentation easy to follow. The editors deserve unreserved praise for adding new volumes to the previous ones year after year.

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Sven-Bertil Jansson, *Konung Alexander. En svensk roman från 1300-talet*, Stockholm: Sällskapet Runica et Mediævalia 2015 (Sällskapet Runica et Mediævalia. Scripta Minora 23), ISSN 1103-7989; ISBN 978-91-88568-61-8, 271 pp.

When the author of this book, the literary scholar and collaborator for many years at Svenskt visarkiv, Sven-Bertil Jansson, unexpectedly passed away in 2014, there existed a manuscript for the present monograph. The editorial committee has only marginally edited it prior to publication. The Swedish version of the internationally disseminated Alexander novel belongs to the latter half of the fourteenth century and was written about 1380 and probably finished not later than 1386. King Alexander is preserved in only one manuscript, D 4 in the National Library in Stockholm, and should probably be dated to the 1420s. Jansson's version focuses initially on the ancient classical background to King Alexander and the Old Swedish text's medieval predecessors. Among other things, it is pointed out that medieval interest in Alexan-

der the Great was nourished by the role he was assigned in the history of salvation with the Book of Daniel as the central source, and his example was discussed by Christian theologians, moralists and preachers.

As regards the models of the Old Swedish version of the Alexander novel *Historia de preliis* in Latin and German Alexander novels (pp. 30 f.) are probably the most interesting. In many respects the Old Swedish text has great intrinsic value, not least through its independence vis-à-vis known models, for example the prologue to the Swedish version. One encounters in Alexander tyranny and ruthlessness, as well as bravery that sometimes verges on foolhardiness. In a fictitious scene which is about Darius' death, there are examples of Alexander's magnanimity, a scene of "an emotional and intimate character, which is not inessential to the overall impression of the novel" (p. 94). An interesting part is about Alexander and the Brahmans, a section that in the Old Swedish translation of King Alexander comprises about one eighth of the amount of text. This part actually breaks the epic flow and here spiritual, theological and moral issues come to the fore. The Brahman Dindimus teaches Alexander among many other things about the Brahmans' democratic society; they are all brothers, created as equals (p. 142). Many of the Orient's wonder—and monsters—are also found in the text, e.g. "scorpions," dragons "in trolls' guise," an animal called *ydentistanno* (a kind of horse), voles, bats etc. The image of the foreign and challenging Orient is illustrated in a vivacious way in the Swedish poetic novel and for its recipients "precisely such elements must [...] have been both challenging and attractive" (p. 186). The Alexander novel's metrical form is *knittel*, doggerel verse, which certainly can be described in different ways. Jansson on his part states that the doggerel here, when it is at its best, enables "an effective narrative, a rapid tempo. Then it does not limp but dances" (p. 191).

A final chapter is entitled "Alexander 1380" and discusses the poetic novel's origin. According to the novel's final words, it was Bo Jonsson Grip who had a Latin prose text translated into Swedish verse, and Jansson deals with why this was done. He believes that social prestige certainly played a role:

> Naturally he could expect that a story in the Swedish language about the world's greatest conqueror so far would attract a great deal of attention. And of course he knew that the author was morally obliged to make it appear as if it was he, the Chancellor, who supported the impressive launching of a Swedish Alexander. (p. 227)

But even though Bo Jonsson would no doubt have taken pleasure in reading about Alexander's exploits, Jansson finds it probable that "he was more or less lured into the undertaking," because a lot of space is also devoted to Alexander's discussion with Dindimus, something that is more likely to have caught an ecclesiastic's interest rather than a political representative's such as Bo Jonsson.

Towards the end (pp. 236 ff.) Jansson discusses the view of the poetic novel and its origin found in Anton Blanck, Carl Ivar Ståhle and Gösta Holm. Blanck's (1929) view of the political background to the origin of the work has already been questioned by previous research, and Ståhle's (1955) opinion that the anonymous author's "view of life does not seem to be that expected of a medieval scribe" is described as being based on an antiquated view of medieval mentality. As for Holm's (1958) conception of the possible relation between the work's "customer–performer," where Holm thinks that Bo Jonsson had commissioned a suitable person who owned the Latin text and suggested precisely this one, Jansson considers it too mechanical. Jansson's intimate knowledge of this medieval Swedish poetic novel makes one easily accept his corrections and nuancing of previous research. According to Jansson everything indicates that the author was a Christian intellectual with an interest in chivalrous epic poetry. He was also "caught by the novel's overall impression with its many different elements [...], its diversity" (p. 260). As emphasised in Staffan Nyström's preface, Jansson gives with this monograph "—in a well-balanced and vivacious language—a broadly constructed presentation of the medieval Swedish Alexander novel." It is easy to agree with this description.

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Kristinn Jóhannesson, Gunnar D. Hansson & Karl G. Johansson (eds.), *Islänningasagorna. Samtliga släktsagor och fyrtionio tåtar* (Text examining: Erik Andersson. Editorial committee: Viðar Hreinsson, Örnólfur Thorsson, Gísli Sigurðsson, Vésteinn Ólason, Berljót Kristjánsdóttir & Jónas Kristjánsson), vols. I–V, Reykjavík: Saga forlag 2014, ISBN 978-9935-9199-2-2 (vols. I–V); 978-9935-9199-3-9 (vol. I); 978-9935-9199-4-6 (vol. II); 978-9935-9199-5-3 (vol. III); 978-9935-9199-6-0 (vol. IV); 978-9935-9199-7-7 (vol. V), LXII + 418 + 482 + 494 + 490 + 464 pp. [collected in a box].

This publication is the result of a Nordic effort whereby forty Icelandic sagas and forty-nine so-called *tåtar* have been translated into Swedish, Norwegian and Danish. The outcome is five volumes in each of the Scandinavian languages, with each translation comprising 2,500 pages. The Swedish editorial staff consisted of Kristinn Jóhannesson, Gunnar D. Hansson and Karl G. Johansson. I deal here only with the Swedish translation.

As is well known, the Icelandic sagas take place in the saga period, but the sagas have been compiled from the early thirteenth century up to and including the fourteenth century; some texts are, however, known only in later paper manuscripts. The *tåtar* are usually found in the Kings' Sagas, chiefly in Morkinskinna and Flateyjarbók.

The people are nearly always placed in a well-defined historical and geographic context, where the main characters are presented by means of genealogical trees and the names of the places are stated. In Njál's saga there are as many as some eight hundred personal names and more than three hundred place-names. The story in the Icelandic sagas is shaped in accordance with certain patterns. Honour plays a great role in the course of events. Socially it has the function of maintaining relations such as kinship, marriage, friendship and political pacts; thereby the saga is narratively brought forward "in accordance with the ethical rules that lend the feuds in the plot a kind of heroic inevitability" (vol. I, p. XXXVI). In the Icelandic sagas the people and society are mostly described from a patriarchal perspective where the men's heroic deeds are common themes and the women are not much more than objects to the men. But there are certainly texts that are different in these respects, such as Laxdalingarna's saga, where a woman, Guðrún Ósvífursdóttir, is the main character. The sagas also provide quite a lot of information about manners and customs, gifts, clothes, sports, agriculture and cattle breeding, handicraft, goods and prices etc., and, not least, about the traditional knowledge of boats and life on boats. Factual information found in the many texts is collected and explained at the end of volume V in a well-written and useful survey where one can read about the ships and shipping and about the homesteads. Some word explanations are also found here.

Twenty-four persons were engaged in the translation itself, many of whom have long experience in translation and text interpretation. This guarantees good translation work. A project involving that many individual collaborators requires coordination, however, not least in order to maintain some kind of stylistic uniformity throughout the work. This seems to me to have been successful. On the one hand they have

avoided an overly trivial everyday language in the translation, which would soon have become archaic, and on the other, too archaic a language, which would have risked making the texts antiquated. A number of editorial choices were made in the translation process, most of which are well justified. Thus they have not, for example, made the Icelandic personal names and place-names Swedish, as has previously been done in many saga translations, which means that *þ*, *ð* and *æ* and the accents over the vowels are retained. This translation uses, however, the forms *Ólaf* and *Auð* for the Icelandic nominative forms *Ólafur* and *Auður.* These choices are well-founded. In most cases, the editorial staff has refrained from using the historical present. Sometimes, however, such forms are used because it is not possible to determine with certainty which form the source text has (e.g. when the source's abbreviated written form cannot be interpreted unambiguously). This is a correct choice in my opinion. But when the editors refrained from the historical present "for the sake of the total effect of the text, as this temporal form can easily appear as stylistically more marked and regular than in the source texts," it seems as though a stylistic feature was sacrificed for the sole purpose of attaining uniformity.

As we know, there are many stanzas in the sagas; in total there are more than seven hundred in this translation. As a rule the message in the stanzas is simple, but the form is complicated. For the poet it is a matter of

> representing a well-known thing in a dexterous way that almost re-sembles a riddle or a puzzle picture so that it demonstrates the po-et's wordsmith skills, creative ability and insights into the magical world of divine myths. (vol. V, p. 415)

The editorial staff renders the stanzas with a sparing use of complicated kennings, while some syllable rhythm has been retained. The original Icelandic text is presented in parallel with the translation. Further help with interpretation might have been mediated to the readers in special comments; the stanzas are anything but easy to understand.

As pointed out above, the mentioning of the numerous toponyms and persons, places events in their geographic and social contexts, and here some guiding maps providing more detailed knowledge of the geography and family trees and clarifying the chief actors' relations would have been helpful. Editorial efforts of this last-mentioned type could with advantage have been made in all three parallel Scandinavian editions. But these comments do not in the least diminish the good overall

impression given by the translations. The publication can only be described as a great achievement. It is predictable that these translations will play a significant and influential role for a long time to come.

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Karl G. Johansson & Else Mundal (eds.), *Riddarasǫgur. The Translation of European Court Culture in Medieval Scandinavia*, Oslo: Novus Forlag 2014 (Bibliotheca Nordica 7, eds.: Odd Einar Haugen, Karl G. Johansson & Jon Gunnar Jørgensen), ISSN 1891-1315; ISBN 978-82-7099-806-7, 351 pp.

The background to this omnibus volume is a conference at Oslo University in 2008 on "Riddarasögur and the Translation of Court Culture in thirteenth century Scandinavia." The contributions to the conference have been revised here and constitute "elaborated versions of papers," but other contributions have also been added in order to broaden the perspectives even more (p. 7). The first translations of *riddarasǫgur* to West Nordic languages emanate from the early thirteenth century; in 1226 Tristrams saga ok Ísǫndar was translated by a certain brother Robert by order of King Hákon Hákonarson. Translation perspectives, the chivalrous culture more generally and the development and dissemination of the genre are some of the themes found in the omnibus volume's twelve articles.

The introductory article, written by Keith Busby, places the translation in a greater European context, where this type of text must be related to existing narrative traditions. A kind of model for adaptation is then presented (pp. 28 ff.) followed by a survey of the chivalrous literature in the twelfth and thirteenth centuries by Martin Aurell and an account of *translation topoi* in the French area by Peter Damian-Grint. Important observations in relation to Chrétien de Troyes Le Chevalier au Lion are accounted for in Sofia Lodén's study:

> Whereas *Ívens saga* translates Chrétien's story in an often abbreviated but faithful way, *Herr Ivan* is more independent, making additions and comments for the sake of intrinsic coherence and elegance, rather than with a view to conforming to the French original (p. 105)

Based on the polysystem theory the translation of Old Norse riddarasǫgur is dealt with by Jonatan Pettersson for the purpose of under-

standing why they translated in the way they did. The article is concluded with some noteworthy words apropos the theoretical point of departure:

> I think that explicit theories [...] are to be preferred to free speculations, as long as we do not turn into too convinced believers and take the results of our analysis for unquestionable truths. (p. 127)

The purpose and functions of the chivalrous literature translated from French in Norway in the thirteenth century are discussed by Ingvil Brügger Budal.

In one contribution Suzanne Marti challenges the established view of the chronology of the saga translations in question. This is done by means of a study of the words *dubba–gera riddara*; the study is interesting and obviously word studies of this kind have potential. The perspectives are widened in Stelka Georgieva Eriksen's study "Arthurian ethics in thirteenth-century Old Norse literature and society," which tackles four Norwegian manuscripts in De La Gardie 4–7 fol. (Uppsala University Library) from about 1270. Tristrams saga ok Ísǫndar is central in Jürg Glaser's contribution, which in the words of the subheading, deals with "[m]edial constellations in the *riddarasǫgur*." Marianne Kalinke's contribution ("A dragon fight in order to free a lion"), consists of a motive study and deals with the fascinating motive *meykongr*. Bjørn Bandlien deals with the background to the production of the chivalrous literature including its audience, where among others a Snara Ásláksson turns out to be an important actor.

A cohesive bibliography, a list of collaborators and an index of persons, works and manuscripts conclude the book. At the end of her introduction Else Mundal emphasises that while the medieval Nordic literature dealt with in the book does not have the same high status as the Icelandic sagas and the kings' sagas,

> [i]t is however worth noticing that chivalric literature was very popular in the North for several hundred years, and continued to be a productive genre in Iceland long after the end of the Middle Ages. (p. 16)

This alone justifies the publication of this omnibus volume.

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Håkan Jorikson, *I skuggan av Andrée och Nordenskiöld. Polar-resenären och zoologen Axel Ohlin. En biografi*, Stockholm: Carlssons Bokförlag 2015, ISBN 978-91-7331-791-7, 207 pp., ill.

The author of this book, Håkan Jorikson, has an educational background in history and ethnology. Presently he is the director of the Museum and Polar Center in Gränna, a position held since the year 2000. He has been instrumental in expanding a regional museum that was originally founded 1931 and in the 1940s incorporated artifacts brought over from Stockholm that emanated from Kvitø, just east of Svalbard, where the polar balloonist Salomon August Andrée and his two companions ultimately ended up more than two months after deliberately aborting their flight meant to take them to the North Pole (1897). Kvitø is where they finally perished after their long exhausting trek on foot over the Arctic pack ice. At the Gränna museum you can follow the full story and learn more generally about polar exploration, past and present.

In connection with his work at the museum Jorikson has over the years gained many insights into the history of polar exploration and research, based on archival studies, caches of unique photographs and hitherto unstudied correspondence; he has also served as a lecturer and guide during eco-touristic cruises in polar regions. The book under review is a biography of the life and work of Axel Ohlin (1867–1903), a largely forgotten figure in polar research and exploration.

As the title indicates the two major Swedish figures that dominated polar narratives during the nineteenth century *fin de siècle* and far into the twentieth century were A.E. Nordenskiöld and S.A. Andrée. They were the names that became household words. Nordenskiöld gained worldwide fame because he became the first one to navigate a ship, the *Vega*, through the entire Northeast Passage, a feat celebrated with nationalistic pomp and pride upon arrival back in Stockholm. The significance or symbolic value of that feat has been compared to the moon landing in our own times.

Andrée's fame is associated with his grand failure with the balloon *Örnen* ['The Eagle'] where the outcome only became known after the incidental discovery in 1930 of the three frozen corpses, amounts of equipment, some exposed rolls of photographic film, and diaries on Kvitø. The ceremony with national mourning but also fanfare around the repatriation the following year of the remains to the Swedish capital was an event that like the expedition's disappearance thirty-three years earlier was a world-wide sensation that likewise ingrained itself in the Swedish public memory. In that narrative context less visible figures, even if

they had performed amazing feats in the Polar Regions and gained some renown, were readily eclipsed. Thanks to Håkan Jorikson's effort Axel Ohlin is now reinstated and I wish he or some other historian would do the same for Otto Nordenskjöld whose story still awaits a biographer.

Ohlin was a marine zoologist who participated in two of Otto Nordenskjöld's expeditions, namely the Magellan Lands Expedition to Patagonia and Tierra del Fuego (1895–1897) and the one to the Antarctic Peninsula (1901–1903). Before that he had already gained considerable experience in polar exploration and research, first by conducting zoological studies 1891 in the Norwegian Sea by Jan Mayen Island, and then in 1894 as the zoologist on the Peary Auxiliary Expedition to Greenland led by Henry G. Bryant. During the latter he also participated in the search for and found traces of the vanished expedition of two young Swedes, Alfred Björling and Evald Götrik Kallstenius, in the Cary Islands off the northwestern coast of Greenland.[1]

In 1898 he was part of Alfred Nathorst's expedition to Bear Island, Spitsbergen and Kung Karls Land. By that time he had published several research tracts and a magnificently detailed historical overview of place-names, exploration and research on Antarctica, published in the Swedish journal *Ymer* 1898. That review no doubt served Nordenskjöld well when planning what was called the Swedish South Polar Expedition (later mostly referred to as the Swedish Antarctic Expedition). When Nordenskjöld already in 1896/1897 in Tierra del Fuego was discussing and negotiating plans for leading an Antarctic expedition with Chilean logistics and private Swedish funding, Ohlin appears to have been involved in these plans. In his *Ymer* article, at least, he mentions how at the close of their Magellan Lands expedition they contemplated leasing a Chilean corvette to reach the South Shetland Islands but how this plan was frustrated at the last minute because very tense relations between Argentina and Chile at that time required Chile to keep all of its military vessels at home. The question of funding from rich Swedish benefactors was not solved either.

To be sure, he had actually left the expedition earlier than intended, possibly because Nordenskjöld had tired of his companion's weakness in the company of newfound Chilean naval officer friends who always had a generous supply of hard liquor on board their ships. Another curiosity in Ohlin's *Ymer* paper on the history of early Antarctic expeditions is his mention of James Clark Ross' observation in early January 1843 of Mt Haddington and its southeastern foot sloping into the Weddell Sea and extending to nearby Snow Hill—Ohlin 1898 refers to Snow Hill as an "island" when actually it was only after Nordenskjöld's arrival

there in 1902 that it was confirmed as being an island.[2] Pretty good guess work on Ohlin's part, it seems.

Håkan Jorikson traces Ohlin's short but eventful and intensive life from his birth on the island of Visingsö in Lake Vättern to his death in July 1903 in Sävsjö sanatorium about 30 kilometres south of the town of Nässjö in the province of Småland some six months after his return to Sweden, having succumbed to tuberculosis during the first part of the Swedish South Polar Expedition 1901–1903. At the time Ohlin died he thought he was the only survivor of this expedition since it should have returned in early 1903, but nothing was heard of it until a few weeks after an Argentinian rescue vessel in November that year had retrieved its members who had been forced to spend an extra tough and dramatic winter in the northern end of the Antarctic Peninsula where their ship had sunk.

Jorikson has gone through much of Ohlin's hitherto un-consulted correspondence, his diary and those of other members of Nordenskjöld's expedition and a wide range of published material relating to Swedish and international polar exploration history. It is a fine piece of detective work that unravels some hitherto hidden aspects that also go beyond Ohlin's life and work. Thanks to the author's portrayal of Axel Ohlin in his contemporary context, his relationships with family, friends, teachers and fellow scientists we see how in Sweden and Scandinavia more broadly, those engaged in polar exploration and research at the time belonged to a small network, some of whose members were either closely intertwined or had mutual contact and were fairly well informed of each other's doings.

Retrospectively, history has, however, not been kind to Ohlin. Not only is he mostly forgotten, but when he is remembered it is often as the rather obscure querulous figure, a kind of outsider and loser. On the inside of the book's dust cover Jorikson characterizes his life as that of the anti-hero, "the opposite image of those, in different ways successful polar profiles and expedition stories." In his role as the "black sheep" of Swedish polar exploits, it turns out that Ohlin's sharp-witted caustic remarks about many of his contemporaries, both older and younger, bear witness to taxing facets and conflicts of daily "reality" that were glossed over or washed out of the sanitized official accounts, not least that of Otto Nordenskjöld's Antarctic expedition.

Indeed much of the literature on polar history is focused on the "heroes." To some extent this has also been so in the last couple of decades when diverse authors have celebrated the centennial year of their own country's explorers who roamed various parts of Antarctica during the

"Heroic Age" 1897–1917. It is therefore heartening to read the present book as an antidote to that celebratory genre; Jorikson provides a detailed and sympathetic account of a genial scientist whose bout with alcoholism and a self-destructive lifestyle ended in a human shipwreck, despite many kind souls around him who tried to rescue him and for various reasons excused his sharp barbs and often deplorable behavior.

The story of Axel Ohlin is as refreshing as it is perplexing. We see the loss of someone who had all this great potential but was constantly struggling with his own "darker side" that constantly got in the way of his advance. Essentially he was a bohemian who refused to fit into the mold of his contemporary academic world. It is also a story of broken hearts after a broken engagement with a loving woman who remained unmarried. Instead she cherished his memory and a retouched oil painted portrait of him until her own death in 1963 at 92, a full sixty years after her former fiancé's, who died just before his 36th birthday. Apart from enriching our understanding of a general segment of Swedish polar history, Ohlin's scattered remarks gleaned from his diary and snippets of correspondence also throw new light on several aspects of Nordenskjöld's Antarctic expedition, for example how in some circles Nathorst was regarded as the natural candidate to lead such an expedition. There are indications that this situation contributed the refusal of the Swedish state to back and fund Nordenskjöld's expedition.

Comments on Nordenskjöld's alleged weak leadership style during the expedition are discussed on the basis of Ohlin's brusque comments that reflected questioning amongst several expedition members and generated both tensions and gossip. Using Axel Ohlin's correspondence and his diary as a lens, complemented by information from botanist Gösta Bodman's and the expedition cook Gustaf Schönbäck's diaries, Jorikson is able to triangulate a large number of telling events as he meticulously details the first two legs of the Swedish Antarctic Expedition, the ones in which Ohlin participated.

The book follows a chronological line of presentation with many headings whereunder various episodes in Ohlin's life are traced. First there is his early life as a boy on Visingsö, then in the town of Gränna where the thirteen year older S.A. Andrée was born and preceded him through elementary school. Like Andrée he then attended secondary school in the provincial capital, Jönköping, also on Lake Vättern. But thereafter their career lines diverged, Andrée had gone on to Stockholm to become a mechanical engineer in 1874 and eventually developed a fascination with hydrogen ballooning technology that eventually cost him his life in the Arctic, while Ohlin proceeded to university studies in

Lund. He majored in zoology (1890) and obtained higher degrees 1894 (licentiate) and 1896 (PhD, dissertation 1895), gaining teaching rights as an associate professor, and eventually joined Nathorst 1898 in a search for Andrée around Svalbard.

Sections of the book that cover Ohlin's university studies and subsequent research before 1900 introduce the reader to many of the figures that were part of the Swedish polar network in which Ohlin became embedded and we learn how some of them coped with his unpredictable lifestyle and frequent tardiness when it came to working up the results of his research. The final sections of the book deal with his role in the Swedish South Polar Expedition, interactions with fellow scientists, the artist Frank W. Stokes and the ship's crew, as well as "the beginning of the end" for Ohlin. All along we are provided with flashbacks and contextualization of places and people, which makes interesting reading.

The book's narrative has a nice flow to it, popular and easy to read but without sacrificing stringency and detail. The work also contains nearly fifty illustrations, images of places, scientists, ships and deck scenes, and a few documents. Most of the illustrations are black-and-white scans of photographs but there are also a couple of photocopies of our anti-hero's portrait in colour. The list of unpublished sources and archival material together with a sizeable bibliography is useful for anyone who wishes to delve further into topics and aspects dealt with, while an index of person names is handy for both scholars and more casual readers.

As already indicated the book is an important contribution to current scholarship on the history of Swedish polar exploration and research. Given the complexity of the chief character, Axel Ohlin, and the turbulence and elements of suspense attending his life the book will also appeal to a wider readership interested in the lure of the Polar Regions.

NOTES

[1] Cf. http://www.ub.gu.se/portaler/polarportalen/historik/exp6/; access date 17 May 2017.

[2] Thanks go to Magnus Forsberg for pointing this out. Ohlin's overview of the early history of Antarctic expeditions benefited by the fact that he had a large library of polar literature since he kept abreast of what had been and was at the time being published in this genre. He obviously assembled a large collection of journal articles, books, notebooks and diaries. After his death these were taken over by the Zoology Department of Lund University where they eventually ended up

in storage and then were forgotten until some time after the Second World War when for some reason the books and preprints were brought up to be picked over by whoever was interested and therewith his collection was splintered. Those who took various items in their possession have subsequently left them to antiquarian bookstores so that even today one finds valuable preprints from Ohlin's collection in Lund still popping up for sale, a matter that has been drawn to my attention by my colleague and expert on the history of Swedish polar expeditions Anders Larsson, Senior Librarian in charge of archival collections at the University Library in Gothenburg. Jorikson's list of unpublished sources includes Ohlin's diaries as well as many letters and pictures kept in various university and other archives plus the one at the Center for History of Science at the Swedish Royal Academy of Sciences, while three important diaries, those of Gösta Bodman, Johan Alfred Gustafsson and Gustaf Schönbäck exist in private hands. Given the scattered nature of the archival situation, I want to add here that Håkan Jorikson deserves extra credit for having managed to access, consult and annotate the source material he has consulted for the present biography.

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Paul R. Josephson, *The Conquest of the Russian Arctic*, Cambridge Ma. & London, UK: Harvard University Press 2014, ISBN 978-0-647-72890-5, 441 pp.

Russia has a long history of engagement with the Arctic. This book traces many facets of this history, concentrating on the Soviet period plus a final chapter that takes us into the post-Soviet era. Geographically the focus is largely on three provinces of the Northwest, the heavily forested Arkhangelsk Province, the Republic of Karelia, and Murmansk Province essentially including the Kola Peninsula. These regions represent the most heavily settled urban and industrial areas and reflect the most consistent expression of policies implemented to settle the North, develop its resources, and "modernize" indigenous peoples. In principle similar policies were applied in varying degrees in other regions across the vast landmass north of the Arctic Circle and extending eastward from the White Sea to the Bering Sea and Kamchatka.

Projects and processes devoted to domesticating the taiga and tundra and assimilating its peoples into mainstream Russia are probed. The roles of engineering, research, new technologies and mass labor in extreme polar climates are highlighted throughout. Description and analysis is based on the author's own visits to several places in the Russian North

between 2007 and 2012, and many years' perusing of primary archival material covering major events and policies from the 1920s to the late 1960s and beyond. Focus is on rapid and forced development in the early period as well as ideological and political changes then and later. Another interest is how development policies designed by Moscow-based bureaucracies frequently contradicted realities on the ground as experienced by workers, engineers, scientists, riverboat navigators and seafaring captains and crews, as well as local knowledge.

Paul Josephson demonstrates how such tensions "found full reflection in Arctic culture, ideology and values," much as it did in programs for Arctic conquest in Canada, Denmark/Greenland, Norway and the American west where capitalist modes of development and an absence of centralized planning held sway. We are presented with a full register of successes and difficulties, illustrated by many facts, stories of individual careers and fates (ranging from illustrious to tragic), combined with statistics relating to various societal sectors. Further, there are accounts of prisoners sent to Gulag work camps, and of multifaceted construction projects related to industry, ship-building and shipping (including several generations of ever more powerful ice-breakers), mining, forestry, building of railways, aviation, and other infrastructural networks across the Arctic.

The book has a tightly woven narrative, full of long information-packed sentences. It is not an easy read, but well worth the effort. In a brief review it is not possible to go into details. Suffice it, however, to highlight themes in the seven chapters that follow a 20-page introduction wherein the author sets the stage.

The first chapter is entitled "Charting the Arctic Landscape." It deals with the history of exploration in the Russian Arctic from early times, through the Tsarist-era, and then the Soviet period from the early 1920s until the end of the 1960s. The emergence, changes and expansion of various central institutions and a proliferation of regional projects of all kinds are reviewed. Also an account is given of the peoples who inhabit the northern latitudes: the primarily nomadic Komi, Sami and Nenets, as well as the coastal dwellers involved in fishing and hunting. Traditional lifestyles and cultures are characterized, whereupon follow illustrations of how these were impacted by policies meant to assimilate indigenous peoples into the fabric of Russian mainstream society. Changing conceptions of property ownership and forms of livelihood, together with conflicts that emerged, are exemplified.

The second chapter, "Neither Cod nor Coal," traces the evolution of "crash-economic development" of the 1930s geared to industrializing modes of production in regions across the Arctic Circle. The narrative

highlights policies implemented in different societal sectors, and sketches the many changes and resulting tensions that followed in the wake of a series of five-year plans that involved both voluntary and coercive programs to settle the High North. A thesis (that also reoccurs in later chapters) is that once large-scale modern technological systems gain momentum, large bureaucracies become adept at finding new projects and securing funding to justify their own existence; in the process they continually accommodate to the ups and downs of mainstream politics, ideological turns and novel incentive systems (e.g., Stakhanovism or socialist competition and rewarding exceptionally efficient workers).

The chapter analyses how this technological "logic" played out and was facilitated by a number of central authorities, one of them being the agency (*Glavsevmorput*) for developing the Northern Sea Route operating from the White Sea to the Bering Sea. It was led by the legendary Otto Schmidt who was in charge of a host of activities, not only the central task of developing a vast network of shipping and other means of far northern transport, but also exploration, geography, mapping natural resource potentials, oceanography, meteorology and other R & D projects. Among the most spectacular projects one finds the famous pioneering polar drift stations scientists established on huge ice floes in the Arctic Ocean. Drawing on primary archival sources the author recounts remarkable stories of daring flights conducted by exceptional aviators (excelling even the veteran bush pilots of North American lore) who rescued passengers from ice-locked ships and flew provisions and equipment to distant research stations on the ice. It was through such risky undertakings by resourceful pilots that more regular Arctic aviation took form. Another important technological element in Schmidt's icy empire was the construction of strong icebreakers to aid shipping in Russia's north-flowing rivers and along sections of the Northern Sea Route.

The third chapter takes up the issue of mobilizing human work forces needed to tame the taiga and tundra. In "The Role of the Gulag in Arctic Conquest" the focus is on the mix of voluntary and forced labor; among the latter were many criminals and political prisoners. Together the different contingents

> established new norms of digging, lifting, boring, dredging, felling, laying, pouring, planting, harvesting, draining, raising, and lowering as the completed tasks of road building, rail laying, canal construction, mine extraction and factory construction. (p. 116)

The sentence cited here typifies Josephson's detailed descriptive style,

in this case focused on large-scale projects whereby the Arctic was tamed and "conquered" to yield its natural riches and make large regions habitable for the massive influx of non-indigenous populations.

Throughout the text tightly woven description is combined with a lot of sector-specific statistical data plus strong individual stories of survival under harsh conditions. There is also analysis of the reasons why different categories of people were interned in the Gulag camps. Here a thesis is that coercive political methods were in place, not only to punish dissidents but also as a means to classify unwary people as potential enemies or threats to the new society in order to press-gang them into the vast labor force needed to build canals, roads, railroads, mines and factories in the Arctic. We also learn how individuals who at one time counted as heroes, when they could not meet policy-makers' expectations because of faulty equipment, insufficient funding and lacking parts or the recalcitrant tricks of nature suddenly found themselves branded as "wreckers" and became inmates of one or another Gulag camp. Oftentimes they were sent there on the basis of trumped-up charges, gossip and slander circulated by minor officials or else by someone envious of their hero-status and privileges. It also happened that the careers of some prisoners took unexpected turns, alternating from freedom, then imprisonment, and subsequently back to a status of free individuals as they moved across the Arctic. In this chapter, and other ones, the fates of many such individuals are recounted, and it is found how eventually after Stalin's death not an insignificant number of them, including scientists and engineers, were "re-habilitated"—some posthumously (having been unjustly executed, died in prison, or already passed away for other reasons).

The next chapter, "Antarctic Sciences of Places and People" delves into the question of manned drifting research stations (designated SPs). The main hero here was Ivan Papanin who from June 1937 through February 1938 together with four researchers, starting from a base on Rudolf Island in Franz Josef Land, drifted through the Arctic for 274 days, travelling more than 2,600 kilometres from the North Pole almost due south along the coast of Greenland. It was a pioneering feat that produced interesting scientific results, including depth soundings, oceanographic, gravitational and astronomical observations, and also some zoological work. Papanin recorded the team's experiences in a widely read diary. In 1948 a second Soviet drifting station, North Pole-2 (or SP2), was initiated and after 1954 similar field-work continued every year until 1991 when the station SP-31 marked the end— in the spring of 2003 the practice was taken up again. It may be noted that Papinin himself succeeded Otto

Schmidt in 1939 as director of *Glavsevmorput* and became instrumental in expanding the fleet of Soviet icebreakers.

Further, the chapter provides an overview more generally of the rapidly expanding numbers of researchers, programs and institutes during the period from the early 1930s right up to the 1960s devoted to Arctic-related both basic and applied research in geosciences, botany, climatology, and the creation of a health care network, bringing medical staff and paramedics to the tundra and veterinarians to indigenous reindeer herders. A further section concerns ethnography, linguistics and social sciences to study the life and cultures of the "small peoples" (as indigenous peoples were ungraciously called). Compulsory collectivization was accompanied by the building of schools where Russian history, language and Marxist teachings together with "modern" household skills were disseminated to bring about ideological and cultural assimilation into socialist society. The author supports detailed description of these developments with telling statistical indicators of change and stories of both resistance and successes in different regions. "Agitprop" detachments of what was called the Red Tepee Movement used reading circles and travelling theatres to propagate ideals of a new society made up of modern future-oriented men and women. But, as Josephson illustrates on the basis of archival evidence, the cultural missions throughout the tundra did not always work as hoped for. In the 1960s specialists were still "frustrated by their inability to fit Nentsy, Komi and Saami into the Marxist categories of class, mutable world view and educationality" (p. 235). The instrumentalist approach and progress of the physical sciences in dealing with the vagaries of nature were not easily replicated by social sciences meant to remold human beings.

Chapter 5, "The Nickel that Broke the Reindeer's Back," explores the urbanization of several districts in northwestern Russia that unfolded around industrial activities. Company cities emerged, often founded on one major type of enterprise, for example, mining and processing nickel, fluorite mining, production of phosphorous-based fertilizers, or large-scale shipbuilding for civilian and military purposes. Through personal and professional contacts the author was able to visit a few otherwise "closed" military-industrial sites, such as one where nuclear submarines were constructed. Instead of a chronological approach this chapter focuses a handful of typical sites, outlining how they began with a few thousand residents and then grew into huge cities of strategic importance. It is noted how urbanization processes brought with them industrial accidents, pollution and associated illnesses, exacerbated by sub-standard living conditions; and then there are the scars in the natu-

ral surroundings that still blemish landscapes. In the course of moving his critical gaze from one industry to the next, from one city to another, Josephson illustrates "the vast problems of builders, planners, party officials, workers and prisoners encountered in their day-to-day lives that were dedicated solely to output" (p. 240). Regarding the severe environmental degradation of the Arctic landscape near and around mines and smelters, paired with insufficient work-place safety regimes, he recognizes similarities in the past of developments in North America. He writes: "Perhaps the nature of technology itself rather than the nature of Soviet socialism led to the extensive environmental degradation of the Arctic landscape [...]". And further:

> Across the American West large-scale technologies were central to the effort to push nature to give up its water and mineral resources—and the effort to push Indians aside to enable massive operations to remove coal, copper and other ore. (p. 255)

Mines and natural resource extraction and processing in frontier places involved "brute force technologies" to rapidly serve purposes and persons far away from the sites of production.

> The workers suffered at the hands of the bosses, whether the bosses were socialist or capitalist, because the bosses wished to extract wealth from the ground as cheaply as possible. (p. 255)

To add further flesh to his sketches of forced industrial growth in the Arctic, Josephson again includes several short biographies of significant personalities interspersed with descriptions of the smelters, foundries, shipyards and mills that cropped up in selected districts. Clarified too are the high politics at the interface between state and northern regions, and incidences of purges and execution of middle and even top managers attached to these developmental patterns affiliated with the early Soviet command-economy. Much depended on state subsidies; once the USSR broke up in 1991, we learn, urban populations especially in smaller cities and towns in the Russian Arctic declined drastically, at least until the recent upturn when some places have experienced a rebirth with the discovery of oil and gas, increasing demands for rare earth metals, and of course the rejuvenation of the Northern Sea Route aided by climate change.

Chapter 6, "Transformation of Taiga and Tundra," also takes a thematic rather than chronological approach, this time examining a series of technologies that were used to transform the Arctic landscape: fa-

cilitating transportation, land reclamation and dredging, fisheries in rivers and along various coastal sites, forestry, agricultural production and more. Then there were the telegraph and telephone communication networks originally built under extremely difficult conditions in an effort link isolated places to regional centers and ultimately to the seats of decision-making, Moscow and Leningrad. It was a matter of developing costly infrastructures—roads, railways, communication services and much more—to help steer and hasten extraction of raw materials: lumber (plus processing pulp and paper), oil, gas and coal, produce iron, fertilizers and so on to add value to the Russian economy as a whole; in other words extracting capital from the Arctic to serve other parts of the country.

The infrastructures laid across the taiga and tundra also served to support settlement, commerce and military security in the High North. Harsh natural conditions together with perpetual shortages of funding, the lack of adequate equipment or long delays in deliveries of building materials and spare parts in many cases led to roughshod and hurriedly makeshift rudimentary factories. This in turn entailed breakdowns in factory operations and disruptions or lagging development in power generation, electrification and hydroelectric plants as well as in rigging necessary power lines. The same problem attended electrification across the taiga to power lumber mills, while the scope of machinery and tractors and bulldozers to mechanize forestry and the simultaneous collectivization of farms to boost agriculture fell far short of initial plans. Likewise modes of transport needed to bring fish and other products to southern markets by ship and rail or carry passengers up and down season-wise treacherous rivers, together with hastening difficult railway construction were all part of a gigantic and in fact heroic task. The chapter details the various technologies involved, statistics relating to plans and outcomes, gaps between visions and realities, conflicts and tensions that emerged and how all this impacted on the livelihood and living conditions of people in the North.

The final chapter (7) is entitled "Recovering the Arctic." It takes up the breakup of the Soviet Union, discusses the subsequent decade or more of political, economic and scientific decline in the Russian Arctic followed by a second decade of gradual resurgence in a new geopolitical setting marked by Vladimir Putin and his government's efforts to restore the country's former great power status. This brings the book's historical timeline up to 2013, a scenario in which Russia's Arctic regions have come to play a strategically important role regarding natural gas and oil reserves and the be or not to be of fossil fuel economies. Before

highlighting the contents of this closing chapter I want to sum up the essential thrust of the previous six chapters by citing from the final paragraph in the book's introduction. Apart from affording a backdrop for the chapter at hand the quotation also illustrates once more the author's evocative descriptive style and use of long information-packed sentences.

> Party officials, Nenets herders, geologists, factory workers, fishermen, peasant exiles, gulag prisoners, captains, and sailors crawled out from under the covers, stoked stoves in the frigid early morning with temperatures at -30°C or -40°C, left their deerskin tents, started tractors, operated sawmills, pushed papers, built factories and cities, erected power, telephone, and telegraph lines, laid rail, bulldozed roads, felled trees, operated smelters, explored the Arctic Ocean, discovered islands, charted currents, and sought to create a great Northern Sea Route. Together they created an urban, industrial Arctic that in the twenty-first century faces redoubled efforts at strategic resource development. (p. 20)

Chapter 7 begins with a discussion of the immediate post-Soviet period of stagnation and decline in Arctic activities, including research, technology, and large-scale infrastructural projects. What was the overall impact on demographics as state subsidies were withdrawn? We learn of the depopulation that took place as masses of people migrated south and several ghost towns appeared on the northern map. Thereafter we get a review of salient events related to a resurgence both in science and Arctic development geared to Russia's economic recovery, this time within a framework of symbolic superpower politics, what other authors now call "soft power" or "smart power," a policy to promote national interests as well as strengthen the nation's internal and external image of a state committed to cooperatively resolving global problems (Carter *et al.* 2016). The tenor of this kind of policy goes back to Mikhail Gorbachev's Murmansk speech 1 October, 1987, that is, almost thirty years ago (Gorbachev 1987).

Strangely, Josephson does not take up the significance of Gorbachev's path-breaking speech that preceded the chaotic years of Boris Yeltsin's presidency. In polar science communities Gorbachev is often recognized for his seminal influence beyond Russian borders in the shaping of Arctic policy and research, including inspiration and conditions conducive to coordinating research and the establishment of the International Arctic Science Committee (IACS) in 1990, complemented by the International Arctic Social Sciences Association (IASSA) that

same year. Gorbachev's vision further included cooperative efforts in opening the North Sea Route to foreign ships simultaneously with environmental protection and management.

A broader geopolitical brush would also refer to Gorbachev's meeting with George H.W. Bush in Malta in early December 1989 to discuss a rapidly changing Europe in the wake of the fall of the Berlin Wall—the Malta Summit gave what is called the Malta Understanding (thus not a formal agreement). This also came to have a bearing—albeit more indirectly—on security issues in the circumpolar Arctic world.

At the Malta Summit Bush intimated that the US would not seek an endless expansion of NATO eastward and for a while the West did everything it could to give the Soviets the impression that NATO membership was out of the question for countries like Poland, Hungary or Czechoslovakia. However, in connection with East-West negotiations over German reunification 1990 and with the Soviet collapse and disintegration into fifteen separate countries in December the following year the US saw its chance. With invitations later (1999) from some eastern and central European countries and later (2004) from the Baltic nations, NATO's umbrella has widened into a military alliance directly touching 1,200 kilometres of Russia's western border. Not surprisingly the Russian leadership regards this as reneging on an earlier understanding and a creeping process of surrounding the new Russia militarily. In the Western media nowadays it is commonplace to ignore the past US administrations' and not least former Secretary of State Hillary Clinton's hawkish strategy while ironizing over Vladimir Putin's actions geared to protecting Russia's own interests in the face of the US and NATO's known record of fostering destabilization to gain stronger control as self-styled global policemen. The strength of Josephson's study of the post-Soviet era is that he bases himself on primary Russian reports and other sources but at the same time he also falls into the trap of tacitly misinterpreting the military actions in the West as largely altruistic and democracy-minded.

A case in point is his account of the Canadian military exercise in the Arctic when former Prime Minister Harper flexed his country's muscles in Operation NANOOK, an annual northern sovereignty operation. This exercise, involving also some NATO troops from the US and Denmark is depicted at face value as a chance largely to practice skills in responding to emergency and rescue situations. On the other hand the rhetoric Moscow uses to explain the reason for staging similar exercises and stationing more military forces in its part of the Arctic is made the butt of sarcasm relating to Russia's agenda of promoting its stra-

tegic economic and sovereignty interest; nothing is said about Russia's parallel interest and role in strengthening emergency search and rescue capabilities in line with discussions in the multipartite Arctic Council. I find here a lack of symmetry in Josephson's treatment when after reviewing Russian justifications of its policies, he sardonically remarks: "It was as if Russia only protected its interests, while other nations were the aggressors" (p. 346). Looking more closely, and having followed Harper's posturing during his term of office, and taking into account the wider geopolitical developments I already noted above, it is obvious that in the Canadian case, for example, the same expression also holds the other way around: "It is as if Canada only protected its interests, while Russia is the aggressor."

Nevertheless, I am impressed how the author uses Russian documents, reports and other sources to help make sense of, for example, veteran polar explorer Artur Chilingarov's surprisingly audacious act 2007 with two mini submarines in planting a one-meter high rust-proof titanium Russian flag into the seabed 4,261 meters beneath the geographical North Pole. Symbolically it meant laying claim to billions of dollars worth of oil and gas and suggesting that the Siberian continental shelf extends all that way via the (poorly mapped) Lomonosov Ridge that continues on to Greenland and northern Canada. Meanwhile (2014) Denmark (via Greenland) has filed a claim that the underwater ridge of continental crust around the Pole is its property. The chapter provides an informative discussion of the criteria and procedures of the UN Commission of the Limits of the Continental Shelf (CLCS), issues related to handling of the Russian claim, and the circumpolar tensions vis-a-vis Canada and Denmark it generated; the brief biography of Chilingarov, his general views and attempt to downplay the notion of a conflict is interesting. Further Josephson outlines the rationale for the construction of new Russian icebreakers and the actors involved in producing them. Attention is drawn to the ups and downs of partnerships—with a mix of public and private initiatives—around a Russian led gas and oil industry. The prospective role of Northern Sea Route in this context of developing appropriate infrastructures is also spelled out.

The post-millennium buildup of science traced in a section on Russia's efforts in and contributions to the International Polar Year 2007–2008 is valuable since it is directly based on Russian reports seldom mentioned in Anglophone literature. A section on polar medicine and health vector studies furthermore relates the IPY's human dimension track featuring indigenous populations and environmental degradation. Here Russian studies also helped draw attention to workplace hazards

amongst pulp and paper mill workers as well as impacts of radiation on human settlements near nuclear power stations and reactors stripped from submarines and simply dumped into the sea off Novaya Zemlya. Additionally, we learn of biological studies on marine ecological systems and changes in these due to global warming.

In keeping with the naming practice Russia promoted via its strong presence in the World Meteorological Organization (WMO), Josephson refers to the recent IPY as the "Third Polar Year." This is not in keeping with the name often used in the West where one sometimes refers to the recent polar year as IPY-4 (the implication being that the International Geophysical Year, IGY 1957–1958, simultaneously counted as a polar year); some tensions in the process that led up to the IPY Joint Committee (of the WMO and ICSU—the International Council of Science) and varying terminologies may be found in the voluminous (700 page) report issued by that committee. Paul Josephson's section on the recent IPY and broader scientific context of Russian achievements within it would definitely have benefited by consulting this joint WMO-ICSU report entitled *Understanding Earth's Polar Challenges* (Krupnik *et al.* [eds.] 2011).

A central theme in the *The Conquest of the Russian Arctic* is the history of environmental degradation in Russia and the huge cleanup tasks finally initiated by Putin 2010. Interesting comparisons are made with the impact of the DEW Line of Cold War radar stations that proliferated the Canadian North and how these impacted on indigenous populations, undermining traditional lifestyles and cultures, and how remediation of the remnants of 21 DEW Line sites begun 1996 has only came to an end a few years ago. Russia is lagging in this respect and faces a much more arduous task. As Josephson points out, given the weakness of the country's environmental ministry, and the primacy given to resource development and economic growth over environmental concerns, long-term remediation will take a back seat.

There are also other factors that work against the will to clean up the cumulative environmental scars inherited from the past. One is the decision-making culture at various levels where scenarios of developing Arctic fossil fuel deposits carry too much weight. Another is the weakness of Russian environmental NGOs that moreover suffer persecution if they receive funding from abroad. Thirdly, within Russian research communities revolving around geosciences and land development some scientists see something positive in global warming since it may help open new arable land and of course make it easier to exploit mineral and other natural resources in Arctic terrestrial re-

gions and offshore sea-beds. These are further aspects taken up in the book, which ends on a warning note, namely: there is a lesson to be learned—by negative example—from the Soviet experience of Arctic development. Mistakes of the past are avoidable even when economic development programs are accepted, but then it is necessary to recognize that "climate change should be a call to be careful, go slowly and recognize the fragility of the Arctic ecosystems" (p. 382). In other words the cautionary principle must be factored into all facets of the new wave of Arctic development.

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Jónas Kristjánsson & Vésteinn Ólason (eds.), *Eddukvæði. I. Goðakvæði. II. Hetjukvæði*, Reykjavík: Híð Íslenzka Fornritafélag 2014 (Íslenzk Fornrit. Eddukvæði ritstjóri Þórður Ingi Guðjónsson), ISBN 978-9979-893-99-8; 978-9979-893-36-3 (vol. I); ISBN 978-9979-893-37-0 (vol. II), 469 + 466 pp.

Híð Íslenzka Fornritafélag has published the Poetic Edda in two solid volumes in the classic series *Íslenzk Fornrit* with Jónas Kristjánsson and Vésteinn Ólason as editors. In the nearly 100-page introduction, a survey

of the manuscript situation is presented together with accounts of the Edda poems' background, some dating issues, style and stylistic features, figurative language etc., as well as questions of orality and written text— in sum the classic problems usually dealt with in connection with the Edda poems. Here the authors' text is based on an extensive literature, and a quick overview shows, not surprisingly, that it is two extremely well- informed researchers who have summarised the research situation. In both volumes there are detailed surveys of the research problems related to the individual poems. For some of the poems, such as Alvíssmál and Völundarkviða, just to mention two, some further problems might have been elucidated, but what is mediated is mostly what one needs to know. As far as I can see, the introduced parts in the two volumes give the reader in essential parts a picture of the research situation. Thus, in the discussion (part 1, p. 161) of the view of the hanging in a "windy tree" of the "ego" (often assumed to be the good Wodan) without anything to eat and drink—as this is depicted in Hávamál 138–145—, Peter Jackson's interpretation in the *Arkiv för nordisk filologi* 124, 2009, is touched on but the editors do not find his interpretation convincing. Against Mircea Eliade's ideas of Woden as a shaman, the editors side with the publishers of Jere Fleck (in the *Arkiv för nordisk filologi* 86, 1971, pp. 49 ff.) and have objections to the conclusions. Fortunately, later literature has also attracted the attention of the editors, for example (in part 1, p. 25) Maja Bäckvall's thesis *Skriva fel och läsa rätt? Eddiska dikter i Uppsalaeddan ur ett avsändar- och mottagarperspektiv* (2013).

After these introductory parts follows the edition, with the divine poems in volume I (pp. 289 ff.) and the heroic poems in volume II (pp. 245 ff.). The texts have been normalised in accordance with the principles of the series. In an extensive note list the reader finds many explanations of obscure text sections, where all the classical controversial parts are dealt with again. Thus in Hárbarðsljóð 13 (part I p. 391) one finds the much debated *ǫgurr* with three possible explanations. And in a dramatic passage in Atlakviða 38 (part II p. 380) the Hun king Atle returns after the murder of Hogne and Gunnar. Gudrun then invites him to the table, and after the meal he is told that he has just eaten his and Gudrun's common sons, a revenge for the murder of her brothers: "Sona hefir þinna, / sverða deilir, / hjǫrtu hrædreyrug / við hunang of tuggin; / melta knáttu móðugr / manna valbráðir, / eta at ǫlkrásum / *ok í ǫndugi at senda*." The following explanation is added to the very last part of the poem: "(líkl.) í hið óæðra öndvegi, sem var fyrir miðjum skálavegg andspænis háseti húsráðanda (hinu æðra öndvegi)," i.e. the inferior seat, opposite the higher seat. As is known, there are also other ways of interpreting the text section (Ture Johannis-

son). The selections of interpretations and ideas of problem solving made by the editors are easily defensible. As regards obscure text sections other works can also be consulted, such as Klaus von See *et al.*, *Kommentar zu den Liedern der Edda* (Heidelberg 1997–).

A coherent source and literature index is found in part 2 (pp. 205 ff.), and in (s. 235 ff.) a list of the sections where different researchers and Edda poems are mentioned. The names found in the poems are collected in part II (pp. 451 ff.).

This high-class edition provides the philological research with a valuable tool for further work with the Edda poems. In the advance publicity of the publishing house, it is said that these poems "have long been regarded as among the masterpieces of world literature," and they are certainly still worth reading and analysing.

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Marion Lerner, *Von der ödesten und traurigsten Gegend zur Insel der Träume. Islandreisebücher im touristischen Kontext* (Münchner Nordistische Studien 22), München: Herbert Utz Verlag 2015, ISBN 978-3-8316-4483-4, 325 pp.

This book is a study of three travel books written by German-speaking women describing their trips to Iceland. The first, Ida Pfeiffer, visited the country in 1845, the second, Ina von Grumbkow, in 1909, and the last, Ingeburg Tiemann, in the late 1980s. The author of this book, Marion Lerner, is a German scholar of cultural and translation studies with a specialization in Icelandic culture. Besides her studies and research in Germany, she has visited Iceland frequently over a period of more than twenty years and also lived there for a while. That experience presumably helps her to undertake this kind of a study, and one could even argue that this work is about four women, not three.

This book is based on a Magisterarbeit Lerner completed at Berlin's Humboldt University in 1998. The extended length of this publication resembles more a doctoral than a master's thesis.[1] Not only does she analyze these three travel books, but she also provides the reader with background information about the belated modernization of Iceland, and considers how tourism and its infrastructure developed from the late nineteenth century to the present. She combines all of these aspects with a survey of many other travelers who explored Iceland from the

late eighteenth to the twentieth century, and she also examines how descriptions of foreign countries developed in the German-speaking world.

The title of the book is quite revealing, because it reminds us of how Iceland was considered to lie on the geographical and cultural edge of Europe. It was a position it held until around 1900, when Iceland started to become a popular destination, increasingly perceived as an island of dreams. In a way, this study also touches upon the current situation in Iceland, where parts of the country are affected by mass-tourism, the growth of which has been striking, rising from some 20,000 tourists in 1960, to almost 2,000,000 in 2016.

This book is divided into ten chapters. A separate chapter is devoted to each of the three German-speaking authors surveyed in this book, Pfeiffer (65 pp.), von Grumbkow (64 pp.), and Tiemann (38 pp.), while five chapters serve as an introduction or a preparation for the analysis of their writings. For example, Lerner describes the publications available to the want-to-be traveler. She compares the works of the three women with older texts, and interestingly, comes to the conclusion that Pfeiffer copied and recycled texts from others. Lerner also provides us with a nice survey of research in the field of tourism. In so doing, she focuses on the history of pre-modern tourism, among others the European Grand Tour.

The main strength of the book is the author's critical analysis of the sources, for example the application of colonial and post-colonial tools to deconstruct the travel literature. The book also highlights how travelers' attitudes towards Icelandic nature changed from regarding it as dangerous, dreadful, and destructive, to being fascinating and secure, something that one should enjoy and master—or dream of. Through this transformation, the modern idea behind touring foreign places was realized, leading to the concept of a successful vacation as an effort to collect images of canonized sites.

By studying the writings of women over such a broad spectrum of time as is done in this work, one can shed a historical light on the situation of women, the development of tourism and the views of visitors to Icelandic society. Moreover, one can also shed light on the social changes that were intertwined with the modernization of Iceland during a period when *Fototourismus* replaced *Schautourismus* (p. 98). The three female travelers whom Lerner investigates are remarkable, especially Pfeiffer and von Grumbkow, because they visited Iceland when western women were not considered fully-fledged citizens, when women's lives were still supposed to be limited to the private sphere. Through their

extensive travels, these two women invaded a realm dominated by men. While it is no accident that the author decided to focus exclusively on women, a more detailed elaboration upon why she did so would have been preferable. It would also have been enlightening, had the reader been better informed as to why these three case studies were selected. For example, did the author have a wide range of choice, that is, were there many German or non-German-speaking female travelers to choose from?

In short, this book is an important contribution to the study of tourism in Iceland, and the cultural views of German-speaking travelers towards marginal areas in Europe. Through a critical investigation of the sources, Marion Lerner has produced a novel analysis of European intercultural exchanges in the nineteenth and twentieth century.

NOTES

[1] Indeed, it comes as no surprise that the author successfully submitted a dissertation at the same university in 2008; see Lerner 2010.

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Lasse Mårtensson, *Skrivaren och förlagan. Norm och normbrott i Codex Upsaliensis av Snorra Edda*, Oslo: Novus Forlag 2013 (Bibliotheca Nordica 6, eds.: Odd Einar Haugen, Karl G. Johansson & Jon Gunnar Jørgensen), ISSN 1891-1315; ISBN 978-82-7099-747-3, 330 pp.

Lasse Mårtensson's book deals with one of the chief manuscripts of Snorra Edda, Codex Upsaliensis DG 11, often called *Uppsala-Eddan*, and is one of the results of the research project "Originalversionen av Snorre Sturlasons Edda?," which was funded by the Swedish Research Council (Vetenskapsrådet) and managed by professor Henrik Williams, Uppsala. The manuscript in question differs from other manuscripts, i.e. Codex Regius (GKS 2367 4to), Codex Trajectinus (Traj 1374) and Codex Wormianus (AM 242 fol.) by being more concise in some respects and sometimes also having a divergent structure. Researchers have discussed whether Codex Upsaliensis should be regarded as a younger and revised version or, on the contrary, as the oldest preserved version.

As cautiously expressed by the author, the aim of the present investigation is "both to increase the knowledge of DG 11 as a manuscript, and to say something about its original" (p. 12). Mårtensson analyses deviations from the norm and the variation found in the author of the Uppsala-Edda, and an important part of the study is to determine whether the variations are due to the writer's independent work or whether they are copied from the original.

Mårtensson tries to find out what may be considered as the writer's norm or breach of the norm. These two terms are discussed in Chapter 2, where in addition the medieval copying process is described, and orthographic principles are clarified and in a pedagogical manner summarised in a table (p. 42). The method is based on works by Erik Kwakkel (2002), Malcolm B. Parkes (2008) and Nils Dverstorp (2010). It is noticeable that the different orthographic principles may vary depending on word types, frequency etc. The division of Codex Upsaliensis is briefly described in Chapter 3, where the text sections are codicologically divided. By a purposefully implemented analysis in the study, the author extracts a lot of information about the original while at the same time breaches of norms are discussed. Among other things, he tries to find out why the writer chooses to "deviate from his own writing norm and adopt morphological, orthographic and even paleographic phenomena from the original" (p. 14). Mårtensson tries to find out in what words/ word forms this is most likely to have an impact.

The study is structured so that macro-paleographic, orthographic/

phonological and morphological elements are analysed in detail, as are occurring writing errors, and these investigations are found in the empirical chapters 4–7. A long section in the macro-paleographic part (Ch. 4) investigates first a number of infrequent graph types, such as the use of Carolingian *f*, and then the use of *þ*\\ and *ð*\\ and of "round" *r*. The study shows that there are (at least) two older chronological strata in the manuscript, one from the early thirteenth century and one from the period after 1250. The impact of these strata is chiefly shown in infrequent word forms, above all in names, where a large proportion of formulations have been copied according to the principle "sign by sign." The extensive Chapter 5 deals with two orthographic conventions, the way of marking length on consonants and vowels, respectively (use of accent), as well as the representation of -*ir* and -*r* and -*ur*, respectively. In addition some sections study the representation of -*it*/-*ið*, some position-bound phonological transitions and the vocalism in the words *dyrr* and *lykill*. Among other things, one notices here an informative table that shows the representation of consonant length. As the Uppsala-Edda was written during a period with few accents, the use of accents indicates an older writing norm. Based on these studies one can determine what the writer's norm conception may have been, identify possible breaches of the norm and if possible find out causes of the norm breaches. As regards morphology, Chapter 6 investigates the representation of the medio-passive ending, and Chapter 7 deals with a number of writing errors that might give us information about the origin's macro-paleographic design.

The study results in some conclusions concerning the Uppsala-Edda's copying history, more concretely what impact there might be from the origin and what can be learnt from this. Among other things, it is said that the writer "seems [...] to have had a rather firmly standardised orthography that was only occasionally based on direct light analysis" (p. 251). In some case, one can also see in the manuscript a gradual change of the writer's norm, for example when a final *þ*\\ is gradually changed into a *ð*\\, whereby an older norm is replaced with a younger one. Poem quotations and enumerations of *heiti* seems to have resulted in the tendency to copy sign by sign (p. 260). A short section—in my opinion too short—also accounts for a number of phonological novations, besides a smaller number of archaisms, observed in the manuscript. Mårtensson justifies the brief account here by stating that the aim of the study is not to *describe* the language in DG 11 in great detail, but it is still a pity that the author did not analyse more carefully the observations he was able to make in his study.

The author himself points out that in order to be able to draw conclusions about the origin of the Uppsala-Edda, other conditions must of course also be included in the discussion, for example the structure of the texts. But the present analysis is still of considerable interest, not least methodologically. The medieval writing norm is elucidated more generally here, and the author could perhaps have pointed out this even more clearly in his summary.

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Katharina Müller & Stephan Michael Schröder (eds.), *Kosmopolitanismus und Körperlichkeit im europäischen Theater des 18. Jahrhunderts*, München: Herbert Utz Verlag 2016, ISBN 978-3-8316-4428-5, 298 pp.

In a time when many people, especially young people, tend to believe that international communication requires airplanes, satellites and digital networks, it is utterly rewarding to be confronted with a book that discusses cosmopolitanism and corporeality in the eighteenth century. The contributors to this anthology focus on the intellectual and material relations across national borders during a historical period in which the ideas of the Enlightenment rapidly spread over Europe and also reached other continents. The book is the result of a project initiated by a group of researchers from Berlin, Cologne and Munich specialising in Scandinavian literature. The research corpus consists of about 250 eighteenth-century dramas from Denmark and Norway, of which only few are included in the Danish literary canon. Some Scandinavian scholars joined the group and at least one Swedish opera appears in the book, *Gustaf Wasa* by King Gustav III. Marivaux and three early English women dramatists complete the European perspective of the book. Altogether, this volume contains eleven contributions, three written in English and eight in German. Six of the contributors are women and five are men. Eight of these are employed by German universities and three by the universities of Copenhagen and Lund. All contributions focus on dramas, but the main topic remains the cosmopolitanism of dramatic writing and the corporeality of theatrical events.

Cosmopolitanism is an imprecise term and in the introduction the editors present, if not a definition, at least an honest attempt to describe what a cosmopolitan view might imply. First of all, the term *cosmopolitanism* should be used in its plural form, as the eighteenth century is characterised by a number of different cosmopolitanisms, that is the cosmopolitan discourses represented by various practices that not only included cross-European transactions but also the exploitation of colonial markets. The dramas of the eighteenth century sometimes spread by curious routes from one European country to another. In much the same way as Shakespeare's plays at the time reached Scandinavia by way of German translations and adaptations, many French plays arrived in Copenhagen or Stockholm in versions that had been performed in other countries. Another characteristic of the dramatic literature of the eighteenth century is the dramatists' interest in the exotic environments of the colonies; even Denmark and Sweden were engaged in the race for colonies outside their regional dominance in the near-by provinces of Norway, Greenland, and Finland. At the same time, cosmopolitanism represented a counterview to growing nationalism. As the editors point out,

> the term cosmopolitanism should be seen in a dialectical relationship to the expanding nationalism; its rise marks in a sense not the beginning but the end of the predominance of the cosmopolitan discourses and practices of the eighteenth century. (p. 10, *my transl.*)

Cosmopolitanism is here seen as an antidote to nationalistic tendencies which struck back at a number of playwrights, not least Danish ones.

The cosmopolitan view on European drama in the era of Enlightenment is well illustrated in several of the contributions in this book. Erik Zillén (Lund) tells the fabulous story of how Edme Boursault's comedy, written in 1690 based on the fables of Aesopus, reached the newly established playhouse in Copenhagen in 1722 in an abortive version of an English adaptation of the play. First, the French alexandrines were transformed into prose and despite the fact that the theatre performances were unsuccessful, the Aesopian fables were published in an anonymous book edition two years later, without any reference to the original play. Wolfram Nitsch (Cologne) traces no less than four sources of Marivaux's comedy *Les fausses confidences* from 1737: the Arlequin figure of the Commedia dell'arte from Italy, Molière's stubborn fathers in the tradition of French comedies, quotes from an English restauration comedy by George Farqhar, and finally references to Lope de Vega's Spanish play *El perro del hortelano*, which through Luigi Ricoboni had become a fa-

vourite at the Comédie Italienne in Paris. In a single play, these influences are braided together, uniting the genres that were popular in various parts of Europe. A similar view is employed by Alexandra Bänsch (Berlin) when she shows how Johan Clemens Tode's Danish play *Söeofficerne* can be related to the German tradition of so-called *Soldatenstücke*, i.e. plays set in military environments or with officers in the leading roles, such as for example Lessing's *Minna von Barnhelm*. These are just some examples of how the dramatic literature of the century is internationally interwoven, disregarding national and linguistic borders. However, not all of these transferences were successful. Anna Sandberg (Copenhagen) presents the case of the opera *Holger Danske* with a libretto by Jens Baggesen and music by F. L. Ae. Kunzen, premiered in Copenhagen in 1789. The opera generated heated and lasting controversy. The oriental fairy tale, set in the time of the crusades, was rejected by the rationalist-enlightened circles of the Copenhagen intelligentsia and provoked national protests against the tight German-Danish political relations at the time.

Sandberg's example of *Holger Danske* also illustrates the growing interest in orientalism and the exoticisation of colonial perspectives. On the one hand, the opera features a national hero, on the other hand the libretto was perceived as a *Türkenoper*, a form of opera of magic (cf. Mozart's *The Magic Flute*) common in the Lebanon, in Bagdad and Tunis. Built on C.M. Wieland's *Oberon*-epos, the Danish title person was obviously in conflict with the oriental/"Turkish" environment, at least in the eyes of (some) Danish beholders. The Anglicist Heinz Antor (Cologne) exemplifies the colonial trend in a study of three plays by British women playwrights: Hannah Cowley, Elizabeth Inchbald and Mariana Starke. What these dramatists have in common is not just their particular focus on the fate of women, but the location of their plays either to Sumatra and India or, as in Cowley's case, occurrences in the colonies, even though the protagonists remain in London. These plays are not restricted to depicting far-away places as solely exotic milieus, but they deal with obvious colonial problems such as the burning of widows in India (*sati*). While Antor's contribution is not related to Scandinavian practices, he succeeds in deepening the understanding of "orientalism" beyond solely exoticising views of "otherness."

While the various aspects of cosmopolitanism in eighteenth-century drama are well addressed in this book, the corporeality addressed in these texts proves to be a rather difficult topic. Although the introduction points to the obvious fact that dramas are written to be presented by actors who are physically present on stage, only few authors write

about actual historical performances. Thus, the characterisations of the roles through the individual bodiliness of the performers are not taken into account. The tension between the literary text and the corporeal presentation is mentioned as a phenomenon, but only exceptionally explored in the analyses. Annegret Heitmann (Munich) makes a fair attempt to at least imagine how Christian Olofsen's comedy *Gulddaasen* (1793) might have been executed on stage, with a particular focus on the coarse maid Aebeltoft whose peevishness and anger is well described by other characters and in the stage directions. When she smacks other people's faces, the corporeality of performed actions is obviously manifest. Katharina Müller (Cologne) observes the relationship between dance and drama when she discusses Johannes Ewald's dramatic oeuvre, which includes corporeal dance scenes that had to be performed on stage. In Karin Hoff's (Göttingen) article on *Gustaf Wasa* (1786), the acting style of the singers at the Royal Opera in Stockholm is characterised as moderate, that is physical expressions were toned down to suit Swedish audiences, which she concludes from Swedish reference works. Such a reductive acting style is actually mentioned in the Swedish books she consulted, but the change of scenic expressions in the late eighteenth century was a European phenomenon, not a concession to Swedish audiences. A broader study of the history of acting would have been appropriate in this case for both Swedish and German scholars.

However, corporeality in eighteenth-century drama features prominently in the opening and the concluding chapters of the book, authored by Bent Holm (Copenhagen) and Stephan Michael Schröder (Cologne). Holm presents a thorough analysis of Ludvig Holberg's *Ulysses von Ithacia*, written in 1722 and performed for the first time in Copenhagen in 1724. The play can be characterised as a parody of the then still popular German so-called *Haupt- und Staatsaktion* and includes a number of coarse scenes, in which the presumptuous Prince Ulysses is ridiculed. Holm sees "an intimate connection between body, power and staging" (p. 25). Among his many examples of physical displacements, I choose the meta-theatrical stripping scene which Holm analyses in detail. At the end of the play, two Jewish costume dealers demand the return of a heroic costume that the comedian had borrowed from them. These Jewish businessmen, who are not part of the fictional plot but are thought to come from "real life," did not lend the costume to Ulysses but to the actor performing Ulysses. Nevertheless, in the play they interfere not just with an actor but also with Prince Ulysses himself, who loses his grand appearance and stands "naked" before Penelope. The fiction of the plot and the fiction of life interact effectively in this spectacular finale. When the actor, alias

Ulysses, swears to take revenge on all Jews, a third level of interaction is activated: "Economically, the young Danish stage was to its heels in debt to the Jewish moneylender Isaac Wallach" (p. 16). The "Jewish questions" was thus a prominent feature of Holberg's comedy, but Holm refrains from commenting on this topic even though the Jews were obviously stereotyped, as shown by Holm's quote of their gibberish language (p. 30–31). In conclusion, Holm states that "[t]he physical theatre thus both is and represents reality, being thus a microcosm, a *theatrum mundi*" (p. 47).

In the last chapter of the book, Stephan Michael Schröder approaches the corporeal from a very different angle. The title of his contribution is significant: "Der Bühnenbrief. Verhandlungen von Körperlichkeit und Epistolarizität auf der Bühne des 18. Jahrhunderts" ['The Stage Letter. Negotiations of corporeality and epistolaricity on the stage of the eighteenth century']. After extensive references to research about the letter as a literary form, from Samuel Richardson's *Pamela* to Goethe's *Wilhelm Meisters Lehrjahre*, he concludes that the function(s) of letters in the drama of this period have only rarely been investigated. Danish plays provide ample material for all kinds of reflections concerning the use of letters and the author includes information about the Danish post, the delivery of letters and the fact that servants were obviously able to read and write even at the time of Holberg. Letters always refer to someone who is not present on stage and thus indicates a spatial and temporal extension of the fictional space that the stage represents. Letters on stage also imply—"*sub specie*," as Schröder claims (p. 277)—a performative aspect of stage actions. Letters have to be performed: written, delivered, opened, read or, alternatively, not read. Furthermore, the letter can also be seen as a medium of both material and oral qualities. Schröder's rich and well-argued text, giving plenty of examples from Danish eighteenth-century drama, is an original and inspiring conclusion to the book.

In closing, I can warmly recommend this book to all colleagues with an interest in eighteenth-century culture and/or the history of drama. The variety of perspectives, the presentation of well-known as well as forgotten dramatic texts, and the obvious enthusiasm of the authors offer stimulating and engaging reading, full of surprises and unexpected turns.

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Eva Nyman, Jörgen Magnusson & Elżbieta Strzelecka (eds.), *Den heliga platsen. Handlingar från symposiet Den heliga platsen. Härnösand 15–18 september 2011*, Sundsvall: Avdelningen för Humaniora, Mittuniversitetet 2014 (Skrifter i Humaniora vid Mittuniversitetet 1), ISSN 2001-919X; ISBN 978-91-86694-95-1, 211 pp.

In this volume one finds the edited lectures given at an interdisciplinary symposium in the autumn of 2011. The theme dealt with, *the holy*, is classic, and most of the contributions are about the Nordic area, even though the perspectives are widened in some places.

The volume starts with Anders Nordberg's contribution, which contains a number of basic definitions of *helig plats* (location connected to some form of religious tradition), *kultplats* (holy place where some form of religious ritual has been conducted), *helgedom* (permanent and architectonically especially excellent holy place and cult centre) and *offerplats* (location where sacrifices were conducted). The article shows the need for terminological stringency in the study of religion. Comparative religion-historical perspectives are presented by Anders Hultgård in "Kultplats och gudatro. Om framväxten av lokala gudomar på germanskt område." The Graeco-Roman world's cult with local gods also had an impact in those Roman provinces that chiefly had a Germanic population. In the Scandinavian area, too, there were probably local pre-Christian gods, and under Hultgård's expert management some such material can be fished out, although the material is thin. Peter Jackson writes about *alhs* and *gudhūs* in Wulfila's Gothic Bible translation. He thinks that *gudhūs* was transferred to houses where Christian festivals were celebrated, whereas *alhs* may have designated a large building or a sanctified area. In his discussion Jackson refers to Jonathan Z. Smith, who talks about religion "here," which is locally anchored, and "there," which is conducted in premises where the clergy play a great role. The connection to Smith is also found in other places in the volume. Maths Bertell starts by describing similarities between Sami and Old Norse cults as regards the Thunder God tradition, where the Sami religion was previously regarded as "a freezer for old Nordic conceptions" (p. 50). Descriptions of cult centres devoted to the Thunder God are presented in the article, based on a rich material and analysed in a way arousing interest. Torsten Blomkvist's contribution discusses what functions the traditions about the *bergrå* ['mountain sprite'] may have had for miners in the Falun mine in old times, and elucidates "how old folk traditions have been reinterpreted

and renegotiated in the light of societal change processes" (p. 84). Based on her archaeological perspective, Torun Zachrisson elucidates cult centres in Mid-Sweden in the Iron Age, and pays attention to choices of places and the use of cult centres, among other things.

The book is concluded by four contributions on toponyms. The toponyms in *Helga-* and the like in Värend are described by Staffan Fridell, and the current research situation is clarified. In her contribution, a revised version of a previous essay, Birgit Falck-Kjällquist returns to the fjord name *Gullmarn*. Olof Sundqvist and Per Vikstrand deal with the possible traces of an East Nordic Disa cult in a co-authored article, where the position of the Disas in the mythological hierarchy in Old Nordic times is discussed. As regards the Östergötland name *Disevid*, which is in focus, it is argued that "the simplest and most plausible interpretation" (p. 167) is that the last element contains a *vi*, 'holy place, sanctuary,' and is not, as has also been assumed, connected to Old Swedish *vidher*, 'forest.' The authors also emphasise that as regards other names containing *Dis-* or *Disa-* one must take a cautious attitude to cult interpretations, "since in popular belief there have lately flourished conceptions of a female being called *Disa*, *Queen Disa* or *Virgin Disa*" (p. 167). Names such as *Disakällan*, *Disahall* or *Disarör* are therefore not likely to have anything to do with Disa, Sundqvist and Vikstrand argue in conclusion. This is an important reservation. Finally, a useful survey of the sacred toponyms in middle Norrland is made by Eva Nyman. She presents distribution maps of names in *-vi* and *-hov*, *-harv*, names that have been assumed to contain names of gods (*Norderön*, *Frösön* etc.) and names in *Helgum* and the like. Generally, the article provides an opening for discussion of a number of different issues in the area in question.

In Jörgen Magnusson's introduction the essays in the volume are introduced and the participating researchers are more closely presented at the end.

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Claes Ringdahl, *Skånes ortnamn. Serie A. Bebyggelsenamn. 23. Östra Göinge härad*, Lund: Institutet för språk och folkminnen; Dialekt- och ortnamnsarkivet i Lund 2014, ISSN 0284-2416; ISBN 978-91-86959-22-7, 431 pp.

As has been evident from previous volumes of the *Journal of Northern Studies*, new volumes in the series *Skånes ortnamn* are regularly published. The present volume on the settlement names in the district of Östra Göinge has now come out, with Claes Ringdahl as editor. The original plan for the series has essentially been followed. In order to make the sound notation uniform, a certain normalisation of the notations has been made, and in those cases where pronunciation variants exist, only those that correspond to the older dialectal pronunciation have usually been included. Among the numerous names of parts of homesteads, crofts and farms, names that do not need any explanation have been excluded for reasons of space. These are highly reasonable editing principles.

Explanations of numerous village names based on nature names are presented in the book, as are older primary settlement names and names of homesteads and farms formed in later times, and much of this is meritorious. In several places in the book, alternative possible interpretations of the toponyms are presented, which is the right thing to do. Many times *formally* possible personal names and words are brought forward in the interpretations, while the *onomastic* analysis is not very thorough. Some examples. As regards *Säflacka* (p. 34) a number of possible interpretations are accounted for: the first element *sjö*, the second element a counterpart to *flak*, 'shoal;' the first element *säv*, 'reeds,' the second perhaps formed on a word corresponding to *lag*, 'water, liquid,' alternatively *flack*, 'flat, of slight inclination,' which latter alternative, however, "does not seem very probable" according to the author, considering the look of the landscape; the first element *säv*, 'reeds,' the second element *lacka*, maybe formed on Old Danish *lakka*, 'move slowly,' with possible reference to a small watercourse. How the alternatives should be weighed against each other could preferably have been described more clearly. The name *Dönaberg* (p. 124) is said possibly to be related to *döna*, 'make a noise, rumble,' or *dön*, 'noise, rumble, thunder,' but as a third possibility, *dyn*, 'rounded (sand)hill,' is also mentioned. It is not clear whether the author, in view of the fact that the village is situated in hilly surroundings, prefers the latter alternative. Comparable examples are *Hajstad* (p. 131), *Hjärsås* (p. 132 f.), *Loshult* (p. 213), *Kärsebränna* (p. 259) etc. In general it would have been possible to make more profound analyses by means

of name typology considerations and parallels, and also, at least in some cases, through a deeper analysis of factual conditions.

On quite a few occasions there seems to be uncertainty about the assessment of the settlement names in *-inge*. *Västra Olinge* (p. 118) is thus said to be formed on an *ol*, 'pasture ground,' with the element *-inge* added, or to consist of a field name **Oling*, in which *ol* is included. A connection to a male name *Olof* or *Ola* is considered "less likely." After the interpretation of *ol* has been mentioned, it is said about *Östra Olinge* (pp. 182 f.) that

> a possibility is also a first element that might be the genitive of a male name *Ola*; the latter element is probably then a person-denoting *-inge* for a family name **Olingar*, where the latter element has become indicative of settlement.

The text is not explicative enough here, and it completely neglects Thorsten Andersson's treatment of the names in 2012, where their basis is assumed to be a settler's designation, Old Danish **ōlungar* pl., an *-ung* derivative to *ol* feminine 'strap' referring to an elongated ridge. Regarding other names with *-inge* the argumentation could also have been sharpened.

Some younger names catch the reader's interest, however, for example *Professor Eks* (p. 39), the name of a homestead where the owner's activity as a homeopath is the basis of the name. A *Haddis* in Gryt (p. 116) and a *Hades* i Östra Broby (p. 376) seem to be called after the Greek mythology's *Hades*, and other interesting younger names are *Alvhem* (p. 176), *Fenix* (p. 270) and *Gula faran* (p. 271).

There are several terrain-denoting names in regional words of this type; in this volume one finds *veke*, 'low-lying ground by meandering water course' (p. 98), *ål(l)*, *ålla*, 'grass-covered field,' etc. (pp. 193, 224), *brytla* (from *bryttel*), 'stony ground, stone tubes with thickets' (p. 291), *strön* '(water) stream' (p. 336) etc.

A number of photographs and a map are found in an appendix (pp. 384–389); in addition there are also toponym registers, last element registers, maps of Skåne's districts and the parishes of the district of Östra Göinge, and finally a section on the Swedish dialect alphabet (*landsmåls-alfabetet*).

In the present volume there are many things of great interest, for example regarding younger naming. Fifteen volumes on the toponyms of Skåne have been published so far, all of them dealing with settlement names. This is an impressive effort by the Lund archives. Work on the toponyms in the districts of Herrestad, Torna and Villand is apparently

going on, and then there remains the work of finishing the analysis of the settlement names in a further five districts in the south. It is to be hoped that the Institute for Language and Folklore (Institutet för språk och folkminnen) will eventually be able to conclude this important series within the framework of its new organisation.

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Morten Søndergaard, *Show-bix & Per Højholts mediebevidste praksis*, Copenhagen: Museum Tusculanums Forlag 2016, ISBN 978-87-635-4074-2, 224 pp.

In 1968 I heard the poet Per Højholt reading aloud for the first time. He was using a not-very-large Bang & Olufsen sound system to distort his voice into a kind of metallic shrill. At certain times it all became a howling inferno of feedback noise. During the reading, he polemically distanced himself from the elevated position of an artist and declared himself a worker-in-words. Some of the texts came from the performance-like manifestations of the experimental artist group Show-bix. Unfortunately, I have never experienced productions by Show-bix. Not many have. This lack of personal experience also applies to Associate Professor of Interactive Media Art Morten Søndergaard (Aalborg University). Nevertheless he sets out to (re)construct the activities of Show-bix, while reflecting on how to preserve contemporary art, which is often volatile and resists becoming a work of art in a traditional sense. Søndergaard's thorough study is based on his doctoral thesis and his archival (re)construction as well as the curating of an exhibition of the Show-bix group (Museum of Contemporary Art, Roskilde). Based on his vast research, he has written an extremely well-designed graphical book about Show-bix's productions, including traces of these productions in Per Højholt's later poetic practice.

In its short lifespan (1968–1971), the group Show-bix consisted of the composer and electro musician Gunner Møller Pedersen (1943–), the poet Per Højholt (1928–2004) and the photographer and visual artist Poul Ib Henriksen (1937–). Together they sought, in a clash with the contemporary art scene, to dissolve the boundaries between their respective art forms in a kind of cross-media and cross-aesthetic performance. The group's activities have neither caught the attention of contemporary media nor later art and literature researchers before. Therefore, the history

of the group is worth rediscovering, not least because the activities of the group position it centrally in the neo-avantgarde's departure from a more classic modernist tradition, which in Denmark took place in the second half of the 1960s—a field of research which has been the subject of much attention in recent years (see Ørum & Olsson [eds.] 2016).

In the first section of Søndergaard's book, the Show-bix's five productions are described in detail: "Tumlingen" ['Toddler'], "Omringning" ['Encirclement'], "Et kvarter" ['A quarter'], "March på stedet" ['March on the spot'], "Noget" ['Something']. All traces from the concrete realizations of the respective productions are examined. Accordingly, Morten Søndergaard has had to make an archaeological art reconstruction (re-staging) on the basis of handwritten synopsis, scores, letters, photos and interview material. Especially the score material is richly reproduced in the book, which also contributes to the book's character as a document, a kind of media archaeological archive study.

In the second section of the book, Søndergaard analyzes Per Højholt's media-conscious practices after the Show-bix period. The cross media consciousness inherent in the Show-bix practice is seen as channeled into book and sound productions ranging from book objects, like *+1* (1969) with graphic systems, *Punkter* (1971) printed on transparent thick plastic, *Volumen* (1974) using picture montage and cut-up to the public attention-getting *Gittes monologer* (1981). In these productions, Søndergaard focuses on the awareness of mediality seen as an aesthetic strategy. In doing this, he also relies on Højholt's two books on poetics, *Cezannes metode* (1967) and *Intethedens grimasser* (1972). Of special interest is Højholt's consideration of the artist as an ordinary worker and his subversion of the status of the traditional work of art. For Højholt, art is a matter of producing situations which reset (puncture) the relations, communication and habitual ideas of the audience. It is a process where the audience is obliged to experience its own basic experiential being in time and thus its own existence. As Højholt (perhaps) writes on the back of *6512* (1969), which surprisingly Søndergaard does not mention:

> I am the one who has written 6512. It consists of some pages written by somebody, I do not know him, his name is not on the pages. [...] I have just sorted the pages and made a book of them. So the readers must decide the whole for themselves [...]. I have no responsibility, it is the reader's, entirely.

Or, in his preface to the sound piece *Lilys tur* (unpublished manuscript, 1972):

> The production lasts for about half an hour, and you will never ob-
> tain that half an hour again. When the half an hour is gone, it may
> be recalled: it consisted of listening to *Lilys tur*—but the main thing
> for me is not <u>what</u> you notice in the next half an hour, but <u>that</u> you
> experience the next half an hour.

From this perspective, the artist's purpose is to construct language ma-
terial in order to short-circuit, drain and blow up the habitual everyday
horizon and thus make the reader visible to himself. This notion of art
is far beyond any notion of art as a fixed artefact, and its volatile medial
status refuses a traditional analysis of form and content.

The book's third section has a somewhat more loose focus. Sønder-
gaard summarizes the field in question, discusses Show-bix and Højholt's
media conscious practices as an aesthetic strategy beyond the horizon
of aesthetic theory from Kant onwards and, finally, points out the new
challenges that these volatile media conscious productions raise within
the museum's archive system.

Søndergaard reveals an almost overlooked artistic platform in the
departure from modernism in the late 1960s. His research into and doc-
umentation of this subversive media conscious engagement is highly
commendable and the absolute strength of the book. Especially, because
much of the research about Per Højholt has tried to restrain his practice
as literature, and because the media consciousness probably plays a far
more pivotal role in art and literature in the late 1960s than is usually
ascribed to this neo-avantgarde movement. Not only Højholt, but, for
example, also Hans-Jørgen Nielsen, Svend Åge Madsen and Dan Turéll
attract attention in such a perspective. However, Søndergaard uses the
concept of media consciousness in a double sense. On the one hand, he
refers to media consciousness as an active media awareness and commu-
nicative use of the potentials and the materiality of a particular medium
of expression. In this sense media consciousness does not need to move
beyond a relatively narrow frame of aesthetic theoretical reflection. On
the other hand, media consciousness also refers to an awareness of liter-
ature and other traditional art forms in confrontation with what in the
1960s was labeled as the ever more widespread mass media. This sense im-
plies a denaturalization of literature and an openness to popular culture.
It is an openness that has become even more striking today because of the
digital media culture. Søndergaard is aware of both dimensions of media
consciousness, but focuses mainly on the first. For this reason, it becomes
important to situate Show-bix and Højholt's practices in relation to the
changed status of the artwork. Along this line of thinking, Søndergaard
relates primarily to Vilém Flusser's considerations of ontology/deontolo-

gy and the classic tradition of aesthetic theory. Nevertheless, the question is how much new knowledge this field of discussion produces, especially because the use of Flusser seems to rely on analogies of a heavily forced character. Søndergaard's analysis of Højholt's media conscious practice and his media archaeological documentation of Show-bix's productions form a valuable point of departure for a more broad-spectrum research into the interaction between the kind of media consciousness embedded in art practices and the contemporary media culture. As Højholt said: "to gain such great expertise and sensitivity in the media it is necessary to have your fingers into the extreme end of a repromachine."

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Introduction

Mikael Svonni's book *Davvisámegiella – sánit ja cealgagat. Láidehus sámi lingvistihkkii* ['North Sami—words and sentences. An introduction to Sami linguistics'] is basically a descriptive grammar of North Sami for university students. The author's ambition in writing this book, according to the introduction, is to give an account of the language that is informed by current generative theory, but at the same time covering more or less the same ground as traditional grammars. This is thus not primarily an introduction to generative grammar. The basic concepts of generative syntax are presented in the very last chapter, and the presentation in the previous chapters should be accessible to readers who are not familiar with generative theory.

Unlike other works on Sami grammar commonly used at university

level, this book is written in North Sami. This means that in addition to representing an insider perspective on North Sami, this book will make students of Sami acquainted with the grammatical terminology in North Sami, which in itself is of no small importance.

As one could expect from the relatively limited size of the book, the focus is on the basic features of North Sami grammar. However, these features are not always presented in an optimal manner. This goes for form as well as content. In the following, I will first comment on the overall structure of the book. Then I comment on some details of the presentation, and after that, I remark on some features of North Sami grammar that might be analysed in a different way than Svonni does: the distinction between locative and ablative case, the locative possessor, and locative and allative complements of verbs. I also note some questions that arise from Svonni's treatment of non-finite clauses and of aspect.

The Structure of the Book

The book has 13 chapters plus an appendix with complete inflectional paradigms. Chapter 1 is a general introduction to the book, and it also gives a brief overview of earlier grammars of North Sami. Chapter 2 gives an account of the current orthography, while chapter 3 deals with the phonology of North Sami, focusing on the structure of words and on the phoneme inventory. In addition, the grade alternation is introduced in this chapter.

Chapters 4–9 constitute the morphology part of the book. Some basic terms are introduced in chapter 4, and the contents of the following chapters are also presented there. Chapter 5 is devoted to the morphology of nominal categories—nouns, pronouns, adjectives and numerals—while the verbal morphology is the topic of chapters 6 and 7—finite forms in chapter 6 and non-finite forms in chapter 7. The remaining parts of speech—adverbs, particles, adpositions, conjunctions, subjunctions and interjections—are addressed in chapter 8. Chapter 9, dealing with compounds and derived words, concludes the morphology part.

The last four chapters of the book, chapters 10–13, deal with syntax. Chapter 10 is rather broad in its scope, since in this chapter, not only clause types, the main syntactic functions and word order are discussed, but also verbs, verb phrases and topics related to verbs, such as argument structure and complex tenses. Noun phrases are addressed in chapter 11, while adpositional phrases, adjectival phrases and adverbial phrases are mentioned in the very short chapter 12. In the final chapter, chapter 13, we finally find an introduction to generative syntax: X-bar structure,

features, selection, and the like, along with some proposals concerning the structure of North Sami clauses and phrases.

The overall order of presentation is reasonable. However, chapter 10 is very long, and, since nominal phrases are dealt with in a separate chapter, verb phrases could also have been given a chapter of their own. The slightly imbalanced partition does not in itself lead to problems, though, since the topics dealt with in chapter 10 can (in most cases) be found from the table of contents. It is more problematic, as I see it, that the chapter is not organised in the best possible way. In particular, thematic roles are mentioned several times before they are introduced—in a subsection called *Argumeantastruktuvra* 'argument structure.' Then argument structure is also addressed in subsection 10.9, which has the title *Váldovearbba komplemeanttat* 'complements of the main verb.' Strikingly, though, thematic roles are not mentioned in the subsection on objects, 10.2.3. Constructions involving auxiliaries, in particular *leat* 'be,' are dealt with in several places, making it difficult to get an overview of the information.

A minor point is that chapter 7, on non-finite verb forms, consists in its entirety of section 7.1, with subsections.

Some Comments on the Presentation

Reading *Davvisámegiella*, it strikes me that the book should have been more carefully edited. There are quite a few repetitions and unclear formulations, which are disturbing and might also confuse the reader. As an example of what I have in mind, I will quote a passage from p. 46, where the basic patterns in the nominal declensions are presented:

> Bárahis stávval substantiivvain leat leaskalogu stávvalat ovttaidlogu genitiivvas, muhto leat guokte stávvala ovttaidlogu nominatiivvas, omd. *beana* (NomOl), muhto *beatnaga* (GenOl). Bárahis stávval substantiivvain leat golbma stávvala ovttaidlogu genitiivvas, muhto guokte stávvala ovttaidlogu nominatiivvas [...].

> Nouns with unpaired syllables have an odd number of syllables in the singular genitive, but two syllables in the singular nominative, e.g. *beana* (NomSg), but *beatnaga* (GenSg). Nouns with unpaired syllables have three syllables in the singular genitive, but two syllables in the singular nominative [...].

The information given in this passage is correct, but the repetition makes the text harder to process, and it can also leave the reader wondering if there is a difference between the first and the second part that he or she just fails to see.

There are also statements in this book that are misleading or even factually wrong. For example, on p. 41 it says that "Allomorfa lea grammahtalaš morfema, mas leat guokte sierralágán hámi"—'an allomorph is a grammatical morpheme which has two different forms.' But the term *allomorph* denotes each of the formally different versions of a single morpheme, and not the morpheme as such.

On p. 43 we find the following: "Lohku mearrida galle olbmo, diŋgga, j.n.a. leat oasálaččat cealkagis"—'Number determines how many people, objects etc. are participants in the clause.' This is at best misleading, since the number of one participant (one argument) does not influence the number of other participants, and the number on the verb only *reflects* the number of the subject. Later on, on p. 75, we are told that the term *lohku* 'number' tells us "how many grammatical persons are involved" ("galle grammahtalaš persovnna leat fárus"). This follows immediately after an explanation of grammatical person, that is first, second and third person, but it is probably not very helpful for readers who do not happen to know what grammatical number is.

In some places, part of speech and grammatical function appear to be mixed up, such as on p. 49, where it is stated that unlike personal pronouns, predicatives do not have a dual form. However, the predicatives in the examples have no dual form because they are nouns, and nouns only have singular and plural forms. Thus, the lack of dual form is due to the part of speech, and not to syntactic function.

On p. 156, the word *geainna* 'with whom' in the question shown here as (1) is claimed to be an interrogative adverb (*gahčadanadvearba*), although the same word form is included in the paradigm of the interrogative pronoun *gii* 'who' on p. 230, in the appendix.

(1)   Geainna   don   bohtet?
      who.COM   2SG.NOM   come.PRS.2SG
      'Who are you coming with?'

Geainna is of course formally a pronoun, even if it functions as an adverbial in the clause.

I am also not convinced that non-finite verbs should be seen as a separate part of speech (p. 73), nor that the verbabessive is an adverb when it modifies a verb (p. 113). Rather, I would suggest that non-finite verb forms are verbs, but that they can have adverbial functions. They can also head embedded non-finite complement clauses, as we shall see below.

Locative and Ablative—or one Case?

In North Sami, the case that is used to denote location is, as a consequence of morphological changes, formally identical to the case that is used to denote the source of motion. Consequently, it has become customary to assume that the language now has a case that denotes both location and source of motion, and this case is traditionally called *inessive-elative* (e.g. in Nielsen 1926), reflecting its dual historical source, while it is called *locative* in more recent works (e.g. in Nickel 1990). Svonni has chosen instead to retain the term *locative* only for the uses that correspond to the earlier inessive case, and to introduce the term *ablative* for the uses that correspond to the earlier elative case. Although he points out, as a motivation for his choice, that there are other Sami varieties where a formal distinction between the two cases is still retained, from a North Sami point of view the distinction is based solely on semantics. Svonni himself states explicitly, for example, on p. 55, that the two cases have the same forms. A consequence is that the same paradigms are given twice in the chapter on nominal morphology (chapter 5)—but in the appendix, locative and ablative are collapsed.

In addition to being somewhat inelegant in practice, I think that the separation of locative and ablative is weakly motivated. Morphological categories should be identified on morphological grounds, not on semantic (or historical) grounds. If semantics were to be decisive, one could in a parallel fashion split the North Sami comitative case in two, since it is used for instruments as well as for accompaniment. But on this point, Svonni adheres to the traditional view, noting (p. 57) the double usage of the comitative case. From a synchronic and morphological point of view, the North Sami locative is arguably also one single case with a number of uses.

The Locative Possessor

In North Sami, the locative case marks the possessor in possessive clauses, while the possessee has nominative case, as illustrated in (2):

(2) Máhte-s   lea   beana.
     Máhtte-LOC   is   dog.NOM
     'Máhtte has a dog.'

On Svonni's analysis, the possessee is the subject in these clauses. For the locative possessor, he uses the term *gullevašvuođa lokatiiva* 'locative of possession,' and he takes it to be an adverbial. He also points out (p. 55) that locative phrases like *Máhtes* in (2) do not unambiguously denote possessors, and consequently, the term *habitive*, which is used for exam-

ple in Nickel (1990), is not appropriate. On the other hand, he also states (p. 172) that an animate constituent in the locative case gets interpreted as a possessor. Hence, it is not clear that potential ambiguity is a good enough reason not to use the term *habitive* for locative phrases with a possessor reading.

In fact, Magga (1978) demonstrated that the locative constituent in possessive clauses has a number of subject properties. It can control anaphors, that is reflexive pronouns and possessive suffixes. Example (3) is from Magga, whereas example (4) is found on p. 66 in the book under discussion here:

(3) Máhte-s   lea   iež-as   beana.
     Máhtte-LOC   be.PRS-3SG   self-3SG   dog.SG.NOM
     'Máhtte has a dog of his own.'

(4) Su-s   lea   telefovdna   lumma-st-is.
     3SG-LOC   be.PRS-3SG   telephone.SG.NOM   pocket-LOC-3SG
     S/he has a telephone in her/his pocket.'

Svonni says of example (4) that it shows that possessive suffixes can "belong to other elements than the subject" (p. 66). However, as this is the only example he gives of a possessive suffix bound by a purported non-subject, it could be taken to show that the locative possessor is subject-like in this respect.

Magga (1978) also showed that the locative possessor can control PRO, as in (5), and it allows quantifier float, as in (6). These properties are also typical of subjects.

(5) Mu-s$_i$ lea   miella   [PRO$_i$ boahti-t   ihttin   ]
     I-loc   be.PRS-3SG mind.SG.NOM   come-INF   tomorrow
     'I'd like to come tomorrow.'

(6) a. Buot   sámi-in   leat   beatnaga-t.
        all   Sami-PL.LOC be.PRS.3PL   dog-PL.NOM
        'All Samis have dogs.'

    b. Sámi-in   leat   buohka-in   beatnaga-t.
        Sami-PL.LOC   be.PRS.3PL   all-PL.LOC   dog-PL.NOM
        'The Samis all have dogs.'

It is also clear that subject status does not necessarily go hand in hand with nominative case. Icelandic, for example, has been shown to have non-nominative subjects, some of them even occurring with nominative objects, as in the example in (7), from Sigurðsson (2002):

(7)   Henni   leiddust   strákar-nir
      her.DAT   bored.3PL   boys.DEF.NOM
      'She found the boys boring.'

In this example, the finite verb agrees with the object, not with the subject, arguably because the oblique case marking on the subject blocks agreement. The agreement pattern in North Sami possessive clauses might be explained in the same way: the verb agrees with the nominative possessee because it cannot agree with the subject for case reasons.

It appears, though, that the agreement between the verb and the possessee is not ordinary subject-verb agreement. Notably, agreement in first or second person is not allowed. Thus, English constructions like "I have you" or "She has us," with a first or second person possessee, cannot be directly translated into North Sami. Confronted with two alternatives, one with full verb-possessee agreement, as in (8a), and one with agreement only in number, as in (8b), Sami speakers tend to agree that the one exhibiting full agreement is not as bad as the other, but neither is good:

(8)a. ?? Mu-s   lehpet   dii.
          I-LOC   be.PRS.2PL   you.PL
          Intended meaning: 'I have you.'

   b. *   Mu-s   leat   dii.
          I-LOC   be.PRS.3PL   you.PL
          Intended meaning: 'I have you.'

This is a strong indication that the nominative possessee is not an ordinary subject, although seeing the nominative constituent in possessive clauses as a subject is a tradition that goes back at least to Nielsen (1926). An ordinary subject would agree with the verb also in person. And interestingly, also in Icelandic, agreement between the finite verb and a non-subject in nominative case is restricted in the same way—the non-subject should preferably be third person (see e.g. Sigurðsson 2002). Thus, the properties of the locative possessor as well as the agreement possibilities suggest that the possessor is the more subject-like constituent in possessive clauses in North Sami.

Objects with Special Cases—or not?

Special case marking is also found on some complements of verbs in North Sami. Some verbs take a complement in the allative (or illative) case, as exemplified in (9), and others take a complement in the locative case, as in (10).

(9) a. Son   bázii   gávpog-ii.
      3SG.NOM   remain.PAST.3SG   city-SG.ALL
      'S/he remained in the city.'

    b. Son   suhta-i   munnje.
      3SG.NOM   get.angry-PAST.3SG   1SG.ALL
      'S/he got angry with me.'

(10) a. Mun   lean   dolka-n   guolis.
      1SG.NOM   be.PRS.1SG   get.tired.PTC   fish-SG.LOC
      'I have tired of fish.'

    b. Mánná   heitti-i   čierrum-is.
      child.SG.NOM   quit-PAST.3SG   crying-SG.LOC
      'The child stopped crying.'

It is not clear to me how Svonni analyses these complements. In chapter 5, where the cases are presented, he notes that certain cases appear with certain verbs, and that the relation between the verb and the case-marked phrase is called *rection* (*rekšuvdna*). But he then goes on to say (p. 53) that the rection is the phrase that gets a certain case because the verb requires it, and that the case-marked phrase is the rection of the verb. Complements with allative or locative case are not mentioned in the subsection on objects (10.2.3), nor in the subsection on complements (10.4.2, which mostly deals with auxiliaries and their complements), although it is stated there that a complement is an obligatory constituent connected to a main verb or auxiliary. Then in section 10.9.1, where the syntactic structure of ditransitive verb phrases is presented, Svonni says that the complement of the main verb can be an object, which has accusative case and whose thematic role is theme (*čuozahat*) (although in one of the examples, the object is the product of the event). Other complements of transitive verbs are not objects. The motivation is that allative and locative (or ablative) complements of verbs retain their case in the passive, if passivisation is possible at all—that is, they do not change their case to nominative.

    The allative constituents in (9) and the locative constituents in (10) could be seen as internal arguments of the verbs. In (9a), *gávpogii* (lit. 'to the city') describes the resultant stage of an event (Svenonius 2012), and in (9b), *munnje* (lit. 'to me') denotes the target of emotion, whereas the subject is an experiencer (*vásiheaddji*), as Svonni notes on p. 175. In (10), the constituents with locative case are obligatory, and they can be said to denote the source of abstract movement. It follows neither from their case nor from their thematic roles that they are not objects of the verb. Moreover, it has been established that there are languages, for example

Icelandic, where non-accusative objects retain their case in passivisa-
tion (see e.g. Sigurðsson 2004). And unlike what Svonni claims on p.
175, verbs with experiencer subjects do not necessarily bear a different
relation to their complements than agentive verbs do. Vinka (2002: 78)
demonstrates a North Sami verb like *gullat* 'hear,' which takes an expe-
riencer subject and an accusative object representing the stimulus, has
the same syntactic structure as other transitive verbs. Hence, it seems
to me that the grammatical object is too narrowly defined in this book,
and that many constituents, as a consequence of this, do not receive a
satisfactory treatment.

Embedded Clauses, Control and ECM

The analysis of embedded clauses that Svonni presents also raises some
questions. Firstly, he notes that according to the traditional view, finite
as well as non-finite clauses can be subjects (p. 147) and objects (p. 149),
but he does not seem to adopt this analysis. He states explicitly (p. 174)
that infinitival phrases and finite clauses can be complements of transi-
tive verbs, but does not say that they are objects. It is however generally
assumed even today that clauses can be subjects and objects, so I do not
see why this view should be rejected.

Concerning non-finite embedded clauses, their internal syntax is
also dealt with in a way that leaves at least this reader somewhat con-
fused. In the example shown here as (11), Svonni co-indexes the non-fi-
nite embedded verb (the form is called "first gerund") with the matrix
subject (p. 110). In the example shown here as (12), on the other hand, he
co-indexes the gerund with the object:

(11) Cizáš$_i$ vizard-ii   girddi-dettiin$_i$.
     bird.SG.NOM   chirp-PAST.3SG   fly-GER
     'The bird chirped while flying.'

(12) Son$_i$ báži-i   rievssah-a$_k$ girddi-dettiin$_k$.
     3SG.NOM   shoot-PST.3SG   grouse-SG.ACC   fly-GER
     'S/he shot the grouse while it was flying.'

Then he says (p. 111) that if the gerund does not belong to the subject
or the object of the clause, then the constituent that it belongs to must
have genitive case. The following example is given:

(13) Fanas   vuoju-i   su   oainni-dettiin.
     boat.SG.NOM sink-PAST.3SG   3SG.GEN   see-GER
     'The boat sank while s/he watched.'

The verbgenitive (pp. 111–112) and the verbabessive (pp. 112–113) get a similar analysis. The verbs themselves are said to be connected to some constituent of the higher clause, except when they have overt subjects. An alternative analysis that comes to mind here is that these non-finite verb forms always have a subject, and that this subject can be PRO. The gerund and verbabessive can also take overt subjects, which carry genitive case (an alternation which in itself is interesting). When the subject is PRO, it is controlled by the subject or by the object of the higher clause, but when it is overt, it is not controlled. This means that the non-finite verb itself is never directly connected to any constituent of the higher clause. In particular, it is not co-indexed or bound in the way Svonni proposes.

For infinitival phrases, on the other hand, Svonni postulates PRO subjects. Subject and object control is illustrated by means of the following examples (p. 176):

(14) a. Son   lohpid-ii [PRO viežža-t   mu   lávvordaga].
       3PL.NOM promise-PAST.3SG pick.up-INF 1SG.ACC S a t u r d a y.
       GEN
       'S/he promised to pick me up on Saturday.'

   b. Mon   gohčč-on   su   [PRO   vuolgi-t].
      1SG.NOM tell-PAST.1SG 3SG.ACC   leave-INF
      'I told her/him to leave.'

The analysis of these clauses seems completely plausible. The problem is that a similar example to (14b) in an earlier chapter gets a different analysis. Svonni says (p. 112) that in (15), the subject of the infinitive is also the object of the higher clause. Thus, here he appears to assume an ECM analysis of the infinitival complement of *gohččut* 'ask, tell.'

(15) Son   gohčču   mu   boahti-t   čuoigga.
     3SG.NOM tell.PRS.3SG   1SG.ACC   come-INF   ski.VG
     'S/he asks me to arrive skiing.'

Complicating matters even further, Svonni takes the example to show that the verbgenitive (*čuoigga*) can be connected to the object—but on the ECM analysis as well as on the control analysis of the infinitive, the verbgenitive is connected to the subject of the infinitive, possibly via control of the PRO subject of the verbgenitive itself.

In short, the treatment of non-finite clauses of various types could have been clearer and more consistent.

Aspect

In this book, there is no mention of the term *aspect* (*aspeakta*). The perfect and the progressive are considered as complex tenses (p. 75), although at least the contrast between the simple past or present, as in *Mun logan* 'I read,' and the past or present progressive, as in *Mun lean lohkame* 'I am reading,' could be seen as an aspectual contrast.

The relevance of aspect appears to be even clearer when it comes to verbal derivational suffixes. Svonni takes verbal derivational suffixes in North Sami to fall into two main types: firstly, suffixes that alter the argument structure of the verb, which he calls grammatical derivations, and secondly, suffixes that affect the internal time of the verb or the manner of the verbal event (*vearbba siskkáldas áiggi dahje vearbbadoaimma vuogi*, p. 133) or the manner and situation of the verbal event (*vearbbadoaimma vuogi ja dili suorggidangehčosat*, p. 138). This classification makes perfect sense—but it appears that the suffixes in the second main group are in reality aspectual markers. They mark durative, iterative, inceptive, semelfactive, and the like.

Some of them also affect the telicity of the verb, and accordingly, examples of telic and atelic verbal constructions are presented and discussed (pp. 138–139). Some other terms, such as *dynamic*, are also introduced. After that, Svonni introduces the classification of aktionsart found in Smith (1991) (pp. 139–140), and he translates the terms into North Sami—but then this classification is not connected to the discussion of individual derivational suffixes. For example, while one of Smith's categories is semelfactive (*semelfaktiiva*), North Sami semelfactive verbs formed from durative ones, such as *gosádit* 'cough once,' from *gossat* 'cough,' are called momentaneous (*momentána*), which is the traditional term for this derivational type. In the presentation of Smith's five categories (stative, activity, accomplishment, achievement and semelfactive), Svonni says (p. 140) that semelfactives are characterised by having minimal duration and by not being completed (while one could more precisely say that they are atelic)—but then *gossat* 'cough' is given as an example of a semelfactive verb, along with *čoalkit* 'knock' and *dearpat* 'knock'—but all these verbs have durative meaning, and *čoalkit* corresponds to the semelfactive verb č*oalkalit* 'knock once.'

Momentaneous suffixes constitute one of the three main groups that Svonni identifies among the derivational suffixes that alter the internal time, manner etc. of the verbal event. The two other main groups are durative (*duratiiva*) suffixes and iterative (*iteratiivva*) suffixes. These categories are defined broadly—for example, the term momentaneous (*momentána*) is also applied by Svonni to inceptive verbs, such as *buollát*

'begin to burn' from *buollit* 'burn' (which are subclassified as *inchoatives*, in accordance with traditional terminology), and even to suffixes that form ergative (unaccusative) change-of-state verbs. Thus, all verb types that can have punctual readings are lumped together, and the finer classification that is presented in the same chapter is not utilised. Moreover, the suffix *-lit*, together with the example *lohkalit* 'read quickly,' from *lohkat* 'read,' is listed twice—once as a momentaneous suffix and once as a separate category, called *subitive*, as in the traditional terminology.

In the introduction to the section on durative verbs (p. 144) we are told that many non-derived verbs are durative, such as *viehkat* 'run,' *geahččat* 'look,' and *lohkat* 'read.' Svonni also demonstrates that they can be telic or atelic. This is all well and good. Then the suffix *-dit*, as in *logadit* 'read for a while,' is said to form durative verbs from durative base verbs, the difference being that the suffixed verbs denote events that last longer. In addition, the derived verbs are normally atelic (erroneously characterised as [+telihkka] towards the bottom of p. 144), which is seen in their inability to combine with time frame adverbials ("in x time"). The change in telicity is seen in (16) (Svonni's examples [9:56]–[9:59]):

(16) a. Son   loga-i   aviissa   logi minuhta/ logi minuhta-s.
       3SG.NOM read-PAST.3SG paper.SG.ACC ten minute.ACC/ten minute-LOC
       'S/he read the paper for ten minutes/in ten minutes.'

    b. Son   loga-d-ii   aviissa   logi minuhta/ *logi minuhta-s.
       3SG.NOM read-DUR-PAST.3SG paper.SG.ACC ten minute.ACC/ten minute-LOC
       'S/he kept on reading the paper for ten minutes/*in ten minutes.'

It is unfortunate that the same term is used for the base verb as well as for the derived verb, since it blurs the distinction between the two verb types. It would have been better if some other term had been chosen for the derived verbs, such as for example "continuous."

There is also some unclarity in the presentation of basic terms connected to aspect. It is stated (p. 139) that dynamic circumstances can be events (*dáhpáhus*) or processes (*proseassa*), and that in the first type, there is no agent. The example given is *Fanas vuojui jávrebodnái* 'the boat sank to the bottom of the sea.' A process, Svonni continues, can focus on the beginning of the event (inchoative verbs) or the end of an event. As an illustration of the latter the example *Busse bisánii dálu duohkái* 'The bus stopped behind the house' is given. Now this example appears to be very similar to the example given of events—both are intransitive change of state-verbs with inanimate theme subjects. The difference between events and processes seems to vanish.

The aspectual properties of North Sami verbs are quite an intricate

topic, as should be clear from the preceding paragraph, and presenting it in a way that is easily accessible to beginning students is no simple task. Still, a more consistent treatment of aspect would probably have been more helpful to the reader.

Conclusion

Summing up, Svonni succeeds in presenting the main features of North Sami grammar with the same language as metalanguage. In this respect, it is a very welcome addition to the existing literature on North Sami. The presentation could however in many places have been clearer, and the analysis and the categorisation that Svonni have chosen are on several points debatable. Given the theoretical perspective of the book, one might also expect to see references to more of those existing works on North Sami that have been written within the generative framework. In any case, this book clearly has the potential of taking the discussion of Sami grammar forwards.

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Ulf Teleman, *Tankens makt över språket. Utvalda artiklar med anledning av författarens 80-årsdag* (eds. Lars-Olof Delsing, Lena Ekberg, Lisa Holm, Jan Svensson & Bo-A. Wendt), Lund: Språk- och litteraturcentrum, Lunds universitet 2014, ISBN 978-91-88396-31-2, 238 pp.

Ulf Teleman is still active in the research environment of Lund, although it is more than a decade since he was emerited. His importance for the research on Nordic languages in Lund, as well as in other higher education institutions in Sweden, has been considerable throughout the decades. It is enough to mention the two projects that he conducted in Lund together with Bengt Loman in the 1970s, "Talsyntax" and "Skrivsyntax" ['Speech syntax'; 'Writing syntax']. His MAMBA ['Manual for Sentence Structure Analysis'] was the start of a large number of theses in Nordic languages in the 1970s and 1980s. The project "Svensk språkhistoria i samhällsbelysning" ['History of the Swedish language in social elucidation'] introduced new perspectives on the research on the history of language, and his involvement in the Swedish Academy's grammar in the 1990s was important. It is no wonder that this researcher is now honoured by his colleagues with a Festschrift on his eightieth birthday. It contains a number of Ulf Teleman's many publications, which were quite simply chosen based on the criterion that "they should be interesting to read, but interesting in somewhat diverse ways."

A problem in the history of language is discussed in the article "Reduction of a Morphological Case System," originally published in 1975. The origin and development of the auxiliary verb *lär* is dealt with in an article that results in the conclusion that phonology and morphology indicate a connection to the verb *lära*, and that the auxiliary's original meaning was deontic or futural. A competing etymology, viz. the connection to *låta* in its present tense form *lärer*—which among other things is found in the *Svenska Akademiens Ordbok* (SAOB) and has recently been dealt with by Gudrun Svensson— is considered less probable. Another article is about *verka* as an auxiliary. It is interesting to read about how phenomena without counterparts in Latin, the definite and indefinite articles, could be described by five Nordic grammarians from the seventeenth century. Swedish syllabification is dealt with in an article that makes the reader want more. Together with Margareta Westman the reasons for a national language policy are accounted for in the journal *Språkvård* 1997—Ulf Teleman was in those days chairperson of the Svenska språknämnden ['Swedish Language Committee']. It is thought-provoking to read this article together with a much later ar-

ticle on Swedish as a scientific language in Vetenskapsakademien ['Royal Academy of Science'] in the eighteenth century; the latter article is found in the volume *Languages of Science of the Eighteenth Century* (2011).

A number of articles give the readers an opportunity to think more freely about languages and language change, e.g. an article on the language of words and pictures, and one on "people's way of speaking and thinking about the form of expression in a very special text, the Bible," concretely written on the basis of the new translation of the New Testament. There is also the important article "Historien och språkhistorien" ['History and the history of language'], Teleman's plenary lecture at the fifteenth meeting for the description of Swedish in Gothenburg 1985. The article on the history of spoken Swedish has an overarching language history theme, where Teleman reflects on the disruption of Swedish dialects and the tempo of the change processes from the Middle Ages to the present times. Important ideas are also presented in "Veta och kunna. Om metakunskapens roll vid produktion av skriftliga texter" ['Knowledge and skills. On the role of metalanguage in the production of written texts'] which deals with adequately making use of the writing teachers' "barefoot research." A story about "De skapliga. En självkritisk berättelse av en samtida lingvist" ['The Passable Ones. A self-critical story by a contemporary linguist'] enables us to regard different types of language research in a distorting mirror.

Ulf Teleman has a good ability to make readers reflect on language and language phenomena and not least for this reason the volume is felt to be a stimulating omnibus book. The volume starts with a tabula gratulatoria and concludes with a bibliography.

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The book's title challenges taken-for-granted terminology: if "seamen" is an accepted term our digital dictionaries approve, why not "seawomen"? As I write, the auto-correction program on my computer already wants me to change this seemingly "alien" term to something else. A gender

skew is inscribed not only in our dictionaries but as it turns out, also in commonly accepted historiographies. The mission of the book is to demonstrate the why and how of this curious state of affairs even in a fishing nation like Iceland. In the course of doing so, the author takes us on a geographic and intellectual journey of discovery; her own voice recounts her research process while the voices of many Icelandic seawomen—past and present—come to the fore in the gradual uncovering of a "hidden history."

Sitting at a dining room picnic table in the stone house of a solitary farm perched on a fractured rocky cliff above the sea on Breiðafjörður, western Iceland, Margaret Willson interviews a woman who still regularly goes out with her husband in their boat to fish cod and other fish in order to supplement their income as sheep-farmers. In the distance across the vast fjord loom snowcapped peaks that impress our visitor. This is one of the sessions in various locations where intensive field-work and archival studies were done to successively unravel stories that go back many generations. The Breiðafjörður area proved to be particularly interesting because women had been fishing there for a thousand years. Once upon a time this was a common feature, to find women participating in inshore fishing on equal terms with men. During sixteenth and seventeenth centuries roughly one third of fishermen in Iceland as a whole were women and even in the late nineteenth century their numbers were still quite significant. During the twentieth century, however, the level of participation, and the image of Icelandic "seawomen" with it, declined.

The author, herself a North American, now an associate professor of anthropology affiliated with the University of Washington in Seattle, had in her late teens in the 1970s worked on fishing boats off the coast of Tasmania, becoming quite skilled. In the late 1990s, settled in Seattle with a PhD (1989) in anthropology from London School of Economics in the UK, she was invited by an Icelandic friend to spend some time in Reykjavík, take trips in the country of geothermal pools, geysers, glaciers, mists, storms and volcanism and visit towns and villages along rugged coasts. In one of the villages they discovered a plaque on a windowless hovel with a low roof. It was the reconstruction of a winter fishing hut occupied seasonally by a legendary woman who lived there from 1777 to 1863, remarkable in that she worked at sea for sixty years, much of the time as a captain ("foreman" was the term used), at work dressed as a man, sharp-witted, more experienced and wiser than most male colleagues. This incidental encounter with Iceland's past eventually led to a project that brought Willson back to Iceland on many occasions. She delved into archives and undertook numerous trips by car and fer-

ry to track down what she calls "strong seawomen." The book collects countless rambling parables featuring such women, both in the distant past and during different periods in the twentieth century. Among the latter, one finds women who at the time of being interviewed were in their 70s and 80s.

In the course of her extensive research the author uncovered old records of Icelandic seawomen going back to medieval times, laws from the 1700s guaranteeing their equal pay to men for the same sea work, and numbers that suggest that still in the late 1800s, thirty per cent of seafarers in West Iceland were women. It seems their presence was then so common and accepted that they were seldom even mentioned unless they did something else considered remarkable. For much of the time they comprised a significant portion of crew-members rowing and even helmsmen in charge of wooden coastal fishing boats.

By the late twentieth century, however, the history and existence of seafaring women had disappeared from the radar screen. The country had transformed from an island of many isolated places where a majority of people were often poverty-stricken and lived under harsh conditions of servitude to rich farm owners and under the rigid hierarchical rule of the Danes. With mechanization, better roads, aviation, industry and new technologies, in various walks of life also came stronger occupational and gender differentiation; the reigning model of a woman became that of the mother and housewife. Whereas up until the late 1800s, the seawomen were written about with respect, now a traditional public perception of them as admirable gradually fractured and at some conjunctures in the twentieth century they were perceived even as ugly and unfeminine. As Margaret Willson expresses it:

> I feel chilled when I reflect on the idea that a society without conscious intention, can completely erase the existence of an entire group because their presence no longer fits with current norms. How much, I now ask myself, do we all do this? Because of course we do so. Unorchestrated erasure is so insidious, so pervasive, that we don't even realize it's happening. This is how we define out reality. (p. 108)

The book is about the politics of memory, the way cultural norms and imaginaries are shaped. The author's mission is twofold, first of all to recover an Icelandic past that has been forgotten, and secondly to explain the factors at work in that eclipse. As such, it is a significant contribution to Icelandic and Northern Studies. Interestingly, it needed a North American ethnographer to do it, albeit one sensitized by her own previous emersions in a diversity of cultures in Third World countries in posi-

tions of solidarity work and with a keen sense of gender inequalities. Of course she was aided by many informants, not only real existing seawomen but also local librarians and archivists, citizen historians, academic researchers, including fellow cultural anthropologist Gísli Pálsson at the University of Iceland who did fieldwork in Icelandic fishing communities in 1979, 1981, and 1993 (developing a theory of enskilment or tacit knowledge). There were also some research assistants and a host of new found friends who helped her make sense of the country's complex fabric and its both political and economic histories, including that of different types of fisheries and seafaring folk. An appendix lists names and characterizes almost sixty historical seawomen, only a small sample of all those born before 1900. Many more born after that year were tracked down to be interviewed and share information about their lives, memories and feelings, but less frequently named in order to protect their privacy.

Willson and her research assistants managed to compile a list of more than 250 Icelandic seawomen and interviewed 150 of them. The book weaves together the diverse story-lines that emerged; numerous individuals appear and reappear in several of the seven thematically organized chapters. The seawomen's voices are allowed to speak directly with strength, intelligence, and—above all—a knowledge of how to survive. They tell about a love of the sea, outstanding achievements, risks, and successes, but also tragedies involving wreckages on rocks, capsized boats and loss of life. Further, one finds humorous stories of women one-upping the guys, their fierce independence and a strong sense of self-respect. In the sequences of parables, patterns begin to appear that repeat themselves.

Consequently the text becomes repetitive, which may sometimes exasperate the reader, but on the other hand it helps bind together arrays of otherwise disparate descriptions and celebratory narratives. The purpose has been—through thick description of home- and work-life conditions and places—to bring together a gallery of strong women viewed in historical context, past and present. Portrayed are women who rowed, cast fishnets and commanded boats and were once lauded for their abilities. But today in Iceland, she says, that earlier knowledge is almost invisible; it has become overlain with an ignorance of more recent vintage. The reason for this relative historical amnesia is found in a complex combination of factors: changes in the island nation's social and cultural fabric, its fisheries policy, technology, increasing mobility, and economic conjunctures—including Iceland's 2008 dramatic economic crash—all these and more are all found to affect present-day women's ability and desire to fish.

The first chapter recovers the hidden history that has been obscured.

The second one takes up the long legacy of sea knowledge tacitly transmitted over generations in continual learning by doing, especially during the eighteenth and nineteenth centuries and a bit beyond. It is shown how women, too, played important roles in this process. Chapter three goes on to explain the transformation of Icelandic society to a new situation in the twentieth century when modernization and technological change eventually emanated in large-scale regulated quota-driven industrial fishing that no longer has room for the tacit knowledge of old while simultaneously the memory of unique seawoman-power in the past is eclipsed in the present public mind.

Two further chapters take up examples, first of concomitant stigmatization that began to attach to women with a passion for the sea and secondly the resilience, despite all setbacks, shown by some women who were able to go against mainstream trends. In times of high-tech operations they manifested determination to follow their passion for the sea, developing canny abilities to get signed on larger ships as cooks, radio operators, a marine engineer here and there, deckhand or ship's officer.

Chapter 6 discusses various facets of life on board ship, the importance of a team spirit, relations between men and women and how the latter in order to gain respect have to outperform the former. Then there are changes attending the influx of large modern trawlers that have changed the pattern of fishing from day-tours to tours lasting several days. The advent of new technologies brought changes in working conditions. These aspects are contextualized more broadly in chapter 7 that analyzes the impact of privatized globalization that has led to monopolization in the hands of a small number of fishing company oligarchs driven by the vagaries of finance capital and the Individual Transferable (fishing) Quota (ITQ) system introduced in the mid-1980s. Parliament, with the stroke of a pen, created a class of wealthy oligarchs by granting them free, or virtually free, access to a common property resource that, by law, belongs to the people. After some time, quotas began to move from one geographical area to another and are now strongest in Reykjavík, Akranes, Akureyri, Neskaupstaður and Hornafjörður.

The system, it turns out, focuses too much on increasing revenue and does not address resource protection. The catch is strongly regulated, quotas being decided upon politically but on the basis of scientific advice by the Marine Biology Institute. The owners of the fleets and the fish factories as well have a strong influence on the process of coming up with and shaping scientific advice that in turn has become more instrumental in political decisions on quotas. Thus there is a coproduction of economic, political and scientific orders in a regime that lacks a good mecha-

nism for local small-boats fishermen and women to contribute to the decision-making process. Systemic gender discrepancies follow a logic whereby it is mostly men who own the boats, the quota and the companies, manage the business and sit on the companies' boards. Meanwhile this development has recently prompted local attempts to compensate by entering other parts of the labour market, expanding into services both for domestic needs and for tourism.

This most recent development has fostered a radical restructuring of the industry, geographically and in terms of its moral economy, which has taken the traditional sea faring soul out of the heart of coastal communities. In some cases, the owners of monopoly operations have very little to do with fishing as such and more with trading fish-quota rights. The chapter provides an excellent review of these developments and details the grave consequences in many peoples' lives, as well as the destruction of local knowledge and heritage as a form of collateral damage. Quotas are now commodities even used in financial speculation on so-called futures on a market legitimated by neoliberal ideology and modes of governance at national and regional levels. The perceptive reader will detect familiar elements of a governance regime called New Public Management, a firmer conceptual grasp of which the author might have found useful in her critical analysis.

When I asked a longstanding friend and colleague now on the National Bioethics Overview Committee in Reykjavík about the current situation he characterizes it as being somewhat strange in a country in whose traditional constitution it is written that the natural resources are collectively owned by the people! This point is often emphasized nowadays, not least at an important interdisciplinary conference held at University of Akureyri 23–24 September 2016 organized to help move forward the public discussion in an ongoing process of constitutional reform in Iceland. In a lecture entitled "Our new constitution is not an exclusively Icelandic concern," for example, a former member of the Constitutional Council of the Parliament, Thorvaldur Gylfason (University of Iceland) observed that the

> Supreme Court of Iceland ruled the discriminatory nature of Iceland's fisheries policy regime unconstitutional in 1998. Under visible political pressure, the Supreme Court reversed course 18 months later, suddenly seeing no discrimination. In 2007, the United Nations Human Rights Committee confirmed the 1998 ruling by issuing a binding opinion stating that Iceland's fisheries management system is discriminatory and hence unconstitutional. (Gylfason 2016)[1]

With a consolidation of fishing rights in ever fewer and more anony-mous hands, women now have to leave their hometowns to find jobs in fisheries. It also means financing the move, asking around for work from captains and crews that are unfamiliar to them, and doing so without the familial support that seawomen, some as young as 16 or 17, traditionally enjoyed.

Still, going to sea takes one away from the stress of modern life; there are women who do not give up, they hold, and have held, positions at all levels of the fishing industry and, it appears, in all areas of the coun-try. They represent a thin slice of experience and knowledge that runs through the entire industry. At the same time, in the mid-1970s a strug-gle for gender equality and women's rights was growing that might also in individual cases have helped boost a sense of independence. Overall, from the 1970s through the early 2000s, it appears that women comprised on average about 10 per cent of the fishing fleet, which is higher than in most comparable industrialized nations. However, after the econom-ic crash of 2008 the numbers of both male and female workers in this branch declined rapidly, with seawomen hit harder than seamen.

According to Willson, surprisingly the fact that seawomen tradition-ally played a prominent role in coastal communities is generally unap-preciated or ignored by most Icelanders. As already indicated, she argues that this is the result of a gradual process wherein seawomen were qui-etly rendered "invisible," particularly in the latter part of the twentieth century. Still, I have a sense that her claim here is exaggerated or else, before conducting many interviews with fishing women, her contacts were mostly limited to university circles. Reykjavík in the twenty-first century is an urban center where 70 percent of Iceland's population is now concentrated. My own information on the other hand based on con-versations with a number of working class Icelanders—mostly belonging to a generation born in the 1950s—suggests that at least in such circles, there still exists knowledge of and respect for women who used to work in fisheries on ships and in processing plants.

Remember, too, the widely read popular historical novel *Himnaríki og helvíti* ['Heaven and hell'] by Jón Kalman Stefánsson; appearing in 2007, it portrays life in a small coastal fishing community one hundred years ago. Many seawomen figure in this novel which must also have triggered memories of the past in more than a few families (even in Reykjavík) whose roots went back to such communities—Margaret Willson herself actually draws on an episode described in that novel (the English trans-lation issued in 2010 was a result of its qualities as a best seller). Mention must also be made of the blog associated with *The Reykjavík Grapevine*

in which Nanna Árnadóttir (24 February 2014) writes about the recent creation of a new Association of Women Working in Iceland's Fishing Industry. About one hundred people attended the foundational meeting.

Having interjected a note of skepticism, I nevertheless want to add that the book seems to have a public awareness-raising effect. Even before it was published the research that went into book inspired museum exhibitions, like the one at Reykjavík Maritime Museum in 2015, "Sea women: The fishing women of Iceland, past and present." It featured old photographs, documents and stories of Icelandic women at sea. Its opening in June that year coincided with the hundredth anniversary of women's right to vote in Iceland, which occurred several decades before new technologies and larger modern vessels opened new spaces for women, bringing them back out to sea again in greater numbers. The book itself also has a section that assembles illustrative material. It consists of black and white scans of photographs of paintings from the National Museum of Iceland depicting an earlier era of small-scale coastal fishing, followed by copies of some historical documents and a dozen photographs of women at work aboard fishing boats in recent times.

In its fact-finding mission the book thus effectively punctures some latter-day stereotypes and prejudices. The research presented promises to be an obligatory passage for future contributions to literature regarding women and fishing in Iceland. It is well documented with many footnotes and an extensive bibliography covering earlier research and reports in English and especially in Icelandic; additionally, many newspapers and other media sources in that language are cited.

As a case study, the book constitutes an important contribution to the field of gender studies. Its popular writing style and interlacing of many individual storylines, moreover, should appeal to wider audiences. Finally, a couple of small maps and a handy index make it easier to keep track of a maze of people, place-names and tangles of overlapping storylines.

NOTES

[1] Gylfason (2014) provides an enlightening analysis of twists and turns in the constitutional reform process. The formation of a conservative coalition government in January 2017 does not bode well for constitutional reform and is expected to solidify the much criticized fisheries policy.

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Instructions to Authors

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References should be given immediately after the quotation, stating author, date and page as follows (Paasi 1996: 23). In reviews of a single work, only the page number needs to be given as follows (p. 14). Place the reference <u>before</u> the end of the sentence when integrated in the text but <u>after</u> the end of a block quotation. Separate the references with a semicolon when two or more works are referred to in the same parenthesis: (Paasi 1996: 23; Roesdahl 1998: 15). Avoid abbreviations such as *ibid.* and *op. cit.*

Use indentation instead of a skipped line to mark the beginning of a new paragraph.

Notes should be numbered consecutively through the text and collected at the end of the article as endnotes.

3. References

Book

Paasi, A. (1996). *Territories, Boundaries and Consciousness. The Changing Geographies of the Finnish-Russian Border*, Chichester: John Wiley & Sons.

Edited book

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