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The 'Greenlandization' of Care: Disability in Postcolonial Greenland, 1950s–1980s

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Abstract

When the former Danish colony Greenland obtained Home Rule in 1979, becoming an autonomous region within the Danish Realm, it faced the challenge of having to establish a comprehensive social welfare system. This article looks at disability care and its interrelations with post-colonialism and national identity formation, as previous practices of medical care and accommodation in Danish institutions were replaced with local solutions. Frame analysis reveals the outlines of the responsibilities of Danish experts for disabled Greenlanders under colonial rule and during the modernization period until 1979. The transition phase of the early 1980s was a central arena for Greenlandic national discourse wherein care responsibilities in welfare policies, disability care institutions, advocacy organizations and the media were framed and renegotiated. The 'Greenlandization' of disability care and the respective shift in responsibilities was a highly uneven process that continued to be suffused with Danish norms and practices.

Keywords

Greenland – Denmark – disability care– post-colonialism – welfare policy – de-institutionalization

"Adult deaf Greenlanders are in a particularly difficult situation," claimed a booklet in the early 1980s about the deaf housing collective *Ikaartarfik* ('Bridge') in Sisimiut (formerly Holsteinsborg) on Greenland's west coast: "As

children they were sent to Denmark, to Danish schools for the deaf, where they could receive special education. They grew up with Danish language and Danish culture. As teenagers and adults, they returned home to Greenland, usually to the villages from where they had originated. For this reason, deaf Greenlanders live scattered along the coast, which makes contacts with each other extremely difficult, and at the same time complicates society's efforts to provide the guidance and support they need."[1]

Addressing the Greenlandic public, the booklet contains short texts, photographs and caricatural drawings of *Ikaartarfik* and the situation of deaf Greenlanders. It provides information about deafness as a personal and societal phenomenon, and, alluding to the transnational entanglements of Greenlandic disability care, identifies a core issue in the situational context of its time: the persistent influence of Danish norms and practices in which the colonial past continued to reverberate. *Ikaartarfik* was initiated as a pilot project for local approaches to disability welfare shortly after the Arctic island was granted expanded autonomy in the form of Home Rule in 1979 with the attendant transfer of political responsibility for social issues from Danish to Greenlandic authorities in the early 1980s. This pilot project complemented an already established educational program for deaf and hearing-impaired young adults at the local school.[2] With four individual rooms, a communal kitchen and facilities, as well as social guidance, the project was geared entirely toward the needs of the residents. During their stay, they benefited from the support of trained deaf consultants and an individualized training and work scheme. This small-scale, personal approach to disability care provision stood in stark contrast to the predominant Danish mass institutions, from which the booklet explicitly distanced the housing collective it sought to represent:

> *Ikaartarfik* is not an institution but an independent housing project. For this reason, there is no staff in the house. […] The aim of the residence is partly the social get-together, as deaf people should get the possibility to talk to each other in their own language, sign language. But the stay is also aimed at rehabilitation and integration into society and is therefore not a permanent arrangement, but limited to 2 years maximum.[3]

1 Sven Erik Hansen, *Ikaartarfik, Tusilartunut Najugaqarfik/Døvekollektivet Ikaartarfik* (Sisimiut, unknown year), 14. All translations are mine.

2 Birthe Astha Petersen, *Døve grønlændere i Danmark: Undersøgelse af herboende døve grønlænderes livssituation* (Copenhagen, 2009).

3 Hansen, *Ikaartarfik*, 6–9.

The booklet thus offers a dual reflection: firstly, on the historical role, practices, and legitimacy of the former colonial power Denmark towards deaf Greenlanders and other Greenlanders with disabilities; and secondly, on the present-day responsibilities of Greenlandic authorities and society in their approaches to disability. As Anita Ghai argues, there are close, systematic and theoretical interconnections between postcolonialism and disability studies.[4] Postcolonialism, she asserts, "can destabilize the totalizing tendencies of imported Western discourse" by offering "the possibility of problematizing the norms of given cultural practices and a commitment to take responsibility for modifications that result from the situatedness of knowledge."[5] With its references to the changes and upheavals in Greenlandic disability care in the early 1980s, *Ikaartarfik* is thus also an exemplification of a new process of exploring shared political and societal responsibilities in order to counter the long-standing hegemony of Danish norms and practices and to replace them with self-directed, 'Greenlandized' ones.[6] But how did these visions for a 'Greenlandization' of disability care come about; on what basis and by whom were they fomented? To what extent have these objectives changed in the light of social transformation and modernization processes, not only against the backdrop of Greenlandic-Danish relations and postcolonial rhetoric, but also of a search for more pragmatic welfare approaches in the setup of Greenlandic social services?

Over the last two decades, a re-evaluation has taken place regarding disability scholars' historical considerations on the interconnections between (post) colonialism and disability.[7] The merging of body-political classifications of disability and colonialism into one category of difference,[8] the attribution of disability and mental illness as a result of colonial violence,[9] as well as the use

4 Anita Ghai, "Disability in the Indian Context: Postcolonial Perspectives," in *Disability/Postmodernity: Embodying Disability Theory*, ed. Mairian Corker and Tom Shakespeare (London, 2002), 88–100.

5 Ibid., 96.

6 See Lars Jensen, "Postcolonial Denmark: Beyond the Rot of Colonialism?," *Postcolonial Studies*, 18 (2015), 440–452; Kristín Loftsdóttir and Lars Jensen, eds., *Whiteness and Postcolonialism in the Nordic Region: Exceptionalism, Migrant Others and National Identities* (Abingdon, 2016); Lill-Ann Körber and Ebbe Volquardsen, eds., *The Postcolonial North Atlantic: Iceland, Greenland and the Faroe Islands* (Berlin, 2014); Søren Rud, *Colonialism in Greenland: Tradition, Governance and Legacy* (Cambridge, 2017).

7 A concise overview is provided by Shaun Grech and Karen Soldatic, "Disability and Colonialism: (Dis)encounters and Anxious Intersectionalities," *Social Identities*, 21 (2015), 1–5.

8 Ibid., 2.

9 Ibid., 4. An example is Frantz Fanon, *The Wretched of the Earth* (London, 1963).

of postcolonialism and related notions as metaphors for the marginalization of persons with disabilities by, for instance, Shakespeare, Kriegel, or Szasz,[10] have increasingly given way to a discourse-critical focus on historical power structures and agency. Disability scholars such as Meekosha,[11] Soldatic, and Grech have argued that the dual aspect of control and subjugation of body and mind in both colonialism and disability history, as well as in the linking of the two elements, is central "to reveal the continuities and connections between the past and the present, and to identify points of emancipative disruption as projects of praxis."[12] Larkin-Gilmore, Callow, and Burch[13] employ a similar perspective when calling for greater inclusion of indigenous people with disabilities as "holders of valuable lived knowledge", pointing out that indigenous-disability studies highlight the "inextricable links between medical treatment, confining institutions, and stolen lands" and appealing for critical engagement with the consequences of colonial and ableist power structures and agency, both by scholars as well as social and political actors.[14]

Yet, in the Nordic historiography of disability, these considerations are still in their infancy. Although the theoretical works of Gustavsson, Tøssebro, and Traustadottír, among others, have facilitated notions of a Nordic relational model of disability,[15] focusing on the interactions between certain individual determinants – such as disability, gender, or ethnicity – with the physical and social environment, study of its historical trajectories has so far been largely limited to specific national or thematic aspects, such as social and welfare history, institutionalism, or single disability organizations. Topical comprehensive and cross-regional publications on Nordic disability history are not yet available. The picture appears similarly inchoate with regard to actor-oriented approaches interested in the agency of people with disabilities in Nordic (post)

10 Tom Shakespeare, *Help* (Birmingham, 2000); idem, "Disability, Identity, Difference," in *Exploring the Divide*, ed. Colin Barnes and Geof Mercer (Leeds, 1996), 94–113; Leonard Kriegel, "Uncle Tom and Tiny Tim: Some Reflections on the Cripple as Negro," *The American Scholar*, 38 (1969), 412–430; Thomas Szasz, *Liberation by Oppression. A Comparative Study of Slavery and Psychiatry* (New Brunswick, NJ, 2003).

11 Helen Meekosha, "Decolonising Disability: Thinking and Acting Globally," *Disability & Society*, 26 (2011), 667–682.

12 Grech and Soldatic, "Disability and Colonialism," 4.

13 Juliet Larkin-Gilmore, Ella Callow and Susan Burch, "Indigeneity & Disability: Kinship, Place, and Knowledge-Making," *Disability Studies Quarterly*, 41 (2021).

14 Ibid.

15 Anders Gustavsson, "The Role of Theory in Disability Research – Springboard or Strait-Jacket?," *Scandinavian Journal of Disability Research*, 6 (2004), 55–70; Anders Gustavsson, Johans Tvei Sandvin, Rannveig Traustadóttir and Jan Tøssebro, eds., *Resistance, Reflection and Change: Nordic Disability Research* (Lund, 2005).

colonial contexts. Concerning Sámi experiences of disability care, the work by Melbøe[16] stands out, examining the linkages of medical and social policies in Norway with indigenous identity construction from a psycho-sociological perspective. The equally scant scholarly engagement with disability history in Greenland has so far largely concentrated on experiences of intellectually disabled Greenlanders in Danish institutions. The pioneering studies by Taul and Bryld, and the more recent work by Grønbæk Jensen and Knigge, must be mentioned here, as well as Lynge's study on mental health in Greenlandic society.[17] This rather meager state of research stands in contrast to the flourishing critical attention in recent years accorded to the Danish colonial project in Greenland and its continuing impact on local identity and society.[18]

In order to adequately evaluate the linkages between Greenlandic colonial history, the history of people with disabilities, and nation-building processes, this article focuses on problematizing Danish disability care interventions and the emergence of alternative, vernacular solutions as the two major aspects of the postcolonial 'Greenlandization' of care – establishing what I call 'vernacular landscapes' of disability care, as I will outline further below. Envisioned as a counterexample to institutionalization in Denmark, which during the second half of the twentieth century was increasingly considered to be jeopardizing family ties and the indigenous language and culture of the residents, the design of a new disability care system was intended to be a 'genuine' Greenlandic attempt at rendering formerly marginalized people with disabilities into fully integrated citizens.

16 Line Melbøe, "Identity Construction of Sami People with Disabilities," *Global Media Journal, Australian Edition*, 12 (2018); Line Melbøe, Bjørn-Eirik Johnsen, Gunn Elin Fedreheim and Ketil Lenert Hansen, *Situasjonen til samer med funksjonsnedsettelser* (Stockholm, 2016).

17 Tove Taul, *Socialt truede og handicappede grønlændere i Grønland og i Danmark* (Frederiksberg, 1989); Tine Bryld, *De nederste i Herstedvester* (Copenhagen, 1992); eadem, *I den bedste mening* (Nuuk, 1998); Stine Grønbæk Jensen and Marie Louise Knigge, *Forvist til forsorg: Grønlændere med handicap nedsendt til Danmark* (Assens, 2008); Inge Lynge, "Psykiske lidelser i det grønlandske samfund" (PhD thesis, Århus Universitetshospital Risskov, 2000).

18 See, for example, Graham Huggan, and Lars Jensen, eds., *Postcolonial Perspectives on the European High North: Unscrambling the Arctic* (London–New York, 2016); Kirsten Thisted, "'En plads i solen' – historiske perspektiver på debatten om udvikling og modernitet i Grønland," *Tidsskriftet Grønland*, 1 (2017), 37–57; Rud, *Colonialism in Greenland*; Anne Kirstine Hermann, *Imperiets børn* (Copenhagen, 2021); Hans Christian Gulløv, Peter A. Toft, Søren Thuesen, Inge Seiding, Niels H. Frandsen, Søren Rud, Ole Marquardt, Jens Heinrich and Einar Lund Jensen, eds., *Danmark og kolonierne: Grønland – Den arktiske koloni* (Copenhagen, 2017).

In the context of Home Rule and the establishment of local social services, ideas similar to those emerging in disability care also permeated other areas of Greenlandic welfare, such as the healthcare sector, that likewise required considerable expansion, professionalization, and closer integration into existing local structures.[19] However, as Peter Bjerregaard critically points out, this deliberate dissociation from the Danish model must be understood primarily as an ideologically motivated attempt at 'Greenlandizing' healthcare.[20] In his analysis, Bjerregaard exposes numerous continuities regarding health practices, medical terminology and staff training, but also less visible norms of care provision that continued to inform Greenlandic health professionals and patients: "Not only is there economic dependence on Denmark to sustain the health care system in Greenland, the culture of the system is influenced by Danish norms. It is a system created by Danes and staffed by Danes, who are trained within a Danish framework. [...] there is a wish for a more Greenlandic and less Danish way of doing things. This is certainly one of the great challenges of the future, to establish a new and separate culture and identity in the health care system."[21]

To what extent can Bjerregaard's observations be utilized to reassess the establishment of Greenlandic disability care and the transition of responsibilities? In order to critically investigate how different actors have understood, interpreted, and used disability in the context of colonialism and postcolonial discourse, I draw on the method of frame analysis as developed by Benford and Snow.[22] Their work on social movements highlights three sequential stages of framing, defined as the various ways in which individuals and social groups conceptualize particular situations and activities: a) 'diagnostic framing', in which problems are identified and their origins and responsibilities assigned, often leading to the portrayal of a 'guilty opponent'; b) 'prognostic framing' to suggest strategies for solving the problem; and c) 'motivational framing' that draws upon participatory, interactive discourse and a call for

19 T. Kue Young and Peter Bjerregaard, eds., *Health Transitions in Arctic Populations* (Toronto, ON, 2008); Morten Gunnersen, "Grønlands sundhedsvæsen på tærsklen til det 21. århundrede," *Ugeskrift for Læger*, 161 (1999).

20 Young and Bjerregaard, *Health Transitions in Arctic Populations*; Peter Bjerregaard, "Development of a Public Health Programme in Greenland," *Scandinavian Journal of Public Health*, 33 (2005), 241–242; idem, *Folkesundhed i Grønland* (Nuuk, 2004).

21 Peter Bjerregaard and Thomas Stensgaard, "Greenland," in *Health Transitions in Arctic Populations* (Toronto, ON, 2008), 23–28, 37.

22 Robert D. Benford and David A. Snow, "Framing Processes and Social Movements: An Overview and Assessment," *Annual Review of Sociology*, 26 (2000), 611–639.

mass mobilization.[23] As the actors in this article represent a very heterogeneous group with – at times – diverging views and intentions,[24] including medical professionals, education experts, social workers, policymakers and administrators, as well as people with disabilities and their families, it would be misleading to define them all as part of one coherent social movement. Instead, I apply Benford and Snow's model to serve as an analytical framework for the shifting normative, ideological, and administrative conceptualizations of disability in the postcolonial context and to help highlight the ambivalences, continuities, and ruptures that characterize the 'Greenlandization' of disability care provision.

The analysis consists of three parts: First, it traces the historical developments of disability notions and approaches in Greenland, focusing on Danish medical and social hygienic interventions during colonial rule and post-war modernization and discussing their significance for the emergence of alternative approaches to social care provisioning in terms of a 'diagnostic framing'. In the second part, I examine the structural and political advocacy of 'Greenlandizing' disability care in the context of Home Rule as a central arena for renegotiating responsibilities, linking propagation of Greenlandic care to political nation-building and socialization of care as part of a 'prognostic framing' process. The third part turns to problematizing the Greenlandic objective of collective responsibility, examining its 'motivational framing' by looking at the diverse ways of advocating new approaches and exercising agency in different 'vernacular landscapes' of disability, such as education, accommodation, and representation. Such historico-critical considerations and evaluations of change in social care responsibilities, I argue, can yield new insights into the interstices of (post)colonial debates and shifts in power and agency, both in Greenland and beyond.

1 (Post)colonial Disability Interventionism in Greenland

In order to understand the particular challenges of disability care in Greenland and its interlacing with postcolonial discourses, a brief look at the historical

23 David A. Snow, R. Burke Rochford Jr., Steven K. Worden and Robert D. Benford, "Frame Alignment Processes, Micromobilization and Movement Participation," *American Sociological Review*, 51 (1986), 464–481.

24 For an overview of the main actors, projects, and events in Greenland during the International Year of Disabled Persons 1981, a global initiative that formed the background for new initiatives in disability care shortly after the introduction of Home Rule, see *Tema Handicapforsorg, Tidsskriftet Grønland*, 8–9 (1981).

circumstances is essential. Infrastructures of public health and poor relief – the central undertakings of public care for people with disabilities in most European countries around 1900 – in Greenland were established relatively late and on a modest scale, with both the legal framework as well as organizations and support facilities considerably lagging behind developments in the Danish motherland. Apart from scant medical care and sporadic compensation for work-related accidents, disability in Greenland only came to the heightened attention of Danish authorities and experts with the crisis of international imperialism after World War II. The social conditions in Greenland, previously of little interest to the resource-economically orientated Danish colonial project, were now, as Anne Kirstine Hermann eloquently argues in her monograph *Imperiets børn*,[25] used to justify comprehensive tutelage under the guise of development and modernization to secure Denmark's status as a dominant power, including medical and socio-hygienic interventions towards persons with disabilities. It was this belated Danish interventionism, I argue, that produced this extraordinary linkage of disability, political autonomy efforts, and the negotiations of care responsibilities. This, in turn, paved the way for a 'diagnostic framing' of Danish disability care practices as a negative reference point.

1.1 *A Delayed Public Health Discourse*

The colonization of Greenland began with the establishment of a Danish missionary station in 1721 and lasted until 1953, when Greenland became a province of Denmark with parliamentary representation in the *folketing*.[26] There is little documentation about disabilities in Greenlandic society, but it is reasonable to assume from research on other indigenous peoples that disabled Greenlanders were cared for by their families and local communities.[27] With the establishment of permanent Danish settlements since the late eighteenth century, simple forms of charity were introduced that may have also extended to people with disabilities.[28] But only in 1925 was disability first mentioned as a separate category of charitable assistance in a law on "support for the blind,

25 Hermann, *Imperiets børn*.

26 Finn Gad, *The History of Greenland* (Copenhagen, 1970); Rasmus Augustesen and Krister Hansen, eds., *Grønland: Historie, samfund, religion* (Aarhus, 2016); Jørgen Fleischer, *A Short History of Greenland* (Copenhagen, 2003).

27 Greta M. Cederstam, *Vägen till människovärde. Några drag ur nordisk handikapphistoria åren 1945–1985* (Vällingby, 1985), 137; Margit Mortensen, "Handicapforsorg i Grønland før og nu," *Tema Handicapforsorg, Tidsskriftet Grønland*, 8–9 (1981), 228–246, at 228.

28 Rud, *Colonialism in Greenland*; Dorete Gad, *Synshandicappede i Kalaallit Nunaata* (*Grønland*) *set i et socialt perspektiv. Et utviklingsprojekt* (Copenhagen, 1988), 6–7.

deaf-mute, lame and others who are afflicted with a physical or mental defect that makes them wholly or partially unfit for work."[29] Four years later, assistance was extended to those who had acquired disabilities in occupational accidents. With this labor-based focus, Denmark's early Greenlandic disability policy is thus comparable to other European welfare measures, as well as to colonial projects, both of whose social commitment was frequently measured by workers' labor power and economic revenues. Danish social hygiene measures that combined considerations for public health with biopolitical population discourses, such as the Law on Care for the Feebleminded (*Lov om åndsvageforsorgen*), from 16 May 1934, did not, however, come into force in the Arctic colony.[30]

While the expansion of poor relief was a ubiquitous phenomenon throughout Western societies, continental scientific developments such as racial biological discourses and eugenic practices only marginally affected the Greenlandic population. Although the studies of Danish physicians such as Alfred Bertelsen (1877–1950), district physician in North Greenland from 1903 to 1927 and medical consultant for Greenland from 1928 to 1948, contributed to contemporary anthropological discourses about the 'vulnerable primitiveness' of Greenlanders and their supposed racial inferiority, direct medical or public health interventions by Danish physicians remained rare at the time and primarily resulted in an increase in health examinations and the registration of disabilities in medical records.[31] This stood in stark contrast to the situation in Denmark, where people with disabilities increasingly became subjected to institutionalization and eugenic performances of sterilization or lobotomy,[32] or to Sweden, where the indigenous Sámi population in particular came into the focus of the State Institute for Racial Biology in Uppsala, established in 1922, a history that has only recently received attention by scholars of (post)colonialism.[33]

29 Cederstam, *Vägen till människovärde*, 138.

30 Grønbæk Jensen and Knigge, *Forvist til forsorg*, 23; Søren Rud and Ivan Lind Christensen, "Arctic Neurasthenia – the Case of Greenlandic Kayak Fear 1864–1940," *Social History of Medicine*, 26 (2013), 489–509.

31 Alfred Bertelsen, *Grønlandsk medicinsk statistik og nosografi. Undersøgelser og erfaringer fra 30 aars grønlandsk lægevirksomhed, I-IV*. Meddelelser om Grønland (Copenhagen, 1935–1943); Louise Arnskov Voldby, *Alfred Bertelsen og tuberkulosen i Grønland* (Copenhagen, 2004).

32 Lene Koch, *Racehygiejne i Danmark 1920–1956* (Copenhagen, 1996); Jesper Vaczy Kragh, *Psykiatriens historie i Danmark* (Copenhagen, 2008).

33 Martin Ericsson, "What Happened to 'Race' in Race Biology? The Swedish State Institute for Race Biology, 1936–1960," *Scandinavian Journal of History*, 46 (2021), 125–148; see also the Swedish-Norwegian-Danish co-production *Sameblod* (2016), directed by Amanda Kernell.

As institutionalization increased in Denmark, these changes were reflected in Greenland, where disabled Greenlanders became subject to the same interventions as Danish patients.[34]

After World War II had highlighted the economic, but even more so the geostrategic importance of Greenland, the Danish perspective on its colony began to change. With the demise of imperial power and the subsequent independence of many former colonies, as well as the establishment of new international forums such as the United Nations, Denmark found itself under increasing pressure to justify its continued rule over Greenland. In assessing Denmark's colonial past, two main narratives evolved: the first, holding that the country exercised a ruthless reign over the indigenous population, exploiting their hunting skills and disconnecting them from their traditional culture by introducing European lifestyles; the second, interpreting it as a civilizing mission to gently guide the country into modernity, drawing a picture of the Danish colonial apparatus as exceptionally benevolent.[35] This second narrative gained traction in the debates of the late 1940s, and Danish authorities were eager to embark on a wide range of modernization projects to demonstrate the necessity for a further socio-economic development of Greenland under Danish tutelage.[36]

With the transfer of Greenland's colonial status to a Danish province in 1953, and equal rights with other Danish citizens – including access to public services and an approximation of living conditions to Danish standards – health became a primary measure for local development. Already in the previous decade, outbreaks of tuberculosis, polio, and venereal diseases had threatened the health of the Greenlandic public, prompting the National Board of Health in Copenhagen to issue a medical expedition to West Greenland in order to gather exploitable statistical data and initiate public health campaigns and counter-actions.[37] The results, published in the 1948 report *Betænkning vedr.*

34 Jesper Vaczy Kragh, Stine Grønbæk Jensen and Jacob Knage Rasmussen, *På kanten af velfærdsstaten: anbragte og indlagte i dansk socialforsorg 1933–1980* (Odense, 2015), 381–384.

35 Lill Rastad Bjørst, *En anden verden. Fordomme og stereotyper om Grønland og Arktis* (Copenhagen, 2008); Naja Dyrendom Graugaard, "National Identity in Greenland in the Age of Self-Government," Working Paper CSGP 09/5 (Peterborough, 2009); Kirsten Thisted, *The Image of Greenland in Danish Literary Narratives.* Working Paper 7 (Oslo, 1996); eadem, "En plads i solen."

36 Hermann, *Imperiets børn*.

37 Martin Anker Jensen, *Tuberkulose i Grønland: "Når bakterien sætter samfundet under mikroskopet"* (Odense, 2010); Ellis From, "Some Aspects of Venereal Diseases in Greenland," *The British Journal of Venereal Diseases*, 56 (1980), 65–68; Paarnannguaq Kristiansen, *Tuberkulosebekæmpelsen i Grønland: Udvikling og følger i det offentliges tuberkuloseforanstaltninger i Vestgrønland 1900–1961* (Nuuk, 2004).

Sundhedsforholdene på Grønland, drew such a devastating picture of the overall living conditions on the island that the Danish authorities instructed a special commission (*Grønlandskommissionen*, G-50) to develop a comprehensive scheme for Greenland's future modernization.[38] With the shift of Greenland's status from colony to a Danish province in 1953 and equal political and civil rights with other Danish citizens – including access to public services and an approximation of living conditions to Danish standards – disability came into the focus of medical practitioners as part of these broader public health ambitions; and as part of a growing postcolonial discourse.

The years between 1953 and 1979 – in public discourse often referred to as a period of 'Danization' – were marked by profound social and economic changes, including the construction of modern housing blocks to facilitate urbanization, the restructuring of the school system and intensified health campaigns. What distinguishes the Greenlandic case from other postcolonial histories is that these modernization efforts were planned and implemented almost exclusively by Danish experts, officials, workers, and doctors. The result was that Greenland, despite growing political and legal autonomy, experienced a continued and even intensified dependence on Denmark, leaving many with the sense that "colonization was at its strongest after Greenland's colonial status was abolished in 1953."[39] On the one hand, as Thomsen points out, modernization efforts had led to improved living conditions and social services modeled on and influenced by Danish institutions, practices and norms. On the other hand, assimilation programs and increasing societal divisions raised indigenous cultural and political consciousness against these perceived neocolonial policies.[40] These ambiguous tendencies also affected persons with disabilities: After decades of general disregard by Danish medical professionals, social hygienists and rehabilitation experts, the belated debate on modernization and public health led to all the more intrusive changes in the responsibilities and practices regarding disabled Greenlanders.

1.2 *Modernization, Medical Expeditions, and Institutionalization in Denmark*

Prompted by the report of the special commission, new care institutions like orphanages, sanatoriums, and elderly homes were created in the larger

38 Anker Jensen, *Tuberkulose i Grønland*, 11.

39 Axel Kjær Sørensen, *Danmark-Grønland i det 20. århundrede. En historisk oversigt* (Copenhagen, 1983), quoted in: Dyrendom Graugaard, *National Identity in Greenland*, 13.

40 Hanne Thomsen, "Ægte grønlændere og nye grønlændere – om forskellige opfattelser af grønlandskhed," *Den Jyske Historiker*, 81 (1998), 21–55, at 40–41.

Greenlandic towns. However, the care of people with disabilities came to fall under different regulations, due to a lack of trained specialists and care workers in Greenland, the difficult terrain and resulting costliness of local care facilities, and the near absence of a local public debate.[41] As the authority to diagnose and allocate care to disabled Greenlanders rested almost exclusively with Danish medical professionals, transport and subsequent institutionalization in Denmark not only had logistical advantages, but was also seen as promising for rehabilitating disabled Greenlanders according to contemporary modern standards. Depending on the diagnosis and assessed care needs, the examining physician decided whether a disabled patient could remain at home, be cared for in facilities for orphans or the elderly, or was to be brought to Denmark for medical care, rehabilitation, or special education. After the putative success of an initial experiment in 1948 with a small group of mentally disabled Greenlanders, this practice of relocation soon became a fixture in Danish care approaches to the Arctic territory.[42]

In the early 1950s, interventions were further formalized in the form of regular medical expeditions by Danish physicians along Greenland coastal settlements. What distinguishes these expeditions from traveling doctors in other (post)colonial contexts was the fact that they involved systematic 'mapping' of persons with disabilities, many of them children, with a concentration on intellectual impairments.[43] Doctors collected detailed patient files, noting down the particular type of disability, its frequency in the village or region, and its impacts on a patient's daily and social life. Home visits could be complemented by consultations with family members, local priests, nurses, and other figures of authority; and from 1956 onwards, elaborated testing schemes were occasionally used to assess a disabled child's mental, hygienic, social, and communication skills by assigning points for the performance of various tasks. A sophisticated system of medical examinations and institutionalization in Denmark was thus established, exhibiting a clear hierarchical differentiation between Danish experts and Greenlandic patients.[44]

Although it is not always possible to clearly distinguish between physical and mental disabilities, the forms of care provided to these groups display

41 Tupaarnaq Rosing Olsen, *I skyggen af kajakkerne: Grønlands politiske historie 1939–79,* 2nd ed. (Nuuk, 2016); Rud, *Colonialism in Greenland*, 122–124.

42 Grønbæk Jensen and Knigge, *Forvist til forsorg*, 23–24.

43 See Arlene S. Kanter, *The Development of Disability Rights under International Law*: *From Charity to Human Rights* (London–New York, 2014).

44 Registers and testing schemes are kept in the Danish National Archives in Copenhagen. Andersvænge, Box HB-401, Landsarkivet for Sjælland m.m., Danish National Archives, Copenhagen, Denmark.

some crucial differences. Persons with physical disabilities such as visual impairments, hearing loss, or mobility restrictions were often sent to Denmark as children or young adults for temporary stays ranging from a few months to several years, where they received medical treatment, rehabilitation, or special education, before (in most cases) returning to Greenland, or continuing their education in Denmark on a voluntary basis.[45] This practice was initiated in 1957 with the admission of a group of deaf students to the Public Boarding School for the Deaf (*Statens kostskole for døve*) in Copenhagen. Other attempts to integrate these children through special remedial classes in public schools in Greenland were subsequently halted, due to a shortage of Greenlandic special education teachers and the high cost of training, as well as fears that deaf Greenlandic pupils would not learn sign language sufficiently well. Seven years later, the Copenhagen Public Boarding School for the Deaf was already accommodating twenty-two deaf or hearing-impaired pupils from Greenland, and the number of Greenlandic pupils in other Danish schools for the visually and mobility impaired was also increasing.[46] A report on special education by the Ministry for Greenland between 1967 and 1972 was rather critical of this laborious and expensive practice, instead suggesting local alternatives: that teachers in Greenland should attend in-service training courses on special education and become better acquainted with the Greenlandic language and culture in order to facilitate the integration of disabled students into their home environment. For the reasons outlined above, however, it was not until the 1980s that such measures were implemented more consistently.[47]

Another consequence of placement in Denmark, as noted in the seminal study of disabled Greenlanders in Danish institutions by Grønbæk Jensen and Knigge, was the widespread loss of social relations upon the eventual return to Greenland. Because family and community members were not involved in the rehabilitation process, the returnees were often met with estrangement.[48] But there were also other problematic aspects of care responsibility. Even though local nurses were increasingly recruited from among the native population, their numbers have long remained low, as opportunities for specialized

45 Ib Follin, "Vidtgående specialundervisning i Grønland – træk af et udviklingsforløb," *Tema Handicapforsorg, Tidsskriftet Grønland*, 8–9 (1981), 257–278, at 263–269.

46 Jesper Vaczy Kragh, Stine Grønbæk Jensen and Jacob Knage Rasmussen, *Anbragt i historie: Et socialhistorisk projekt om anbragte og indlagte i dansk socialforsorg 1945–1980* (Copenhagen, 2015), 108.

47 Follin, "Vidtgående specialundervisning," 257f.

48 Grønbæk Jensen and Knigge, *Forvist til forsorg*; see also the special issue "Nedsendt – i mangel af bedre," *Social Kritik*, 123 (2010).

education in Greenland were sparse and going to Denmark for training or studying required a lot of personal initiative.

Institutionalization in Denmark was even more widespread among intellectually disabled persons, the main target group of the medical expeditions. Physicians and officials argued that such arrangements were necessary to ensure that adequate and professional care could be administered, in an environment that had both the infrastructure as well as care expertise. But measures went beyond the purely medical to include aspects of social hygiene, as the provincial physician for Greenland, Carl Clemmesen (1899–1966), remarked in 1963: "It is a great joy to see these children and youths thrive, after having seen them live in destitute conditions in Greenland."[49] The treatment of intellectually disabled Greenlanders represents a unique reference point in Greenlandic history. It surpasses comparable examples, such as the fostering of Greenlandic orphans in Danish families, not only in terms of numbers but also the totality of care conditions. Although statistics on disabilities in Greenland did not become available until the late 1940s, it was reported as early as 1961 that there was not a single Greenlander with an intellectual or mental disability left who was not on the medical register. The majority came to live at *Andersvænge*, a relatively new addition to the Danish institutional landscape and considered a 'model institution' as it attempted to incorporate new knowledge in special education and other areas of disability care into its daily operations. Still, the studies by Taul, Bryld, and by Grønbæk Jensen and Knigge, point out the need for Greenlandic residents to adapt to the new social, cultural, and linguistic environment, which often resulted in profound loss of cultural identity and an effective severance of family ties.[50] The results of these 'Danization' practices later formed a central aspect of 'diagnostic framing' by the Home Rule administration and other critics, identifying the dominance of Danish experts and their medical-rehabilitative interventions as the main cause for the marginalization of disability in Greenland.

Danish legislation passed in the 1950s and 1960s that guaranteed for persons with intellectual disabilities the right to the same living conditions and daily activities as their non-disabled peers, did not become effective in Greenland. Nor did disabled Greenlanders in Danish institutions get the right to care and education in their own language, as this would have run counter to the drive

49 Carl Clemmesen, "Om åndssvaghed på Grønland," *Tidsskriftet Grønland*, 1 (1963), 62–64, at 64.

50 Taul, *Socialt truede og handicappede grønlændere*; Bryld, *I den bedste mening*; Grønbæk Jensen and Knigge, *Forvist til forsorg*.

towards assimilation.[51] Similarly, plans to establish a local institution for fifty disabled Greenlanders in Godthåb (Nuuk) with native Greenlandic personnel, as proposed by provincial physician Carl Clemmesen and the department head for the Danish Service for the Mentally Disabled, Niels Erik Bank-Mikkelsen (1919–1990), were never put into action, owing to the Danish government's adherence to a centralized administration of care.[52]

Neither were Danish reform approaches adopted, nor international contemporary discourses such as the institutional criticism of sociologists like Michel Foucault and Erving Goffman, anti-psychiatry movements inspired by psychiatrists Ronald Laing and David Cooper, or the administrative reforms of Karl Grunewald and Bengt Nirje in Sweden[53] – presumably because they were considered of little relevance to an indigenous Arctic society.[54] Detached from global reform debates, the 'diagnostic framing' of disability care in Greenland, as a function of the Danish 'total institution,' thus epitomized the major negative reference point. The treatment of disabled Greenlanders, meanwhile, came to be seen as a particular form of Danish neocolonial interventionism against which it developed its own vision of 'Greenlandized' – i.e., local and needs-based – disability care structures.

2 Home Rule and the 'Greenlandization' of Disability Care Structures

After having discussed the key features and problematizations of disability care during Danish colonialism and in postwar period, I will now turn to an examination of the advocated solutions and strategies. Although the beginnings of this phase of 'prognostic framing' can be dated to as early as the 1970s, when primarily Danish experts and special educators initiated the first small-scale projects for disability care in Greenland – as will be discussed in more

51 Ibid., 23. Central for the developments in Denmark was the so-called Mental Disabilities Act of 1959, drafted by the department head at the Danish Service for the Mentally Disabled, Niels Erik Bank-Mikkelsen. The content of the act was to a large extent based on Bank-Mikkelsen's extensive experience and his visits to Danish institutions as well as his discussions with parents of intellectually disabled children; see Haruki Hanamura, *Niels Erik Bank-Mikkelsen, Father of the Normalization Principle* (Bogense, 1998); Birgit Kirkebæk, *Normaliseringens periode: Dansk åndssvageforsorg 1940–1970 med særlig fokus på forsorgschef N.E. Bank-Mikkelsen og udviklingen af Statens Åndssvageforsorg 1959–1979* (Holte, 2001).

52 Mortensen, "Handicapforsorg i Grønland," 228–246, at 232.

53 Findings based on my examination of articles in the newspaper *Grønlandsposten* (merging in 1952 with *Atuagagdliutit* and since then published bilingually) in the period 1945–1979.

54 Petteri Pietikäinen, *Madness: A History* (Abingdon, 2015).

detail below – the articulation of new solutions became particularly effective with the new political situation created by Home Rule. It is therefore imperative to address the reform of legal structures for disability services, and the related changes in the Greenlandic political disability discourse.

2.1 *Structural and Legal Reforms*

On 17 January 1979, the Greenlandic population with a majority of 70.1% voted in favor of greater political autonomy. In spring that same year, Greenlandic Home Rule was officially established and the Arctic island became an autonomous country of the Kingdom of Denmark with its own parliament (*landsting*) and executive authorities, the Home Rule administration (*hjemmestyre*). Over the next years, responsibilities for the provision and administration of education, health services and social welfare were devolved to Greenlandic authorities.[55] Since Home Rule was also seen as a response to Denmark's influence in previous decades, the new political situation was thought to offer new possibilities for determining modernization on local, Greenlandic terms. On the one hand, this underlined the Greenlanders' claim for national self-representation; on the other, it also marked a pushing back against the one-sided imposition of Danish socio-hygienic ideas, practices, and interventions which had disregarded social and cultural differences. The former chairman of the Home Rule commission, Isi Foighel (1927–2007), described the situation as follows:

> One cannot put a sign of equality between two so diverse societies – the Greenlandic and the Danish society – without this equality sign in any way being distorted. The demand for equality has therefore been abandoned and replaced with the desire for equal rights, where equal rights first and foremost concern the issue of competence and responsibility for the development in Greenland.[56]

The need for new approaches was further underscored by political developments in Denmark. Coinciding with the 1979 Home Rule referendum, a major reform was carried out in 1980 in Denmark's own care system, when *særforsorg* or the public care of persons with disabilities, previously a central responsibility of the Danish Ministry for Social Affairs and the ancillary Service for the Mentally Disabled, was devolved to the municipalities and counties.[57] For

55 Fleischer, *Short History of Greenland*; Dyrendom Graugaard, "National Identity in Greenland."

56 Quoted from Hjalmar Petersen and Erik Staffeldt, eds., *Bogen om Grønland: Fortid, nutid og fremtid*, 2nd ed. (Copenhagen, 1978), 147.

57 Birgit Kirkebæk, "Hvad skete der efter 1980?," *Handicaphistorisk Tidsskrift*, 29 (2013), 26–37.

Greenland, this meant that disability policy became a national responsibility almost at the same time as Home Rule came into effect on 1 January 1980, without allowing for a transitional period. As early as 15 October 1979, and in anticipation of the Danish reform, the newly constituted Greenlandic parliament adopted *Landstingsforordning nr. 9* as a first legal measure to coordinate the care of persons with physical and mental disabilities. It was further defined in a circular document, *SD-circulære nr. 136* of 18 December 1979,[58] centralizing disability care at the Social Directorate until its tasks were eventually transferred to regional offices in Nuuk, Ilulissat and Qaqortoq in 1988.[59]

In the following years, the equal rights of Greenlanders emphasized in the political-national discourse on self-government and demarcation from Denmark saw increasing legislative implementation, not least in the area of disability care. In 1983, *Landstingsforordning nr. 3* on 'Support for persons with severe physical and/or mental handicap' replaced the regulation from 1979, stating:

> *§ 1.* Persons with permanent residence in Greenland are entitled to assistance in accordance with the rules of this Regulation, if they have a special need for care and support measures due to a severe physical and/or mental disability. *Stk. 2.* The purpose of the assistance must always be to secure for the person concerned a life as close to normal living conditions as possible, taking into account the specific nature and extent of the disability.[60]

This reference to 'normal living conditions' is interesting, as it can be identified as a direct reference to the Danish Act on Mental Disabilities, passed in 1959 but never implemented in Greenland. Although adopted only some 25 years later, the regulation can be seen as an attempt by the Greenlandic authorities to adjust to Danish legal standards for disability care, despite the pointed criticism of previous practices, while at the same time allowing for an emphasis on the rights of disabled people as members of Greenlandic society. This was possibly a strategic decision on the part of the Greenland authorities, since the content of the 1959 Act had also been considered internationally as rather

58 Moses Olsen, "Målsætninger for forsorgen for handicappede grønlændere," *Tema Handicapforsorg, Tidsskriftet Grønland*, 8–9 (1981), 221–227, at 226; Ib Follin, *Psykisk udviklingshæmmede elever i den grønlandske folkeskole. Rapport om fire arbejdsseminarer* (Nuuk, 1983), 18–23.

59 "Tættere samarbejd om sociale sager," *Grønlandsposten*, 13 January 1988: 6.

60 Landstingsforordning nr. 3 af 20. oktober 1983 om hjælp til personer med vidtgående fysisk og/eller psykisk handicap.

progressive at the time of its introduction.[61] With its demands for social integration, education, leisure time and a normal daily routine, it corresponded in many respects to the ideas for a Greenlandic disability care system, if one disregards its continued adherence to mass institutions. Furthermore, the term 'normal living conditions' allowed for a broad application to any number of different local, social, and cultural contexts.

The new regulation also stated that the disabled client's own demands and wishes were to be considered in the context of disability care provision. This marks a departure from the earlier practices in which Danish authorities and professionals often tended not only to see indigenous Greenlanders as vulnerable to the social changes and challenges of modernity, but as passive, unresisting recipients of these changes.[62] The new administration rejected this interpretation. Home Rule was meant not only to fulfill the promise of political self-determination, but to stimulate the population to take an active part in these changes. As Ulrik Pram Gad argues, the attempt to 'Greenlandize' society and the political-administrational system had to be carefully orchestrated. Modernization and further development towards a democratic welfare society were to be continued, but without taking on an overly Danish appearance.[63] Disability care in this regard emerges as a prime example of how social welfare concerns were integrated into postcolonial discourses of national identity and autonomy. Consequently, policies and care for persons with disabilities became not only a bureaucratic task but also a matter of nation building.

2.2 *New Politics, New Disability Approaches?*

Another factor that coincided with the introduction of Home Rule was the International Year of Disabled Persons (IYDP) initiated by the United Nations in 1981 as a global campaign to draw attention to disability in different cultural, social, and developmental contexts. With its slogan 'full participation and equality' and the claim to assert the "right of persons with disabilities to take part fully in the life and development of their societies, enjoy living conditions equal to those of other citizens, and have an equal share in improved conditions resulting from socio-economic development", the IYDP provided

61 Kirkebæk, *Normaliseringens periode.*

62 Rud, *Colonialism in Greenland*, 138; Frank Sejersen, *Rethinking Greenland and the Arctic in the Era of Climate Change. New Northern Horizons* (London–New York, 2015), 221–222.

63 Ulrik Pram Gad, "(How) Can They Become Like Us? Danish Identity Politics and the Conflicts of 'Muslim Relations'" (PhD thesis, University of Copenhagen, 2010); idem, "Postkoloniale suverænitetsspil: Grønland i marginen af Europa," in *Grønlandsk Kultur- og Samfundsforskning 2010–12*, ed. Birgit Kleist Pedersen, Flemming A.J. Nielsen, Karen Langgård, Kennet Pedersen and Jette Rygaard (Nuuk, 2012), 107–128.

fertile ground for the Greenlandic debate.[64] Although Greenland did not actively engage in the global discussions on disability, nor establish contacts with other formerly colonized countries or indigenous populations, the Home Rule authorities utilized the increased public interest by taking inventory of the existing system of care and support, initiating new legislation and pilot projects. Apart from their practical use as a testing ground and possible basis for larger reforms, these efforts also aimed at an enhanced realization of the envisioned Greenlandic approach to disability in line with the ideological commitment of the Home Rule administration towards its disabled citizens.[65]

Among the first public projects in Greenland associated with the IYDP was the formation of a multidisciplinary working group in 1980, chaired by Minister of Social Affairs, Moses Olsen (1938–2008), and consisting of participants from the Social Directorate, the Department for Culture and Education, the National Library, Greenland's Radio, pedagogical institutions, disability organizations, teachers and educational experts.[66] Its purpose was the full integration of people with disabilities into Greenlandic society, in close accordance with the IYDP slogan. The activities and projects launched by the working group often had a participatory quality. Summarized in a special issue of *Tidsskriftet Grønland*, they ranged from information campaigns to a writing competition about disability experiences, a terminology group to develop new Greenlandic terms for disability-related vocabulary, interviews with disabled persons, caregivers, and politicians broadcast on Greenlandic Radio, as well as logistical and administrative support for the establishment of disability organizations.[67]

The authorities furthermore convened a 'care commission' with the task of conducting a comprehensive study on the living situations of disabled Greenlanders, the results of which were used as a blueprint for a future system of disability care and rehabilitation on Greenlandic terms. The care commission was particularly interested in the need for community and private services at different life stages and in different situations. Following its ambitions, and in an effort to provide a clear prognosis for social integration, the authorities believed that a sharing of responsibilities between public and private actors was an indispensable prerequisite. The final report of the IYDP in Denmark contains a summarizing section about the Greenlandic initiatives, written by

64 United Nations, General Assembly, *Implementation of the World Programme of Action Concerning Disabled Persons*, A/RES/37/53 (3 December 1982).

65 Ibid.

66 Helge Nørrung, *Internationalt handicapår 1981 i Danmark* (Copenhagen, 1982), 47–50.

67 *Tema Handicapforsorg, Tidsskriftet Grønland*, 8–9 (1981); Nørrung, *Internationalt Handicapår*.

the Social Directorate, which emphasize the rights of persons with disabilities and the political responsibilities deriving therefrom. Apart from the information aspect, this was probably also an attempt to subtly criticize the Danish authorities, implying they had largely failed to meet these obligations in previous decades: "Persons with disabilities have the right to full participation in society's life and development. It is our duty to give them the opportunity to exercise of this right."[68]

Taking place two years after Home Rule and one year after the transition of disability care from Danish to Greenlandic authorities, the 1981 IYDP thus provided a further, extremely timely impetus to assess the current situation of Greenlanders with disabilities and to discuss their problems, needs and wishes not only from a local perspective, but also against the background of broader (human) rights discussions. In line with the United Nations' goals for the IYDP, disability in Greenland was to be understood primarily as a social-political issue rather than a medical concern, as reflected in the comments by the Minister of Social Affairs and chair of the working committee, Moses Olsen:

> As many [disabled persons] as possible should live in their own homes, if this is manageable, and if they themselves wish to do so. Not only because this is normally the cheapest solution, but also because as a rule it is the most satisfactory solution from a human perspective.[69]

With this, Olsen also addressed one of the biggest challenges involved in the full realization of the vision laid out by the Home Rule administration: the problem of housing. Though the Arctic climate and topography complicated the adaption of buildings and apartments to the needs of disabled residents, a greater stumbling block was the lack of a viable working model, given that large institutions in the Danish disability care system had just begun to close in favor of small-scale units and more personalized care. Even if there had been occasional experiments in alternative housing and special education, as I will discuss below, the general assessment of Danish disability care was largely based on the personal experiences and reports of Greenlanders who had returned after their treatment or rehabilitation, resulting in a somewhat simplistic and at the same time emotionally charged equation of the Danish system with controlling, paternalistic mass institutionalism. That this rejection could not immediately be translated into a new model or approach for 'Greenlandized'

68 Quoted from Nørrung, *Internationalt Handicapår*, 48.

69 Olsen, "Målsætninger for forsorgen," 221–227, at 223.

disability care is illustrated by the account of Anthon Petersen, an office clerk in the small town of Qasigiannguit (Christianshåb). His testimony describing his living conditions and his experiences as a polio survivor and wheelchair user runs counter to the Greenlandic political visions for the social participation and agency of those affected:

> In July 1953 I got polio. I was 14 years old. [...] In 1969 I moved to Christianshåb. I lived in the retirement home. [...] If I had one wish for the other disabled people in town, it would be that they could live together in one place, where they could each have their own apartment instead of living in the retirement home. They would have somebody to talk to, but still have their own private space. It's not good if you have to live in a retirement home when you're not old.[70]

3 Collective Responsibility: Building Vernacular Landscapes of Disability Care

From the legislative, conceptual and ideological frameworks created by Home Rule and the IYDP, the analysis moves to the final framing phase, 'motivational framing' or the "rationale for engaging in ameliorative collective action, including the construction of appropriate motivational vocabularies."[71] Central to this phase is the exercise of agency, which here involves the attempt to break away from the dominance of Danish disability interventions and accompanying narratives, expressed in rhetoric emphasizing social aspects of disability, and in the implementation of what I call – with Jackson – 'vernacular landscapes' of disability care. Drawing from cultural geography, vernacular landscapes refer to spaces "shaped by the people who live and work in them" that are "identified with local customs, pragmatic adaptation to circumstances, and unpredictable mobility".[72] I use the term as a metaphor for the rapid changes in Greenlandic disability services since the 1970s across different domains like education, housing, or representation. As such, it lends itself well to the study of the multifaceted attempts at 'Greenlandizing' disability care structures in the period of 'Danization' and especially after Home Rule, and for understanding

70 Anthon Petersen, "Om at være bevægelseshandicappet i Grønland," *Tema Handicapforsorg, Tidsskriftet Grønland*, 8–9 (1981), 247–248, at 248.

71 Benford and Snow, "Framing Processes and Social Movements," 617.

72 John Brinckerhoff Jackson, *Discovering the Vernacular Landscape* (London–New Haven, CT, 1984), xii.

how different actors – from disabled Greenlanders to care workers, medical or special education experts, as well as the local authorities – created, inhabited, and experienced structures of disability care.

3.1 *Shifting the Focus, Establishing Connections*

One initiative that can be considered a foundation stone for later Danish-Greenlandic cooperation on disability assistance, and a shift in focus towards vernacular solutions, is the composition of the so-called Central Contact Group (*den centrale kontaktgruppe*) on 1 May 1970. It was comprised of a network of representatives from the Greenlandic Directorate for Work and Social Affairs (a department established in 1967 in the course of reforming and modernizing the social sector in Greenland), the Greenlandic school directorate, and medical services, all with the aim to of collectively exploring possibilities for disability care in Greenland. The main outcome was an agreement determining "in particular with regard to *transportations to Denmark* that the contact group *must* be consulted if there is a reference to special treatment, care, teaching or training opportunities in Denmark. Furthermore, the agreement stipulates that plans for a re-establishment in Greenland after the treatment etc. received from the Danish disability care services *must* be submitted to the contact group."[73]

The power to make decisions on behalf of others in sending disabled Greenlanders to Denmark was thus transferred to authorities in Greenland, as was the coordination of their eventual return. Grønbæk Jensen and Knigge consider the work of the Central Contact Group as a break with the hitherto prevailing practice of medical journeys and the medical framing of disability.[74] However, while an important shift of responsibilities must be acknowledged, I contend that it is debatable whether this also marked a change towards a more social understanding of disability that included individual needs, specific cultural backgrounds and interests of those affected: Not only did the practice of medical expeditions and transport to Denmark continue, even with the Central Contact Group as an interim body, but a substantial expansion of disability care services in Greenland only took place in the wake of the new Home Rule legislation after 1980. Non-governmental actors, such as social workers and educators, also became increasingly involved in negotiating care approaches, expanding the circle of actors, motivating participation, and shifting the rhetoric towards different perceptions of disability care. The establishment of a school psychological counselling service in Greenland, the

73 Mortensen, "Handicapforsorg i Grønland," 228–246, at 232.

74 Grønbæk Jensen and Knigge, *Forvist til forsorg*, 55.

so-called *Project 171* or *Andersvængeprojektet*,[75] and a series of working seminars between Greenlandic and Danish care workers – as well as parents of children with disabilities – deserve attention, as they reflect how relationships and responsibilities between public and private actors shifted, creating new 'vernacular landscapes' of care, but also a precedent for continuous adoption of Danish norms and practices.

The school psychological counselling service was established in accordance with a new school law of 1967 that gave pupils with learning difficulties or audiovisual impairments the right to special education in Greenlandic public schools. In response to pressure by parents and caretakers, the Copenhagen-based Ministry for Greenland in 1968 formed a commission to prepare the setup of special education; it was under the auspices of this commission that the school psychological counselling service was realized. Three years later, Ib Follin was appointed Greenland's consultant for pedagogical development (*konsulent for pædagogisk udviklingsarbejde*), and together with Herman Hunger, director of education at *Andersvænge* institution in Slagelse, he initiated *Project 171* with the aim to gradually prepare Greenlandic residents with mental disabilities at *Andersvænge* for a return to their families.[76] Reflecting on *Project 171*, Herman Hunger was quoted as follows:

> It will be interesting to see if we will succeed in including the Greenlandic children into the Greenlandic society. In a way, this is a pioneering work, which was started in Greenland. This integration of the disabled into society is exactly what we are trying to do in the southern part of Denmark.[77]

Reintegration developed transnationally across Greenland and Denmark, and in several phases. A special training home, *Kaassassuk,* was built in Denmark where selected Greenlandic children with intellectual disabilities from *Andersvænge* could (re)familiarize themselves with their indigenous heritage, with the help of both Danish and Greenlandic staff. In 1977, eleven children

75 Svend Bræstrup, Herman Hunger, Mogens Lyngsø and Ib Follin, *Projekt 171* (*Andersvænge-projektet*) (Copenhagen, 1976), Volumes 1–5. See also a summary of the project in Follin, "Vidtgående specialundervisning," 258–261.

76 Follin, "Vidtgående specialundervisning"; idem, *Psykisk udviklingshæmmede elever*.

77 Quoted from Grønbæk Jensen and Knigge, *Forvist til forsorg*, 59. The 'southern part of Denmark' is a reference to Denmark itself, while Greenland in contrast was named the 'northern part.' The meaning behind this use of terminology was to underline the unity of both countries within the Kingdom of Denmark at a time when political ambitions for autonomy were becoming stronger.

underwent this training, most of whom returned to their families in Greenland after about one year. The project furthermore resulted in the establishment of remote counselling services between Danish experts and teachers of special education, local Greenlandic authorities, and children with intellectual disabilities who had already returned to Greenland. Persons with (physical) disabilities who had stayed in Greenland were, however, not a part of this cooperation. This was because the particular form of counselling, over a distance of about 5,000 kilometers and conducted via letter, video, or audio-cassette, required a close personal relationship between the Danish support staff and the Greenlandic children, a relationship that had not established with those children staying in Greenland.[78]

3.2 *The Question of Accommodation and Integration*

The Greenlandic disability care infrastructure or 'landscape' is not solely the result of new policies and regulations in the wake of Home Rule and a social administration preoccupied with local concerns but has also been significantly shaped by the people professionally and personally involved in the field. Triggered by growing waiting lists for Danish institutions in the course of the 1970s – the problem that saw many Greenlanders having to wait for months, sometimes years, to get a place – as well as the realization that Greenlandic residents had increasingly become estranged from their families, their language, and native culture, it was Danish institutions like *Andersvænge*, housing a comparatively large number of intellectually disabled Greenlanders, where new approaches like *Project 171* first began to emerge.[79] In addition to this pioneering project, care professionals also initiated smaller changes that focused on improving the everyday situation of Greenlanders with disabilities in Danish institutions, albeit with a rather experimental character that still lacked political dedication and coordination.

In addition to the psychological and sociological reasons for enabling Greenlandic residents to return to Greenland and receive remote support, the lack of institutional places in Denmark was a growing cause for concern. In the early 1970s, Herman Hunger of *Andersvænge* published a series of newspaper articles in the Danish press in which he lamented the lack of residential accommodation for disabled children from Greenland, remarking somewhat laconically: "The Greenlandic children run the risk of becoming so old that they have the right to receive old age pensions before they come

78 Follin, "Vidtgående specialundervisning".

79 Grønbæk Jensen and Knigge, *Forvist til forsorg*, 47–53.

to *Andersvænge*."[80] According to him, no fewer than ninety-four Greenlandic children were still on the waiting list just for his institution, but due to the long waiting times they were forced to stay without proper care in the often-poor conditions of their family homes, or in interim institutions or foster families on the Danish mainland.[81] The development of local structures in Greenland thus echoed earlier considerations from the 1950s, motivated primarily by the precarious accommodation situation in Denmark. Even though the cultural background of Greenlandic residents had increasingly been taken into consideration in institutional life, initiatives to improve this situation locally should therefore, I would argue, at least in part be understood as a product of practical concerns among Danish caregivers in carrying out their work efficiently and in harmony with the existing diagnostic and care system. Conceding to Greenlandic patients more cultural autonomy and agency was, on the other hand, a somewhat subordinate goal.

Special disability care facilities in Greenland were initially rather few and far between, and many of those returning from Denmark in the 1970s were placed either with their families or in existing social facilities, such as orphanages or homes for the elderly. In 1981 the Greenlandic Social Directorate, an agency of the Home Rule administration, maintained thirteen day centers for children and teenagers (but none for adults), three of which specialized in accommodating persons with disabilities. However, these were far from sufficient. The training and boarding school *AAQA* in the capital Nuuk, already established in 1974 as a pilot project with support from Danish social workers, offered ten places for persons with intellectual and learning disabilities. Younger residents were taught domestic tasks like grocery shopping, cooking, or cleaning dishes, while the older ones were supported to find work in the local labor market. Further north in Maniitsoq, the boarding school *Eilisibannguuop Atuarfia*, founded in 1980, had places for physically disabled pupils, while the orphanage *Gertrud Rask Minde* in Sisimiut in the late 1970s started offering boarding rooms for deaf students attending the nearby school, which specialized in deaf education and sign language.[82]

Opened in 1980 and expanded with a workshop in 1981, The Sheltered Guesthouse (*Det beskyttede Pensionat*) in Ilulissat, which concentrated on training in manual skills for up to four persons with intellectual disabilities,

80 Herman Hunger in *Sjællands Tidende* 1976, quoted in Grønbæk Jensen and Knigge, *Forvist til forsorg*, 54.

81 Ibid., 54.

82 Palle Jespersen, "Det grønlandske socialvæsens døgninstitutioner for børn og unge samt handicappede," *Tema Handicapforsorg, Tidsskriftet Grønland*, 8–9 (1981), 245–246.

is perhaps the most interesting example of the endeavors to provide disabled Greenlanders with modern, yet culturally adapted care facilities. Establishing such 'vernacular landscapes' of care, differentiated from Danish practices, however, were also marked by ambivalence. An article by *Grønlandsposten* from 28 February 1980 outlines the aims and design of the Guesthouse, but also very positively remarks upon the personnel's previous expertise in Danish institutions, stating that "both [the principal and assistant] have experiences from similar work in Denmark. They have also been fortunate to hire Martha Siegstad, who is a graduate of the social education seminar in Copenhagen. A bilingual employee of an institution of this nature is very much needed."[83] Discursively distancing Greenlandic care from the Danish model did thus not necessarily extend to actual care provision. It was rather the opposite, in fact: the professional training offered by Danish nursing schools and care providers was often highly sought after, allowing for the continuation of Danish influences on a Greenlandic system that was still under construction.

The idea that Danish practices of disability care were more advanced and could accordingly be used as a template for the reintegration of disabled Greenlanders into the local society was also critically discussed, however. While a newspaper article about The Closed Guesthouse (*Det lukkede Pensionat*) in Godthåb (Nuuk), a predecessor of The Sheltered Guesthouse from 1976, drew a mostly positive picture, the principal of the institution, Richard Sørensen, was more nuanced in his evaluation. While praising the initiative as a pioneering effort to enable disabled Greenlanders to stay close to their families and the local community, Sørensen criticized the 'Danish' elements of the house as little suitable to the actual needs of the residents:

> This is a Danish house, he [Sørensen] continues. Here we have a freezer, an electric stove, a huge fridge, a vacuum cleaner, etc. It will be difficult for the residents to adapt from a house with so many modern tools to the environment of their home communities. But we do our best to help them as much as possible, so they will become as self-reliant as they can be and manage this adjustment. […] If there will be other institutions like this in the future, we might buy two houses instead of such a super modern house.[84]

83 "Beskyttet pensionat åbnet i Ilulíssat," *Grønlandsposten*, 16 March 1983: 8.

84 "De handicappede skal optrænes og så ud og virke i samfundet," *Grønlandsposten*, 15 January 1976: 8.

Socially embedded disability care in the Greenlandic context thus presupposed a close alignment with vernacular lifestyles and cultural practices that had not only to consider the indigenous background of residents but also the lived realities of their family homes and local communities. This constituted a clear break with previous practices like teaching hearing-impaired Greenlanders Danish sign language without accounting for its actual usefulness and applicability in the Greenlandic environment.

Closely connected to the issue of housing, moreover, was the lack of visibility of persons with disabilities in a society that over several decades had had little to no contact with any forms of impairments, especially intellectual disabilities, and societal acceptance remained low. In 1986 former principal Martha Abelsen (b. 1957) of *Sungiusarfik* – as The Sheltered Guesthouse had been renamed – explained to readers of *Grønlandsposten*:

> The Greenlandic population tends to look at persons with disabilities with bewilderment. The understanding is limited to exaggerated compassion. 'Oh, oh, the poor fellow…!' In certain situations, this could appear as sympathetic, but sentimentality towards the disabled does not do any good.[85]

Abelsen further elaborated how this limited understanding had led to encounters between disabled and non-disabled persons on very unequal terms. Barriers to an equal participation in society were thus perpetuated by a still-prevalent mentality characterized by pity. Surveying these different attempts and statements, it seems that the 'motivational' efforts of professional and political actors towards collective action in building 'vernacular landscapes' of disability care did not quite achieve their goal.

3.3 *Parents' Advocacy and Disability Representation*

While Danish experts and the practices they transmitted continued to exert a not inconsiderable influence on the return and integration of disabled children into Greenlandic residential and educational facilities, parents emerged as a new group of actors in the negotiations over disability care – partly of their own accord, partly instigated by social workers and special educators. For example, in 1975 consultant for pedagogical development Ib Follin organized three consecutive working seminars for parents, Greenlandic pedagogical personnel, and Danish special education experts to discuss how children with

85 "Folk reagerer meget sentimentalt overfor vore handicappede," *Grønlandsposten*, 29 January 1986: 19.

disabilities could be integrated into Greenlandic regular schools.[86] On the basis of these seminars as well as the evaluations of *Project 171*, in 1977 the school authorities in Greenland published *circulære 9*, a regulation that codified a child's right to education in a Greenlandic public school regardless of the form or severity of their disability. The Home Rule parliament confirmed this right with *Landstingsforordning nr. 6* of 16 October 1979.[87] Although in many cases disabled children were still sent to Denmark for schooling, at a time when special education in Denmark was still largely confined to separate institutions the decision to include disabled children into regular classes can be viewed as a successful attempt to follow an independent Greenlandic approach.

Despite the new legislation and integration of parents into educational debates, however, the training of Greenlandic educational staff developed slowly. In the school year of 1978/79, a total of 105 disabled pupils attended Greenlandic public schools. Of all the teachers employed, 44% (211 persons) were Danish, which, according to Follin, could hinder integration, as special needs might become marginalized in the attempt to adapt to Danish language and modes of teaching.[88] Even more alarming was the low acceptance rate of disabled pupils at regular schools. A survey stated that only 22% felt themselves "partially accepted", while 12% felt "not accepted at all."[89] Follin, moreover, expressed his shock about the lack of study material: "The question about what sort of special education material is generally accessible in Greenlandic is answered in two words: Two titles!"[90] In this respect, the IYDP may be considered a catalyst, as from 1982 onwards more coordinated efforts were made by the school authorities to provide learning materials in Braille, audio books, or large print – translated from Danish into Greenlandic – and to encourage the use of materials prepared by local school authorities, teachers, and family members.

With regard to motivating and involving parents, two developments in the establishment of Greenlandic disability 'landscapes' can be identified: First, the meetings and workshops produced a desire among parents for closer cooperation with the municipal school authorities, and thereby subsequently encouraged a further expansion of special needs education. Secondly, the first Greenlandic organization of parents with intellectually disabled children was founded in 1980.[91] In the early years of its existence, the organization was

86 Follin, *Psykisk udviklingshæmmede elever*, 7–9.
87 Idem, "Vidtgående specialundervisning," 261.
88 Ibid., 271.
89 Ibid., 266.
90 Follin, *Psykisk udviklingshæmmede elever*, 35.
91 Ibid., 276.

still strongly supported by its Danish counterpart, the Danish Society for the Welfare of the Mentally Disabled (*Landsforeningen for Evnesvages Vel*, LEV), established in 1952, which offered advice on both organizational and practical matters. Despite this continued influence from Denmark, both care professionals and parents remained committed to the aim of school integration on Greenlandic terms: "Everyone agrees that there is no way back," wrote Follin, "the Greenlandic persons with disabilities have an indispensable right to live their lives wherever they feel at home, and on an equal footing with everyone else".[92]

Thus, Danish expertise continued to be central to the design and provision of care in both positive and negative terms, but also in framing disability from an advocative perspective. Although geographic conditions and the history of medical expeditions and accommodation in Denmark had made it difficult to establish contacts and networks among those with (mainly physical or sensory) disabilities who had remained in or recently returned to Greenland, by the late 1970s a few disability organizations had been formed in the capital Nuuk. The small deaf community was particularly active in their attempts to maintain their knowledge of sign language and their networks from Denmark. For this purpose, a first national meeting of deaf people in Greenland, organized by local sign language teachers, took place in 1979. But it was not until and after the IYDP in 1981 that such meetings became more closely linked to discussions about Greenlandic cultural identity, critically reflecting on the continued use of Danish sign language and the experiences of 'Danization'.

The 'course for YOUNG deaf people', organized by the Social Directorate in Sisimiut in 1983, explicitly addressed the younger generation, many of whom had been involved in the political autonomy movement of previous years. With twenty participants, ranging from 16 to 30 years of age, thirteen coming from different Greenlandic towns and seven from Danish schools, it was the aim of the course to discuss plans for establishing a center for deaf culture in Sisimiut, "a sort of collective, headed by a deaf consultant". As it turned out, this was the first step towards the deaf collective *Ikaartarfik* discussed at the beginning of this article. But the course also paid attention to the specific local situation of deaf people, by introducing Greenlandic terms and concepts into sign language – a project facilitated by two guest teachers from *Skolen på Kastelsvej* deaf school in Copenhagen – to 'Greenlandize' Danish sign vocabulary according to the needs of Greenlandic sign language users.[93]

92 Ibid., 277.

93 "Kursus for døve grønlændere," *Grønlandsposten*, 16 March 1983: 36.

Also in 1983, Mette Møller Jensen and Birthe Rasmussen of the Danish parent organization LEV embarked on a two-month journey to Greenland in order to meet with local actors in the disability care sector. Their impressions of the facilities, projects, staff members, and residents are summarized in the report 'Disability Work in Greenland', particularly praising the changes in care provision and attitudes among social care workers and families that they saw manifested in the wake of Home Rule and the IYDP.[94] But they also noted a continued dependency on Danish experience, knowledge, and practices: "There is a great shortage of special educators who are trained, and who can speak Greenlandic. Facilities often have to use Danish teachers or untrained Greenlanders."[95] And further: "One thing that struck us in many of the places we visited, be it schools, kindergartens, institutions of various kinds, was that the staff was generally very uncertain about how the mentally handicapped should be trained, and they were very fixated in the belief that the expertise that could be obtained from the biannual or annual visits from Godthåb [Nuuk] or from Denmark could solve all the problems."[96]

In summary, then, it must be concluded that this analysis provides little evidence for a truly 'Greenlandic' approach to disability care, motivated by the will for emancipation from the Danish model. Integrative school projects had, to a large extent, been facilitated by Danish care professionals, and both parents and self-advocacy organizations of disabled Greenlanders continued to be influenced by Danish partners, revealing a contrasting picture to the idealistic visions of a vernacular disability care system as promoted by the Home Rule authorities. Calls for collective action and corresponding rhetoric along the lines of Benford and Snow's 'motivational framing' are ubiquitous in the historical source material but were put into practice only to a limited extent.

4 Conclusion

Disability in colonial contexts remains an underrepresented research subject, both in historiography and disability studies. This pertains in particular to postcolonial discourses, although – recurring to Ghai's postulate about the potentials of postcolonialism as a tool for problematizing cultural norms and

94 Mette Møller Jensen and Birthe Rasmussen, *Handicaparbejde i Grønland. En rejserapport* (Copenhagen, 1984).

95 Eaedem, "Handicaparbejde i Grønland," *Tema Handicapforsorg, Tidsskriftet Grønland*, 8–9 (1981), 87–94, at 91.

96 Eaedem, *Handicaparbejde i Grønland*, 26.

practices – they may point towards respective needs for taking responsibility and action, and thus guide processes of social-political change.[97] However, the example of Greenland shows that disability with regard to the practices of institutionalization as a symbol of Danish hegemony played a crucial role in postcolonial and nation-building debates on multiple societal levels; issues that also concerned the distribution and assumption of responsibilities, influence, and agency of the Greenlandic and Danish actors involved.

Frame analysis allows us to trace the discursive and practical interrelations and divergences within 'Greenlandizing' disability care and to assess underlying intentions, implementations, and outcomes. Ambivalences and the continued transfer of Danish expertise, practices and norms, the analysis reveals, were by no means generated unilaterally and top-down by Danish authorities, but rather multilayered and with the participation of various local, public and private actors in a series of "points of emancipative disruption."[98] In jointly constructing the situation of Greenlanders with disabilities as a particularly urgent societal problem, authorities, care professionals and disability advocates established experiences of institutionalization and the narrow medical concept of disability applied by Danish authorities as the main reference points of the politics of 'Danization', taking them as a (negative) leitmotif for their own visions for a 'Greenlandized' disability care.

The subsequent motivation and elaboration of solutions – in the form of 'vernacular landscapes' of disability care since the 1970s, and especially around Home Rule and the IYDP – took place on different levels, spanning legislative and political foundations as well as sectional issues such as the integration of disabled Greenlandic children in local regular schools, individualized training for residents of assisted housing projects, or the adaptation of Danish sign language to Greenlandic vocabulary. Within this broad spectrum, the kind and degree of Danish influence could vary considerably, sometimes being forcefully rejected, sometimes imperceptibly included or even actively sought out. The results of this analysis thus support Bjerregaard's argument of 'Greenlandization' as being primarily ideologically motivated, with actual implementation often differing greatly from the asserted objectives. However, it also reveals important nuances, such as difficulties in discerning a clear distinction between discourse and practice. The transition of disability care responsibilities from Denmark to Greenland, and with it the appearance of new actors, was rather a highly unbalanced process. Next to structural problems, Greenland's lack of societal experience with disability presented a

97 Ghai, "Disability in the Indian Context," 96.

98 Grech and Soldatic, "Disability and Colonialism," 4.

particular challenge, for which the support and expertise of Danish teachers, consultants, and parent organizations were often appreciated.

The Greenlandic case highlights that the interlacing of disability with postcolonial discourses and conceptualizations of care requires further research. The different forms and degrees of demarcation from the former colonial power, in rhetoric and practices as well as across different cultural and historical contexts, are another largely untouched field of study rich in potential – for instance, regarding the role of indigeneity or the distribution of responsibilities. The topicality of such inquiries is illustrated in a recent report by the Danish Institute for Human Rights on disability in Greenland, which states that: "There is a not inconsiderable number of people with disabilities who are placed in special residences or institutions or who otherwise live far from their home in Greenland. As of 31 December 2017, 115 citizens with severe disabilities have been placed in Denmark."[99] Comprehensive, critical examination of the persistence of such networks of relations, norms and practices in postcolonial contexts (also) requires historians' elucidation of the roles of different actors, and of the establishment of 'vernacular landscapes' of disability and other sectors of society.

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99 Institut for Menneske Rettigheder, *Handicap – Status i Grønland 2019* (Copenhagen, 2019), 19.