As president of ICC Greenland, and Vice-Chair of the Inuit Circumpolar Conference, I have a deeply vested interest in the work you do, and in this 12th Congress.

The Inuit Circumpolar Conference represents all Inuit in each city, town, village, hamlet and hunting camp in Russia, Alaska, Canada, and Greenland. We number 152,000. 55,000 of us live here in Greenland. We inhabit vast distances in a fragile physical environment. Unfortunately, many of us also live in a fragile and difficult social environment, which in turn poses numerous health-related challenges to politicians, researchers, doctors, and most importantly, to sick individuals in our homes and in our families.

I am also a member of Greenland’s parliament. Our parliament and government are struggling to keep the health delivery costs down in Greenland, and are having trouble doing it. We know that bringing in an increasing number of doctors from Denmark is no longer sustainable. We know that tackling our health situation with costly state-of-the-art medical technology is also not viable. I think that the health system we have, with doctors acting as repairmen, needs to be re-thought completely. I believe that the repair business itself is in need of repair.

I want to talk to you today about the principles of community health, and the field of preventive medicine, or the practice of public health.

I want to talk to you about the importance of health researchers, practitioners, and decision-makers to get real. We need to define what is ailing us as individuals and as a society. We need to prevent these ailments to the best of our abilities and then, most importantly, focus on health. Researchers and decision-makers need to focus on life, rather than death.

We need to focus on healthy life-styles, rather than on curing the disease that follows unhealthy ones. We need to focus less on bringing expensive repairmen (or doctors) to Greenland, for example, and more on developing cost-effective local human resources that promote health and prevent illness. Communicators, educators, and media people may be more instrumental in dealing with our health challenges in Greenland than doctors, expensive diagnostic equipment, and hospital beds.

The principles of community health and preventive medicine are not new. They go back a long way in most Arctic countries and, indeed, the world over. Lip service is often paid to prevention and public health, but it is just not as interesting as, say, studying an obscure chemotherapy for an equally obscure cancer. Or not as easy as simply putting more money into hiring more repairmen to fix what is wrong.

Focussing on death, rather than life has become the norm in many parts of the world. Trying to fix our bodies after they fail is what health care has become. In various universities, commercial laboratories, and government institutions, money is being poured into developing advanced medical technology. Just the other day I was reading about a new bio-artificial liver, and also a new silicon
developed by a Boston University researcher. This silicon is dotted with nanopores that will provide both protection and nourishment to cells in bio-artificial implants in the human body. Fascinating.

The bio-artificial liver is being developed by a researcher at the University of Pittsburgh who has been able to make a small mass of plastic, metal, pumps, screws, and various fibres act like a real human liver once implanted into a body. As I read, "one set of fibres delivers oxygen to the living cells, keeping them in metabolic overdrive, while the other two pump plasma respectively to and from the cells, a setup that resembles the natural architecture of the liver."(1) I read further that these "bio-artificial livers employ a cartridge full of liver cells to break down toxins in blood plasma fed into hollow plastic fibres". "Liver-assist devices ... are already in advanced human tests, but despite years of development, definitive success has been elusive".

In Greenland, we are not yet at the stage of pouring money into this kind of research. But we are, nevertheless, moving further away from the basics of human health, and focussing too much on the concepts of illness and technology.

Community health principles are well known. It is time we turn back to these principles. An underlying principle necessitates us to focus first on prevention. If prevention does not completely work, there are other principles we must adhere to, then, in dealing with illness.

They include things such as equitable distribution. In Greenland, and across the Arctic especially, this is a major challenge. For Greenland, our best health – or rather illness – facilities are here in Nuuk. The best diagnostic equipment is here. Some would argue, the best doctors. The principle of equitable distribution means that we must not neglect small communities and small municipalities.

Another principle stresses community involvement. This means that there needs to be active participation by members of the local community in their own health decisions. Again, using Greenland as an example, this means that within certain parameters, community members in Qaanaaq, say, should have a say on how the health care kroners are spent on them. They should be given resources so that they can be decision-makers and take responsibility for their own health.

A further underlying principle is using appropriate technology. That is, the technology should be acceptable and relevant to society. This does not mean we need no new technology, or no new approaches to healing those that are sick. But we need cost-effective technology that responds to local needs. I am not quite sure if we need bio-artificial livers, for example.

A final principle I want to raise is the necessity of a multi-sectoral approach to health care. This is perhaps the most important principle. Treating the sick must be seen as only one segment of the big picture of health. We need to stress nutrition, education, clean drinking water, and appropriate and safe housing. These are all part of health and well-being.

These principles are not new. Many of you remember the important World Health Organization’s Conference on Primary Health Care in Alma Ata, Khazakstan, in 1978. You will remember that among several important issues outlined in the Declaration, social justice, world peace, and economically productive living stood out among them. Health is indeed much larger than sickness.
Paragraph 8 of the Declaration says: "All governments should formulate national policies, strategies, and plans of action to launch and sustain primary health care as part of a comprehensive national health system, and in coordination with other sectors."

And then paragraph 8 finishes with, "...it will be necessary to exercise political will". Further, it will be necessary "to mobilize the country’s resources and to use available external resources rationally".

There is nothing radical or new about the principles that have been with us since Alma Ata and before. What is radical, I believe, is acting upon them. We need to exercise political will, AND we need rational use of available resources.

I understand that it may be mostly up to us – the elected politicians – to lead the way in making this radical shift in thinking and especially when it comes to making decisions about how the public monies are going to be used. It is up to politicians not only to make promises on prevention, but on following through and sustaining these promises.

But what is the responsibility of science and the research community? And of the health practitioner community? As a member of parliament, I have a responsibility to use available resources wisely. But I, and numerous other decision-makers, need your help. We need a new approach and we need politicians who are in this for the long run. We need a partnership. We need you to give us options for wise investment.

Frankly, many of you have not done that good a job. You have not defined what really ails us. Many of you have not focused on prevention, but rather on something that may resemble the plastic and metal liver I was speaking about. Bio-artificial organ technology is quite fascinating. I have looked through much of your Arctic research. It, too, is fascinating. But I believe it is the responsibility of each doctor and scientist to not simply chase after interesting research questions, but to give us the tools to make decisions wisely.

On the other hand, many of you have paid attention to this in your research and I commend you for it. For example, I have read the paper, "Study of Health in Greenland: Obligations and Challenges". This was published in the March edition of the International Journal of Circumpolar Health by Peter Bjerregaard, Gert Mulvad, and Jørn Olsen (3). I found the review of how preventive research could be undertaken in this paper to be promising. It sets out some of the real challenges facing Greenland, highlights the real causes of disease, and stresses the importance of prevention. Bjerregaard, Mulvad, and Olsen state unequivocally, "without doubt, the balance between money spent on care and on prevention is out of balance. Much more should be spent on preventing diseases and promoting health". This is what I want to hear from the scientific community. They go on to say – as I said earlier – that "promoting health in Greenland not only requires new research, but also a political will."

It’s your job to come up with this "new research" approach. I think that you will find political will following if we find that you are committed to this new approach.

If we move in this new direction, are we going to hear more about the woeful lack of doctors? This is a common complaint in many parts of Greenland society and, I am sure, across the Arctic. Doctors, I believe, are primarily acting as repairmen, and the new approach may actually call for less, not more, repairmen. Doctors cannot look after our preventive maintenance, in my opinion, because the structure of their practices is set up to encourage them seeing a patient in a few minutes, prescribing a medication, and shoving them out the door. "Patient repaired", they mark down in their files and move on to the next patient in the waiting room.
We cannot expect doctors to make our decisions for us, but we must find a better way, in my opinion, to use their time. They cannot make decisions for us on how much to smoke. They are not the ones who decide whether or not we will consume alcohol and how much. They won’t knock on our door every night to get us out to exercise. They won’t stock our refrigerators with nutritious foods. They won’t stop environmental contaminants from entering our fragile Arctic environment. Doctors won’t make us healthy.

It is not time, in my opinion, to throw out all of our repairmen, but it is time to admit that the repair business is itself in need of repair. Perhaps we are asking too much of our doctors. And they cannot deliver. Suicides, depression, alcohol-related diseases, cancer from smoking, and other ills that are directly related to our society and individuals not focussing on life. We focus on the negative and turn to things that are unhealthy for us. No wonder a recent survey by the Canadian Medical Association (4) revealed that almost 50 percent of doctors feel burned out and emotionally exhausted. Suicide rates are twice that of the public rate. Many doctors reported that they were unsure if their work was of any real use to society.

Where have we gone wrong? Why does the human repair business need repair? Maybe because we are focussing on the wrong things.

In order to build this new paradigm of cooperation, new research, and sustained political will, what do we have to do? We have to first understand that life is essentially fragile and here in the Arctic it is especially so. Our individual life spans are short. And only a revolution of community life will help us turn it around. We are made sick by stress, by the large disparity between the rich and the poor. Many are lost in the education system. Being mono-lingual in Greenland, for example, is a health variable, as it may lead an individual to a lower education level, lower job opportunities, and consequently lower self-esteem. This, in turn, leads to stress and lower health status and quality of life. Can doctors and the health sciences understand this? In part, they have to. But it is also a political responsibility to tackle this important challenge.

We must look at ways in which our education will give our youth a much stronger foundation to take up both societal responsibility and individual responsibility. They must be given tools that make them ready and able to face their own destinies and be personally responsible. The Greenlandic study I referred to before underlines this point. They point out that many "chronic diseases are related to habits that start early in life". They talk about the programming of youthful organs and the need to de-programme them later. This sounds very scary to me. I think we should be looking at preventing these diseases by giving youth hope and a future, so we don’t need to "de-programme" their organs later in life. I am sure that proper programming early is a lot more cost-effective for our Greenland society than de-programming later.

What are we to teach our youth? Simple. Look at the data. We need to teach them not to smoke. We need to teach them to use alcohol wisely or not at all. We need to continually remind them of the nutritious and tasty foods we have in our seas and on our lands. We need to get them to reduce their junk food intake. Children need to learn from their families to stay in the kitchen, that good food, taken from the large Arctic cupboard, is made there. Children need to be taught good eating habits.

Another paper in the Journal of Circumpolar Health, by Alison Jenkins and others, sets out very clearly the important health determinants in the Arctic. Education, employment, income, the physical environment, housing, smoking, alcohol, and breast-feeding practises are all issues that need to be addressed in a new paradigm of preventive medicine (5). In ICC’s Principles and Elements for a Comprehensive Arctic Policy al-
so adds spiritual and cultural factors to the mix of defining health and well-being (6).

We need to use the media to help us. We need more local community health workers who understand our communities and the dramatic changes they have faced. We need researchers, health economists, and others to give us politicians viable options upon which to make decisions for Greenlanders and all Inuit.

As individuals, young and old alike, take control of their personal lives, a better society will emerge. Society, conversely, needs to give individuals the tools, the incentives, and the means to live better personal lives. This means we need to tackle the housing shortages. We need to keep our environment clean, and clean it up where it is not clean. Employment for young parents is essential, less they fall into despair and the accompanying destructive lifestyles that often follow. Both parents need to be able to find employment and support their families.

Too many families in Greenland are fighting poverty without any assistance, either financially, psychologically, or socially. We must, and can, provide for our low-income families. Every child needs a clean environment to be a happy child. We need to protect children from abuse of every kind. Mental illnesses must be detected earlier.

Health scientists require intimate knowledge of Arctic societies and culture in order to help us. They need to know what makes us sick as individuals. Politicians need to better understand the interconnections affecting our individual health.

As I said, Greenland is a rich country. Much of the rest of the Arctic is rich as well. We can, with a new focus on health, rather than on sickness, create an environment that is life-giving for all. Our communities and nations also need strong leaders. When there is a leadership crisis, the whole nation feels it. Its member start to feel insecure, lethargic and eventually sick. We need to work together with the researchers gathered here to forge a new path. Towards healthier individuals. Towards a healthier society.

Together, we can do it.

Thank-you.

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