

Overview I. Circumpolar Health Movement

AAJIIQATIGIINNIQ: SEEKING SOLUTIONS THROUGH COLLABORATION

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It is an irony of history that the circumpolar health movement was born in the years of the Cold War. Driven largely by military funding and interests, research at that time focused on cold physiology. However, it was a measure of the character and motivation of the scientists and health care providers, who nurtured the early steps of communication and co-operation, that their mutual dedication to scientific truth and the welfare of Arctic people overcame the divisiveness of Cold War rhetoric.

The foundations of polar physiology rest on the early work of Russian and British researchers (1), the latter carried out under the auspices of the British Antarctic Survey. Following the Second World War, research programs focusing on Arctic physiology, adaptation and human health were established in the Nordic countries, Iceland, the U.S. and Canada (2). The 1962 Conference on Medicine and Public Health in the Arctic and Antarctic, sponsored by the World Health Organization and held in Geneva, could be considered the first international meeting to focus on the health issues of polar regions. It set the stage for the first Symposium on Circumpolar Health-Related Problems, held in Fairbanks, Alaska in 1967. This meeting was organized by C. Earl Albrecht and was inspired by his vision of shared solutions for health problems that crossed national and cultural boundaries (3).

Since that time, circumpolar health meet-

ings have been held every three to four years. The decision to create an International Union for Circumpolar Health (IUCH) was taken at the Fifth International Symposium for Circumpolar Health, held in Copenhagen in 1981. In 1986, the IUCH was formally established in Stockholm, with an interim executive that included Bent Harvald (Denmark) as president, Brian Postl (Canada) as vice-president and Ted Mala (U.S.) as secretary/treasurer (4). Subsequently, the meetings were known as "congresses" rather than "symposia."

The initial adhering bodies of the IUCH included the Nordic Society for Arctic Medicine (NSAM), the Siberian Branch of the Russian Academy of Medical Sciences (SB-RAMS), the Canadian Society for Circumpolar Health (CSCH) and the American Society for Circumpolar Health (ASCH). Subsequently, the Danish Greenlandic Society for Circumpolar Health emerged from the auspices of the Nordic Society and was recognized as a fifth adhering body.

A number of groups are also affiliated with the IUCH, including the Scientific Committee for Antarctic Research (SCAR), the Finnish Society for Arctic Medicine and Biology (ATBY), the Icelandic Society for Arctic Medicine, the Swedish Society for Arctic Medicine and, more recently, the International Network for Circumpolar Health Research (INCHR). The WHO has status as an official observer within the IUCH.

The objectives of the IUCH may be summarized (4) as follows:

1. To promote international cooperation in circumpolar health.
2. To encourage and support research and the exchange of scientific information in the circumpolar health sciences.
3. To promote and encourage the participation of Indigenous peoples in circumpolar health affairs.
4. To promote public awareness of circumpolar health.
5. To provide a means of communication with other scientific organizations.

The IUCH objectives reach beyond the conducting and dissemination of research to include participation in health promotion, education, care and administration. Members of the adhering and affiliated bodies include researchers, health care providers, students, educators, community members and advocates, administrators and communication experts. Our definition of health embraces the biologic, social, cultural, economic and political aspects of wellness and illness. Our endeavours include describing, understanding and intervening in order to achieve our objectives.

The primary task of the IUCH remains the organization of congresses in partnership with the adhering societies on a rotating basis. Between congresses, the IUCH has worked closely with the *International Journal of Circumpolar Health* (IJCH) to promote awareness of circumpolar health issues and to facilitate knowledge translation. The IJCH, formerly called *Arctic Medical Research*, has remained the major communication forum for the IUCH since its inception (4). Based in Oulu, Finland, the IJCH has published papers, announcements, editorials and proceedings on behalf of the IUCH. In 2004, a number of universities and organizations came together to form the International Association of Circumpolar Health Publishers (IACHP) in order to provide economic support and a scientific "home" for the journal. Since then, the IACHP has become a communications powerhouse in the field of Arctic human health. Through hard copy and online dissemination of the IJCH, *Circumpolar Health Supplements*, special issues and books, the IACHP has done

more than any other single group in bringing awareness to circumpolar health issues, shaping the dialogue and giving voice to Arctic health concerns. The IUCH cannot take credit for these successes, but has supported and witnessed them in proud partnership with others. The genius behind these changes has been Juhani Hassi, a patient and persistent visionary from Oulu (5). In 2009 he passed the torch of Editor-in-Chief to Tiina Ikäheimo, who shares his dedication and creativity (6).

Over the past several years there has been an explosion of scientific knowledge about, and interest in, polar issues, along with a multitude of governmental and non-governmental organizations involved in this field. The IUCH has fostered co-operation, research and knowledge exchange with a number of these groups, including the International Network for Circumpolar Health Research, an IUCH affiliate which has been active in strengthening research collaboration, and the Arctic Council and its Sustainable Development Working Group (SDWG). Through its observer status at SDWG meetings, the IUCH has advocated for, and promoted awareness of, health conditions and health priorities of Arctic peoples. The IUCH has also advocated for expert consultation in shaping government-sponsored projects and programs. In 2008, the efforts of a number of groups and individuals, Alan Parkinson in particular, led to the creation of an Arctic Human Health Expert Group (AHHEG) to advise the SDWG on priorities for health projects in Arctic regions, and to promote co-operation between Arctic nations in the sharing of health information and best practices within health programs (7).

There are a number of tasks in which the IUCH has failed, partially or completely, over the past few years. Our communication and collaboration in the field of Antarctic research has not been as extensive as we would like. We have been lucky to have had Giichiro Ohno on the IUCH executive committee, representing the Scientific Committee on Antarctic Research (SCAR), but we have failed to take full advantage of his expertise and skill. We would have much to gain by paying closer attention to our South Pole. We have had little involvement with the Icelandic and Swedish Societies for Arctic Medicine, which are also affiliated members of the IUCH and were actively

involved in the 1980s and early 1990s. The IUCH has had no substantial interaction with the WHO over the past two decades. Although a global program in circumpolar health was recommended in 1980, this recommendation was never implemented (8). At the present time, the WHO does not have a specific program or office for circumpolar health. It is hoped that renewed relationships can be forged with our affiliates as well as with other polar organizations, including the Barents Health and Social Programme, the Northern Forum, and the University of the Arctic. We have much to learn from each other through the deepening and expansion of partnerships.

The IUCH working groups have not been uniformly functional or productive. They are meant to provide a forum for the promotion of close collaboration of individuals and groups interested in particular health fields. It was envisaged that working groups would communicate between congresses at face-to-face meetings, through audio/visual conferencing and through the IUCH website. It is natural for attention and activities to wax and wane in different health fields over time. However, it remains to be seen whether the working groups provide a meaningful vehicle to achieve IUCH objectives between congresses.

The first and second International Polar Year (IPY), in 1882–1883 and 1957–1958, respectively, focused on geophysical rather than health sciences. The third IPY in 2007–2008 witnessed a plethora of health-related projects (9), perhaps related to a growing understanding of the indivisibility of human health and the health of the world around us. The title of the 14th International Congress on Circumpolar Health is “Securing the IPY Legacy: From Research to Action.” In 2009, it is obviously too early to fully analyse the research conducted during the third IPY, let alone act on the research results. However, the title is meant to emphasize the need to ensure that knowledge is translated into active engagement in the maintenance and improvement of the health of circumpolar peoples.

Priorities for circumpolar health research and action include, without specific order, the following:

1. The provision of culturally appropriate primary (preventive, curative and rehabilitative) care

to small, scattered and remote populations within the constraints of limited financial and human resources (10).

2. The promotion of mental and social health through intervention at individual, familial and societal levels.
3. Promotion of human security with respect to shelter, food, sanitation, employment and the social and physical environment. Examples of the latter include the prevention or mitigation of crime, violence, pollution, climate change and unsustainable consumption of resources.
4. Ensuring that economic and political forces are utilized for their intended goal—to promote and ensure the well-being of individuals, communities and populations. Defining what is meant by individual and collective “well-being” and how to achieve it entails public engagement in open, respectful and transparent discourse.

The methods that we use, whether in research, communication, advocacy or the provision of care, are characterized by the development and nurturing of respectful partnerships between the observer and the observed, between disciplines, between those with different forms of knowledge and between regions and cultures. The IUCH has fostered these partnerships, but there is still much to do. We must continue to nurture participatory research and programs within Indigenous communities. We must collect and share data and approaches across national and regional borders (11,12). With the finite resources available, we need to transparently determine which research projects or health programs are needed, or wanted, or both, and by whom. We need to ensure that we do not avoid difficult subjects or methodologies, particularly interventional behavioural studies, in favour of what is easy and available, even if the cost is sometimes failure.

Each IUCH congress has reflected shifting interests and focus within the field of circumpolar health. The submissions to the 14th ICCH reflect strong interest in human security, particularly with respect to food and the physical environment. There may no longer be a “cold war” as there was at the birth of the congresses, but there is a heightened struggle to access and control resources, and a struggle to maintain and adapt identity and culture in an age of globalization. These struggles

deeply affect health and well-being in the circumpolar world. As in earlier times, our mutual dedication to scientific truth and the welfare of Arctic people draws us to a process best described by the Inuit word *aajjiqatigiiniq* – seeking solutions through collaboration.

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