

PUBLIC HEALTH RESEARCH AND PRACTICE IN GREENLAND

Peter Bjerregaard

In the company of a big pot of tea and the mosquitoes of the northern summer night, I endeavour to undertake the audacious task of tracing the red thread that led me to a career in circumpolar health and the honour of receiving the Hildes medal. Nothing was written in the stars that pointed in that direction, except perhaps the strolls in my early childhood neighbourhood that often took me past a monument of the successful, yet ill-fated, Danmark-expedition of 1906-08.

At the time of entering the University of Copenhagen, I hesitated a long time between studying ethnography and marine biology, but finally chose medicine – I no longer remember why. After a postgraduate detour into immunological research, I started my basic clinical training and, one day, found myself District Medical Officer in Upernavik in northwest Greenland, well north of – actually almost anything except Svalbard and the Taymur Peninsula. Based in a small town with less than 1000 inhabitants, two physicians served ten villages along a 350-km coastline, by dogsledge in winter and by boat in summer.

Like so many others, I became fascinated by the Arctic. In 1979, I wrote to the Chief Medical Officer of Greenland asking for guidance about the literature concerning the disease pattern of the Inuit; he advised me to read the works of Bertelsen, who, in 1935-43, had published a series of volumes about health and disease in Greenland during the first quarter of the century. Interesting, but dated. I realized that, if I wanted more recent information, I would have to dig for it myself, and that is basically what I have been doing since.

First, though, it was necessary to create a research base. Although, at that time, a fair amount of health research had been done concerning Greenland, this was generally fragmented and performed in a multitude of research milieus. After some more years of wandering, including a stint in Nairobi (1985-1989), and after completing my thesis "Disease pattern in Greenland", I pegged my tent in Copenhagen in 1989 at what was some years later to become the National Institute of Public Health.

A career in circumpolar health was not something that could be planned for. It was only possible due to a fortunate coincidence of circumstances. I am thankful for the hospitality and interest of the director and staff of the National Institute of Public Health, and for the continued support from staff

members in the Directorate of Health in Nuuk. The necessary funding has been received from a variety of sources, but especially from the Directorate of Health, Karen Elise Jensen's Foundation, the Danish Medical Research Council, and the Danish Ministry of the Environment. Last, but not least, I appreciate the diligence and persistence of my co-workers and research assistants, some of whom have been with me for more than ten years, and the willingness of thousands of people in Greenland to participate in our surveys.

During the last 15 years, I have worked with colleagues at the Institute, in Greenland and in Denmark, at consolidating the Greenland health research milieu, which is still fragmented, although less so than it used to be. At the Centre for Health Research in Greenland of the National Institute of Public Health, our main focus has been research related to public health, and co-operation with the Directorate of Health of the Home Rule Government, which was conveniently established in 1992. We have carried out two large population surveys, the first with a focus on health behaviour, the second with an additional focus on risk factors for cardiovascular disease and diabetes. We have also increasingly been consulted by the Directorate of Health, and we are especially proud to be partners in a recent initiative to establish the first comprehensive public health plan for Greenland.

The changing lifestyle in Greenland, its consequences for health and to some extent the reasons for it, are at the core of our research. The topic is interesting because the world community may learn from the traditional lifestyle of the Inuit; the topic is important because knowledge is the foundation of prevention, in Greenland and elsewhere. We address the public health aspects of the health consequences, as well as the patho-physiological aspects of the lifestyle changes.

My corner of circumpolar health research is directed at the health problems of the indigenous populations of the North. Its ultimate goal is to uncover the positive and negative aspects of the lifestyle of the northern indigenous people in order to propagate the former and reduce the latter. The Hildes medal stands on my desk. It may not help in the daily work with improving health in Greenland, but it serves as a welcome reminder that my colleagues in Greenland and Denmark do appreciate our work at the Centre for Health Research in Greenland.

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