

# FINDING GOOD THINGS ABOUT HEALTH: A PERSPECTIVE FOR RESEARCH WITH ARCTIC INDIGENOUS PEOPLES

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I am sitting at the dining room table in Baie d'Urfé, Quebec, to write this commentary as a contribution to the International Journal of Circumpolar Health in recognition of the international Hildes Medal award of 2003. It is a dazzling, cold, sunny and snowy day, -24° C out there, and a perfect setting to reflect on nutrition research in the Arctic. I am so very honored by my colleagues in the Canadian Society for Circumpolar Health to be recognized as the Hildes Medal winner, and I thank all who nominated me and who served on the selection committee. The beautiful copper medal is at my left as I write.

It is especially meaningful for me and our Centre for Indigenous Peoples' Nutrition and Environment (CINE) to receive this recognition, since the International Union of Circumpolar Health is greatly influenced by Indigenous Peoples in circumpolar nations. The award is also meaningful to me because of the 23 recipients of the Hildes medals over the years, my award is the first to a nutritionist, and only the third award to a woman. I am happy and proud to carry this standard within the society.

CINE's activities with Indigenous Peoples have focus on many aspects of health. Through the last ten years of fascinating research with Indigenous Peoples in North America and other parts of the world, we have learned many lessons of the interpretations of health. The World Health Organization (WHO) defines health not only as the absence of disease, but as "a state of complete physical, mental and social well-being." First Nations in Canada have interpretations of health from the mental, physical, emotional and spiritual sides, the four quadrants of the circle that present the balance needed for a complete and healthy life. Nutritionists easily recognize how food touches each of these quadrants, and gives meaning and richness to life. Traditional food re-

sources maintain and provide strong links to the land and culture; they can define a way of life. In our work with Dene/Métis, Yukon First Nations and Inuit communities, it was easy to document the recognition given to harvest and use of traditional food for providing good health, a way to relate to the land and culture, delicious meals, fitness in outdoor activities and adventures, avenues for children's education, a way to economize in family food, and many ways to enrich community life. It is small wonder that Arctic Indigenous peoples love their traditional food.

Recognizing all the values Arctic peoples have for their traditional food, it became evident very early that the work of CINE needed to have emphasis on these benefits, even while investigating concern for environmental contaminants. All too often people are faced with "bad news" health messages from health authorities. To ignore the many benefits of traditional food while scrutinizing possible harmful elements in food and the environment is to focus on the "poison" and "repair medicine" when surrounded by health, and the beauty and meaning of culture.

Health promotion and health education would get so much further with the people involved if there would be more "good news" and reinforcement of the positive sides of health that exist within the local culture. Recognition of positive cultural aspects of health and development of strategies for enforcing these would be a wonderful contribution to Arctic societies. Somehow these messages are ignored or lost in our contemporary health clinics and settings. When working cross-culturally with Indigenous Peoples health professionals could begin their therapy by understanding what the local cultural beliefs and practices are; they could then support those of obvious value, as well as working on those health habits and issues that need improvements and control.

Contaminant studies in traditional food illustrate the principle of looking for something that is wrong, and of course finding it, because the technology is amazingly sensitive. It is easy to make media headlines that put these organochlorines or heavy metals out of context of nutrient and cultural benefits of the food. Little attention is given to the critical health benefits of traditional food with nutrients such as folic acid, vitamin C, vitamin D, iron, zinc, protein and all the others—all of which are essential for maintaining good health. We do not need to calculate large safety factors to set dietary standards. We have conclusive evi-

dence that low dietary levels of these and many other nutrients can have serious consequences on many aspects of human physiology – the immune system, cardiovascular system, nervous system, bones and teeth-- all which can be related to physical and mental health. To ignore these benefits or to give exclusive attention to the "bad news" is to erode public confidence in the food supply, even in the culture itself, and its capacity to provide a healthy life. It also results in a building distrust of government—who would allow this to happen to such beautiful rural and non-industrial landscapes of their citizens?

I would also like describe some of the work of CINE in the area of participatory research methods. CINE has a Governing Board comprised of representatives from the Assembly of First Nations, the Council of Yukon First Nations, Dene Nation, Inuit Tapiriit Kanatami, Inuit Circumpolar Conference, Métis Nation (NWT), and the Mohawk Council of Kahnawake. In the 10 years of CINE's work we have been coached and guided by our board to develop good working relationships with communities. This has really paid off with participation rates in our randomly sampled community households usually well over 85%--a highly successful rate. Involving the leadership of communities in our work is essential to success, and I suggest to all health researchers to be open to public meetings with community leaders and the general public.

The strategies of participatory research are many, and have been written about by many Aboriginal scholars as well as CINE and others. We have seen these strategies working with a variety of different manifestations in many parts of the world. There is now a guide about Indigenous Peoples and participatory health research, planning and management and creation of community research agreements. The guide was developed with participation of the WHO and CINE. Many of our Canadian First Nations and Inuit communities will find this guide modest in its demands, in contrast to current and informed community expectations, especially as it does not address the sticky issues of intellectual property rights, or legally binding ethics procedures. However, it is a document that has been generally agreed upon within WHO structures for consideration and application to Indigenous Peoples throughout the world, in recognition of the special cultural and politically specific problems faced. For many areas in developing countries where there are no national or regional ethics review bodies, this is the only guide that exists. It is a start along the path of building

trust and mutual respect between Indigenous communities and health researchers, which is a critical element of conducting good research; and good research is greatly needed to strengthen the evidence base of health and health needs of the world's Indigenous Peoples. You can access the guide, that includes templates for community and collective research agreements, and individual consent, at [www.cine.mcgill.ca](http://www.cine.mcgill.ca)

For those in our International Union of Circumpolar Health Union and our national societies who engage in cross-cultural research with Indigenous Peoples, I offer you a few key questions (there are many more—this is just a start) to stimulate your thinking about good participatory technique in health research and care:

1. Do you have some positive health messages to give to the communities where you work?
2. Does your steering committee have representatives from the grass roots, with each culture represented—so that you know their issues and views about the project?
3. Do you return research findings to those participating, and request their input in interpretation?
4. Is what you want to do a priority for the communities where you want to work?
5. Is there equitable return of benefits from the research among the researchers and the communities?
6. Is there genuine and meaningful recognition of community contribution of time and participation, and response to community requests for assistance with their own recognized health issues?

I wish you well in your endeavors in the fascinating and complex world of circumpolar health, and the very best until we meet again.

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