DISPATCHES FROM THE MEDICAL FRONT

Qallunaat

Our research team landed in Igloolik, Nunavut, to find the village in shock.

A young high-school student had just committed suicide in the girls' washroom. I too was stunned by the unexpected violence, and sheer desperation of her act. It was made worse by the enormity of the problem: of about a dozen research assistants helping us in various communities in Nunavut, 2 stopped work after a friend or family member committed suicide, and another temporarily stopped working after a family member was murdered.

I see Inuit society as one turned upside down by rapid change. With families tied down in villages, rather than following the migratory patterns of the wildlife, people have yet to find sufficient employment or a new purpose, and despair is all too common.

The elders — the traditional sources of wisdom — have no answers.

The loss of research assistants was becoming a major problem for our study. Despite high levels of unemployment, there are few individuals able to assist with research, and the core of such individuals in each community are

sought after by numerous other investigators and organizations. Our study was also facing other significant obstacles. Developing ventilation units for houses when the outside temperature, at least unofficially, was -72°C , was challenging.

Igloolik is a community where the kids play street hockey — wearing skates.

A shortage of trained technicians meant that the Heat Recovery Ventilators we had installed, to evaluate whether they could prevent respiratory infections, had not been balanced according to specifications. Some study participants felt the units were drafty, and had unplugged the units or boarded them up.

Fortunately, our study also had crucial supports. At a town hall meeting I'd held in Cape Dorset several years earlier, I'd asked the elders whether babies used to get sick in years past, and was told "only when the Qallunaat [southerners] arrive in their ships." A group of mothers in Igloolik had banded together to help infants avoid the now-annual community outbreaks of respiratory syncytial virus infection by helping ensure our study would succeed.

Next year, we'll fine-tune our heat recovery ventilators, and plan to recruit

high-school students to assist our researchers with the health surveys and to introduce them to research. Hopefully, the day will come when respiratory syncytial virus season no longer means rows of nebulizer masks labelled with each child's name, in nearly every community's nursing station. — Tom Kovesi MD, Ottawa

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Mzungu

Susanna peers out at us disdainfully from behind the edematous folds of her face. She is 2 years old and suffering from severe Kwashiorkor malnutrition.

"The signs of Kwashiorkor," explains the clinical officer who has become my mentor during my elective in Tanzania, "are edema, dermatitis, and misery." Susanna has all 3 in abundance.

I examine her as she sits ever so still, wrapped in her mother's emerald green kanga with its elfin little hood hiding her thin, brittle hair. She is clearly not improving despite weeks in the hospital.

After rounds, I venture out of the pediatric bungalow into the lush vegetation of the hospital grounds in search of the nutritionist. We exchange the necessary multitude of greetings in Swahili, and then I ask him abruptly why Susanna is still receiving maize porridge as her sole treatment. He tells me that after recent financial cutbacks at the hospital, malnourished children are no longer eligible for free food. Susanna's mother can only afford maize porridge.

Unsatisfied with this standstill, I persist. That afternoon I am informed that there is a policy that children with Kwashiorkor should be referred to the regional hospital for re-feeding with UNICEF formula.

I feel outraged that Susanna has been wasting away while this formula was available.

Why hasn't Susanna been referred?

The next morning I arrive at pediatric rounds feeling uncomfortable

Dr. Tom Kovesi

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