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Doctor to the North: Thirty Years Treating Heart Disease among the Inuit. By John H. Burgess. Montreal, QC and Kingston, ON: McGill-Queen's University Press, 2008. 200 pages. \$34.95 cloth.

John H. Burgess's autobiography, *Doctor to the North: Thirty Years Treating Heart Disease among the Inuit*, is a delightful and personalized example of the way in which a reflective memoir of a physician's career can be relevant and useful to a wide audience. In his book, Burgess seamlessly blends stories of his personal and professional life in a way that captures the reader's attention; at the same time, it enlightens us about the lessons learned when providing health care to a relatively underserved population in a geographically isolated part of the world. In this way, the book should capture the attention of readers beyond those interested in biomedicine, including those working as health practitioners or researchers from a variety of social science and biomedical approaches.

The book is organized in a way that flows naturally from beginning to end, as the author first provides an autobiographical background introducing the reader to his personal life. From this reflective foundation, the author transitions to and builds on the development of his professional career, but I never lost sight of the author's genuine place in the story because of his continued personal interjections. Accompanying Burgess's writing of personal reflections, case examples, and anecdotes are multiple pictures that add depth and authenticity to his work. This combination of visual and textual representations enhanced my experience as a reader by giving me an opportunity to have a greater sense of context as I followed the author in his journey. At times I found myself feeling as if I was actually with the author as he traveled to treat patients or embarked on a camping vacation.

Burgess's use of visual media to supplement his text not only gives depth to the story, but it also makes it an inherently more appealing and accessible piece of scholarship. Since I embarked on my career in anthropology, I have felt that anthropologists should strive to do a better job of making themselves and their work known to those in other academic disciplines and to the general public. Often times, people not familiar with the extensive breadth of anthropology's concerns think that all we do as anthropologists is go on exotic digs in faraway lands, looking for lost treasure or remnants of the ancient past. In a sense, anthropologists need to do a better job of branding their interests and capabilities within academia and outside academic settings. *Doctor to the North*, although not an anthropological text, aids in this effort by offering an easy-to-read account of the contextual and environmental factors affecting Inuit health.

Although not written by an anthropologist or someone with extensive training in the social and behavioral sciences, what struck me about the author's approach was his ability to think reflectively and contextually about the micro- and macro-level problems of Inuit health he researched, treated, and wrote about. In these ways, Burgess's autobiography reads as an accessible example of the issues medical anthropologists face in their work. Burgess situates not only his career but also the Inuit in the changing reality and lived

experience of a marginalized and neglected Arctic people. In chapters 7 and 8, he makes sure to orient the reader to the Canadian Inuit's history and health care experiences before diving into the details of his work treating a variety of heart diseases in subsequent chapters. As he talks about the transitioning nature of heart disease among the Inuit in contemporary society, he is careful to emphasize repeatedly the political, economic, social, educational, and historical factors that have led to the rising incidence of afflictions such as coronary artery disease. Thankfully, I found the author's contextual representation of the lived experience of heart disease among the Inuit continuously punctuated by the structural considerations one must consider (for example, modernization, introduction of a Western lifestyle, lack of educational and employment opportunities, and the ample availability and dependence on unhealthy foods) when grappling with noted risk factors of coronary heart disease, such as obesity, high blood pressure, diabetes, unhealthy diet, physical inactivity, and cigarette smoking.

With these considerations in mind, it is commendable that the author of *Doctor to the North* is a physician, because practitioners and scholars in medicine are not always known for the inclusion of social science principles in their work. Although not necessarily written in a sophisticated manner and missing the dense and extensive list of academic references to other scholars, it is precisely for these reasons that this book is widely accessible and relevant to those interested in health and health care among indigenous populations who have a history of being marginalized and underserved. In the spirit of bringing anthropological themes to a wider audience and whether or not the author's intention was to do so, I think *Doctor to the North* provides a good introduction to the essential nature of social science in the study of health and health care delivery without the unnecessary emphasis on academic jargon or complicated theory.

In his final chapters, the author makes his most poignant argument for the need for structural reform as a way to combat fully the rise in coronary heart disease and associated diseases and health concerns like diabetes, hypertension, and obesity, which are preventable. Importantly, he accomplishes this argument without blame to the Inuit. This is clear when he remarks in regard to patient lifestyle changes that "it is easier to take a pill than to change long-standing habits, no matter what your race, where you live, or what language you speak" (131). The challenge here rests in the cooperative efforts of health care practitioners, policy makers, and community members as they work together to ensure a future that provides the opportunities necessary for healthy bodies in a healthy society. Burgess extends this argument to the factors influencing the lack of opportunity for a bright future among Inuit youth and young adults. He succinctly notes the combination of factors like alcohol abuse, lack of education, and employment opportunities, and the availability of junk food in creating an environment that is toxic to the lives and futures of the generation that will be responsible for ensuring that the Inuit thrive in decades to come.

Doctor to the North is an accessible, easy-to-read exercise in blending personal and professional perspectives in order to communicate the lived

reality of health and health care among the Inuit people. Utilizing his thirty years of treating Inuit patients in their own isolated setting, the author's longitudinal data offer a picture of the transitional nature of health among a group of people influenced by their southern and European counterparts. I found his message of structural change clear, as fundamental programs and policies will be necessary to ensure the good health and survival of the Inuit. I am left wondering what is in store for the people written about in this book. As a budding medical anthropologist, Burgess's story and experience has me thinking about all the different ways a medical anthropologist could be useful in this setting. This autobiography is particularly important because it begs the reader to think critically and imagine new ways of approaching health problems. I feel challenged to think of new possibilities for social and behavioral sciences and how my area of expertise can be linked up with physicians and their work in the future. I think Burgess would appreciate this aspect of his work and would hope that it is used as an exemplar of the multifaceted approach necessary to combat some of our most destructive, and preventable, human diseases.

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Handbook of North American Indians: Indians in Contemporary Society. Volume 2. Edited by Garrick Bailey and William Sturtevant. Washington, DC: Smithsonian Institution, 2008. 577 pages. \$64.00 cloth.

Garrick Bailey, an anthropologist at the University of Tulsa, has completed a much-needed handbook of the twenty-volume set of the *Handbook of the North American Indians*, a project that began in 1965. This book has a history of its own with the late D'Arcy McNickle, a Native scholar, who was the original volume editor. With McNickle's death, Vine Deloria Jr., Lakota activist-scholar, agreed to take over the project in 1978, and his own passing in 2005 led to the handover of this volume to Garrick Bailey when general editor, William Sturtevant, asked him to complete it. This volume is the fifteenth one to be published of the original set. The volume's overall purpose is to provide basic reference information on Indians and Arctic people as they face issues in their changing environments.

Following Bailey's fine introduction, the volume contains four categorical areas: "The Issues in the United States" has fifteen essays, "The Issues in Canada" includes twelve essays, "Demographic and Ethnic Issues" consists of five essays, and there are fifteen essays in "Social and Cultural Revitalization." Authorities in their areas of expertise ranging from law professors, historians, political scientists, literature scholars, and others who study American Indians and Arctic people write all the essays. Most of them are leading scholars in their field.

"The Issues in the United States" covers Indians in the military, termination and relocation, Indian land claims, activism since 1950, federal-tribal