



The simple life

Janet Ip MD CCFP

I did not expect to come across a place so similar to my home town of Winnipeg, Man, in the Land of the Midnight Sun. The flat landscape with wide roads, open skies, unpredictable weather, swarms of mosquitoes, friendly people, and disproportionate numbers of pubs felt all too familiar.

It was a town of 3200—Inuvik, in the Northwest Territories.

Near the end of the Dempster Highway, close to the Arctic Ocean, Inuvik lies at the northern tip of North America. The opportunity to travel there arose during my first year of family practice residency in Vancouver, BC, while choosing a site for my 2-month rural family medicine elective.

Three weeks into my northern experience, I had grown comfortable in my new bug jacket, armed with a head net, and perpetually dusty, muddy jeans. Bug spray was my scent of choice. My weekend hangout became the Mad Trapper pub, where the man who sterilized the operating room equipment at the Inuvik Regional Hospital played nightly with his local band and performed an impressive repertoire of cover songs ranging from Coldplay, Nirvana, and Pink Floyd to 2-step country and polka.

After noticing the alarming quantity of pop, chips, and candy that dominated the supermarket and the scarcity of fresh fruit and vegetables, I bought a pass to the 24-hour gym. I grew accustomed to the 24 hours of daylight in July and August, which initially led to considerable confusion—I would awake many times at night, wondering whether I was supposed to be at work and look at the clock for guidance, but still feel unsure whether it was morning or evening. After eating solely chicken and fish for more than a decade in Vancouver, I found myself now craving caribou steak and musk-ox burgers.

The spirit of the North was contagious.

Medicine

I began to see the effects of pop and candy while working with a GP-anesthetist day after day in the Inuvik hospital operating room. Primarily, we were giving general anesthetic to obese children with severe tooth decay requiring multiple dental extractions. The appeal of junk

food became clear, though, while grocery shopping: \$1 for a can of pop, bag of chips, or chocolate bar versus a shocking \$20 for a carton of orange juice, milk, or rotting produce.

One of the biggest draws for me of practising medicine in the North was the anticipation of being flown out on small planes to surrounding Arctic communities. On my first medevac flight, I was sent to Fort Good Hope to assess a previously well, now symptomatic woman with a blood sugar level exceeding 30 mmol/L. Fortunately she was stable, and I had a stress-free ride back to Inuvik, enjoying the aerial view of the puzzle-piece Arctic lakes and searching for wildlife. On my second medevac flight, however, I was transferring a young girl with a ruptured appendix to Yellowknife. As her heart rate climbed higher on the monitor and her blood pressure dropped lower in spite of the intravenous fluids and blood transfusions, her mother looked over in my direction, and I could feel my own heart pounding.

Setting up “doctor clinics” in Tuktoyaktuk, Fort Good Hope, and Colville Lake was insanely busy, as practically the entire town would be booked to see us if no nurse practitioners were available. Meeting



elders from these communities, who were wearing their moccasins and fur-trimmed dresses and still following the traditional ways of hunting and trapping, was a particular treat, but sometimes their way of life seemed to work against us. One night in the Inuvik hospital emergency room, I received a

call from a nurse practitioner out in the community. An elderly hunter had presented to the nursing station with a red, swollen, painful knee and fever following a skin abrasion. I asked her to send him down by plane for intravenous antibiotics for his septic arthritis. Five minutes later, she called me back.

"I'm afraid he's left!" she sighed. "I couldn't stop him. He went back to the bush to go hunting."

Practising obstetrics in Inuvik came with another set of surprises. My first night on call duty, I sprinted from the residence, which was just across the hospital parkade, and still missed the vaginal delivery by a teenage primigravida. Being accustomed to long, painful, stalled labours requiring epidurals, inductions, and cesarean sections back in Vancouver, I was awed by the speed and ease of the delivery. Many of the local physicians and nurses believed that Darwin's theory of evolution and the survival of the fittest explained the ideal child-bearing pelvises of Inuit women.

"Back in the day, they had to deliver by themselves in the igloo while their husbands were out on the land hunting," I was told. "One elderly lady in the community delivered her own twins."

I didn't dare leave the delivery suite for the rest of my obstetrics experience.

Premiers' conference

The Western Premiers' Health Conference happened to be taking place in Inuvik during my stay, which was a rather strange coincidence. The special evening began with a private dinner of arctic char and other delicacies, followed by a performance open to the public in the gymnasium. Four young athletes training for the Northern Games demonstrated the Alaskan high kick, which required them to kick a swinging target more than 6 feet high, above their heads. As I approached the front row with my camera, I overheard one awestruck politician whisper to another:

"I can't even lift my leg high enough to put my pants on in the morning."

It was odd, as I stood on the field outside the Midnight Sun Recreation Complex half an hour later, to see my BC Premier get tossed high in the air from a traditional blanket by his colleagues, the Premiers of Alberta, Saskatchewan, Manitoba, the Yukon, and the Northwest Territories.

Youth

Before going to Inuvik, I decided to film a documentary about Inuvik youth and their health issues as my resident research project for family practice (page 864). Having a special interest in adolescent health and being well aware of the stereotypes linking Inuit youth to solvent abuse and suicide, I sought to examine the true experience of youth living in Inuvik. My plan was to hand out disposable cameras to the youth, ask them

to take photos of their daily lives, and then interview them about their photos, with the hopes that this would help engage them in deeper discussions about their real issues of concern.

There were a few barriers. My flight from Vancouver to Inuvik had required not only an overnight stay in Edmonton, Alta, but also stops in Yellowknife and Norman Wells before finally arriving in Inuvik. Unfortunately, I had to get off the plane and re-enter security checks with each stop.

"Do you have any electronics with you, ma'am?"

Nodding warily, I would pull out my digital video camcorder with light and microphone attachments, digital camera, lap-top computer, hand-held computer, cell phone, and 30 disposable cameras.

"What are you, a walking Radio Shack?" one Yellowknife airport official exclaimed at the display.

I had originally expected to recruit the youth through a sign-up sheet posted at the local Inuvik Youth Centre, which provided couches, a television set, and pool tables and largely served adolescents from homes broken by alcohol and gambling. A week later, the sheet was empty, and the teens smoking and skateboarding outside the centre refused the free cameras. Somewhat disillusioned, I resorted to finding teens by referral from the community and, to my delight, found enthusiastic youth working at the tourism centre and video store and in the fashion show and rock band at the Northern Arts Festival.

As a result, the Inuvialuit and Gwich'in youth in the documentary project were no ordinary youth. Each one had a unique persona: there was the anti-smoking campaign poster girl for the NWT; the lead singer of the local youth rock band; the NWT representative in the Miss World Canada pageant, and the "Cadets Drill Sergeant Major" who was recognized as a local hero for resuscitating a nearly drowned boy. These youth clearly needed no role models, but rather served as role models themselves.

The youth shared similar concerns about smoking, alcohol and drug abuse, fetal alcohol syndrome, and teenage pregnancy, linking these problems to boredom, isolation, depression, and poor parenting.

What united these youth most was their strikingly identical reaction to the question, "What message do you have for people down south about living up north?"

"We don't live in igloos!"



Janet Ip practises family medicine in Vancouver, BC.

For more on Canada's North, please see the accompanying article on page 864.