

Health and Welfare
Canada

Santé et Bien-être social
Canada

Northern Medical Research Unit,
Medical Services,
N.W.T. Region,
c/o Charles Camshell Hospital,
12815 - 115 Avenue,
Edmonton, Alberta.
T5M 3A4

January 21, 1981.

Dr. George E. Burch,
Editor,
American Heart Journal,
1430 Tulane Avenue,
New Orleans, Louisiana 70112
U.S.A.

Dear Dr. Burch:

Thank you for publishing my letter to the Editor in the December edition of the American Heart Journal. (You chose as the heading "Lo-the poor Eskimo!").

Dr. Osters "reply" is to the largest part a continuation of his polemic against the Nutrition Committee of the American Heart Association and various other individual or groups of researchers having taken sides in this issue. He uses generously terms like "ludicrous", "naïve" and gratuitously lectures me (a veteran in the fight for official recognition of their name) on the use of the term Inuit while introducing a faulty etymological explanation of "Eskimo" (derived from ASKIMOWET, i.e., the Labrador Naskapi Indian name for their coastal neighbours and means: "He who eats it raw" and not "eater of flesh" as Dr. Oster assures us). Naskapi Indians were eating as much flesh (fish, caribou and moose) as were the Inuit, only the Indians cooked or smoked all their fish and meat while the Inuit ate part of their fish, caribou and seal meat fresh or frozen raw. One flesh eating people calling the other "flesh eaters" would not have made much sense!

Dr. Oster finds it "ludicrous" that I referred to walking long distances and suffering frequent periods of famine as factors which might have helped the Masai to withstand their high dairy fat diet, while keeping at relatively low levels both their blood cholesterol and incidence of atherosclerotic diseases. No doubt Dr. Oster knows more about the diet of Masai than I do. But that does not dismiss accounts of many ethnologists, U.N. observers and colleagues who worked in Kenya & Tanganyika, who all attested (besides the two references I quoted: Mann et al. & Bliss et al.) that indeed these nomadic cattlemen are quite often subject to periods of famine and have to cover regularly on foot with their herds wide distances. I discussed in a previous communication in

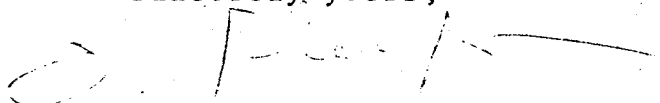
this Journal (Am. Heart J. 88, pp. 673/74) the relative roles of diet and physical activity on blood lipids and obesity, ~~as evident in Canadian Eskimos~~. I wonder what makes Dr. Oster so certain that the lumber workers of Northern and Eastern Finland "expend much more of their caloric energy in pursuing their livelihood than do nomadic cattle herders"? My Finnish colleagues with whom I am since 15 years closely associated in organizing Circumpolar Health Symposia told me that their remarkably high coronary heart attack rate appears to be a relatively recent development, only observed since the lumbar industry in Finland became highly mechanized, and cutting and moving of lumber involves operating heavy motor equipment rather than much muscle power as it did a generation ago.

The experience with lumbermen in Eastern and Northern parts of Finland confirms actually in a larger population observations we made in the early 1960ies in a smaller group of heavy equipment operators working on the Alaskan and Mackenzie Highways in the Yukon and Northwest Territories, and later at airports and oil exploration sites across the Canadian North: Most of this group of relatively young to middle-aged men eating big camp meals with great cold-stimulated appetites but limited in muscular activity during work while operating heavy equipment, and also after work due to lack of physical recreation facilities, developed within a few years gross obesity and/or cardiovascular pathology such as hypertension, coronary infarction, LeRiche's disease, etc.

Relevant in this context are our recently published findings (O. Schaefer, JFW Timmermans, RDP Eaton & AR Matthews: General and Nutritional Health in Two Eskimo Populations at Different Stages of Acculturation. Can. J. of Publ. Health, Vol.71, Nov./Dec., 1980: 397-405) of marked increases of skinfold thickness, serum cholesterol levels, aortic indices, blood pressure as well as cardiovascular, gallbladder and diabetic morbidity in Inuit after their moving from hunting camps and small to large settlements, involving admittedly besides a change to typical North American diet a number of other factors such as less muscular activity and greater socio-psychological strain.

Why should I not allow for Frenchmen the well documented possibility that moderate alcohol consumption, which no doubt applies for a large proportion of them, may elevate high density lipoproteins and thus mitigate the effects of their dietary habits? I hinted at other factors when referring to Keys & Keys (old Ref.13) such as reporting differences in French and American morbidity statistics.

Sincerely yours,



O. Schaefer, M.D., FRCP(C)
Director,
Northern Medical Research Unit.