Lung health for all Canadians?

Receiving my first personal e-mail message the other day was something of a landmark. Not that I am unreceptive to the advantages of the information highway, in one form or another: far from it. It's just that I have become so used to dialling up, and after several tries (LINE BUSY it says), getting a long list of administrative messages, whose only interest comes when you get to push the 'purge' command, appropriate when you consider their constipated contents.

Anyway, there it was; a personal message from my long time pediatric colleague, Angus McMillan, champion yachtsman and champion of Aboriginal health rights. Over many years it has been his habit, and that of his wife Bev, to spend time in northern Ontario, working with the Cree community. His message: "The infant death rate due to pneumonia and bronchitis in Aboriginals is 2.4/1000 live births, 12 times that in the total Canadian population."

In the hope and expectation that I am not the only Canadian respirologist not to know this statistic, I asked for more information, which was rapidly forthcoming. A recent review by Fraser-Lee and Hessel (1) has pointed out that there is ample evidence that acute respiratory infections pose a great risk to Natives in Canada, with a mortality that is three to 21 times that of the general population, and a morbidity rate from pneumonia that ranges from three to 18 times higher. The authors dispel the notion that socioenvironmental factors may lead to a lower threshold for admission to hospital. Risk factors are identified as a high rate of cigarette smoking in children and parents, bottle-feeding of infants, and possibly low birthweight, crowded households, environmental pollution, and obesity; however, research that might quantify the independent effects of these factors is lacking.

While one might see the solution to be improvement in social and economic circumstances, Fraser-Lee and Hessel point to successful control programs for acute respiratory infections in Nepal, Indonesia and Pakistan that have resulted in 50% reductions in mortality, in the absence of changes in social and economic circumstances. Important features of such control programs have been case management guidelines for local health workers, immunization for diphtheria, measles and pertussis and risk factor modification. Clearly these measures might be instituted in Native Canadian communities, but they would need to be accompanied by development of research strategies and priorities determined by Native people themselves.

Although there is much information regarding respiratory infections, we lack data on other respiratory problems: it seems very likely that asthma morbidity and mortality would be similarly greater. As respirologists we should be open to requests for help from our local and regional Native groups. The cost of measures to improve lung health in Native Canadians is likely to be modest, and the returns priceless.

Norman L Jones MD
Editor-in-Chief
 Canadian Respiratory Journal

REFERENCE

1. Fraser-Lee NJ, Hessel PA. Acute respiratory infections in the Canadian Native Indian population: a review. *Can J Public Health* 1994;85:197-200.