



tion), and organized outings such as a bus trip to the Waianae Health Centre.

Over 150 people participated, the majority of whom were physicians and medical students. Some allied health, education and researchers participated and or presented in break-out &/or poster sessions.

### Participants/presenters

- over half of the participants came from Te Ora, the Maori Doctors' Association, Aotearoa/New Zealand (physicians and/or students)
- approximately 40 from Ahahui 'O Nau Kauka, the Hawaiian Doctors' Association,
- 10 members of AIDA, the Australian Indigenous Doctors' Association,
- 4 from Micronesia, including 1 each from Guam, Pohnpei, the Republic of Marshall Islands, and Palau;
- 1 Tahitian (an anthropologist and medical scientist)
- 1 Cheyenne, working in Maui
- 1 Samoan physician was scheduled to present but was not able to attend.

### Participants/observers

- 1 Soto-Metis (Canada),
- 2 Alaskan Indians,
- 3 Mohawks (2 from Canada, 1 from the USA),
- 1 Palangi to report back to the Tongan Medical Association (U Hawai'i, medical anthropologist),
- 1 Fijian MD (now living in NZ),
- 1 former resident of Palau (Pacific Specialist librarian at the University of Hawai'i at Manoa's Pacific Collection),
- 1 physician from the National Organizations of Black Americans.

### Scientific sessions:

A wide range of topics were covered, including:

- the origins of Pacific exploration and the Pacific gene pool;
- non-infectious disease: incidence & Pacific population-specific predispositions (diabetes, asthma, cardiovascular);
- treatment; non-compliance, non-standard presentations in clinical settings
- economic disparity, morbidity & mortality rates
- successful health promotion tactics (various)
- incorporation of traditional perspectives, pharmacopoeia, massage & counselling in biomedical treatment regimes
- community-developed video for cervical cancer prevention & teaching;

- art therapy & perceptions of health in relation to land/place/family.
- child & domestic abuse
- kava consumption and potential protective effects for neoplasms
- Regional disparity, ongoing education, distance education, upgrading, financing medical services
- Poster sessions with original research and resources available from the Pacific Collection at U Hawaii.

### Professional proceedings

The final day of the conference included a closing address re: history of medical training in the Pacific Basin (Hawaii focus) and a business meeting at which the participants reviewed a draft constitution, and discussed whether there was a need or desire to create a new organization. The group overwhelmingly agreed to create an entity, provisionally called *Pacific Region Indigenous Doctor's Congress*. I cannot adequately describe the degree of emotional response, excitement and enthusiasm for the conference. Prior to the close of the meeting, there was discussion about certain key issues:

#### 1. The use of the term "indigenous"

"Indigenous" glosses slightly differently in various locales. The UN has drafted a definition of "indigenous person", but that itself is not

fully understood nor accepted.

- Victor Yano (PBMA/Palau) suggested Sitaleki Finau's term "Pacifians" be adopted instead of 'indigenous'.
- Heather Young Leslie (U. Hawaii) pointed out that much of the tone of the UN definition of "Indigenous people" references colonization and loss of autonomy. If the UN definition of "indigenous" is adopted by PRIDoC, then some Tongans and other Pacific nations who have retained/regained control over their land and local politics might not feel that it adequately serves them.
- A Fijian MD currently practising outside of Fiji wondered if he could be included since he was not indigenous *to the place* where he now lives & works.
- Sue Crengle [Te Ora] stated that "this organization can come up with their own definition of indigenous".

The general consensus was that the UN definition is problematic. Essentially PRIDoC participants are referring to 'first peoples' : i.e.: genealogical and cultural descendants of pre-European colonization, resident to places across the Pacific. That being said, the significance of colonization and the economic, professional, linguistic and educational disparity that is coterminous with colonization was predominant in much of the conference

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from each site. At the business meeting, Heather Young Leslie (U. Hawaii) requested that the nominations to the committee be held open to give time for people to report back to their local associations, and to give other organizations such as the Tongan Medical Association and the Tahitian physicians a chance to decide *if* they want to participate and who & how many people they want to sit on the committee for the next Conference. Agreement to this was unanimous. Since then, Dr. Sheldon Riklon, RMI, and Dr. Ramel Ramos, a Neurologist from Guam Medical Hospital have agreed to represent the Pacific Basin Medical Association & Guam Medical Society, respectively. The Tongan Medical Association was informed of the Congress on July 24 and are considering membership. Interest seems high.

A listserv has been established to facilitate communication, and already has a fair-sized membership. Individuals may subscribe through Yahoo Groups: <http://groups.yahoo.com/group/PRIDoC/>. The list is closed, meaning that all requests to join are vetted by the listowner (Rhys Tapsell, Te Ora), and only members can read

and post messages. As of July 20, 2002, there are 50 list members.

Conference participants were very clear that their intention was "not to step on the *mana*" of currently existing organizations — such as the Pacifika Medical Association (mostly based in New Zealand), or the Pacific Basin Medical Association (mostly Micronesia)— but are trying to meet a need that they all have identified is still unmet.

The name "Pacific Region Indigenous Doctor's Congress" was adopted for the interim and the goals of the organization came out clearly:

- Improve the health of Pacific peoples,
- Provide for improved intellectual, workforce and research opportunities for Pacific doctors, and
- Provide a safe space for doctors to look after their own.

Their slogan sums it up nicely:

*"Pacific Doctors for Pacific Health for Pacific Peoples"* ■

Pacificans is the unifying term for Pacific diversity yet is special for people who have descended from the indigenes of the islands within the Pacific Ocean. It does not imply homogeneity.

**S A Finau, et al in 'Health and Pacificans',  
Masilamea Press, Tonga Is.**