

UCLA

American Indian Culture and Research Journal

Title

Native Health Research in Canada. Edited by James B. Waldram and John D. O'Neil.

Permalink

<https://escholarship.org/uc/item/0wp3r43p>

Journal

American Indian Culture and Research Journal , 14(2)

ISSN

0161-6463

Author

McNabb, Steven

Publication Date

1990-03-01

DOI

10.17953

Copyright Information

This work is made available under the terms of a Creative Commons Attribution-NonCommercial License, available at <https://creativecommons.org/licenses/by-nc/4.0/>

Although it goes unremarked, there is an irresistible visual link between the photograph of Winter and Pond's first studio, with a pole out front topped by a wooden camera and tripod, and their many pictures of native totem poles. They knew what sold. Indeed, the catalog is especially rich in images of native arts and crafts. Wyatt has traced some of the pieces to their current repositories, raising the usual troubling questions about museums and the dual role they have played in the depletion/preservation of native cultures. But *Images from the Inside Passage* does not so much lament loss as celebrate survival. It pays handsome tribute to the artistry of Winter and Pond and the vitality of their subjects. Anthropologists, historians, students of native art, the descendants of the people shown, and general readers will find it a feast for the eye and the mind.

Brian W. Dippie
University of Victoria, B.C.

Native Health Research in Canada. Edited by James B. Waldram and John D. O'Neil. *Native Studies Review* 5(1), 1989 (special issue). Saskatoon: University of Saskatchewan. 293 pages. \$10.00 Paper.

This special volume of the *Native Studies Review* stems from a workshop organized by the editors that was presented in 1988 at joint meetings of the Society for Applied Anthropology in Canada, the Canadian Ethnology Society, and the Canadian Association of Medical Anthropology. Twelve papers and an introduction by the editors comprise the workshop proceedings. The volume also contains a collection of historic photographs, two edited historical archive documents reporting on native health status and services, and three book reviews (two of which were authored by editors of the volume that is reviewed here). Although these additional documents and reviews are unrelated to the workshop proceedings per se, for reasons I describe later they may warrant attention from some readers who are drawn mainly to the workshop papers.

To establish a coherent organizational framework and larger context for this edited volume, Waldram and O'Neil disclose

their view of the common threads and affinities among the papers. Since edited collections so often resist a coherent framework and may conceal that larger context behind disparate agendas, much rides on the efforts of the editors in this connection. Three key conclusions are said to emerge from the collection as a whole: Medical anthropological research should be multidisciplinary; applied health research in native communities must be collaborative (or "participatory"); and applied, collaborative research need not be atheoretical. The editors' elaboration of the last point, which entailed advocacy for a perspective that looks at the institutional structures of health care provision as well as populations at risk, suggests that critical medical anthropology (or, in general, a view that stresses the social organization of illness in order to expose social structure as well as patterns of illness) is a leading contender for the common theoretical denominator of the proceedings.

The organizational framework of the volume describes the contents and illustrates how those contents were conceived: Two papers explore patient-practitioner relationships; two papers address native explanatory models; four empirical papers examine health status and service utilization patterns among important population cross-sections (urban natives, abused native women, the elderly, the chronically ill, the disabled); and three final papers deal with what could broadly be termed medical pluralism and public policy. Hence, this volume does not achieve, nor does it seek, a comprehensive treatment of anthropological approaches to health. Ecological perspectives, paleopathology, and other themes that fall in the general domain of medical anthropology are not addressed, since they are outside the purview of the editors and authors. In the following passages I will summarize issues raised by some of the authors. By including some authors and omitting others, I signify nothing more than my own strategy for characterizing major sections of the volume.

The first section addresses the ideological, political, and economic dimensions of encounters between patients and practitioners at several levels of scale, and so evokes the issues that one of the editors (O'Neil) has written about so eloquently in other publications. The author, Grondin, reaches optimistic conclusions about the impacts of medical evacuations of northern native residents to southern treatment centers, in contrast to some other scholars and lay conventional wisdom (which often view

temporary transplantation as a rupture in familiar forms of social integration accompanied by a collision between value systems). Grondin's examination of support networks outside the home environment suggests that social forms that exist adjacent to or within the medical institution itself have a greater capacity for mediation and aid than are generally acknowledged.

Grondin is followed by Sherley-Spiers, who reaches different conclusions in her assessment of encounters involving Dakota Sioux. In contrast to Grondin's optimistic picture, Sherley-Spiers finds Dakota encounters fraught with stereotypes, discrimination, and prejudice. She offers the concept of explanatory models in her analysis of Dakota interpretations of the illness experience, and in so doing provides an opening for the following section, which is largely concerned with these models.

The Farkas, Howe, Kalnins, Jewell, and Sorrell paper in that section is most noteworthy on methodological grounds, since it adopts a robust design known variously as "multitrait, multimethod," or "triangulation." Several data collection strategies are employed in tandem; the strengths of some methods counterbalance the deficits of others, yielding optimal validity. Projective pictures and verbal probes, sentence completion exercises, and questionnaires were used together in order to describe some salient aspects of native explanatory models of pregnancy. Since it is self-evident that those models play some role in health-seeking behavior and perception of risk, the practical implications of the study are clear: Prevention and health promotion efforts must be informed by those models if changes in health-seeking behavior and risk perception are sought.

The four empirical papers move methodology to center stage in some instances. In the Waldram paper, the use of a standardized survey in a study of urban native health service utilization is described and rightly defended. Standardized surveys are often disparaged, occasionally for good reason but often on ideological grounds and without a methodological justification. Waldram's survey of urban natives, whose health characteristics are poorly documented, reveals that socioeconomic circumstances (rather than cultural variables) are often good predictors of service utilization patterns. His work therefore invites consideration of a much larger topic area: health and service use patterns in urban areas in general, poverty and health, and, by extension, First and Third World (and other) comparisons. The

empirical focus carries through Miles-Tapping's paper, which exemplifies straightforward, epidemiological analysis in the form of a needs assessment for disabled, elderly, and chronically ill populations; the same focus is picked up in Gagnon's paper, which opens the section on medical pluralism and public policy.

Gagnon's analysis bridges three of the section topics described here by (1) addressing practitioner attitudes and interactions and (2) employing an empirical design aimed principally toward descriptive ends, which (3) jointly uncover physician beliefs about collaboration with traditional health specialists. Gagnon's introductory material and findings draw out the policy precedents and some implications at both global and specific (e.g., Canadian) levels. The other contributions in this section combine features of empirical analyses (Gregory) and position papers (Speck).

Edited volumes are difficult to assemble and difficult to review, since the cohesion all parties desire is so often camouflaged by the thicket of individual motives and objectives contained in the papers. To some extent this volume falls victim to a common fate. Critical medical anthropology, though evident in some papers, is too sporadic to unify the papers and too casually and spottily articulated when it is invoked (whether by name or not) to do double duty, contextualizing other pieces in the collection by virtue of especially good treatment here or there. My reading may be idiosyncratic, but I detect a more uniform pattern of references to explanatory models in the papers, yet that cannot be the common bond. The three key points first identified by the editors that stress multidisciplinary, collaborative, and theoretically grounded research are not actually common denominators, seeing as how few papers exemplify any two of them, and none, save the introduction, focuses on all three. The quality of the papers is uneven. A longer introduction, a concluding chapter, and a heavier editing hand would have nourished the collection as a whole and amplified (both fore and aft, so to speak) the cohesive elements that are somewhat elusive now. More comparisons to cases and circumstances outside Canada would have strengthened the presentation (but see below).

Let me quickly add, however, that the merits of this volume outweigh these problems. This volume, like several others originating in Canada, was rapidly published soon after the workshop papers were delivered; as such it offers medical anthropologists, Native American health service planners and providers, and

others some examples of recent research, research-in-progress, and position papers that would normally circulate only through informal channels for two or more years before publication. The citations are sufficiently broad that the astute reader can detect and then access parallel work in other areas (Alaskan, Navajo, and WHO references are examples). Papers in the volume address topics and target populations that are generally under-represented in the Native American health literature, such as urban populations, the chronically ill and disabled, and the aged, so readers with only modest interest in Canada per se will still find engaging material.

This volume should be useful for readers with a background in medical anthropology or health planning and administration who have some prior knowledge of Native American health and service utilization patterns. The strengths and weaknesses of the volume together demand some prior knowledge of the theoretical and empirical contexts that gave rise to the collection. Its applications are, in this sense, not general. However, the historical material and book reviews contained in the volume may in fact enrich the workshop collection and expand the utility of the volume as a whole. The historical material provides the barest glimpse of conditions that initiated readers will already understand but which other readers may not. The book reviews are well done. Since two are by the editors and one reviews a book by one of the paper authors (Speck, who provided the most provocative and arguably the most stirring piece), the reviewers provide additional context that will make the workshop papers more sensible and accessible to readers who are new to the field.

Steven McNabb
Social Research Institute