BOOK REVIEWS AND REVIEW ESSAYS


These two recent volumes deal with the significant issues of local control of health care and the evolution of alternative systems of Native healing practices in Canada. Both volumes represent major contributions to the literature by making available reports of research in progress, case studies and position papers on Native health without the delays associated with most academic publications.

Health Care Issues in the Canadian North, edited by David E. Young, is a collection of papers presented at a 1986 workshop entitled "Traditional and Western Medicine in the North," sponsored by the Boreal Institute for Northern Studies of the University of Alberta. The individual chapters explore the evolving status of alternative Indian healing practices and changing relationships with biomedicine. A central focus of several papers is patterns of practice and efficacy of traditional Indian medicine as a holistic alternative to western biomedicine. Papers in the first section summarize ethnomedical and pharmacological issues in the historical and contemporary practice of Indian medicine. They also examine policy issues associated with the evaluation, regulation and funding of alternative medicine. Several papers discuss the potential challenge to biomedicine posed by the renaissance in Native healing practices and provide examples of problems of control of patterns of practice, cross-referral and competition for resources. In considering the risks and benefits of collaboration between Indian
and biomedical systems, most contributions reject models for service delivery which would formally integrate the two. Unfortunately none of the papers deal with the impact of alternative models of healer-client relationships and the hazards of decontextualization of programs which attempt to integrate Indian health practices.

Several position papers emphasize that local communities should decide on the mix of Indian and biomedical services and define the terms of employment for both healers and biomedical practitioners. However, proponents of local control and integration acknowledge the problems of meeting federal requirement for equality of access and uniformity of care provision.

Papers in the first section of the book deal with the evolving relationship between orthodox and Indian medicine. McCormick compares the experience of traditional Native healers and other alternative practitioners with governmental and professional control. The longer term experience of other drugless practitioners is unfortunately not within the historical context of 19th and 20th century control disputes between physicians and governments and "unorthodox" practitioners. In considering options for government support of multiple healing traditions, McCormick does not address problems of accreditation and resource allocation among an expanded pool of practitioners.

David Young's collection also provides a unique balance by considering the attitudes of biomedical practitioners to Indian medicine. For example, Gregory's paper summarizes the results of a sample survey of nurses working on Manitoba reserves, focussing on professional acceptance and collaboration experience with Native healers. John O'Neil's paper utilizes detailed ethnographic case studies to examine the ways in which referrals to traditional practitioners are facilitated by medical interpreters in urban hospitals. His paper eloquently documents the role of interpreter/advocate in patient empowerment and referral to healers.

The second section of Young's volume focusses on the problems of reconciling Native and biomedical frameworks for
interpreting illness and healing. Wilbush's paper proposes the adoption of an alternative socio-biological model for disease classification to accommodate Indian explanatory models of illness. Unfortunately he does not illustrate in detail how the framework might be applied in developing approaches to health service planning based on emic or insider perspectives. In contrast, Garro's paper utilizes indepth ethnosemantic data to examine changing cultural models of chronic disease in an Ojibwa community. The methodological and conceptual elegance of Garro's work is reflected in her use of narratives to compare the explanatory models of chronic illness of both patients and health care practitioners.

Research dealing with Native healing practices often avoids evaluating their efficacy and validity. However, papers in the third section summarize the findings of innovative research programs evaluating the effectiveness of a Cree healer in treating chronic psoriasis. Janice Morse, David Young and their co-investigators have used a unique combination of emic, and etic or external, standards to evaluate the impact of the healers interventions. Although the authors feel that biomedical efficacy might ultimately be assessed through larger studies using experimental research designs, the psoriasis research project contributes significantly to our understanding of the problems of intercultural evaluation of health systems.

The final section of Young's collection focusses on alternative models of health delivery, decentralization and local control. However, these themes are more fully explored in the special issue of the Saskatchewan Indian Federated College Journal on Indian health. This collection of papers represents an important contribution to the contemporary literature dealing with devolution and local control of health services for Native people in Canada. Cuthand-Goodwill's and Demay's edited special issue makes available to academics, Native communities and health care workers, a wide range of resource materials relevant to the evolution of Native health policy.
In the first section two position papers from representatives of the Medical Services Branch, National Health and Welfare provide an "official history" emphasizing devolution as a series of incremental decisions through which "75% of Canadian bands have come to administer 25% of the medical services." Unfortunately, these papers do not acknowledge the impact of transfer upon the administrative structure of the Medical Services Branch or consider the risks of transferring control of services without the transfer of sufficient resources.

In contrast to the federal position papers, the working paper "Treaty Rights and Health and Social Services" contributed by the Federation of Saskatchewan Indian Nations emphasizes the inappropriateness of the view of transfer as the provision of grants to needy populations. The authors emphasize that payments are funds allocated from one government to another, guaranteed by original treaty rights. The paper strongly criticizes the dual hazards of federal proposals for devolution:

On the one hand, governments say Indians must retain and develop their cultural heritage, while on the other hand, they repackage their termination policy as a devolution policy and continue their efforts, with cooperation and assistance of some Indian leaders, to dilute and eventually eliminate the special status of Indians (p. 19).

The volume also includes detailed case-studies of innovative Native health programs emphasizing community control, training of Native health professionals and integration of traditional healing practices. Marlene Brant Castellano's case study examines the application of adult education methods in promoting community involvement in primary care. She describes an internationally sponsored demonstration project in which the Health Steering Committee of the Union of Ontario Indians established guidelines for Indian control of services. Her detailed historical analysis of the process of consensus formation by a regional health steering committee documents how Native health concepts were used to develop objectives integrating Indian and biomedical concepts. Manual Rozenthal's paper also proposes an alternative framework, balancing individual and community perspectives through development of historical and communal awareness of the broader
context of health issues. Unfortunately his application of dependency theory is not carried through in proposals which apparently would involve program implementation within the current structure of the Medical Services Branch.

Another group of contributors deals with improving health career opportunities for Native people. Jean Cuthand-Goodwill stresses the function of the association of Indian and Inuit Nurses of Canada in lobbying for career support of Indian and Inuit health professionals. She examines both structural barriers within the profession of nursing and the impact of external support programs in expanding career opportunities. Other papers describe Native pre-medical study programs and initiatives for upgrading the math and science skills of pre-clinical students. Dr. Judy Bartlett's personal account of her experiences as one of the first graduates of the University of Manitoba Access Program for Native Students provides an insiders perspective on the impact of special programs. The summary of her individual coping strategies provides an alternative perspective to conventional approaches stressing program structure and teaching objectives.

In summary, both volumes represent important contributions to the literature on themes which will dominate the field of Native health during the next decade. The editors and contributors have provided the Native Studies community with two valuable collections of research-in-progress and position papers describing rapidly evolving areas of policy formation and program development.

Joseph M. Kaufert


In the past decade, T. Kue Young has been one of the most prolific contributors to the academic literature on Indian health and health care in Canada. It is not surprising, therefore, that he has written the first comprehensive book on this important but highly undeveloped topic. In examining the questions of changing