

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

T. Kue Young, Health Care and Cultural Change: The Indian Experience in the Central Subarctic. Toronto: University of Toronto Press, 1988.

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

health status among the Indians of northwestern Ontario, he has borrowed from his previous works (primarily a thesis and many journal articles), has added some new data, and has provided a broader historical and cultural perspective to his discussion of changing health status. The book clearly establishes Young as a leader in Native health research in Canada.

Although Young's training is in community health and medicine, a unique feature of this book is the manner in which the contemporary health situation is placed within the context of historical cultural change. Young appears comfortable with the existing literature on subarctic ethnology and ethnohistory, and provides a useful overview of subarctic Indian (particularly Cree and Ojibwa) post-contact history. Further, his discussion of the changing patterns of health and disease, and the evolution of western health care delivery to this Indian population, is in itself solid, if abbreviated, medical ethnohistory. In providing such a discussion, Young not only justifies the need to understand the past in order to understand contemporary Native health issues, he also demonstrates that the archives in particular are a largely untapped source of excellent historical data on Indian health. Clearly there is a need for more comprehensive explorations into the historical question than Young is able to provide.

Another significant aspect of Young's book is his lengthy discussion about contemporary Indian health status, with an emphasis on the Sioux Lookout Zone in northwestern Ontario. The data are presented clearly and in a manner that is largely accessible to the non-specialist. Accidents and violence remain the leading causes of death for these people, and the role of alcohol and, in broader terms poverty and oppression, are clearly implicated. Major causes of morbidity include infectious and parasitic diseases of various types, which are themselves related to the poor living conditions of the people. Young also points out that chronic diseases, such as cancer, heart disease, stroke and diabetes are becoming more significant. Hence, we see the increasing incidence of "diseases of 'westernization' or

'acculturation'" (p. 53) among a population characterized by its poverty and marginalization within that western society.

Young then provides a comprehensive discussion of health care delivery in the Sioux Lookout Zone. Based in the small, predominantly non-Indian community of Sioux Lookout, Ontario, the Sioux Lookout Zone Hospital is the major health care institution for much of the northwestern part of the province. For many years the hospital had difficulties attracting quality medical personnel, and retaining them for reasonable lengths of time. In the outlying small Indian reserves and settlements, health care delivery was in the hands of nurses, nursing assistants, and local community health workers with a minimum of actual health training. In 1969, the University of Toronto undertook to improve the quality of the health care in the region, and the Sioux Lookout Project was born.

The Sioux Lookout Project was an ambitious attempt to improve the continuity and quality of health care service delivery in the region through service and research contracts with the university. Medical staff, usually young graduates from the University of Toronto Medical School, were recruited through the project, and were assured continuing medical education, and access to specialists, through the university. Psychiatric, dental, optometric and physiotherapy services were eventually added as well. These health professionals usually worked out of the Sioux Lookout hospital but periodically visited the clinics and health stations in the smaller "satellite" communities.

Community-based health care personnel were linked to the Zone Hospital through a high-frequency radio system, and so were able to access medical advice as needed. For the most part, these personnel were "health auxiliaries," local Native residents with variable (though relatively minimal) amounts of health training. Despite the potential for the delivery of substandard medical care in these smaller communities, Young concludes that the level of health of the residents does not suffer. Indeed, he states, "More intensive medical input in the form of more frequent visits by

physicians or more sophisticated stationary health facilities would not necessarily improve the health status significantly" (p. 127).

Young presents the now well-accepted interpretation that an increase in health care spending *per se* or an increase in the number of visits by medical professionals to Indian communities would have only minimal effect in altering the pattern of disease and death experienced by Indian people. However, some would argue with his assertion that "present-day Indian health services in the remote subarctic are comparable to those received by most Canadians and, in many respects, are superior in terms of accessibility to and availability of basic services" (p. 126).

In his final chapter, "Towards an Indian Health Strategy," he turns his discussion to the ramifications of these perceptions for health care delivery involving Indian peoples. He argues that the use of auxiliary health personnel should be strengthened and they should become the "focus" of health care. While acknowledging the fact that Indian people invariably question why they have health auxiliaries while non-Indian Canadians usually have physicians and nurses, he fails to attempt an answer.

While Young's book is strong in many areas, there are a few weaknesses that need to be addressed. First, he fails to deal adequately with the continued existence of traditional Indian healers in northwestern Ontario. Indeed, the political organizations representing the Indians there have themselves argued for an expanded, even formalized, role for their elders and healers in health care delivery. Young acknowledges the precontact existence of such healers, but implies that whatever usefulness they have served in the past will diminish in the future as western medical services continue to dominate.

Second, Young's discussion of the Sioux Lookout Zone is tendered too uncritically. This region of northwestern Ontario has been rife with racial and political tensions for two decades, and these tensions have permeated the health care delivery system. The problems of racism within the Sioux Lookout Zone, as documented by Stymeist (1976), are only alluded to by Young. Instead, he tends to present a somewhat romantic picture of the

heroic struggle of non-Indian health care personnel as they struggle to deal with the isolation, poor weather, unreliable communications, and community politics.

Finally, Young fails to adequately address the important questions surrounding the Indian political movement toward control of health services. What are the implications if the Indian people do take control in this area? Will there be a fundamental shift in the direction of health services? His Indian health "strategy" does not clearly articulate Indian demands not only for control of health care, but for an expanded role for Indian health professionals and administrators. It is questionable that Indian people will be satisfied with simply expanding the role of local health auxiliaries.

Notwithstanding these problems, Young's work stands as a major contribution to the field. Its value lies not only in its extensive examination of northwestern Ontario, but also in the fact that much of his data and analysis pertains to most other Indian areas of Canada. In this manner, the book serves as an excellent introduction to a wide variety of Indian health issues in Canada, and will prove valuable in many Native health courses as well as courses in medical anthropology, medical sociology, and even contemporary subarctic ethnology.

James B. Waldram

Dara Culhane Speck, *An Error in Judgement: The Politics of Medical Care in an Indian/White Community*. Vancouver: Talon Books, 1987.

This book sets out to achieve a standard set by C. Wright Mills in 1959; that is to "understand the connections between history and biography, between social structures and personal histories, and between public issues and private troubles." While many social scientists have attempted to attain this goal, few have succeeded as well as Dara Culhane Speck in this remarkable book.

The book is about the death of Renee Smith, an eleven year old Native girl in Alert Bay, British Columbia in 1979. It is an attempt to answer the question "Why did Renee die?" The simple