

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

answer would appear to be that a drunken doctor alone in a remote rural practice misdiagnosed a case of acute appendicitis and failed to seek additional help until it was too late.

Culhane Speck does not absolve the physician of responsibility. However, she systematically examines the event in the contexts of family, inter-ethnic community relations, medical politics, regional history and the political economy of Indian-white relations to demonstrate that both the doctor and the patient are victims of the same historical and social structures of oppression and inequality. Renee's death was a symptom of this structure, not a simple "error in judgement" on the part of a country doctor.

Nonetheless, this is a very biased account of Renee Smith's death, a charge for which Culhane Speck makes no apology. Her objective is to present the Native perspective on medical care in isolated communities: a perspective which derives in part from her own biography.

Culhane Speck is a member of the Nimpkish band by marriage and had lived in Alert Bay for several years prior to, and throughout, the inquiry into Renee's death. Although now a doctoral candidate in anthropology at the University of British Columbia, her ties to the community extend over a period of fifteen years.

This is also a painful book. Not only does it expose one family's tragedy to the world, but as the author acknowledges, it is an invasion of the privacy of all the townspeople of Alert Bay. No pseudonyms are used.

However, Culhane Speck circulated early drafts of the book with pseudonyms to Renee Smith's family and others in Alert Bay and was surprised to learn that people were insistent that not only should the book be published, but that real names should be used. They wanted their story told and felt the book was "true." Clearly, Culhane Speck has succeeded in presenting an accurate description of the "biographies, personal histories and private troubles" of the people of Alert Bay. In the remainder of this review I will examine the extent to which she has also succeeded

in linking this story to the "history, social structures and public issues" which have determined the Alert Bay tragedy.

As Culhane Speck demonstrates, Renee Smith's death is enmeshed in a series of issues which are not unique to Alert Bay. Foremost among these is the tendency of medicine to "blame the victim" when a death occurs. As the case is investigated, various attempts are made to blame Renee's death on her family and the Native community. Opinions were expressed that she was sexually assaulted by a relative and that her family was negligent in bringing her to the hospital, that Indian beliefs inhibit obtaining consent for surgery or autopsies, that the girl was rude and uncooperative, that the relatives were uncommunicative, and that alcoholism and child neglect were rampant in the Indian community. Each of these opinions were expressed by hospital staff during the successive public investigations into the death, and indeed, became a structured part of the doctor's legal defense.

These victim-blaming attitudes are then situated in the contexts of institutionalized racism, colonial dependency, and medical politics. Through an analysis of historical documents, Culhane Speck demonstrates clearly that the history of Indian-white relations in Alert Bay has been one of systematic discrimination against the Native population. Stereotyping and passive dependency on non-Native goods and services have characterized the relationships between Native and non-Native sectors of Alert Bay. In this context the hospital has become a primary symbol of this colonial legacy: staffed almost entirely by non-Natives yet dependent for its existence on elevated levels of sickness in the Native community.

Medical care in Alert Bay does not exist in isolation. Culhane Speck examines the local situation both in terms of medical history and contemporary politics within the profession of medicine. The loss of traditional Native healing resources is linked to medical dominance and monopolization of health care. Although a significant dimension of the physician's defense is the overwork and stress associated with an isolated practice, Culhane

Speck shows clearly that structural relations with the College of Physicians and Surgeons, and between nursing and medicine, enhance rather than mediate the impact of this stress on individual physicians.

Renee Smith's death resulted in an autopsy, a coroner's inquest, a provincial inquiry and finally a national inquiry under the direction of the federal Minister of Health. Each of these successive investigations was initiated only after sustained public protest in the face of professional and government attempts to avoid fundamental changes in the provision of health services to Alert Bay. For example, the central recommendations that emerged from the provincial inquiry were to give the local hospital an Indian name and appoint a local priest as a mediator between Indian patients and the health care system!

The book ends on a cynical note. Although the report from the federal inquiry recommended sweeping changes in both self-government, economic development and medical care for the community, Culhane Speck suggests that little has changed. Despite a new clinic on the reserve and an additional doctor, Indians continue to die at a higher rate than non-Indians, and Indian dependence on non-Indian goods and services (including medical care) remains the same. Clearly, isolated "quick fixes" cannot replace the need for radical structural change on a national basis.

The events described are so dramatic that the book reads like a novel. It is one of those rare scholarly books that may keep you awake at night, finishing the story. My only criticism is that the analysis is not as well developed as it could be. The reader is pointed in various directions but sometimes left to draw his own conclusions. Students may require assistance in understanding the theoretical framework which sometimes remains implicit in the analysis. However, for the mature scholar, the wealth of detail allows for independent analysis.

This book has application beyond the field of Native health care but is essential reading for anyone involved in the Native health field. I assigned the book to an undergraduate class in

"Native Studies" where approximately half the class were health and social service professionals and the other half Native students. The health professionals were sympathetic to the author's arguments and uniformly outraged by the failure of the system to respond to obvious needs. The Native students generally asked, "So what else is new?"

John D. O'Neil