Review

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national health. The selections are well integrated and the writing is without jargon. For readers already familiar with this field, some of the chapters will appear as reanalyses of previous research. As a teaching text, this book assumes a student's familiarity with the nature and severity of health problems of the developing world. The selections regularly provide both sufficient anthropological theory and case-study detail to fuel classroom discussions. One obvious gap in this collection is the topic of community participation, an area where anthropologists should be leading the research efforts.

Contributions of particular note include: Mull's historical introduction; Velimirovic's impassioned essay about the politics behind the WHO Traditional Medicine program that argues that the integration of Western and traditional medicine is impossible and undesirable; Nichter's analysis of how metaphors for vaccination programs shape program organization; and Pelto's review of research methods in diarrheal disease interventions. Heurtin-Roberts and Reisin provide an excellent case study of ethnomedical models of hypertension among African-American women in New Orleans that is an exceptionally powerful demonstration that folk beliefs affect patient compliance and that cultural sensitivity to those beliefs improves medical care. PHC is no longer a new and radical idea; in the debates about "comprehensive" versus "selective" PHC, the selective programs have won out—primarily because of their appeal to donor agencies. The result is that the Alma-Ata rhetoric about PHC has lost its optimistic sparkle. The editors of this volume argue that both PHC and anthropology have to change. Anthropology must change its research designs to meet the time, budget, and quantification demands of selective PHC program managers; there is evidence in this book that anthropologists have done this. On the other hand, there must be a fundamental change in both funding and strategy for the real promise of PHC—to provide basic curative care to all world citizens—to be realized.


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As Europeans began to colonize North America, most of its inhabitants were already practicing some agriculture; even so-called hunter-gatherers were managing their plant and animal resources through selective burning and other means. Yet, as historian Sarah Carter observes, the newcomers easily convinced themselves by the early 19th century that the Indian was no natural farmer but "a born hunter and warrior. Century upon century had ingrained in him the nomadic instinct" (p. 1).

This book makes a major contribution to our understandings of Plains Indian relations with the Canadian government in the decades after the 1870s. Much previous writing examined the treaties themselves or particular Indian Affairs officials and policies from the top down. Carter, in this finely focused book, traces Indian Affairs agricultural policies not only as they percolated down from Ottawa, but also as they affected and provoked responses from the Indians whom they were to benefit. Concentrating on several Saskatchewan reserves in the regions ceded by Treaty 4 (1874) and Treaty 6 (1876), Carter demonstrates that Indians actively sought the agricultural success that Ottawa preached, but faced constant frustration in their dealings with the government.

The study opens with an overview of 19th-century Canadian perceptions of the Indian character. Although her sampling includes mainly Methodist missionaries and overgeneralizes on occasion, Carter maps the main features of a powerful rhetoric that seemed to set the terms of Indian Affairs policies (whose methodistical underpinnings may deserve further attention).

In the 1870s, as they lost their lands and buffalo herds, Indians hoped that the new treaties would deliver the "Queen's bounty" they promised. Instead, the Indians often found that agricultural implements and assistance were either late or so badly deficient when received. A pattern of negative feedback between Plains bands (sometimes backed by observer and sympathetic agents) and Ottawa officials soon developed. The government emphasized economy, expediency, and the need to keep order. Pointing out the many instances of governmental negligence, inefficiency, and ignorance of Plains conditions, Indian spokesmen challenged both the implementation of policy and the authority of its makers, and were dismissed as beggars and chronic complainers (p. 51).

In 1878, a new policy, the "home farm" experiment, was undertaken; agricultural in-
structors were sent to reserve communities. Most, however, were poorly chosen; fresh from Ontario, they were ignorant of the Plains and of their students’ lives and needs. And education took second place to governmental hopes of producing surplus crops to cut costs of rations to Indians. Severe climatic conditions and the importation of Ontario technology and methods unsuited to the west led to Indian agricultural failures, even as White settlers gained improved seed and techniques and access to the American John Deere plow, with its steel blade designed to cut prairie sod.

Canada’s conflict with the Métis in 1885 brought more coercive policies. The notorious pass system restricted Indians’ off-reserve movements and activities. Sporadic Indian crop successes despite the odds provoked White settler complaints about “unfair” competition, and permits became required for Indians to sell their produce and animals. The principal policy architect of those years was Hayter Reed, whose operating rationale was the evolutionary principle that all societies must progress through specified stages. He advocated keeping Indians as peasants with archaic hand tools until they “matured” to the level of the increasingly well-equipped White farmers around them, in a region where short summers required speedy sowing and harvesting.

Indian Affairs policy in this period was destructive and demoralizing to a generation of Indians who cast their lot with the White man’s agriculture. And Indian failures and withdrawals from agriculture fostered tendencies of non-Indians to “blame the victim,” reinforcing the negative stereotypes of earlier writers. Carter documents an Indian “tradition of protest” (p. 257) that recurringly countered government policies and assumptions yet was dismissed as the trouble-making of beggars and malcontents. Her conclusions resonate too well among the echoes of the Oka confrontation and Canada’s “Indian summer” of 1990.


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Surviving Fieldwork is the product of the Advisory Panel on Health and Safety in Fieldwork, chaired by Nancy Howell, which was commissioned in 1988 by the American Anthropological Association (AAA) to address the issue of special risks in fieldwork undertaken by anthropologists as part of their professional commitment. The goal of this project was not to produce a “how-to-survive” field manual but rather, as a first and most essential step, to identify the variety and relative severity of risks that confront anthropologists in the field. To this end panel members, utilizing Howell’s demographic expertise, pursued three data-collection strategies to build a sample as representative as possible given the constraints of time and budget. First, they analyzed the obituaries published in the Anthropology Newsletter between 1976 and 1987; second, they wrote to the chairs of all the departments listed in the AAA’s Guide to Departments and asked for information about individuals listed in the 1976–77 edition but absent in 1986–87. Finally, they sent a questionnaire to a random sample of employed anthropologists listed in the 1986–87 Guide. In other words, they built a solid sample of fieldwork-related health risks suffered by anthropologists recently employed in academia. The questionnaire was exhaustive, covering disease, accidents, mental health, alcoholism and drug abuse, and rape and other forms of physical violence for the respondent and other members of the research party. The data are analyzed and presented in a way that allows individuals to identify hazards most relevant to their own field research. For example, the most significant health risks are reported separately for major geographic regions (Africa, India, Asia, the Pacific, and North and South America).

The results identify three very significant categories of frequent and serious risk to anthropologists: malaria, hepatitis, and vehicle crashes. Reduction in risk of these three problems would have a major impact on the health and safety of field researchers. Two of these, malaria and hepatitis, are complex in their variability of forms and in the dynamics of their transmission and disease processes. Anthropologists need to be educated in appropriate behavioral and medical prophylactics, the pros and cons of various treatment options, and relative risk of alternative field sites. Vehicle accidents present a different issue. Few anthropologists seem to recognize and prepare for the unusually high risk of serious injury or death resulting from poor roads, uncertain driving conditions, and medical facilities common to rural areas and less developed countries. For example, seat belts are fre-