

Culture



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du geste de donner, et se centre sur l'esprit du don. G. Bibeau suggère de replacer la thèse dans la tradition judéo-chrétienne de l'alliance et de relier don, pardon et dette (de relier donc la thèse à la société et à l'analysant qui l'ont produite), tandis que E. Schwimmer invite plutôt à une interprétation postmoderniste de visions alternatives du monde, et critique les théories à la fois de Mauss et de Caillé et Godbout en prenant appui sur la sémiotique des Orokaïwa qu'il connaît bien.

Dans cette ère postmoderne, l'individualisme se conjugue paradoxalement avec une explosion de revendications communautaires. Les textes suivants analysent différents aspects de la solidarité.

M.F. Labrecque et P. Beaucage discutent des pratiques de solidarité avec les groupes étudiés. Tous deux rapportent leurs expériences de recherche-action-participation en Colombie et au Mexique, leur succès et les obstacles qu'ils ont rencontrés. M.A. Couillard et G. Côté traitent de solidarité de genre et de pouvoir de femme au Québec. Elles montrent comment la tension entre la réalisation de soi conformément à l'idéal moderne et les appels à la solidarité suscités par l'engagement politique dans des groupes de femmes se vit différemment selon les femmes.

Cette deuxième partie, de loin la plus longue, se clôt par quatre textes sur la religion des droits, tous fortement influencés par la perspective de P. Legendre. Ces articles relancent la question des identités culturelles et de la postmodernité abordées en première partie. Y. Simonis relève la demande incessante de droits dans cette époque postmoderne, et plaide la reconnaissance de la primauté de l'institution comme limite à la logique contractuelle et comme lieu de la dépendance commune des citoyens. À travers l'étude de deux sujets controversés qui soulèvent actuellement des enjeux majeurs, soit le sida-VIH et les programmes d'action positive, R. Murbach et M. Elbaz examinent les rapports entre les individus, le droit et l'État. M. Elbaz pose de plus la question de la justice intergénérationnelle et soutient que la première responsabilité est envers les générations futures et non vers la réparation de torts historiques et de générations passées. M.B. Tahon enfin soutient que la pleine capacité civique des femmes est reliée au droit à la non-maternité.

La troisième partie de cet ouvrage, intitulée : « Lieux des identités et de la mémoire » souligne bien le côté passsériste de la modernité, son ancrage

dans la tradition, et son obsession au regard de l'accélération de l'histoire à conserver le patrimoine. Les contributions témoignent de la vitalité actuelle de la profession dans ces greniers patrimoniaux ou ces centres d'ingénierie culturelle que sont les musées.

Un premier sous-ensemble de textes traite de localisme au Québec et des événements culturels en région (A. Fortin ; A. Gendreau). E. Schwimmer interprète le festival local mauricien dans l'optique de marquage d'une identité locale régionale mais aussi dans celle du don.

Le second sous-ensemble de textes traite des discours scientifiques et de vulgarisation de l'archéologie (L. Paradis ; G. Duguay), des défis et réalisation du musée d'archéologie et d'histoire de Montréal (J.G. Brossard et M. Garceau), et de l'aménagement du sous-sol urbain destiné à protéger la mémoire des villes (C. Mousseau).

L'ouvrage se clôt sur une réflexion sur le rôle des musées et sur la pratique d'archéologues et d'anthropologues œuvrant dans les musées et chargés d'organiser les identités culturelles et la mémoire d'un peuple (textes de M. Peressini, J. Marontate et M. Fournier, M. Niquette, et G. Baril).

James B. WALDRAM, D. Anne HERRING and T. Kue YOUNG, *Aboriginal Health in Canada: Historical, Cultural and Epidemiological Perspectives*. Toronto: University of Toronto Press, 1995, 334 pages.

By Margot Wilson-Moore

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Aboriginal health and the provision of health services to aboriginal Canadians provide the focus for this volume. Beginning from a presumption of health as a fundamental human right, the authors argue that no simple biological or cultural explanation can explicate the health care issues of aboriginal Canadians. Rather, a complex web of social, cultural, economic, historical and political factors have combined to precipitate the critical health problems facing aboriginal people today.

The authors review the paucity of data on health in the pre-contact period and the difficulty in extrapolating from those data. Social, linguistic and economic diversity among aboriginal cultures in Canada further complicates our understanding

of health in the pre-contact period. Dichotomous perspectives on pre-contact health contrast Beringia filtered disease-free populations, on the one hand, with more recent evidence of widespread fungal, bacterial and parasitic infections, on the other. It is difficult to estimate the disease load or general health of pre-contact groups based on inferences from skeletal and dental remains.

By contrast, the escalation of infectious disease rates during the nineteenth and twentieth centuries with increased European migration and settlement, especially such acute community infections as influenza, smallpox, measles and tuberculosis, is well documented. At the time of contact, European medical practice was relatively unsophisticated, thus in many ways the missionaries, fur traders and whalers were no better equipped to cope with the infectious diseases which decimated aboriginal populations following contact than were the aboriginal people themselves. Since the Second World War, however, mortality from these diseases has decreased concomitantly with increased morbidity and mortality from newly introduced infections such as AIDS, chronic diseases such as cardiovascular disease, cancer and non-insulin dependent diabetes (NIDDM), accidents, violence and substance abuse.

Government responsibility for providing aboriginal health services developed slowly following the incorporation of Canada when the British North America Act transferred this responsibility to the new federal government. For many years, however, primary health services continued to be provided by missionaries, traders and eventually government agents. Controversy revolved around aboriginal rights to free medical care based on "Medicine Chest" provisions in treaties and although the Department of Indian Affairs was not primarily responsible for health issues, disease was rampant on many reserves and the Indian agents involved in administering treaties and distributing rations were hard pressed to disregard closely related health issues. Inuit people were among the last to receive health care support from the government. Similarly, the Metis people, for whom the government acknowledged no responsibility whatsoever, received few medical services until 1932 when the Ewing Commission began investigating the extremely high incidence of infant mortality, tuberculosis and sexually transmitted diseases in Metis communities.

Today, the Medical Services Branch of the Department of National Health and Welfare is the governmental body responsible for providing health services to aboriginal people. Despite the apparent emancipation provided by universal health care in Canada, the slow devolution of health services from federal to provincial and territorial governments has been complicated by fiscal challenges, the involvement of academic and professional organizations in the provision of health care in remote areas and the differential use of medical services by aboriginal people. Accordingly, aboriginal groups remain the most underprivileged in terms of health and the provision of medical services.

Traditional aboriginal health practices are based on a view of disease as a product of natural or supernatural occurrences. As such, aboriginal healing tradition has attracted considerable criticism and prohibitive governmental sanctioning in the past which has driven many practices underground. The loss of traditional aboriginal healing and medical knowledge and practice are the legacy of colonization, assimilation, missionization, residential schools, and infectious disease. Nevertheless, revitalization of traditional practices and beliefs are demonstrated in the Midewiwin, shaking tent ceremonies, sweat lodges, Sun Dance and potlatch. Despite legal, philosophical and epistemological challenges entailed in the re-emergence of these traditions, medical pluralism appears a logical and inevitable outcome which empowers and provides culturally appropriate treatment choices for aboriginal patients.

Finally, argue the authors, self-determination in health care becomes the issue of primary importance, where aboriginal people must assume control of the administration and delivery of their own medical services. Unfortunately, the lack of trained aboriginal practitioners will require a continuing dependency on non-aboriginal caregivers for some time to come and lack of funding remains a perennial problem. Nevertheless, examples of self-determination in action from the Six Nations Iroquois, the Williams Lake Band in Saskatchewan and the Northwest Territories provide ample evidence for the successful syncretism of biomedicine and traditional aboriginal health practices.

Thus the authors present us with a comprehensive and thoroughly constructed political economy of aboriginal health where aboriginal health is

delineated as a process evolving over time in response to specific historical, cultural and biological influences. In conclusion, the authors suggest basic prerequisites for future improvements in aboriginal health including: 1) a public health perspective devoid of moralizing and/or racist undertones; 2) a greater sensitivity to the diversity among aboriginal cultures; 3) increasing control over health care services by aboriginal communities in order to ensure that needs are met in the most sustainable, and environmentally and culturally appropriate manner possible; 4) increased opportunities for aboriginal people to train and practice in all health professions; and 5) the situating of all these changes in the context of widespread improvements in socio-economic circumstances of aboriginal people.

Ben FINNEY *et al*, *Voyage of Rediscovery: A Cultural Odyssey Through Polynesia*, Berkeley: University of California Press, 1994. xviii + 401 pages.

by Linda M. Darby*

* This reviewer is a Canadian who sailed from British Columbia to French Polynesia, and from there had the singular adventure to follow the *Hokule'a* from Tahiti to the *marae* (ceremonial ground) of Taputapuatea on Ra'iatea Island. The congregation of dancers and chanters, with sailors and navigators from Tahiti, the Cook Islands and Aotearoa (New Zealand) and Hawaii made this meeting a rare and impressive cultural event. Upon sailing back to Hawaii, she joined the crew of an escort vessel for the Hawaiian canoes in the flotilla, and spent from February to May of 1995 as a radio operator on the escort vessel. Altogether eight double-hulled canoes took part in the voyage to Tahiti and the Marquesas. She observed the practice and teaching of indigenous navigation and experienced the rare thrill of making landfall using these non-instrumental methods.

Imagine a journey in a canoe through seven archipelagos, across 12,000 miles of the South Pacific, using only traditional, ancient means of navigation. The 62-foot double-hulled *Hokule'a* sailed the routes celebrated in the ancient legends of Polynesia, involving in its cultural odyssey many Hawaiian and Polynesian people.

Author Ben Finney and eleven contributors involve readers in this chronicle of the scientifically and culturally significant journey. The book

opens with a re-examination of the questions raised over decades by anthropologists and historians about the great Polynesian migrations. The canoe *Hokule'a* was built from sketches and drawings that survived from the Captain Cook era in the South Seas and then tested by sailing the very same routes that, according to the legends of the Polynesian people, their ancestors once sailed. This historical framework is established in the first chapter. The next two chapters define the research methods for learning how the early voyaging canoes were sailed and were navigated solely by reading the stars, winds, swells and currents.

Hokule'a was built in the early 1970s for scientific investigation and as an archeological experiment, and sailed on her maiden voyage in 1976. The original objective of the project was the rediscovery of ancient boat building and navigation techniques. However, with the resurgence of interest among native peoples in rediscovering their heritage, the vessel found a second purpose, as a vehicle for cultural revitalization among Hawaiian and other Polynesian peoples. The success of the project and of re-learning the old ways of navigating without instruments are revealed through the achievements and contributions of Hawaiian navigator Nainoa Thompson, a primary contributor to the book.

The actual voyage from Hawaii in a circuit of central Pacific archipelagos began on July 10, 1985 and ended on May 23, 1987. It is summarized in Chapter Four. Current thinking regarding Polynesian dispersal throughout the Pacific basin, as well as a few words about post-settlement history, provide a spatial and temporal framework for analyzing specific legs of the trip, and these discussions are contained in following chapters.

An analysis of the passage from Samoa to Tahiti demonstrates how a double-hulled canoe can be sailed against the Trade Winds that blow from central East Polynesia to West Polynesia. The next leg, from Tahiti to Aotearoa, shows how the early voyagers could have moved outward from the tropical heart of East Polynesia to reach this Polynesian outpost in the temperate zone. The ability of these navigators to duplicate this feat by accomplishing several passages amongst already-settled archipelagos is documented in Chapter Seven. The first and last legs of the voyage emphasize the problems inherent in maintaining two-way communications between widely-separated archipelagos.