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of the Cherokee should be a shining example for all Indians (and non-Indians) to follow in the quest to maintain and expand fundamental human rights. The larger question that still faces Americans today is why the U.S. political system has been unable to find a way of incorporating cultural or national diversity within the constitutional framework of a federal republic, and why instead it has chosen to remove, marginalize, assimilate, or terminate Native Americans.

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Disease and Social Diversity: The European Impact on the Health of Non-Europeans. By Stephen J. Kunitz. New York: Oxford University Press, 1994. 209 pages. \$28.95 paper.

I always get excited when I learn that Stephen J. Kunitz has published a new book, because I believe his work will include pertinent, cogent, and engaging analyses of American Indian health conditions. I greatly anticipate his stimulating contributions to the literature. Frankly, there just are not enough publications about contemporary health circumstances among indigenous persons that examine epidemiological and ethnographic materials in a longitudinal fashion.

Disease and Social Diversity is an extremely worthy investigative exercise. Apparently aiming his views mainly toward epidemiologists and medical practitioners, Kunitz argues that the advents, causes, courses, and consequences of diseases must be assessed within particular social and political contexts. A number of historians (cf. Edward Castillo, Jack Forbes, Daniel T. Reff, and Robert Jackson) and a multitude of medical anthropologists and sociologists have made similar arguments. Indeed, chapters 5 and 6 are coauthored with Kunitz's long-time collaborator, anthropologist Jerrold Levy.

Targeting an audience trained in biomedicine, Kunitz declares that medical determinants of disease tend to value the universal culture of the organism rather than the local culture(s) of the patient. The author then requests his readers to reconsider the etiologies of health problems and behaviors. According to Kunitz, the way to comprehend the incidence, prevalence, distribution, prevention, and treatment of a health problem is to examine the

micro- and macrosocial and cultural processes that influence morbidity and mortality.

Owing a bit of an intellectual debt to critical medical anthropologists and political economists (cf. Hans Baer, Lesley Doyal, Ronald Frankenberg, Lynn Morgan, and Merrill Singer) and world systems and dependency theorists (cf. Andre Gunder Frank, Immanuel Wallerstein, and Eric Wolf), Kunitz delivers a fascinating analysis of the effects of government structures and policies of English-speaking liberal democracies on particular indigenous communities. The health of Australian aboriginal bands, Maori, Navajo, Hopi, Hawaiians, Canadian Indians (as a group), and Western and American Samoans, as part of the global economic periphery, is compared. The histories of the colonial and federal experiences of these distinct peoples share some similarities.

Set against a wealth of different types of epidemiological and archival data, Kunitz's study reveals the disparate influences institutions and policies have on health and disease. (For additional material on American Indian health care policy, see also Jennie Joe's article "The Delivery of Health Care to American Indians: History, Policies, and Prospects" in *American Indians: Social Justice and Public Policy*. Madison: University of Wisconsin Institute of Race and Ethnicity, 1991). These case studies enable Kunitz to contend that centralized rather than state governments are more apt to provide entitlements that address the specific needs of indigenous populations. This situation occurs purportedly because federal governments are persuaded by urban constituents, who are not in economic competition with indigenous peoples, to protect the rights of the latter. Kunitz also explains how countries with universal entitlement to health care have greater mortality rates among indigenous groups than do places without such entitlements. According to Kunitz, countries with universal entitlements—with the exception of New Zealand—rarely initiate programs specifically for indigenous peoples or for groups with special needs.

In each chapter Kunitz explores the impact of a variety of social, economic, political, geographic, and cultural factors on health and disease. Chapter 1 introduces the notion that various colonial policies of different nations led to unique conditions of morbidity and mortality among distinct segments of indigenous communities. In chapter 2 Kunitz offers a historical overview of the different ways in which types of capitalism have influenced the admin-

istration of health services. Epidemiological data reveal that, for a variety of reasons, these health programs have decreased the occurrence of infectious rather than noninfectious and human-created problems. Chapter 3 is a delightful analysis of the influences of colonial and federal policies on the peoples of Polynesia; the comparison between the health of the population of American Samoa and that of Western Samoa is especially supportive of Kunitz's argument that economic development does not always exist in association with what he refers to as "high life chances" (p. 74). Using Australian aborigines of Queensland as his case study in chapter 4, the author demonstrates the ways in which "dysfunctional" state governments provide services inadequately to their indigenous populaces. Chapters 5 and 6 include intricate descriptions of the ways in which the social and cultural circumstances of the Hopi and the Navajo help to shape health patterns and practices. This comparative ethnographic approach highlights the cultural variation that exists between and among members of two populations whose health services are administered by the same federal government. Overall, this book is informative and interesting.

I do have a few, albeit minor, consternations about this book. Although the author proposes an avenue of "intimacy" (p. 188) for the understanding of the relationships between health and social and cultural processes, I felt intimately acquainted with the Navajo individuals only when Kunitz and Levy used family case history methods. Perhaps *Disease and Diversity* is meant to be read as a companion piece to *Navajo Aging* (1991) or *Drinking Careers* (1994), both coauthored with Jerrold Levy. In these books, readers are offered detailed descriptions of individuals—people who activate rates and dates. Since Kunitz presumably had access to a quantity of ethnographic data, especially for the members of Navajo and Hopi communities, he could have added the views of those he described. I like to read the words of individuals.

Kunitz also might have explored further his thesis that urban liberal constituencies are generally not in competition with indigenous communities for natural resources. This topic is important in understanding the inequalities in the distribution of health services. Unlike local miners, farmers, and ranchers, urban liberal groups are not in *direct* competition with indigenous communities. Urban liberals are, however, very often the main beneficiaries of the extraction of natural resources such as coal, timber, and water from the lands demarcated for indigenous groups. At times

competition may arise. It would prove interesting to examine the impact of contemporary conflicts between urban groups and indigenous peoples about water and hydroelectricity on health policies and conditions. Also, as described here, it appears as if those in the economic periphery have little or no political potency. I do not think Kunitz wishes to imply that indigenous community members usually remain politically inactive. As he notes, those natives who have treaties are most able to affirm their health care rights. Readers might do well to assume that these affirmations involve indigenous political actions; these behaviors might be linked to those of liberal urbanites.

Anyone fascinated by the influence of colonial European and federal policies on indigenous health circumstances will find this book rewarding. *Disease and Diversity* might be especially helpful to Indian Health Service and tribal health providers, as well as to academic researchers new to this field of study. Because Kunitz offers a comparative overview that includes detailed case study descriptions, this book will also be useful for advanced undergraduate and graduate students in public health, epidemiology, medicine, medical anthropology, and government relations/policy.

I certainly recommend this book. The research could be replicated among other populations. Perhaps such a book would also examine the ways in which health professionals could help to ease some of the deleterious economic and social conditions that impact their patients.

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Education for Extinction: American Indians and the Boarding School Experience, 1875–1928. By David Wallace Adams. Lawrence: University of Kansas Press, 1995. 396 pages. \$34.95 cloth.

In this important book, David Wallace Adams does what no one else has yet managed: He eloquently and comprehensively charts the ambitious but troubled history of Indian education during its heyday between the 1880s and the 1920s. Focusing on the boarding schools that lay at the heart of the school system, Adams discusses the role played by such schools in the ambitious forced assimilation campaign of the era. It was a grand plan, built on