

Book Reviews



Navajo Aging: the transition from family to institutional support. By Stephen J. Kunitz and Jerrold E. Levy. Tucson: University of Arizona Press, 1991. vii + 191pp. Hardcover US\$35.00.

Stephen Kunitz and Jerrold Levy have conducted extensive previous work on Navajos. This Native American group lives primarily on a reservation that cuts across the boundaries of three American states and occupies 24,000 miles.

Despite its title, *Navajo Aging* is not a general overview of aging among this tribe. Instead, the book focuses on the results of a random survey of elderly Navajos who were treated at the Tuba City Service Unit of the Indian Health Service. This Arizona service unit serves a geographic area of 5,000 square miles.

The authors concentrate on the relationship between 'health status, health-care utilisation, and the family organization of a sample of elderly Navajos' with a special emphasis on the role of social-support networks in health status. Beyond the basic background and discussion of the research design, the eight chapters examine social organization, morbidity and hospital use, depression, hypertension and mortality and perspectives on caring for the elderly.

Each of the topics is examined intensively. Some of the findings, such as the lack of inordinately high prevalence of depression among Navajo elderly, may surprise some readers. Beyond the specific findings, the authors also attempt to combine both a qualitative and a quantitative research approach. The first chapter on the 'Changing contexts of aging' thus includes a long discussion of one major kin group. Throughout each of the chapters, discussions of quantitative results include specific detail about respondents that helps in an understanding of the results. The shift between quantitative and qualitative data is not always smooth, but the efforts the authors make to use both approaches is important. Kunitz and Levy also include a number of photographs that focus on the traditional and modern housing units available to Navajos and their relative degrees of effectiveness in meeting the needs of the old.

It seems that despite severe poverty and health problems, there are a number of commonalities in the problems facing Navajo and other American old people. Rates of depression and hypertension among Navajos and non-Navajos are comparable, and factors in mortality rates are also becoming more similar. As Kunitz and Levy argue,

The fact that measures of dysfunction are similar to those observed in other populations whereas poverty is far more concentrated means that people clearly have a great need for various forms of assistance, some of which can be provided by family and friends but many of which cannot.

The communal functions of the Navajo reservation cannot meet these needs without assistance, but the implementation of assistance needs to take into account traditional cultural values, such as antipathy toward nursing homes.

In sum, although not detailing every aspect of the lives of the Navajo aged, *Navajo Aging* provides important perspectives on this population, particularly in its health and mental health aspects. Comparisons with indigenous Australian populations may prove valuable for health researchers.

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Friends, Brothers, and Informants: Fieldwork Memoirs of Banaras. By Nita Kumar. Berkeley: University of California Press, 1992. xi + 260pp. Cloth US\$35.00, paperback US\$13.00.

This book is the fieldwork record of a young Indian historian-social anthropologist in the ancient Indian city of Banaras (also known as Varanasi and formerly known as Benares).¹ The book's interest lies in its being a candid record of the problems of doing fieldwork, in a setting that has not been traditional for anthropologists, a large city rather than a village, and in being written by a national of the society being studied, rather than a foreigner.

The author arrived in an unknown, and in some ways threatening city, and came to know it, gradually overcoming the obstacles in her way, most of which were in herself, in her shyness and in her lack of understanding. The early chapters cover the problems of starting fieldwork, dealing with the mundane difficulties of finding a house to live in, locating household help, and establishing a daily routine, as well as of commencing the fieldwork itself. The later chapters concentrate on the fieldwork.

The strengths and weaknesses of the book are that it is purely a field-work memoir; it comprises an entertaining account of the day-to-day difficulties of conducting fieldwork. It raises but does not explore many issues fundamental to the role of the researcher in social investigation and the nature of the information being gathered.

An important issue here is the subjectiveness of the enterprise and in particular the relationship of the researcher to those being researched. Kumar remarks:

ethnography is the goal, of course, but when so much of what comprises this final product is directly related to the situation of the investigator, it should no longer be regarded as narcissism ... to dwell on that aspect of the discipline more directly (p.4).

Whereas in sociology and demography a somewhat awkward distinction is made between data collection and data analysis, often undertaken by entirely different people, fieldwork in anthropology is as much concerned with interpretation as with actually collecting information. Kumar makes the point rather well in describing her problems in identifying precisely what were the social activities she was investigating. Initially people directed her to high culture rather than to the much more humdrum social activities of the everyday life that she was interested in. It was only when she has learnt the indigenous categories, what people thought of as being their leisure activities, such as using soap to wash clothes, that she began to make real progress. Understanding the information collected within its social and

¹ Dr. Kumar conducted the fieldwork with which the book is concerned from July 1981 to April 1983 while undertaking her PhD dissertation in Cultural Anthropology at the University of Chicago. Her topic was the 'cultural system' of the artisans of Banaras over the last century. The thesis was published as the *Artisans of Banaras*, 1988, Princeton University Press, Princeton.

cultural context is vital in this type of research. Nevertheless, Kumar accepted the need to collect information analysable by specific variables through the use of a survey, though rather than sully her own hands she delegated the task to her research assistant hired for the purpose (p.143).

Clearly, ethnography is extremely subjective, for no attempt is made to separate data collection from interpretation and hence from the researcher. The identity of the researcher is critical to the whole enterprise. In Kumar's case two important elements were that she was an Indian belonging to the culture of the people she was studying, and that she was a woman.

Kumar implies that the 'indigene' will inevitably have a different conception of what he or she is studying than will the foreigner. This is so in the degree to which the indigene will identify with what she is studying but it is also true in that people are prone to see foreign societies in undifferentiated and ahistorical terms, a mistake they would not make about their own societies. Indigenes, especially in a complex and ancient culture such as India, are necessarily aware of the complexity of their societies and of many of the factors in this complexity over time.

This very complexity of society meant, however, that in some ways Kumar also was an outsider. She was a daughter of the ruling classes with good connections, high status and much education; her father was the Inspector-General of the police of Uttar Pradesh, the state in which Banaras is set. Consequently, it was some time before she fully comprehended much of what she was investigating, as noted above with reference to indigenous categories. For a Hindu, this was especially true with regard to the Muslims. Nevertheless, she was in a stronger position than a foreigner, in her knowledge of what was being referred to, and in her rapid acceptance by the people she was researching. She was quickly incorporated into the network of social relations, being on kinship terms with most of her close informants.

Her position as a high-status indigene with good links especially to the police highlighted a problem facing many fieldworkers; what the researcher is giving the informants in return for the information they are providing. Kumar notes that she tried to assist some of them materially but what they really wanted was assistance with officialdom, particularly the police. This desire is not surprising in view of the double standards in official conduct. She mentions one incident in which a police inspector without provocation beat a suspect, then behaved politely to her as a middle-class woman and excessively so once he realized her connection, and ultimately, despite the incident, was of considerable assistance; but the help of officialdom and especially the police was often more of a hindrance than genuinely useful. However, even when she was convinced of the correctness of her informants' requests, and, although she was fully aware that the system did not work in an impartial and fair way, Kumar suffered from a middle-class awkwardness in using connections to gain favours. Her successes in this regard were seemingly in inverse proportion to the strength and importance of the cases.

She was also different from those she was studying in that most of the women had very restricted lives, *purdah* being widespread, especially amongst the Muslims. She herself had never been subjected to this, and clearly found it difficult to deal with. She was irritated at the joking of some young women regarding her 'paleness' because of her separation from her husband, until she realized that they truly were separated from their menfolk for sustained periods and from the outside world for life (p.160). For this reason, perhaps, she expresses a positive dislike for household topics such as the family (and by extension health?), where women play a major role. She is interested in the largely male realm of what occurs outside the house. Indeed, apart from herself there are very few female identities in the book. In the household in which she had been brought up, the major roles seem to have been those of males, her father, their male servant and various subordinate policemen who help out in the households of their superiors. This appears to have been the reason that she rejected an entree into a largely female world that males are largely denied, on the contrary entering a male world where she was the outsider. She

argues though that being a female of high status was beneficial to her research in that the males both felt sympathetic to her and, rather than feeling threatened, wished to explain what they were about. She was aided in this respect by the Indian tendency to classify people they respect according to kinship terminology. With her closest informants she was regarded either as a daughter or elder sister depending on their age.

Her lack of interest in the household is likely to limit the interest of the subject matter of her fieldwork for the readership of this journal. Kumar does not discuss how decisions are made within the family and how they are likely to respond in emergencies such as ill health. She does remark, however, on differences in her concept of cleanliness from those of her respondents. She felt divided from her closest acquaintances in Banaras by 'their imperturbability in the face of filth, overcrowding, disease, even death; their disinterest in cleanliness, family planning, home maintenance, and control of the environment' (p.193). She comments that their acceptance of things as they were seemed to have little to do with wealth or poverty, or education, but rather with being 'conditioned to live tightly in an overpacked city environment, where natural forces had once provided relief but city services had not expanded proportionately to the population' (pp.193-194). Perhaps, they simply did not share her concern with the consequences of accepting ill-health and even death at the levels existing in Banaras, as part of the natural order.

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Sentinel for Health: a History of the Centers for Disease Control By Elizabeth W. Etheridge. Berkeley: University of California Press, 1992. xix + 414pp. Hardcover US\$42.50.

The Centers for Disease Control (originally the Communicable Disease Center, now the National Centers for Disease Control and Prevention) is the action arm of the United States Public Health Service. It was born out of a program to control malaria in recruit-training areas of the American South during the Second World War. This program was highly successful (ironically, malaria may have been eliminated from the US before World War II), and after the war the states and the public-health visionary Dr Joseph Mountain lobbied for CDC's expansion. It built upon a triad of skills: epidemiology, laboratory expertise, and training of state and local health workers. Surveillance of national public-health problems was added to this triad in its early days. While CDC does some important research, it has found its niche as a service and action agency.

CDC commissioned Elizabeth Etheridge, a professional historian, to write its history. She has largely used interviews with its top staff and scientific leaders, past and present, and produced a readable, highly sympathetic, layman's history. The book paints an accurate picture of CDC's growth and development, and captures some of the excitement of the work which has given CDC a highly deserved reputation for high morale, solid science, and a 'can-do' attitude towards public health.

Readers of *Health Transition Review* will be interested in CDC's work in family planning, and in international public health. They will be disappointed in the former. Family-planning rates a mere five paragraphs, despite CDC's distinguished work in the field; international health rates more space. Etheridge traces CDC's developments in smallpox eradication, malaria control, immunization and diarrhoeal disease control, and its general interest in public health in sub-Saharan Africa. Very little mention is made of the fact that most of CDC's international work is funded by the US Agency for International Development, which has sometimes limited its technical effectiveness. Some of the communicable disease work was motivated by a desire to hone expertise in diseases which were rare or exotic in the United States, but which posed a theoretical threat of introduction. During the 1950s and early 1960s, this included a concern about defence against possible biological warfare. Imaginative and dedicated staff took this motivation, and created a lean but effective set of programs in international work. These have included epidemic and disaster aid in both developing and developed nations, long-term disease-control programs, surveys and health-planning assistance, and technical assistance and training, particularly in family planning and recently HIV/AIDS.

Etheridge recounts the drama of CDC's work on 'new' diseases such as toxic-shock syndrome, Legionnaires disease and AIDS. She also devotes space to the more traditional and bedrock problems of routine childhood immunization, tuberculosis control, salmonellosis, sexually-transmitted disease and zoonoses. The development of CDC's expertise in non-communicable disease fares less well in the book. Many of the early efforts began as outgrowths from its communicable-disease work: investigation of pelvic inflammatory complications associated with IUD use, for example, was a major factor in its family-planning history, and putative clusters, possibly leukaemia, as an indicator of possible viral aetiology started much of its cancer work. More recently, CDC has developed direct interest in lifestyle issues (particularly smoking), morbidity and mortality attributable to problems in the work-place, and environmental toxins.

CDC has produced many public-health leaders. Three deserve special mention. Dr David Sencer led the major period of CDC's growth, particularly through his addition to its noncommunicable-disease efforts. He was a tireless and dedicated professional, with superb managerial skills and a great

sense of the politically possible. Dr William Foege, a former medical missionary, was the major architect of CDC's emergence as a major figure in international work, and found numerous ways to enhance its international image, particularly through lending many members of staff to the World Health Organization. Dr Jim Curran led CDC's AIDS efforts from their early days, negotiating an often hostile and unsympathetic political environment outside the agency.

Etheridge's book is enjoyable reading, but does not answer the difficult question 'Why has CDC been so successful and enjoyed such a good image in public health?'. There are at least three reasons. First, it was fortunate in being given problems with reasonably easy solutions in its early history; these were largely communicable diseases. Secondly, it generally allowed the technical rank and file in the organization to work with minimal interference from management and political whim. Thirdly, its two in-house training programs, the Epidemic Intelligence Service and the public-health adviser system, create cadres of technical experts and experienced managers who are dedicated to the organization, and have considerable zeal.

The history stops on the eve of the Reagan-Bush era. These administrations politicized the US Public Health Service and downgraded its technical expertise. Unimaginative and fiscally conservative leadership hindered CDC's development. Future historians and political scientists will have to explore the long-term effects of this leadership on the CDC.

Readers of *Sentinel for Health* will not learn much about the technical aspects of public health, about the health transition, or about the interplay of medical and social sciences in public health. They will enjoy the book, and come away with an appreciation of many of the people, events, and factors which make CDC such a fascinating and effective organization.

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What Works in Drug Abuse Epidemiology. By Blanche Frank and Ronald Simeone (Guest Editors) Series: *The Journal of Addictive Diseases* 11,1, Barry Stimmel (Editor). New York: The Haworth Press Inc. 1991. 1-150pp. Hardcover US\$29.95.

This slim volume contains nine chapters and a selective guide (US based) to reference sources. The chapters were first presented as papers at a 1989 conference entitled 'What Works in Drug Abuse Research'. They reflect the work presented there which dealt with the difficulties of estimating the number of illicit drug abusers (as the Americans like to call them). Two thirds of the chapters are written by US authors. The other three papers are from Mexico, the Netherlands and the United Kingdom.

For me the highlight was a chapter entitled 'The barefoot epidemiologist: "what works" in drug abuse prevalence estimation' by Newmeyer, who describes what can be done using existing data sources by people without specialist training and with minimal resources. Newmeyer writes in an engaging style giving a day-by-day and blow-by-blow account of the tracking down and interpretation of data. He effectively describes capture-recapture and other estimation methods in a simple and straightforward manner. Curiously, the editors seem to dismiss this chapter as an indictment of the inadequate resources available to epidemiologists.

Newmeyer powerfully illustrates the value of collecting good statistics at the agency level and how they can be used both locally and, with adequate coordination, nationally. Unfortunately, many agencies have never been adequately funded nor their workers appropriately trained to enable this relatively cheap method of data collection to be fully exploited. It would be a powerful information source both for the agencies themselves and for policy makers. Hartnoll ('Epidemiological approaches to drug misuse in Britain') also argues strongly for the value of local-level data collections.

The other chapters concentrate on survey techniques and discuss the now well-known limitations, particularly in reaching marginalized groups engaged in illegal activities. Brunswick, in 'Health and substance abuse behaviour: the longitudinal Harlem Health Study', describes the value of recruiting ex-users as interviewers. Such recruitment is now being more widely practised and often includes current users as well. Developing rigorous sampling strategies is an inherent difficulty in work with the illicit drug-using population. However, Medina-Mora in 'Surveys that work and what they show in Mexico', describes a stratified sampling design which was successfully used in a study of minors working in the streets (washing car windows, begging, cleaning shoes) in an area south of Mexico City.

One disappointment is that there is little questioning of why we need to know the number of drug users and to what ends the estimates will be put. As Reuter (1984) has forcefully argued: 'numbers without purpose are numbers without quality' (p.147). Reuter also argues that for drug users: 'there is strong interest in keeping the number high and none in keeping it correct' (Reuter 1984:136).

It is an aphorism that the first casualty of war is truth, and so it is in the 'War against Drugs'. Researchers have an obligation to eschew the propaganda about drugs (from both sides) and to conduct research which will shed light on the debates and inform illicit drug policy. Hartnoll points to the need for a 'critical review of the relationship between research and how it is used or misused'.

This volume offers an easily accessible brief overview of techniques for estimating numbers of illicit drug users. It points to some of the contentious underlying issues. The book will not satisfy readers wanting an in-depth guide to techniques or issues.

Reference

Reuter, Peter. 1984. *The Public Interest* 75: 135-147

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