

Knight's opposition to Native claims will not be immediately apparent to readers, who will instead learn from his preface to the new edition that he is neutral on the subject: "None of the discussion presented in this book is intended to bear upon contemporary Native claims, one way or another. None of it was gathered with that enterprise in mind and none of it is intended for such use" (xii). He writes that his revisions are "trivial," laced with "a degree of irreverence," limited to modifications of "certain passages" and the occasional addition of "new information," "but basically that account remains as originally written" (xi). Nevertheless, the author's sharp opinions and his discussions of both old and new research on Native studies are tucked into the text and endnotes of every chapter. He criticizes or trivializes the work of scholars such as Wayne Suttles, who have been influential in promoting Native people in the courts, and boosts the expertise of

researchers such as Duncan Stacey, who work on behalf of the Crown against Native interests. By the final pages of the new edition of *Indians at Work*, Knight's opposition to Native title and self-government becomes a rant against the "Native Agenda" of ethnic-based claims, which he attributes to the recent emergence of a Native middle class and non-Indians who support that agenda (326-28).

The histories of Aboriginal work considered in this review reinforce my impression that it is impossible to discuss meaningfully Native economic and labour history without raising the issue of Aboriginal title. The landmark ruling on Aboriginal title handed down by the Supreme Court of Canada in the case of *Delgamuukw v. British Columbia* in December 1997 places the Aboriginal peoples of Canada in the strongest position ever to claim ownership and use of their ancestral lands. Tradition holds that the significance of this Canadian ruling will also be felt in Australia.

*A Persistent Spirit: Towards Understanding  
Aboriginal Health in British Columbia*

Peter H. Stephenson, Susan J. Elliott,  
Leslie T. Foster, and Jill Harris, Editors

Canadian Western Geographical Series 31, Victoria: University of  
Victoria, 1995 (distributed through UBC Press). 390 pp., \$25 paper.

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**A** *Persistent Spirit* is a collection of twelve essays written by a range of authors, including community health officers, government statisticians, private consultants,

academics, and psychotherapists. Peter Stephenson and Susan Elliott state simply that the intention of the book "is to inform, to raise awareness of Aboriginal health issues, and to point

the way toward increased understanding and response to issues of Aboriginal health through various ways of knowing and doing" (iii). Certainly, this collection informs. Together the chapters indicate the nature and future direction of empirical research into First Nations health and health care.

About half of *A Persistent Spirit* is devoted to delineating the nature and causes of First Nations health problems. Beginning with Steven Acheson's overview of the demographic and epidemiological impact of contact, subsequent chapters present literally reams of information to show the negative ways in which Aboriginal bodies have been affected by sustained involvement with Europeans. Now, long after diseases like smallpox and measles have slashed Aboriginal populations, epidemics of abuse, suicide, and diabetes are stalking the First Nations with deadly persistence. Chapters drawing on morbidity and mortality statistics, teasing out the quantifiable characteristics of suicide-prone communities, or documenting the rise of diabetes and cancer as killers in Aboriginal communities provide a wealth of data disproving any naive claims that the First Nations are not disadvantaged in intensely real and verifiable ways by our society.

The view of the First Nations that emerges from these chapters is indeed depressing: the suicide rate in British Columbia was 50 per cent higher among Natives than non-Natives in the 1980s; the mortality rate for status men and women was twice the rate of that for the rest of the population; and the death rate among status Aboriginal children was over four times higher than that for other children in the province (72). These statistics speak loudly, perhaps too loudly, talking over

First Nations lives that belie these numbers, that challenge standard epidemiological interpretation.

Take for example the conclusion that "birth statistics ... [as] health indicators are much poorer for Status Indians than the rest of British Columbia ... [having] more of the following health risk factors: teenage mothers; large families at younger ages; low birth weight babies; preterm babies and high birth weight babies" (90). Yet much of the evidence on First Nations maternity in this chapter suggests that these "risk" factors do not seem to obtain for the status population. Though teenage pregnancy, in particular, is defined as "risky" based on studies involving the non-Native population, Aboriginal teenage mothers are less likely to have low birth-weight infants than their "elderly" (i.e., over thirty-five years old) Native or non-Native teenage counterparts (59). Similarly, Aboriginal teenage mothers are less likely to lose their babies to Sudden Infant Death Syndrome than studies of the syndrome based on non-Native population would predict (71). All of this seems to suggest that teenage pregnancy may be less risky for the First Nations than for the rest of the province. Perhaps it would be more useful, then, to study what we might learn from Aboriginal communities in lessening the risk to non-Native teenagers and their infants.

In general, rates of improved Aboriginal health outlined in this and other chapters are considered to be "masking" the differences in health status between First and Second Nations in this province. It may also be, however, that statistics elucidating these differences may mask instances where the First Nations are not the example of physiological or socioeconomic pathology. In this way, such

statistics actually help constitute that pathology rather than simply describe it. None of the essays look closely at the ways in which they themselves construct Aboriginal people as essentially unwell and, thus, contribute to the ennui that surrounds discussions of First Nations health.

Fortunately, much of the rest of the book, which deals with ways in which First Nations are dealing with continuing health problems, is more culturally aware, more focused on doing rather than surveying. Hopkinson, Stephenson, and Turner provide a welcome hands-on description of the Nuxalk Nation's work to restore the availability of traditional foods to its people. Allan Wade's article on resistance knowledge and therapy focuses on the practical efforts to heal the trauma of residential schooling experiences without utilizing the disempowering concepts and techniques of traditional psychotherapy. The best chapter is Simon Read's, documenting the remarkable efforts and successes of the Nuu-chah-nulth Nation as it gradually takes control over its health care system. He writes in a forthright manner about the ways in which internalized colonialism and

continued government parsimony and control inhibit First Nations efforts at creating Aboriginally centred, yet hybridized, autonomous health care systems. This chapter and that on the Cowichan experience of health care provision take us beyond bemoaning poor health and into the arena of action.

In 1993, John O'Neill, the rapporteur of the Royal Commission on Aboriginal Peoples, Round Table on Aboriginal Health and Social Issues, identified several themes of that discussion. He entitled theme number seven as "Practice Before Policy (or, Just Do It!)." In doing so, he noted First Nations frustration with the rate of change, with the emphasis in non-Native health science on quantifying dysfunction, with the inability of non-Native health care providers to see the "positive lifestyles and values" in Aboriginal communities. *A Persistent Spirit* exemplifies both what is good and what is bad in the field of First Nations health studies, for it continues the trends that O'Neill so appropriately condemned yet also points the way towards Aboriginally centred studies that study, promote, and enable healing.

### *Tsimshian Culture: A Light Through the Ages*

Jay Miller

Lincoln: University of Nebraska Press, 1997. 202 pp. Illus. us\$45 cloth.

BY JONATHAN R. DEAN, *University of Chicago*

Jay Miller's latest contribution is a welcome addition to the literature on the Tsimshian peoples of the northern British Columbia coast. His familiarity with the community of

Hartley Bay and his extensive work in the area allows him to approach this topic with an unforced intimacy. Miller begins with the puzzle of how to model Tsimshian society. He credits a