Book Reviews

Drinking, Conduct Disorder, and Social Change: Navajo Experiences. *Stephen J. Kunitz* and *Jerrold E. Levy.* Oxford: Oxford University Press, 2000. xiii + 262 pp.

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Drinking, Conduct Disorder, and Social Change is, without question, Kunitz and Levy's finest contribution to the literature on American Indian drinking and a work that is likely to inform discussions of the Navajo experience with alcohol for years to come. The study reported here is not only more rigorous in design than those in their two previous books on alcohol, *Indian Drinking* (Levy and Kunitz 1974) and *Drinking Careers* (Kunitz and Levy 1994), but it is also more likely than those previous contributions to provoke serious and important debates within the anthropology of alcohol.

Based on interviews with over 1,000 Navajo men and women living in the Tuba City, Arizona, and Shiprock, New Mexico, areas of the Navajo Nation, this study was designed to systematically explore the relationship between conduct disorder in childhood and adolescence and subsequent alcohol dependence. But Kunitz and Levy go far beyond simply testing this hypothesis to consider at length a wide range of other possible predictors of alcohol dependence and violence. These analyses, combined with several chapters authored by Kunitz and Levy's colleagues, make this book the most comprehensive analysis of an American Indian experience with alcohol we have to date in the published literature.

Originally designed as a case-control study in which a sample recruited through alcohol treatment programs would be matched with community controls, Kunitz and Levy had to refine this approach once the extent of alcohol dependence among potential community controls became clear. Thus, throughout most of their analyses they discuss three samples—the cases (recruited through the treatment facilities), the alcohol-dependent controls (recruited through Indian Health Service records but found to have a lifetime history of alcohol dependence), and the non-alcohol dependent-controls (who were also recruited through Indian Health Service records but who did not have a history of alcohol dependence). Epidemiologists will no doubt debate whether this sample is the equivalent of a random community sample, but this is undoubtedly one of the most representative samples ever used in research on American Indians and alcohol.

More troubling to an anthropological audience will be the centrality accorded the DSM-IIIR categories of conduct disorder and alcohol dependence in many of the analyses. Although Kunitz and Levy's treatment of these disorders as both categorical and continuous alleviates some of these concerns, those medical anthropologists who have devoted much time and energy to understanding the cultural construction of distress will undoubtedly still find fault with this approach. Moreover, the fact that many of the predictors of alcohol dependence, conduct disorder, and violence are similar to those found in other populations suggests that unique cultural patterns may have much

less to do with Navajo drinking patterns, at least among contemporary people, than previous work may have led us to believe. Kunitz and Levy propose that this is because of the complex social and cultural changes that the Navajo have experienced in recent years, which have tended to make their social problems look much like those in other populations. These claims are not necessarily inconsistent with their previous arguments against anomie (in fact, they continue to find little evidence that people drink to escape a lack of success in either the new or old economies of the Navajo world), but this book certainly accords a much more central place to the dynamics of cultural change than any of their previous writing on alcohol, which is one of the major reasons it is so compelling.

By challenging, both directly and indirectly, the received anthropological wisdom about Indian people and alcohol, *Drinking, Conduct Disorder, and Social Change* forces us to think anew about the categories and assumptions that have been so long central in our approaches. And, in pointing us toward some possible new ways to engage the human experience with alcohol, it will most assuredly occupy a central place for years to come in the libraries of those who will seek to craft a reinvigorated anthropology of alcohol.

Global Health Policy, Local Realities: The Fallacy of the Level Playing Field. *Linda M. Whiteford* and *Lenore Manderson,* eds. Boulder: Lynne Rienner Publishers, 2000. vi + 333 pp.

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This book needs to be read and reread by all anthropologists venturing into, or even just tempted to enter, the field of international public health. The editors and contributors demonstrate through good, specific, down-to-earth, geographically and culturally based ethnography, the latent consequences of the health actions of well-intentioned anthropologists, self-protecting international administrators, and especially the self-interested great national and corporate powers. The apparent scientific principles on which the last two categories and many of the first claim to be acting often lead to increasing rather than decreasing health inequalities. In the world health showboat, the rich still get rich and the poor get poorer.

The authors suggest very directly in their subtitle and in their ethnography that one of these principles is totally false, the a priori assumption of the existence of "the level playing field" as the stadium in which the relatively local, weak home team are engaged by powerful, major-league global players playing away. Apparently, scientific principles are not the all-time universals they are claimed to be but are, formally or informally, imposed even on alert anthropologists who know their history and their subjects (in both senses). They have a short and very specific history, the dynamics and consequences of which the book illustrates in a wide variety of contexts. In any case, I would argue, anthropologists are usually only allowed to sit on the bench and released onto the field (either in their home institutes or on the ground) only when the real players—doctors, epidemiologists, and health economists—are distracted or engaged by more important political games elsewhere.

The period when I was, for a very short time, a premedical student, in 1947–48 just after the Second World War, was the period when the British National Health Service was being set up, based not, as some U.S. writers erroneously suppose, on socialist principles. So-called socialized medicine already existed in some mining areas of Britain and was decisively rejected by the government of the day. It was to supplement and extend the existing workman's insurance scheme and public preventive medicine, which already had been established for a half