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dogma. Winti religion used to be what certain groups of believers said and did about it. There has always been, and still is, an impressive variety within Afro-Surinamese religion, a variety caused by developments in space and time. By his elaborate ethnographic study, Wooding has codified belief and practice into a system, accepted by many as Holy Writ. Few winti adepts have either the expertise or the experience to question Wooding's statements, and the need for information and in particular for unambiguous answers is great. In the Dutch diaspora, authors such as Wooding cater to that demand.

Wishing to follow the dictates of both theology and anthropology, Wooding attempts to steer clear of the many pitfalls awaiting him by staying close to the ethnographic surface. The authority of supreme beings is invoked to make his arguments persuasive. The ideological position adopted tends to freeze discussion, not stimulate it. Moreover, these postures stultify his own attempts at analysis. It is for this reason that I view Wooding's book, despite its merits, as not only old-fashioned but also reactionary.

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After the Second World War, governments of the underdeveloped countries have intensified their efforts to reduce the high mortality of their populations. Although these efforts resulted in some decline in mortality, mortality levels are still quite high in most Third World countries. However, there are a few exceptions. Diaz-Briquets' book on Cuba, for example, suggests that the mortality decline in that country is unequalled by other Third World societies.
The book contains eight chapters and five appendices. In the introduction the author discusses both the theory of demographic transition and his own theoretical point of view. Chapter 2 presents a description of the trend in mortality from the late nineteenth century to the 1980s. The causes of the high mortality level at the end of the nineteenth century are investigated in Chapter 3, while Chapter 4 examines the socio-economic, political, and medical factors that contributed to the mortality decline in the first half of the twentieth century. An analysis of the trends in mortality decline by age-group and by causes of death is presented in Chapter 5. Subsequently, in Chapter 6, this analysis is related to the socio-economic developments dealt with earlier in Chapter 4. While Chapters 1 to 6 focus on mortality trends in the pre-revolutionary period in Cuba, Chapter 7 concerns post-1959 developments. A summary of the book’s findings is presented in Chapter 8, while the appendices evaluate the nature and the reliability of the sources used.

The purpose of Díaz-Briquets’ study is to analyse the factors that have contributed to the decline in mortality in Cuba during the past hundred years. His central hypothesis states that improvements in public health, which were started in the late nineteenth century, have made an obvious contribution to the decline in mortality in Cuba. To support this claim the author divides the 1898-1980 period into a number of subperiods. For each of these subperiods he tries to establish a link between the trend in mortality and the measures taken to improve public health and sanitation in Cuba. He also takes account of other factors, such as the political and economic developments.

The author’s main conclusions may be summarized as follows. A sudden and rapid drop in mortality started in 1898 when the mortality rate amounted to 39.9 per 1000 inhabitants. The decline was so substantial “that by the late 1970s, Cuba had attained the lowest infant mortality rate and the highest life expectancy at birth of all Latin American countries” (Hollerback, Díaz-Briquets and Hill 1984: 14). A few years later the crude death rate and the infant mortality rate had even reached the exceptionally low levels of 5.7 per 1000 inhabitants (in 1980) and 18.5 per 1000 live-births (in 1981) (ibid., 16). Another author in Cuba showed that in 1982 the infant mortality rate even amounted to 17.3 per 1000 and the life expectancy to 73 years.

En 1982, avec un taux de mortalité infantile de 17,3 p. 1000 et une espérance de vie à la naissance de 73 ans, Cuba s’est placé parmi les pays les plus avancés dans le domaine de la santé, tant dans la région latino-américaine que dans le reste du monde [Gutierrez 1984: 383].
The decline in mortality during the first subperiod (1898-1902) following the occupation of Cuba by the United States, is primarily attributed to the sanitary and public health measures taken during that time (pp. 119, 123, 129). To support this claim the author presents an overview of the sanitary reform and demonstrates that declines were recorded in mortality from yellow fever, malaria, etc. From 1902, when Cuba became independent, to 1919, the mortality decline was modest. In spite of the Cuban independence, the United States was granted the right to intervene in Cuban affairs if conditions concerning public health were not met by the Cuban government. So, Cuba was obligated to continue its plan to improve sanitary conditions (pp. 35, 36, 119, 123). The economic expansion of the Cuban economy during this stage facilitated both the improvement of nutrition and the maintenance of public health measures. This led to a reduction of the mortality from tuberculosis (pp. 124, 127). Between 1919 and the 1930s, the decline accelerated again. This resulted from the improvements in nutrition and public health that occurred during 1902-1919 and operated with a time lag (pp. 121, 123, 127). During the 1930s and the early 1940s the decline slowed again; Díaz-Briquets attributes this to the economic crisis of the 1930s, which interrupted sanitary measures and worsened food-intake levels (pp. 122-27). Following the Second World War, the mortality rate started to decline again, primarily because of the breakthrough in medical and chemical technology (pp. 24, 103, 122, 125). The post-1945 decline in mortality accelerated after Fidel Castro came to power in 1959 (pp. 105, 106, 110, 125, 128).

Considering the few underdeveloped countries that have had a substantial decline in mortality over the past hundred years, and trying to explain why the declines have been so rapid, social scientists have often referred to the theory of demographic transition. This theory traces declines in both fertility and mortality to the process of modernization (see, for example, Notestein 1945: 1953). But because of the traditionally poor data on Cuban mortality, it has never been possible – until the appearance of Díaz-Briquets’ book – to relate the theory to the Cuban case.

Yet, I have a few reservations which concern the author’s reasoning in weighing the relative importance of sanitary measures and economic factors. Consider for example the following paragraph regarding the period 1898-1902: “Since the mortality decline occurred in such a short span of time, we can discard the possibility that other influences, such as economic improvements and better nutrition had a major role” (p.
Later, however, the author stresses the influence of the economic growth on the decline in mortality in the same 1898-1902 period: "The military occupation that followed . . . contributed to the early growth of the economy, growth that favored an early mortality decline" (p. 126). The way the author uses the concept of time lag in explaining the influence of developments on mortality decline also raises questions. In discussing the 1902-1919 mortality level, he refers to the economic expansion in Cuba during that period, which, he holds, facilitated investments in public health. He claims that there was a time lag in the effect of this factor. On page 124 he states: "Of course, there was a delay in the influence of such investments on the mortality trend. Their full impact was delayed, in fact, until the 1919-1931 period." This claim seems to contradict his own conclusion that the sanitary measures during 1898-1902 had an immediate effect. Consider the following sentence. "The decline in mortality between 1898 and 1902 can definitively be attributed to the far-ranging sanitary reforms instituted in the country while it was occupied by the United States Army" (p. 123). Concerning the stagnation in mortality decline between 1930 and 1945, the author also assumes a direct link between this trend and the current economic developments. "The deceleration in the rate of mortality decline . . . corresponds to a period of intense economic crisis that began in Cuba even before the Great Depression abroad" (p. 124, my emphasis). It is unclear, at least to me, why there was an immediate effect on mortality during 1898-1902 and 1930-1945, while the author introduces the concept of a time lag for the period 1902-1919.

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