CURRENT DIRECTIONS IN THE ANTHROPOLOGY OF HEALTH IN THE NORTH: WHERE HAVE WE BEEN AND WHERE ARE WE GOING?

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INTRODUCTION

Medical anthropology has grown into a major domain of anthropological research, contributing significant theoretical and applied dimensions to the discipline. Today, as Thomas Csordas (1995:788) asserted 27 years ago, medical anthropology is far from being an atheoretical "fifth wheel." Medical anthropology spans a range of substantive and analytic concerns, from human biocultural studies to microlevel examinations of ethnomedical systems (including biomedicine) and macrolevel research on the political economy of healthcare systems. This pattern reflects ongoing paradigmatic shifts within anthropology and throughout the social sciences. Debates about positivism, the relationship between biology and culture, and ethnographic representation, along with critiques (both for and against) of applied research, have incited fragmentation in theoretical and methodological commitments. Today, just as there are many anthropologies, there is not one but many medical anthropologies. In this issue of the *Alaska Journal of Anthropology*, we present a collection of works titled "Current Directions in the Anthropology of Health in the North." In this collection, we use the terms "health anthropology" and "medical anthropology" interchangeably, but also recognize that some scholars and practitioners prefer one over the other.

What exactly does health anthropology look like in the North, and is it fair to say this exists as its own subfield within northern anthropology? If not, then might it do so within the next generation? In recent years, we have seen an increasing amount of work that is being explicitly labeled as medical anthropology. Before the past decade, much work had been done in Alaska and in the neighboring Canadian North that, while not billed specifically as medical anthropology, surely fits within the scope of this field and its interests in understanding human health (broadly defined) as it is "influenced by environmental, political-economic, socio-structural, and sociocultural factors" (Singer et al. 2020:1). For example, when Feldman (2009) discussed contributions to urban anthropology in Alaska conducted between the 1970s and the early 2000s, the work reviewed included interdisciplinary research on the expressed needs and desires of aging Alaska Native adults living in urban communities (Hines 1978); the dietary needs and social-support networks of urban and rural populations of Alaska Native older adults (Smith, Easton et al. 2009; Smith, Saylor et al. 2009); and breastfeeding practices among low-income Hispanic mothers living in Anchorage (Carrillo 2009). In line with much of the cultural, archaeological, and linguistic anthropological work done in Alaska, health anthropology is similarly applied, and it aims to produce research results that are valued by and can be put into meaningful action in northern communities. One thing that has changed recently is not so much the work or intent of anthropologists researching health in Alaska, but that there are now a number of practitioners working in Alaska who explicitly identify as medical or health anthropologists.

Both the University of Alaska Fairbanks (UAF) and University of Alaska Anchorage (UAA) now have medical anthropologists as tenure-track faculty in our anthropology departments, as well as a handful of medical anthropologists working in other departments such as the Division of Population Health Sciences at UAA. There are numerous practitioners trained in medical anthropology working outside academia in Alaska's tribal healthcare system, hospitals, and nonprofit organizations, as well as those who do research and advocacy in Alaska but who are employed and reside out of state. This is demonstrated most notably in the increasing presence of anthropology scholars, including students, presenting on research related to health at the annual conference for the Alaska Anthropological Association in the last 15 years.

HEALTH ANTHROPOLOGY AT THE ALASKA ANTHROPOLOGICAL ASSOCIATION MEETINGS

The Alaska Anthropological Association annual conference is one of the major regional meetings for anthropologists living or working in northwestern North America, bringing together each year scholars and students from Alaska, Washington, the Yukon, Northwest Territories, and Siberia. Though historically dominated by archaeologists and cultural anthropologists, there has been a noticeable recent increase in the number of individual presentations as we discuss below, as well as full conference sessions, given on human health topics (Fig. 1). Interestingly, several presentations have been made by undergraduate and graduate students within the University of Alaska system. While the guest editors of this issue have often independently organized and chaired these, the sessions have included numerous other presenters, including students and junior researchers, seasoned medical anthropologists, and sometimes scholars who do not self-identify as "medical" or "health" anthropologists despite their work being directly relevant to the field.

Health anthropology sessions at the Alaska Anthropological Association meetings have largely sought to bring together anthropologists living and working apart from each other, such as the session "Anthropology of Health" (Carraher and Fleming 2010), followed by the sessions "Health as a Human Landscape: A Space for Diverse Anthropologists in Health Research" (Carraher and Fleming 2012), "Coming Together: Connecting Medical Anthropologists in Alaska" (Carraher and Ogilvie 2015), "Papers in Medical Anthropology" (Carraher 2016), "Community Experiences that Define Health and Well-Being" (Howell 2019), and the 2020 session, "Current Directions in Alaska Medical Anthropology" (Carraher 2020). Other sessions that have focused on human health have included "Indigenous Voices and Participation in Social and Medical Research" (Gwynn and Carraher 2013), followed the next year by "The Arts of Healing" (Carraher 2014).

There have also been conference sessions focused on specific research domains that are not necessarily "medical anthropology," but in which presenters discuss issues or research findings that are directly relevant to this subdiscipline. For example, in 2017, five out of nine papers given at the "Collaborations in Ethnomycology and Ethnobotany" session discuss the role of mushrooms in Siberian and Alaskan diets (Spellman 2017; Yamin-Pasternek et al. 2017; Pasternek 2017), and Indigenous and Russian traditional medicine (Strecker and Chernagina 2017; Zdor 2017).

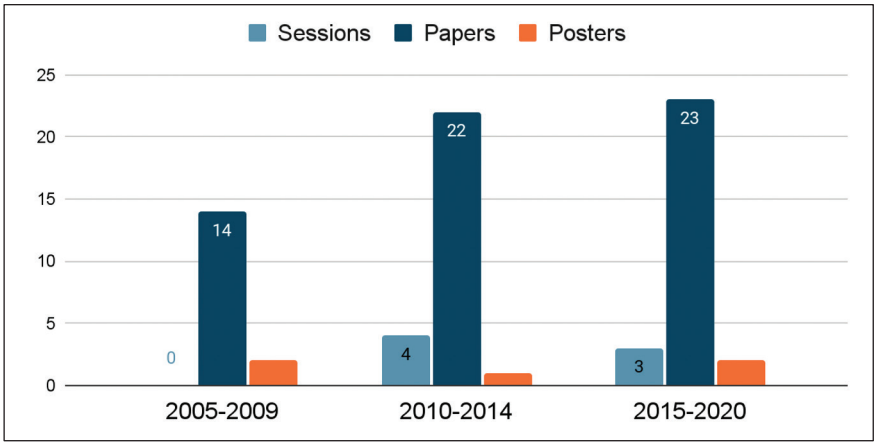

Figure 1. Medical anthropology sessions, papers, and posters identified in the Alaska Anthropological Association Annual Meeting archives, 2005–2020.

In addition to sessions created by and for medical anthropologists, there have been several other medical anthropological contributions to the annual meetings, ranging from individual presentations to posters. These have varied in topic from northern foodways and food security (Bowman and Fazzino 2011), Elder health and well-being in the Circumpolar North (Howell 2018; Howell and Peterson 2020; Lewis 2011), the human health effects of climate change (Dicke and Hoover 2011), and midwifery, pregnancy, and obstetrics (Fleming 2012;

Schwarzburg 2010). A significant number of presentations on human health in the North have focused on research ethics, the legacy of harmful research in northern Indigenous communities (Hadden 2013, 2016), and on positive collaboration with Indigenous communities in research (Carraher and Highet 2019; Highet et al. 2017; Wark et al. 2016), community-based participatory research (CBPR) and ethics reviews (Drew 2020), as well as the importance of emic perspectives and the use of ethnography in applied human health research (Brown 2013; Carraher 2013).

Nearly all the medical anthropological sessions and individual paper and poster presentations given at the Alaska Anthropological Association meetings are, unsurprisingly, about work done in Alaska and the surrounding northern regions of Siberia and northwestern Canada. This stands in contrast to the geographic diversity of University of Alaska graduate student theses and dissertations in health anthropology, several of which are done outside of the north, as we discuss below.

GRADUATE STUDENT WORK IN HEALTH ANTHROPOLOGY

In reviewing past theses and dissertations from the UAF and UAA anthropology departments, it is clear that an increasing number of university anthropology students are interested in studying human health (Fig. 2). However, the number of health-related theses has dropped in the 2016–2020 period, which is most likely related to several factors affecting student enrollment overall at both UAF and UAA, including multiple years of university budget cuts, faculty attrition (although we have not lost medical anthropology faculty specifically), and of course the ongoing COVID-19 pandemic. Several of these recent graduates with health anthropology theses have found local employment at the University of Alaska and other healthcare providers and research institutions, including the Alaska Native Medical Center, the Alaska Native Tribal Health Consortium, the Center for Alaska Native Health Research (UAF), Southcentral Foundation, and the Institute for Circumpolar Health Studies (UAA).

Unsurprisingly, graduate student work in health anthropology tends to reflect the disciplinary expertise and interests of faculty members. At UAF, this includes a number of master of arts (MA) and doctoral (PhD) projects focusing on human health in paleopathological, bioarchaeological, and dental anthropology contexts, as well as research into human–food and human–plant relationships, northern foodways, and mental health. A number of paleopathology and dental anthropology theses from UAF are based on skeletal populations from outside the North, including from populations in Peru, predynastic Egypt, and sub-Saharan Africa (Fig. 3). MA theses at UAA have tended to approach human health from a cultural anthropology background and have focused largely on living populations as well as marginalized communities in both rural and urban Alaska (Fig. 4).

TEACHING MEDICAL ANTHROPOLOGY AT THE UNIVERSITY OF ALASKA

Before the 2010s, courses available at the University of Alaska anthropology departments tended to be few, intermittently offered, and predominantly taught by faculty who do not explicitly identify as medical anthropologists. Starting in the 2010s, several faculty members at UAA retired and two of five new tenure-track hires were filled by medical anthropologists (Carraher, Ogilvie), and one medical anthropologist joined the faculty at UAF (Drew). The anthropology programs at both institutions have since expanded their course offerings to include topics such as Culture, Health, and Healing, at UAF, and Culture and Health; Health, Science, and Ritual; and Culture and Human Biodiversity, at UAA. University students majoring in other disciplines can now also benefit

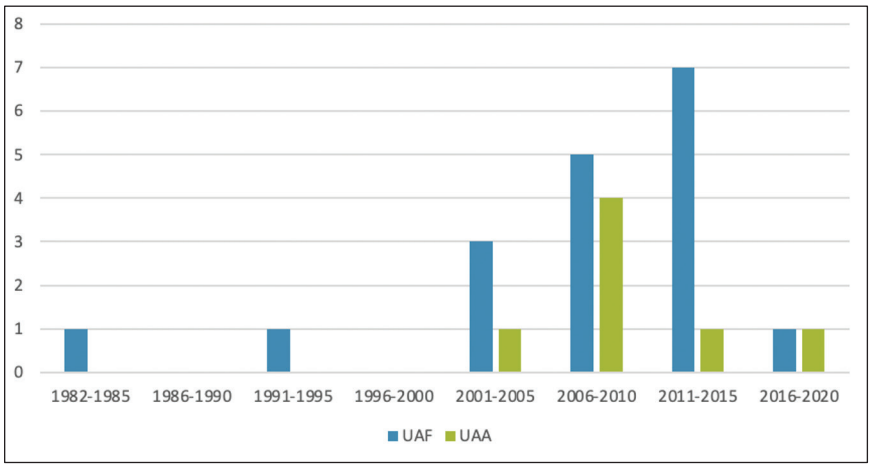

Figure 2. Medical anthropology graduate theses at UAF and UAA, 1982–2020.

Figure 3. Word cloud of UAF thesis and dissertation titles in medical anthropology.

Figure 4. Word cloud of UAA thesis titles in medical anthropology.

from taking courses in medical anthropology offered in either the UAA or UAF departments of anthropology, as well as taking courses taught by medical anthropologists working in UAA's Division of Population Health Sciences (Howell, Hedwig).

Students desiring to complete undergraduate- and graduate-level research projects in medical anthropology now have access to faculty advisors who are formally trained in the subdiscipline. With the development of more medical anthropological courses, and related courses and educational opportunities in other departments such as UAA's Division of Population Health Sciences, we are building a future in which Alaskans can pursue university education and graduate studies in medical anthropology right here at home, providing a much-needed local pathway for northern residents to enter the discipline and apply themselves in academic service and advocacy to their own northern communities.

CONTRIBUTIONS FROM SCHOLARS LIVING OUTSIDE OF THE NORTH

There has also been meaningful medical anthropological research done in Alaska by scholars who reside and are employed outside of the state. This has included ethnographic work on Iñupiat ways of knowing and attempting to deal with environmental pollutants in their homelands (Cassady 2007, 2008), the impacts of climate change on foodways and health from Iñupiat perspectives (Griffin 2020), and Yup'ik cultural and spiritual dimensions of caring (Voinot-Baron, this issue), to name a few.

CURRENT WORK IN NORTHERN HEALTH ANTHROPOLOGY: OVERVIEW OF THIS COLLECTION

The collection presented in this special section of the *Alaska Journal of Anthropology* represents a variety of perspectives and theoretical orientations to the study of health in northern North America. While the geographic focus is specific, the works presented here make evident that there is no single medical anthropological paradigm or subdiscipline, but instead many possible medical anthropologies. This collection is not comprehensive or exhaustive; for example, paleopathology and bioarchaeological studies of human health in the North are not presented in this issue. However, readers will get a sampling of some of the incredible range of topics and theoretical orientations that make up current work among living populations in Alaska and the western Canadian North, while also being able to see the common themes and salient global issues that tie these different works together.

Hedwig takes a critical perspective to argue that the lived experiences of people with fetal alcohol spectrum disorders (FASD) are mired in racial and cultural politics, resulting in reconfigurations to the family, community, and social identity. He deftly demonstrates that in Alaska, rates of FASD are highest among the Indigenous population not because of actual differences in drinking behaviors but likely because of the increased access to an

FASD diagnosis among Alaska Native peoples. The social identity of Alaska Native peoples may be damaged by a public perception that alcohol abuse and FASD are "Native problems," which results from the unequal distribution of FASD diagnostic teams in tribal health corporations, who therefore provide far more FASD diagnoses to Alaska Native people than to non-Indigenous people. Hedwig uses current critical anthropological theory to examine the ways that non-Indigenous researchers and healthcare professionals perform violence upon this population, resulting in ruptures to kinship and social structures.

Voinot-Baron uses an Indigenous cultural lens to explore how Alaska Native peoples sustain social relations in the Yup'ik village of Akiak. Like Hedwig, he elucidates how anthropologists can deconstruct their dominant Western-based understanding of hierarchical forms of care through ethnographic research. Voinot-Baron suggests that by utilizing the Yup'ik concept of *ellange* (awakening), anthropologists can strive for a more emic understanding of how care is given and received to maintain health and well-being through a mutual concern for salmon.

Carraher provides a reflective piece based on her long-term ethnographic work in the Canadian Arctic and the literature in Alaska critiquing the ways that researchers often attempt to define "households" and "kinship" based on Western notions of these concepts. Carraher argues that many researchers unwittingly do harm to northern Indigenous communities by utilizing an ethnocentric lens to define and measure what constitutes a household. For example, instead of seeking out emic understandings of household size, some researchers label Indigenous households as "overcrowded." Taking a critical historical approach, Carraher demonstrates the violence that can be enacted upon Indigenous peoples when a narrow and culturally inappropriate definition of household is applied, sometimes resulting in reduction or denial of government resources or services.

Situated in the lived experience of caregiving in remote Alaska, Eichelberger, Cochran, Fried, Hahn, and Howe use a biocultural medical anthropological lens to demonstrate how syndemic vulnerability during the COVID-19 pandemic has played out in rural Alaska, where existing sociocultural inequalities are likely to exacerbate adverse health outcomes and worsen existing disparities. Their ethnographic work demonstrates both vulnerabilities and areas of community strength, further deconstructing dominant biomedical discourses that tend to focus on the vulnerabilities and negative outcomes in rural Alaska communities.

Taking a strength-based approach to health and well-being in Alaska during the COVID-19 pandemic are the articles by Howell and Drew. Howell's work highlights the importance of social supports for older adults' resilience, health, and well-being in the subarctic. Conducting a mixed-methods study utilizing grounded theory in Anchorage, Howell argues that these social supports forged in fitness centers have multiple benefits for older women, including reinforcing positive health behaviors as well as forming long-lasting friendships that persist outside of the gym. Her surveys, ethnographic observations, and key informant interviews revealed the myriad physical, social, and mental health benefits for older participants of fitness classes, especially water aerobics. Such bonds are important for the continued health of older adults, who are considered vulnerable to isolation and depression, especially during the COVID-19 pandemic.

Drew's research note parallels the work of Howell focusing on health behaviors in community recreational centers that were disrupted by COVID-19. Drew and her undergraduate students have conducted several ethnographic projects in a Fairbanks-based fitness center, providing a glimpse into the regular social relationships of this space as well as the disruption caused by the pandemic. She demonstrates that what was once a place of physical activity and camaraderie had shifted to a site of confrontation, as gym staff were required to enforce social distancing, mask-wearing, and strict disinfecting protocols. Despite these altered relationships between staff and clients, key informants revealed how important the gym's reopening was to the community.

CONCLUSIONS AND AN INVITATION

As this special issue showcases, anthropologists and their collaborators are making great strides in understanding human health in the context of the North, working with communities to create and implement solutions to health problems, and to champion local cultures and ways of knowing, living, and healing that are important to northern peoples. The guest editors of this collection recognize the many benefits of connecting and sharing the work of northern health anthropologists. There are challenges to coming together, especially with the ongoing COVID-19 pandemic as well as the current economic recession in Alaska and its impacts on institutions where medical

anthropologists work, such as faculty and researcher attrition. Finally, though we are aware of some of the work being done by researchers who reside outside Alaska, it seems medical anthropologists working in the North are still somewhat siloed from each other, geographically and institutionally. While a look at contemporary health anthropology in the North reveals much fertile ground in human health research and applied practice, we see there is more work yet to do. Particularly, we would like medical anthropologists working in the North to be able to communicate and connect more with each other. We hope that this collection is a place for such connections to begin.

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