

## Community Engagement and Health-Related Anthropology

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Volume 6, numéro 1, printemps 2020

Community Engagement and the Anthropologies of Health and Wellbeing

URI : <https://id.erudit.org/iderudit/1074001ar>

DOI : <https://doi.org/10.15402/esj.v6i1.70736>

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Éditeur(s)

University of Saskatchewan

ISSN

2369-1190 (imprimé)

2368-416X (numérique)

[Découvrir la revue](#)

Citer ce document

Abonyi, S. & Downe, P. (2020). Community Engagement and Health-Related Anthropology. *Engaged Scholar Journal*, 6(1), i–iv.  
<https://doi.org/10.15402/esj.v6i1.70736>



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## From the Guest Editors

### Community Engagement and Health-Related Anthropology

Sylvia Abonyi and Pamela Downe

This special issue on community engagement in anthropological health research for *The Engaged Scholar Journal* began in 2018. We developed and launched a call for papers addressing the ways anthropologists across all sub-fields of the discipline — archaeology, biological anthropology, cultural anthropology, and linguistics — engage with communities and peoples to attend to health-related questions and needs. At the time, the 2013 to 2016 Ebola pandemic in West Africa had subsided but was still drawing headlines as recovery efforts were ongoing. The outbreak of the Ebola virus disease had devastated communities and caused over 10,000 deaths (World Health Organization, 2016). Anthropologists made significant contributions to controlling the epidemic spread of the hemorrhagic virus. They worked to “build relationships, attend to cultural norms, give respect and deference to traditional leaders and informal social and political systems” (Abramowitz, 2017, p. 425). The term “anthropology” came to “serve as a semantic marker of solidarity with local populations, respect for customary practices and local sociopolitical realities, and an avowed belief in the capacities of local populations to lead localized epidemic and response efforts” (Abramowitz, 2017, p. 421).

Some two years later, we are now in the final stages of completing this issue and we find ourselves in a world dominated by a new threat to global health. SARS-Cov-2, also known as COVID-19, was first identified in December 2019. By June 30, 2020, there had been over 10 million cases, and more than 500,000 deaths reported across over 200 countries (Winfield & Moritsugu, 2020). Anthropologists are again working in partnership with communities of all kinds to stem the spread of the virus and to support those affected by it (e.g., Manderson & Levine, 2020; Sangaramoorthy & Benton, 2020). In doing so, anthropologists are building on, and advancing the approaches for successful, respectful, and trusting community engagement and participatory scholarship that has been foundational to our work for decades. Community effects of COVID-19 may be new to most, but anthropological approaches to understanding and mitigating these effects are familiar and extend backward in time to reveal — for example — lessons from the global influenza pandemic of 1918 that are newly and poignantly relevant (Gagnon et al., 2013; Herring, 2009).



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Successful practices of community-engaged scholarship and applied anthropology directed to these major public health threats are well illustrated in the collection of articles and reports from the field that constitute this issue. All but one (Bowness et al.) include engagements with Indigenous communities and peoples around the world. The work of Jean Mitchell and colleagues in southern Vanuatu describes their engagement with community youth to explore the association of well-being with community gardens and local food cultivation. Their work reveals that intergenerational knowledge, social cohesion, and collective responses to non-communicable illnesses are all entangled with land tenure, gardening practices, and healthful food. The participatory approach to the study enables the locally important ontological orientation of *more-than-human world* to be centered, whilst also reminding readers that “community” must be locally defined. Glenn Stuart and Eryn Coward also address the topic of local plant cultivation and use but, as archaeologists, they examine this through a temporal lens. They maintain that archaeological understandings of plant use by Indigenous Peoples of the past, including the deep past, are improved through community-engaged scholarship with descendants of the ancestral Peoples. Trust, reciprocity, and mutual benefit are core values that underpin Stuart and Coward’s paleoethnobotanical research on medicinal plant use in the northern Plains. Samantha Purchase bridges cultural anthropology and bioarchaeology through more recent sub-disciplinary convergences in practices of community engagement. Her paper echoes the importance of foregrounding local and descendant community voices in the study of past diseases. Drawing on her work with skeletal populations that range from middle Holocene Siberia through Anglo Saxon and post-Industrial Britain, Purchase argues that it is not enough to rely exclusively on osteological evidence of ancient diseases to interpret their impacts on ancient societies. That evidence, she explains, must be situated within the cultural contexts of past and present through work with descendant communities. Purchase persuasively advocates navigating this temporal terrain through respectful engagement with contemporary community leaders and knowledge keepers.

The examples of community engagements that Mitchell, Purchase, and Stuart and Coward discuss are further reflected in the kind of boundary work that Sarah Duignan and colleagues advance in their collaboration with the Grand River First Nation in Ontario, Canada. Duignan et al. offer crucial insights into local and regional water protection as health promotion. They argue that collaborative action research can and should entail a critical examination of the borders, boundaries, and barriers both enabling and constraining Indigenous Peoples’ participation in research and health action. Boundary work (Robinson & Wallington, 2012; Fisher, 1988), is important for engaged research, as it locates sites of conceptual and processual congruency as well as identifies spaces for respectful debate. Savannah Ashton and Tracy Torchetti’s report on the research that they undertook to enhance and improve cancer care among the Inuit illustrates the importance of successful boundary work. *Inuusinni Aqqusaagtara* is a project undertaken in partnership with *Pauktuutit* Inuit Women of Canada and the Canadian Cancer Society to produce a suite of resources that are culturally appropriate and widely accessible. The emphasis in this report is on the importance of language in ensuring clinical accuracy and cultural safety. Ashton and Torchetti are breaking important ground in making a strong

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anthropological and linguistic contribution to cultural competency and safety protocols for health planning.

The article by James Waldram and the field report by Evan Bowness et al. return us to the importance of understanding health concerning land tenure, gardening, plant cultivation, and plant-based medicines. These papers, however, also introduce the role that visual representation using video plays in community engagement. Waldram's article describes a 15-year research partnership with Q'eqchi' Maya healers in southern Belize. Waldram explains that the ethnographic film that resulted from this long-standing project was led and directed by the healers for use as video advocacy for the traditions of Q'eqchi' medicine. Waldram ultimately argues that the "standard" for successful anthropological film making and documentation must be decolonized to appropriately foreground and to honour Indigenous ways of knowing. Evan Bowness and colleagues undertook a similar video project in a very different context: short term ethnography in Manitoba community gardens. Their project was part of a course on applied visual methods in community-based sociology and explored urban agriculture as a source of well-being in four communities across Manitoba's capital city and one in the rural Manitoba town of Clearwater. In this study, video data collection and production as knowledge translation are described as important to the success of engaged short-term ethnographic methodology. Videos were made at each research site capturing intensive field visits where participants and researchers connect and disconnect with each other in ways reminiscent of Duignan et al.'s boundary work, and served as a vehicle for reciprocity beyond the conclusion of the project.

Together, the contributions in this special issue emphasize the centering of local contemporary and descendent voices in defining past and present concepts of community and health, as well as identifying research priorities. The engagements that all the authors describe are grounded in respect, partnership, community leadership, and trust. The articles represent the kind of community-engaged scholarship and advocacy that is serving anthropologists well as they contribute now to understanding and alleviating the inequitable burdens of ill-health and disease amidst the COVID-19 pandemic. These articles also represent a commitment to community engagement that separates the anthropology of today from its colonial past. As many of the authors note, the history of Anthropology (and all its subfields) is one that involves colonial exploitation, ontological and epistemological hegemony, extractive methods, and dishonorable actions towards Indigenous Peoples around the globe. Conciliation and reconciliation efforts require that we acknowledge this past and work humbly in partnership with Indigenous Peoples to right it. The papers in this issue contribute to this large-scale work through their methodological, theoretical, and ethnographic insights.

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