WORLD ANTHROPOLOGIES

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Essay ■

Health Anthropology in Australia

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The authors of this piece, together with colleagues Merrill Singer and Pamela Erickson in the US, have argued for an updating of the term “medical anthropology” to “health anthropology” (Baer et al. 2016). Although aware of the institutional, professional, and personal investment colleagues may have in “medical anthropology,” we suggest that “medical” is too narrow a term to encompass the exciting work being undertaken in health by anthropologists (Baer, Singer, and Susser 2013). Certainly, anthropologists in Australia are doing prominent work in explicitly medical settings. Clinician-anthropologists have shaped curricula in medical and public health schools (Anderson et al. 2016; Barrett 1996; Barrett and Parker 2003, Phillips 2004) and have contributed valuable research to public health debates (Harris, Kelly, and Wyatt 2016; Kowal 2008; Ramsay 2010; Warin 2010, 2014; Warin et al. 2016). Anthropologists are undertaking pioneering work in health technologies

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(Kowal 2013; Lipworth et al. 2017; Mason, Lipworth, and Kerridge 2016; Whittaker 2015, 2016) and hospital ethnography (Finkler, Hunter, and Iedema 2008; Long et al. 2006, Long, Hunter, and Van Der Geest 2008; Long, Lee, and Braithwaite 2008; Taylor-Alexander 2014; Warren 2016; Warren and Manderson 2008).

However, the diversity of fields of inquiry that Australian anthropologists working in health engage in illustrates a tension around our professional “branding.” While medical anthropology in Australia does not have the organizational or institutional footing that it does in the United States, Canada, or the Netherlands, it is a dynamic subdiscipline, contributing to anthropology, public health, medical, and nursing curricula, while also informing health and development policy, program evaluation, and practice. Health anthropology is both a vibrant and disparate endeavor in Australia, encompassing teaching, research, and applied work on the part of numerous anthropologists situated in universities, health settings, policy positions, and development programs.

For the most part, Australian anthropology does not follow the “four-fields” model in which linguistics, archaeology, physical anthropology, and cultural anthropology are components of the discipline of anthropology. With few exceptions, anthropology in Australia, like in the Netherlands, is most frequently understood as sociocultural anthropology, embracing paradigms of both British social anthropology and US cultural anthropology, with linguistics and archaeology being treated as separate disciplines.

Arguably the earliest medical anthropology activity in Australia can be traced back to anthropologist, psychiatrist, and neurologist W. H. R. Rivers’s participation in the Torres Straits expedition. Best known within anthropology for his work on kinship, Rivers saw his medical background as providing the scientific method he applied to ethnology (Kuper [1988] 2017; Rivers 1924). As is typical of medical anthropology in many international contexts, Australian anthropologists working on health initially focused on non-Western

health beliefs and practices in broader ethnographic contexts without necessarily initially calling themselves “medical anthropologists.” These include Bruce Kapferer’s (1979) work on Ayurveda in Sri Lanka and Gilbert Herdt’s (1981)¹ explorations of Highland Papua New Guinea cosmologies of the body and procreation, among others, which have contributed to cross-cultural understandings of health beliefs and practices. One of the pioneers of applied anthropology in Australia is former president of the Australian Anthropological Society Martha Macintyre. Although Macintyre did not initially identify herself as a medical anthropologist, her work as an ethnographer on the Melanesian island of Lihir led to her involvement in initial discussions around health-care facilities being offered to mine workers when gold was discovered on the island (Macintyre and Foale 2007; Macintyre et al. 2005). Macintyre advocated that community health facilities, hospitals, and emergency helicopter ambulances should be provided for the whole community, not just the Lihir gold miners. She assisted the community in their negotiations with the mining company and subsequently worked as a policy advisor to the Papua New Guinea government and to private corporations. Her work profoundly shifted the funding models for mining companies’ involvement in communities in PNG.

Despite this legacy, of the twenty or so universities offering anthropology courses in Australia, approximately twelve offer one or two undergraduate courses in medical anthropology, while around six offer some postgraduate training in medical anthropology. There is no center that specializes in medical anthropology at any Australian institution. University-based anthropologists who specialize in health are often located as “the health person” within an anthropology, multidisciplinary social science, and/or development studies department, or as “the culture person” within medical, nursing, and/or health science programs. There is also little formal organization in medical anthropology. For example, there is no separate chapter for medical anthropology within the Australian Anthropology

Society. There are, however, universities where medical anthropologists have clustered, either in anthropology departments (Monash University and Macquarie University) or in medical faculties (the University of Melbourne and the University of Queensland), and there has been a steady stream of medical anthropology PhDs since at least the mid-1990s in Australia.

In the following sections, we explore some thematic areas of engagement of Australian anthropologists who have studied health, illustrating the rich and diverse work being undertaken by many of our colleagues. The Australian context is characterized by a complex health system built on a foundational commitment to publicly funded universal health care and a variegated plural or dominative medical system (Baer 2009). Hans Baer, cofounder of Critical Medical Anthropology (CMA), moved to Australia from the US in 2004 and taught at Australian National University in Canberra before moving to the University of Melbourne in 2006. The social justice framework and holism of Baer and Merrill Singer's CMA sits comfortably with many Australians' commitment to universal health care, as is reflected through much of the anthropological work which we highlight below.

INDIGENOUS HEALTH

Medical doctor, anthropologist, and Indigenous Australian Ian Anderson's impact on medical curricula throughout Australia has been profound (Anderson et al. 2016, 2017). One of Anderson's visions was largely operationalized by Indigenous medical anthropologist Gregory Phillips (2004), who established the accredited Indigenous Health Curriculum Framework for medical schools in Australia and New Zealand and the cultural safety program for the Australian Psychiatric Society (APS). Phillips also founded the Leaders in Indigenous Medical Education (LIME) Network, a program of the Medical Deans Australia and New Zealand, which includes a representative from each medical school in Australia.

Examples of other medical anthropologists who have worked in Indigenous health include Margaret Brady, who contributed to the 1985 Royal Commission into British Nuclear Tests in Australia on behalf of impacted Indigenous communities (McClelland 1985); Jon Willis (2003), director of the Poche Centre for Indigenous Health at the University of Queensland, who has published on men's health, renal disease, and Aboriginal health cultures; and Richard Chenhall (2007), who has worked on addiction and rehabilitation, sexual health, and the social determinants of health. Chenhall and Kate Senior (2017) have worked on Indigenous youth experiences of health. Much of Senior's focus has been on Indigenous people's views of their own health and their relationships with health services. Daniela Heil (2006) has worked on Aboriginal Australians' conceptualizations of well-being. One of physician-anthropologist Emma Kowal's (2013) current projects involves community-informed biogenomics research. The current Australian Jesuit provincial (head of the Jesuit Church in Australia), Father Brian McCoy, is a medical anthropologist who has researched and published on Indigenous men's health, community, and belonging (see McCoy 2008).

WOMEN'S HEALTH

Lenore Manderson, editor of the journal *Medical Anthropology*, began her career in Asian studies before moving into medical anthropology in her doctoral and postdoctoral work. Her institutional legacy is far-reaching. Prior to taking up her current positions at the University of Witwaterstrand (South Africa) and Brown University (USA), Manderson was, in turn, the inaugural professor of tropical medicine at the University of Queensland, head of the Key Centre for Women's Health in Society at the University of Melbourne, and chair of social science and health research in the School of Psychology and Psychiatry at Monash University. Manderson's supervision and mentorship in these institutions have shaped a

strong body of research in many areas (Manderson, Cartwright, and Hardon 2016), but particularly in women's health in Southeast Asia, including Andrea Whittaker's (2011, 2015, 2016) extensive body of work on reproductive health and biotechnology. Other Australian anthropologists working in women's reproductive health, women's health, and/or gender and health include Linda Rae Bennett, Penny Johnson, Lisa Wynn, Jenny Munro, Susan Hemer, and Sarah Hewitt.

GLOBAL HEALTH, REFUGEE/MIGRANT HEALTH, AND DEVELOPMENT HEALTH

One of the most multicultural nations in the world, Australia has well-developed immigrant- and refugee-health support services. Manderson and Pascale Allotey (2003) have made significant contributions to migrant- and refugee-health research and policy, as has Sandy Gifford (Gifford et al. 2007; McMichael et al. 2014) and, more recently, Georgina Ramsay (2017).

In some Australian institutional settings, there is a strong overlap between biomedicine and development health (for example, the University of Melbourne and James Cook University in Northern Queensland, where physician-anthropologist Maxine Whittaker is dean of medicine), while in other institutions, development health is outside the medical faculty (for example, University of Queensland and RMIT in Melbourne). Anthropologists work in both settings, and while they can be more "anthropological" outside of medical faculties, they can arguably have greater influence on development practice within a biomedical framework. Internationally, Manderson and Allotey's work with the World Health Organization's Special Program for Tropical Diseases, their work on the United Nations Sustainable Development Goals (WHO 2015), and Allotey's current role as director

of the United Nations University's International Institute for Global Health (UNU-IIGH) has impacted global health policy and practice (Allotey, Reidpath, and Pokhrel 2010).

However, since the incorporation of the political economy of health into critical medical anthropology (CMA) beginning in the 1980s, much of the thunder of both of these approaches has been subtly coopted by the social determinants of health paradigm (CSDH 2008; Marmot and Wilkinson 2005), which has been broadly adopted by public health programs around the world, including in Australia. The social determinants of health paradigm, along with the Sustainable Development Goals, tends to downplay the impact of the capitalist world system on health and the environmental limits to economic growth. Although both anthropologists and sociologists are involved in teaching social determinants of health in medical and nursing schools in Australia, there are tensions between the social science and the biomedical approach that often remain unresolved (Long, Komersaroff, and Kath 2017).

MENTAL HEALTH, PSYCHOLOGICAL ANTHROPOLOGY, AND NEUROANTHROPOLOGY

Australian anthropologists have made many contributions to the understanding of sociocultural factors impacting mental health. In addition to the work mentioned above, Rod Lucas's (2004) work on schizophrenia in Australia and Bianca Brijnath's research on depression in South Asian and Anglo Australians (Brijnath and Antoniadis 2016) are prime examples of such work coming out of nonclinical academic settings. Greg Downey (2014, 2016) at Macquarie University has developed a research and teaching program around neuroanthropology with a team of scholars who share a focus on psychological anthropology, including Aaron Denham, Gabriella Marancini, and Kevin Groark (see Lende and Downey

2012). Juan Dominguez Duque's current work in social neurobehaviorism brings anthropology directly into cognitive neuroscience.

OCCUPATIONAL HEALTH

Tanya King's work with fishing communities has led to her work in mental health (King et al. 2015), integrating her into the emergent area of health anthropological inquiry of occupational health in Australia. Canadian Penny McCall Howard's (2017) work on Scottish fishing communities and North Sea oil-rig workers led to her employment in the Maritime Workers Union of Australia, where she heads research into occupational health. Debbi Long led a research team contracted by a state nursing union during a protracted industrial relations dispute (Hopkins and Long 2009) and, more recently, has worked on projects in workers compensation, rehabilitation, and recovery (Iles and Long 2017).

MEDICAL PLURALISM AND ETHNOBOTANICALS

Groark (2010) is one of a number of medical anthropologists in Australia who have worked on ethnobotanicals in South America, with Robin Rodd (2006) and Dena Sharrock (2018) having researched *ayahuasca* in Venezuela and Peru, respectively, while Alex Gearin's (2015) work on *ayahuasca* has been among Australian communities.

Baer's (2009) initial work in Australia focused on medical pluralism, exploring the role of complementary and alternative medicine in the mix of health provision. Medical anthropology has proven to be attractive to natural health therapists in Australia, particularly naturopaths, with a number having undertaken postgraduate training in medical anthropology.

HEALTH IMPACTS OF CLIMATE CHANGE

Baer's recent focus on climate change started in part with a book titled *Global Warming and the Political Ecology of Health* (Baer and Singer 2009). Four subsequent books have examined the relationship between global capitalism and climate change (Baer 2012), Australia's climate politics (Burgmann and Baer 2012), an overview of the anthropology of climate change (Baer and Singer 2018), and democratic eco-socialism as a real utopian alternative to the existing capitalist world system (Baer 2018). There is a significant amount of anthropological focus on climate change in Australia, and although many of the researchers in this area do not identify specifically as medical anthropologists, health impacts are frequently included in the scope of the research. Donna Green's (2016) work is an example of this. Linda Connor (2016) began her research career as a medical anthropologist before shifting her focus to the environment, including explorations of the impact of mining. The intersection of health, the environment, and mining is not an uncommon research focus in Australian anthropology, as are intersections between health and water resources and between health and food supply.

HEALTH CONSULTANCY

With employment in the university sector being limited, precarious, and unstable, health anthropology is one of the few subfields within anthropology where opportunities exist for consultancy and contract work.²

Currently, there are a number of medical anthropologists trained in Australia working as contractors in the development health sector and in project management roles in the not-for-profit sector. With qualitative methods increasingly valued in these areas, anthropologists are finding work both at home and abroad. Some combine contract work with an academic appointment. However, much contract work is dependent on short-term funding cycles,

meaning that many people jump from project to project rather than being able to build upon a sustained body of work.

Similarly, while there are opportunities for consultancy work in the Australian health system, there are few people who are able to support themselves working purely as consultants, and consultancies can be difficult to juggle with an academic career. The opportunities to do applied work in communities, and to influence policy in the real world, come at a cost. Medical anthropologists who have a foot in real-world camps are highly valued by students, who appreciate the knowledge of consultancy and policy work that gets brought into the classroom. However, this rarely translates into metrics that are taken into account for secure employment or promotion within academia.

HEALTH ANTHROPOLOGY: MORE THAN (JUST) MEDICAL

As with many other places in the world, the Australian tertiary education sector is currently characterized by ongoing cascades of funding cuts, shifts to “industry-focused” research funding priorities, and ever-increasing casualization of teaching, all of which hinder the capacity of academics to develop sturdy, rigorous, ongoing research and teaching programs. In spite of this environment, anthropologists in Australia who identify as medical anthropologists are engaging in creative, interesting, and innovative work in many diverse and wide-ranging areas of health.

The centrality of the issue of social vulnerability to so many of our colleagues’ work supports the argument for thinking about ourselves as health anthropologists. The vulnerabilities that anthropologists explore in nearly all of the above examples are not (only) medical. They are sociocultural constructions and assemblages that produce and reproduce health inequities. Running through nearly all of the work of anthropologists in Australia who identify as medical anthropologists is an engagement with the production and reproduction of

cultural beliefs and practices that impact on health, health education, and/or health-care delivery. As we have shown, these concerns include medical(ized) areas of health care, but they also include areas of health that fall outside a strictly “medical” classification, supporting our argument that health anthropology is a label that more fully encompasses the breadth and depth of our work.

NOTES

¹ Herdt is from the United States but undertook his PhD research based at Australian National University in Canberra.

² The other significant area of contract work in Australia for anthropologists is in Native title consultancy. That is, anthropologists working for an Indigenous organization, a government body, or a corporation (often mining companies) in Native title land claims, or in negotiated contracts between Indigenous communities and mining companies.

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