



Introduction: Health, Well-Being, and Ability in Archaeology

Stacey L. Camp¹ · Jodi A. Barnes²  · Sarah Surface-Evans³

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Abstract

This thematic volume explores how health, well-being, and ability are constructed in the past and in the present. The volume’s authors undo and question deeply ingrained assumptions about what constitutes a “normative” body. They do so by not only looking at how bodies have been medicalized and envisioned in the past, but also how our own profession and discipline discriminates against certain types of bodies in the present.

Keywords Health · Disability studies · Well-being · Medicine · Healthcare

When we first conceived of this volume in 2019, we did not expect it to be as timely as it has become in the age of COVID-19 and social unrest over police brutality and violence against Blacks and people of color in the United States. Two of the editors—Camp and Surface-Evans—wrote from Michigan, a state that was one of the top three epicenters at the beginning of the COVID-19 epidemic and, as of June 15, 2020, ended one of the strictest lockdowns in the United States. Barnes wrote from Arkansas, where the governor took a conservative approach to testing, masks, and business and school closures, which resulted in the state having the second-highest

✉ Jodi A. Barnes
barnesj@dnr.sc.gov

Stacey L. Camp
campstac@msu.edu

Sarah Surface-Evans
surfa1sl@cmich.edu

¹ Department of Anthropology, Michigan State University, 5962 Eagles Way, Haslett, MI 48840, USA

² South Carolina Department of Natural Resources, Heritage Trust, 918 Duke Street, Georgetown, SC 29440, USA

³ Department of Sociology, Anthropology, and Social Work, Central Michigan University, 138 Anspach Hall, Mount Pleasant, MI 48859, USA

rate for deaths and the 12th highest rate in cases in the country in October 2020 (Whyte 2020). As difficult as it has been to write in these times, we thank our contributors for pushing through tough, heartbreaking circumstances and for being passionate about finishing the volume given its heightened significance. Because much of the content directly relates to issues we are facing personally and globally right now, we have added a special section at the end of this volume that contains our authors' and editors' reflections on their experiences writing and editing this volume amid the dual crises of a pandemic and structural racism.

Our volume explores how views about bodies become normalized, fetishized, and marginalized through discourses regarding health, well-being, and disability. Additionally, our papers explore how these bodily discourses intersect with other aspects of one's identity, including one's citizenship status, national identity, disability, ability or in-ability to reproduce, sexuality, racial status, and gender identity. Authors question and overturn deeply ingrained assumptions about what constitutes a "normative" body. They do so by not only looking at how bodies have been medicalized and envisioned in the past, but also how our profession and discipline discriminates against certain types of bodies in the present. To challenge our profession to do better, we preface the beginning of this volume with two articles that identify how archaeology excludes people from participating and pursuing careers in the discipline. Laura Heath-Stout's "The Invisibly Disabled Archaeology," and Kimberly Wooten's "Archaeology of the Color Pink" break new ground in the discipline by identifying how archaeology is an ableist field. They provide suggestions for how our profession can move forward and become more inclusive.

Feminist and queer archaeologists have made this kind of disciplinary reflexivity possible. They continue to challenge heteronormative ideas about bodies that have been endemic in archaeology. Such biases have created barriers for women, scholars of color, and LGBTQIA+ identifying scholars who wish to pursue archaeology and diversify the people archaeologists write about in their depictions of the past. Prior to this work, archaeologists tended to ignore the rich diversity of sexual practices and gender identities in the past, attributing most sexual activity to a supposed innate biological desire to reproduce (Voss 2008:318). Scholars also documented both the discrimination faced by contemporary LGBTQIA+ archaeologists as well as the lives of past LGBTQIA+ people as made evident through archival and archaeological research (Blackmore 2011; Casella 2000a; Dowson 2000).

Joan Gero (1985:344) observed that women in the profession of archaeology were more likely to be relegated to indoor work, such as laboratory and museum research, than men. She also found that women were also less likely to receive funding by the National Science Foundation (NSF) in the United States and that fieldwork, not laboratory work, was more likely to be funded by the same agency (Gero 1985:347). Woodall and Perricone (1981) similarly argued that archaeology's "cowboy" stereotype narrowly defined the parameters of who could be considered a professional archaeologist, a stereotype that unfortunately lingers in the present (Moser 2007). Feminist archaeologists discovered that these biases were not only determining who could secure a job or obtain an education in archaeology but also influencing archaeologists' depictions and interpretations of people in the past. Feminist archaeologists critiqued the ways archaeologists depicted

men as active agents, responsible for social organization, religious rituals, and procuring the majority of food to support their communities, while women were portrayed as playing passive, minor roles in their communities and in the past (e.g., Conkey and Gero 1991, 1997; Conkey and Spector 1984; Spector 1993).

Feminist scholarship in the 1990s and 2000s continued to interrogate heteronormative stereotypes embedded in archaeological interpretations, exploring what sexuality, sex, and gender meant across time, place, and cultures (Casella 2000a, b, 2007; Crossland and Joyce 2015; Joyce 2005; Meskell 2002; Rautman 2000; Schmidt and Voss 2000; Voss and Casella 2012). Weismantel (2004), for example, argued that those in power used Peruvian Moche ceramic pots dating to the first millennium, which feature genitalia and sexual acts, to assert the continuation of social and political power from the dead to the living. Moche pots, she argues, served as a bridge between the past and the present and a reminder that the power bestowed to the living is due to the fluids exchanged between their ancestors. Elites may have also used these pots in rituals to connect to their ancestors (Weismantel and Meskell 2014:247). Moche vessels demonstrate that some cultures do not draw a line between corporal, living bodies and materiality.

Scholars have continued to critique Western conceptions of the body itself, which has historically been posited as existing separate from the external, material world (Joyce 2005; Meskell and Joyce 2003). At the Neolithic site of Çatalhöyük, villagers actively lived with their ancestors and relied upon them for protection and shelter by incorporating human remains in clay to build and repair their homes; their ancestors physically and metaphorically enclosed and protected them in the space of a home, a process Weismantel and Meskell (2014:240) describe as “enfleshing.” This physical manifestation of the dead in the lives of the living was also enacted through the creation of figurines at Çatalhöyük. Initially the figurines’ robust breasts, stomachs, and buttocks were interpreted as representing femininity. A reconsideration of these figurines suggests that their emphasis on expansive body parts concerned the importance of flesh instead of fertility or femaleness. Weismantel and Meskell (2014:244) argue that an abundance of flesh communicated “societal concerns about aging, maturity, survival, and accumulation.”

Despite these strides in confronting Western stereotypes about the body, archaeology retains biases that continue to negatively impact the discipline and who can find employment in it. Battle-Baptiste (2011:37–38) argued that the current strain of white feminism in archaeology universalizes the experiences of women and, consequently, ignores the racism and discrimination women of color experience in their daily lives. Drawing upon her reading of Black feminists and her lived experience as a Black woman in the field, Battle-Baptiste (2011:39) writes that interpreting the lives of Black people in the past is a political act for her. Her work has serious ramifications for how the world perceives and views Black people in the present. For this reason, archaeologists writing about people of color who continue to experience racism in the present must avoid replicating historic stereotypes while at the same time essentializing rhetoric about racialized groups. This is a fine line to walk, Battle-Baptiste (2011:40) notes: “I do not want to attempt or create an image of the

Black domestic sphere as without fault or simply in opposition to the evil norm of Euroamerican patriarchal culture.”

This volume’s authors seek to follow in the footsteps of these intersectional feminists who aim to dismantle stereotypes about bodies in the past so that they can lose traction in the present. This work requires not only confronting how bodies were perceived long ago, but also confronting discrimination and harassment, deeply embedded in our own disciplinary culture (Franklin et al. 2020; Heath-Stout 2019, 2020; Meyers et al. 2018; Voss 2021a, b). Anthropology is a discipline that investigates the taken for granted aspects of our culture, the practices that become invisible, rationalized, and naturalized through repetition and enculturation processes. In our society, normative assumptions of our bodies begin from the time a fetus is in the womb. Indeed, cultural conceptions of what a normative body constitutes are found in every nook and cranny of our daily lives, from the built environment to the material culture we use. As Scott writes (this volume), “architects have introduced implicit assumptions about gender, age, and ability into contemporary buildings because the standardized measurements used in buildings were based on average measurements on able-bodied males.” The height of countertops, the presence of stairs and lack of ramps at the entrance of a building, and desks made for right-handed individuals are just a few of the many examples of how able-bodiedness is naturalized and normalized in our culture. Anthropology provides the methodological and theoretical toolkit to take a longitudinal and cross-cultural look at how discourses about the body become unquestioned and embedded in our material worlds.

Contributors ask a multitude of questions toward this end. How has the care of one’s body changed over time? What bodily practices were acceptable in the past and why are they no longer acceptable in the present? How did such practices become accepted in our culture? What bodies have been prized, and what bodies have been scrutinized, neglected, or shamed? How has the medical and pharmaceutical industry been influenced by culture, and how do cultural beliefs about the body shape medical practice and the demand for certain procedures? Who has access to healthcare and who does not? While some of the practices documented in this volume may seem unusual or downright shocking by modern standards of care, we encourage our readers to use this volume as an opportunity to reflect upon how our supposedly “modern” ideas about bodily perfection also dictate and govern medical care and our perceptions of others and ourselves. Television and radio advertisements promise a better life if you simply ask your doctor for a new prescription; toothpaste promises to whiten teeth when whiteness in and of itself has nothing to do with oral hygiene and health; and diet crazes, such as the Keto or Paleo, and dietary supplements, such as Plexus or Herbalife, promise to fix all of your mental and physical ailments through weight loss. Authors in this volume examine how these ideas about bodily aesthetics and ideals, become unquestioned practices and framed as medical necessities and/or the path to social and cultural acceptance.

The volume’s contributors recognize that our discussions and interpretations of people in the past carry weight in the present. Some of our volume’s authors have personally encountered discrimination while conducting and seeking out work in the discipline of archaeology. Our volume aims to both untangle normative ideas about the body and interrogate the origins (e.g. racism, sexism, classism, ableism, etc.) of

these discourses about normative bodies, and examine how these concepts have traction in the present in the profession of archaeology. To understand how ideas about the body originated and continue to influence our culture today, we begin with a brief review of how bodies were treated, medicalized, and imagined in the past.

Health in the Past

Many of the case studies in this volume are based in the United States, where the nation's welfare has been historically framed as dependent upon the physical and emotional fitness of its citizens and non-citizens. Migrants arriving on America's shores and at America's borders have been (and are) depicted as posing a variety of threats to white America, including their health. For this reason, the United States has used medical examinations and claims, much of which are historically rooted in racism rather than science, to exclude migrants from admittance into the country. National identity and American citizenship have often been predicated on immigrants' ability to pass health inspections at ports of entry and borders. These invasive and racist attempts at managing what Foucault (1978) called the "biopolitics" of the nation continued once migrants were within America's borders. In historic Los Angeles, California, for example, public health officials targeted Japanese, Latinx, and Chinese migrant communities, forcing "half-hearted assimilation programs" that "sometimes consisted of little more than rhetoric" upon them without providing any real help or assistance (Molina 2006:20). These institutions of public health promoted prevailing stereotypes about migrants, such as "the overly fertile Mexican woman, the unclean Mexican man, the wily Asian vendor, and the germ-spreading Chinese launderer" (Molina 2006:20); these stereotypes continue to have social currency as politicians propose immigrant bans in the name of "protecting" the health, welfare, and safety of the nation's citizenry.

Despite claims to the contrary, the nation and its corporations have historically and continually contributed to public health problems for immigrants, segregating them in crowded housing, limiting their access to hot, clean water (an important part of any public hygiene campaign), and inspecting their communities rather than providing healthcare for them. The outbreak of the plague in 1924 was blamed, in part, on Los Angeles' Mexican migrant community and conflated with Mexican migrants rather than the poverty-stricken conditions in which they lived (Deverell 1999). The community was cordoned off and subjected to a round-the-clock militarized presence until the plague dissipated. Some guards, who were soldiers in World War I, vandalized and robbed migrants' property (Deverell 1999:183). Archaeologists have examined how these public health campaigns have been enacted (Addyman 1989; Maniery 2002; Mytum 1989). They have also considered how people subjected to health reforms responded to them; immigrants, for instance, purchased medicines and other foodstuffs as relief for sickness and homesickness, as well as to forge new American identities amid a backdrop of a hostile, xenophobic nation (Camp 2011; Linn 2010).

Enslaved and freed African American populations were also subjected to invasive medical procedures and experiments that were the basis of modern obstetrics

and gynecology in the United States. Washington's (2006) comprehensive history of medical experimentation on African Americans details how both slaves and freedmen were used in hospitals for experiments conducted without their knowledge. These experiments were based on ideologies of endurance and durability, which framed black bodies as expendable (Davis 2019:100). Those biological rationales impacted and continue to shape African Americans' medical treatment (Hoberman 2012:140; Washington 2006). Davis's (2019) ethnographic research shows that Black women experience medical encounters reminiscent of racist medical practices and beliefs from the 1700s. She examines the historical roots of those experiences and situates medical professionals' practices within the framework of the afterlives of slavery. Her research shows that despite medical personnel working to reduce adverse birth outcomes, the power of racism cuts across the class divide producing continued racial disparities in infant mortality and prematurity rates. This data shows how the violence of slavery continues to be an operation of power in modernity that preserves racial hierarchy, while simultaneously preserving ethnic, gender, class, sexual, and religious hierarchies (Brown 2015). Davis's research shows the necessity of uncovering the structural and historical forms of antiblackness (Franklin et al. 2020; Vargas 2018) as evidence of the continued racial bias in health care.

Richard Veit and co-authors (this volume) examine artifacts, documents, and the landscape of the Orange Valley Slave Hospital in Trelawny Parish, Jamaica, to illustrate how slave hospitals perpetuated the institution of slavery. Their research illuminates how the enslaved patients and workers in the hospital incorporated their own traditions into their healthcare practices, despite the brutal drudgery of sugar production. Health care, particularly fertility control, was an act of defiance against sexual exploitation and the capital claims slaveholders made on women's bodies (Bankole 1998; Covey 2007; Fett 2000; Ross and Sollinger 2017; Turner 2017). Barnes (2021) interprets various artifacts from a rural plantation from differing positionalities of the women who lived and worked in the house to understand the ways reproduction shaped their lives over time and to draw connections between the control over Black women's bodies exercised by slaveholders and the contemporary trend to limit women's control of their reproductive health.

By the Civil War, more than two centuries of white lawmakers had drawn dramatic distinctions between the reproductive bodies of white women and women of color, assigning profoundly different values to these bodies by race (Berry 2017). During the Progressive Era, those who endeavored to stamp out epidemics and control venereal disease were motivated by the idea that scientific advancements could solve social problems by improving physical and mental efficiency and hygiene standards for the optimization of American society (Stern 2005:30). Eugenics promoted health and hygiene standards as tools for maintaining the purity and dominance of the white upper and middle classes (Cogdell 2004; Griffin 2015). Eugenics, racism, and laws encouraging the sterilization of "socially inadequate persons," "promiscuous" women, the "feeble-minded," habitual criminals, and others were a part of governmental programs to maintain the demographic advantage of "the race" (Ross and Sollinger 2017). Non-consensual sterilizations carried out on Native American women and girls by the United States Indian Health Service continued well into the late twentieth century (Lawrence 2000). The pseudoscience of eugenics

and social Darwinism continued to justify the experimental exploitation and shoddy medical treatment of Black people and people of color, due to the view that they were biologically inferior, oversexed, and unfit for adult responsibilities (Washington 2006).

The late nineteenth and early twentieth centuries saw continued legislative attempts to restrict the reproduction of certain groups of people. Immigration restriction and reform acts, like the Page Act, the Chinese Exclusion Act, and the Johnson Reed Act, sought to limit the reproductive capabilities of immigrants coming to the United States. White Americans' fears over passing down and reproducing power through one's paternal lineage spurred national debates and concern over the "hyper" fertility of certain migrant and racial groups. For example, Latinx women's fertility has been continually scrutinized by the US government, nativists, popular media, and by academics as well (Chavez 2013:75); these accounts have focused on Latinx women's "supposedly excessive reproduction, seemingly abundant or limitless fertility, and hypersexuality, all of which are seen as 'out of control' in relation to the supposed norm" (Chavez 2013:75). White Americans' xenophobic belief that the country will be "invaded" by non-whites and that any person who is not white who can reproduce is a "threat and danger to US society and even national security," even if they are citizens (Chavez 2013:75), are historically rooted in colonialism and undergird these concerns over immigrant and non-white bodies. Calls to restrict certain groups of immigrants continue in the present.

In 2008, both Ron Paul and Mitt Romney, then Republican candidates running for the US presidency, suggested the cessation of birthright citizenship (Huang 2008:401). President Donald Trump's election in 2016 was predicated on similar discourse, with his followers chanting "build the wall" in reference to building a more expansive border between the United States and Mexico. Trump and the Republican party portrayed migrants crossing the border as rapists, criminals, and drug-lords (Saul 2017:105) and lobbied for increased policing of an already militarized border (De Leon 2015; Martinez-Brawley and Zorita 2018). In the past three decades, there was an extreme growth in migrant detention in the United States from less than 2,000 non-citizens detained nationwide at any given time in the 1980s to more than 50,000 a day by 2019 (Tosh et al. 2021). A recent study of the spread of COVID-19 in migrant detention camps found that a reduction is needed not only in the context of the current pandemic, but also as a preventative measure for future health crises (Tosh et al. 2021). In addition, these detention camps are sites of reproductive injustice with detainment of pregnant women, the sterilization of women without their consent, and the gendered violence against transgender women (Hernández and Upton 2020). This is particularly problematic as some bodies, like those of migrants, carry greater burdens that disproportionately subject them to risk of debility (Puar 2017; Wilkie, this volume).

Archaeologists have only recently begun to explore the materiality of reproductive politics and racism. Published in 2003, Laurie Wilkie's *The Archaeology of Mothering: An African-American Midwife's Tale* remains one of the few archaeological accounts of how discourses concerning the materiality of mothering were racialized. Her book focuses on the story of Lucrecia Perryman, an African American midwife and mother of eleven children who lived in Mobile, Alabama, during

the late nineteenth and early twentieth centuries. As the professions of obstetrics and pediatrics grew, midwives, and particularly midwives of color, were targeted by the American Medical Association (AMA) (Wilkie 2003). Public health campaigns depicted African American midwives “as superstitious, inept, elderly, unsanitary, and generally unhealthy to newborns” (Wilkie 2003:xviii). African American midwives advocated and cared for the health of their patients who faced stigmatization and racism from white medical practitioners. In “Tonics, Bitters, and Other Curatives: An Archaeology of Medicalization at Hollywood Plantation,” Barnes similarly takes up the project of considering how women managed reproductive health and responded to the medicalization of their bodies in the past. The Taylors, a white family in rural Arkansas, were expected to reproduce a male heir, and, in pursuing a male infant, suffered repeated miscarriages and health problems, while at the same time enslaved women were expected to reproduce to perpetuate the institution of slavery (Barnes 2021). Women’s reproductive problems, such as miscarriages, were blamed on a woman’s failure to address other underlying health (mental and physical) issues that patent medicine manufacturers promised to resolve. Women saw patent medicines as a way of taking health into their own hands, especially in rural parts of the United States where healthcare was limited (Barnes, this volume).

In “Exploring Well-being at Three Great Lakes Lighthouses,” Sarah Surface-Evans (this volume) flips the script on the archaeology of health, by critically examining ableism and well-being. She challenges the fact that archaeological inquiry into health is typically centered on ableism, which views healthiness and non-(dis)abledness as the desirable norm. To see beyond these normative perspectives, she uses archaeological and archival evidence from three lighthouses in the Great Lakes region of the US to look at how lighthouse keepers and their families sought well-being. She recognizes how the unpaid physical and mental labor required to live and work in these remote locations influenced the health decisions of the keeper’s and their wives. At one of her three research sites, she interprets nursing bottles, diaper pins, and patent medicines as indicators of historical trends of mothering, child rearing, and infancy and the decisions women made for the well-being of themselves and their children.

The patent medicine industry was largely responsible for encouraging every American to see their body as in need of medicine. Unregulated until the introduction of the Food and Drug Administration (FDA) in 1906, the patent medicine industry encouraged Americans to police and surveil their own bodies for any sign of discomfort, including the biologically normal process of aging. This medicalization made medicine and the labels “healthy” and “ill” a part of daily life (Barnes, this volume). Women, in particular, were historically posited as biologically inferior to men and therefore in need of medical interventions and pharmaceuticals. In “Soothing the Self: Medicine Advertisement and the Cult of Domesticity in Nineteenth-Century Springfield, Illinois,” Verstraete (this volume) examines how patent medicine entrepreneurs targeted women by employing savvy marketing techniques, advertising in everything from newspapers to calendars and recipe books. Advertisements for Mrs. Winslow’s Soothing Syrup, recovered from a late nineteenth-century neighborhood in Springfield, Illinois, depicted “a radiant mother and gentle child, with packaging inserts that included domestic cleaning tips and recipes to cook

for the family” (Verstraete, this volume). The drug promised to help frayed, overworked mothers achieve society’s impossible expectations of idealized domesticity by soothing infants and toddlers so a mother could go back to cleaning, cooking, and tending to other demanding household chores expected of women of that time. The medicine contained both alcohol and morphine, which could result in a child’s death if a parent or guardian administered the wrong dosage. Like other household inventions, this medicine only extended the range of responsibilities foisted upon women.

Another normative assumption within American society is that one’s inattentiveness to their physical, outward appearance was seen as a moral failure, biological defect, and as reflective of bodily illness. As nineteenth and early twentieth scientists did not understand the mechanics of genetic inheritance, physical characteristics were used to differentiate people into races, and outward beauty was associated with inner qualities (Cogdell 2004; Griffin 2015). In the 1920s, health education programs explained that attractiveness goes “hand in hand with health” (Pernick 1996:61). Organizations such as the American Eugenics Society claimed that beauty was a characteristic that marked the societal value and efficiency of an individual, while physical ugliness conveyed genetic defectiveness, and those individuals were not encouraged to marry or reproduce (Cogdell 2004; Griffin 2015; Hays 1912). With unattractiveness implying genetic defectiveness and an unhealthy state of being, many Americans became obsessed with maintaining aesthetically appealing physical appearances, which were much easier to manipulate than genes (Cogdell 2004) and patent medicine purveyors marketed all kinds of remedies to help (Barnes, this volume; Komara, this volume; Verstraete, this volume).

While women felt empowered to make decisions about their own health by consuming patent medicines within the private sphere of the household rather than the public sphere of a male doctor’s office in Barnes’s case study, Komara’s (this volume) “Healer’s Choice: Gender, Self-Care, and Women’s Wellness Products in an Appalachian Coal Town” looks at how patent medicine had the opposite effect on a rural Appalachian community in Jenkins, Kentucky. Despite the highly gendered and classed stereotypes of Appalachian women as “unclean, unhealthy, unhygienic, and unattractive” that continue into the present day, investigations of an archaeological midden associated with a company-own coal mining town in Jenkins, Kentucky dating from ca. 1911 to 1947 reveal that the town’s female residents sought to care for themselves (Komara, this volume). Komara argues that despite narratives regarding women’s helplessness, women were active, engaged participants in their study and use of medicine. Direct-to-consumer medicines were particularly concerned with women’s intestinal and colon health. Every patent medicine purveyor marketed laxatives to treat constipation in the early to mid-twentieth century.

Like patent medicine companies, institutions have likewise sought to criminalize, compartmentalize, medicalize, and stigmatize people who do not follow socially accepted norms (Casella 2007; Kuglitsch, this volume; Smith, this volume). Bodies deemed unhealthy or disabled have historically been labeled as abnormal and in need of repair. This frame of mind assumes “health is the normal state” (Scott, this volume). Our volume’s authors find that these processes of deeming bodies non-normative or outside of the social imaginary are often normalized through quotidian material practices. Some authors in this volume build on the work of Bourdieu

(1977), who emphasizes how cultural practices become normalized through ritual and repetition.

For example, Kuglitsch's (this volume) "All the Aids that Nature can Afford; Horticulture as Treatment at the Western Washington Hospital for the Insane" examines how gardening, a seemingly innocuous practice, became part of a patient's treatment at a turn-of-the-century hospital for the mentally ill in Washington state. Kuglitsch interprets the recovery of over 400 terra cotta pots from the hospital as a societal preoccupation with horticulture as a remedy and "therapeutic landscape" for psychological and psychiatric illnesses caused by rapid industrialization and the growth of urban life in the United States (Kuglitsch, this volume). Patients at the hospital worked in greenhouses; tended to extravagant and ornate gardens; planted a variety of seeds and food-bearing orchards; and "male patients hauled fertile soil collected" from a nearby lake to fertilize the "lawns" (Kuglitsch, this volume). This daily physical labor was seen as equipping patients with the discipline needed to overcome mental illness, as diagnoses such as "insanity" were seen as a problem of morality and one's character. Patients tended to potted plants inside the hospital as well, with "the health of each plant...function[ing] as a measure of the success of moral routine and discipline on the ward" (Kuglitsch, this volume).

Scott's (this volume) "Archaeology, Disability, and the Weimar Joint Sanatorium for Tuberculosis" similarly investigates how another ordinary artifact, windowpane glass, was seen as a critical medical intervention to cure tuberculosis. The cause of tuberculosis was perceived as not only an infectious disease but also a disease caused by personal and moral failures; a cure involved disciplining the body to "stay quiet, abstain from negative thoughts, eat the right foods, breathe fresh air, and take the sun" (Scott, this volume). California's Weimar Joint Sanatorium for Tuberculosis was one of several tuberculosis sanatoriums in the state in the early 1900s and social ideas about curing the tuberculosis body were infused into its architecture and landscape. Scott argues that a particular brand of windowpane glass, an artifact that is frequently overlooked because of its ubiquity in the archaeological record, called "Vita-Glass" claimed to provide more UV radiation into sanatoriums. UV light, sunlight, and fresh air were promoted as part of a suite of medical treatments needed to cure patients of tuberculosis.

An examination of how walking and gait, another example of how taken for granted practices in our world are saturated with rich symbolism and meaning, is found in Maria Smith's "The Paths They Wore: Shoes on Feet at the Syracuse State School" (this volume). At New York's Syracuse State School for Idiots that began operations in the 1850s, doctors sought to teach the institutionalized how to pass as normative and not disabled, as "an improper gait signified an improper soul" (Smith, this volume). Correcting the gait of the institutionalized was not merely about their own welfare but rather also about commodifying the body and turning it into something that could be valued in a capitalist society that places a high price on able-bodiedness and one's ability to generate capital. Successful graduates of the school were primed as domestic servants, agricultural workers, and "governable subjects," and learning socially acceptable gait of the time was part of this enculturation (Smith, this volume). Smith's analysis of shoe repair receipts shows that children's "physical

bodies...pushed back” against these processes; the receipts demonstrate that children wore down the heels and toes of their shoes by dragging their feet and toes.

A common theme in Kuglitsch (this volume) and Smith (this volume) is the idealization of the body in relation to its perceived productivity under capitalist demands. Assumptions about which bodies are worthy of healthcare are often predicated on their perceived productivity. The moralizing of productivity and valuing of productive bodies has its foundation within the Industrial Revolution and has been investigated by archaeologists studying various types of institutions (Beisaw and Gibb 2009; Casella 2007). Authors in this volume demonstrate that views toward labor, ability, and health are intertwined in the past, as well as the present. In “Exploring Well-being at Three Great Lakes Lighthouses,” Sarah Surface-Evans (this volume) forces us to come to terms with the fact that low-wage workers rarely experienced “complete well-being.” She examines archival documents, patent medicine bottles, and children’s toys to explore ways that lighthouse keepers sought individual solutions for managing their physical and mental health in a low-wage high-labor profession. Heath-Stout (this volume) and Wooten (this volume) provide contemporary examples of how ableism pervades archaeological labor.

Health in the Present: Confronting and Changing Archaeology’s Able-Bodied Culture

While many of these historic case studies may seem distanced from the contemporary world, the experiences of archaeologists in our discipline with visible and invisible disabilities suggest otherwise. Authors in this volume challenge the ableist, sexist stereotype of the cowboy archaeologist that pervades our discipline. Heath-Stout (this volume) and Wooten (this volume) build from queer and disability studies to establish disability as part of the disciplinary culture of archaeology. Both Heath-Stout and Wooten bravely tell their ability stories and bring the voices of archaeologists with disabilities to the fore.

Wooten takes a creative approach and introduces readers to her alter-ego, Dr. Dr. Maria Zolezzi Garibaldi, a futuristic archaeologist from 2167, and her archeological research of the Color Pink. With an emphasis on invisible or non-apparent disability, Heath-Stout uses her ethnographic research on diversity issues among archaeologists (Heath-Stout 2019) and the themes of coming out, masquerading, and “crip time” to highlight the ways non-apparent disability, like chronic conditions, mental illnesses, learning disabilities, or a variety of other impairments, affect our lives and work. She uses the concept of compulsory able-bodiedness (McRuer 2006) with roots in the work of Adrienne Rich’s (1980) compulsory heterosexuality to show how able-bodiedness masquerades as a non-identity and the natural order of archaeological practice. Her interviews demonstrate how archaeologists have to “come out” or “masquerade” as able-bodied so that they do not risk ostracization.

The final contribution to our volume is a thoughtful, comprehensive commentary on different strands of disability theory and how they intersect with the articles in this thematic issue. Laurie Wilkie (this volume) considers the changing and contradictory ways disability has been framed over time. In the Middle Ages, for

instance, disability was located in the physical body, defined as “limb loss” or “surplus limbs” (Wilkie, this volume). Christian doctrine saw and continues to see disability as both a physical and moral condition (Wilkie, this volume). In the era of the COVID-19 pandemic, disability has once again been reconfigured. People described as having pre-existing conditions and therefore at higher risk for COVID-19 complications have been asked to isolate and stay at home so that people who do not have pre-existing conditions can forgo “measures that would allow others to feel safe” (Wilkie, this volume). This latter approach is what disability scholars see as a “social model of disability” where society and culture create disabling environments (Surface-Evans, this volume; Wilkie, this volume). One example of this is the lack of wheelchair accessible ramps at the entrance of buildings, which is seen as “disabling architecture” (Wilkie, this volume). The second model of disability is one that stems from medical discourses, which sees the body as a “machine” (Wilkie, this volume). This perception of the body arose due to the advent of industrial capitalism that required bodies to be productive at all times as well as to be physically capable of laboring around industrial time “and done to the rhythm of machines” (Shackel 1996:2). Under the medical model of disability, health is normalized, and anything that deviates from it – be it physical or psychological – is seen as “evidence of malfunction” (Wilkie, this volume). This belief system prevails in contemporary medicine, whereby even the biological process of aging is seen as a problem requiring medical intervention (Ehrenreich 2018). Barbara Ehrenreich has written extensively on this topic, noting that older people are often subjected to unnecessary medical interventions that do not serve to prolong their lives. She rejects “a medicalized life,” writing that as she ages, “each month and day becomes too precious to spend in windowless waiting rooms and under the cold scrutiny of machines. Being old enough to die is an achievement, not a defeat, and the freedom it brings is worth celebrating” (Ehrenreich 2018:12–13).

As the COVID-19 pandemic disrupts and brings significant stress to everyone’s day-to-day lives, we hear more of our colleagues talk openly about their health and their invisible disabilities. The authors in this volume discuss their experiences writing about health during the pandemic and there are cogent lessons for archeologists to learn from disability studies. As we slow down, we more easily recognize the necessity of creating healthy workspaces that acknowledge that disabled people may operate on “crip time” and need more time to sleep, rest, perform activities of daily living, transport ourselves, or simply to think, depending on the specifics of impairments (Heath-Stout, this volume; Kafer 2013; Samuels 2017). O’Mahony (2015), Poirer and Feder (2001), and the authors in this volume provide important recommendations for supporting students, faculty, and staff in creating an environment where people are welcome, comfortable, safe, and able to succeed. Wooten and Heath-Stout challenge us to be better archaeologists and to dismantle the compulsory able-bodiedness in our archaeological practice, because all our lives depend on it.

Blogger RioIri (2009) created an “Able-Bodied Privilege Checklist.” It includes a list of privileges, such as: “I can, if I wish, arrange to attend social events without worrying if they are accessible to me.” Heath Stout and Wooten (this volume) remind us that this is often the case in our field schools and conferences. As

archaeologists, we could create an archaeologists' able-bodied checklist as well as a list of ableist language to avoid (e.g., Cohen-Rottenberg 2013; Holland Bloorview Kids Rehabilitation Hospital 2017). Ableist language is any word or phrase that devalues people who have a disability. Examples of ableist language include words like "lame," "dumb," "retarded," "blind," "deaf," or "idiot" that are commonly banded around classrooms or field sites. In addition, it is important to use "people first language," such as "She has a mental health condition," rather than "She is mentally ill/disturbed/retarded" (Holland Bloorview Kids Rehabilitation Hospital 2017). While these suggestions are encouraged by disability advocates, how a person wants to be identified is always a matter of personal preference. Not everyone uses "people first language," so if you are not sure, you can always politely ask an individual what language is best to use.

By doing archaeology with heart, we can dismantle able-bodied, white, and heterosexual privilege. In the recent volume, *Archaeologies of the Heart*, Supernant and co-authors (2020) encourage us to create an archaeology that considers well-being and speaks to the whole person—our intellectual, emotional, spiritual, and physical selves. By taking the best of what our whole selves offer, we can build "an archaeology that makes us better people, better archaeologists, and a kinder and more inclusive community of practice" (Lyons and Supernant 2020:1).

The co-editors are grateful for the bravery and courage expressed by the volume's authors in sharing topics that have been ignored or silenced by the discipline. Poirer and Feder (2001) point out that archaeology can be a dangerous occupation with lyme disease, rabies, bacterial infections, or unexploded ordnances, but the authors in this volume show that there are also more personal and intimate concerns in the field. As we design our field plans and lay out the protocols for the safety of ourselves, our staff, and our students, we can take a lesson in care-giving to create a healthier practice of archaeology.

Declarations

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