American Association of Geographers 2015, Chicago, IL, USA

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Special Session Call for Papers:

**The relational geographies of Environmental Health: Critiquing determinism and the “tyranny of evidence”**

Session organizers: Aaron Franks (Queen’s University; School of Kinesiology and Health Studies and Department of Geography), Heather Castleden (Queen’s University; Departments of Geography and Public Health Sciences), Jeff Masuda (Queen’s University; School of Kinesiology and Health Studies and Department of Geography)

Sponsored by the Health and Medical Geography and Indigenous Peoples Specialty Groups

The relationship between the environment and humanity has always been a central tenet of health, with this relationship recently receiving vigourously renewed attention. In addressing changing environments and concomitantly rising health inequities, many policy makers and researchers have for some time argued for more *relational approaches* to uncover the unjust spatialities of environmental and public health (e.g. Hancock 1993; NCCDH, 2014; Rayner and Lang, 2012). Similarly, myriad influential health bodies including the World Health Organization (2008) cite rapid environmental change as a central factor in social justice and health equity.

However, while these views have gained traction within the theoretical ‘conversation’ in environmental health, the *practical* *capacity* of environmental health research to catalyze meaningful improvements in environmental and public health outcomes has failed the promise of these ideals. In terms of environmental health practice, the programmatic training, funding, and agenda-setting which makes up the environmental health landscape has been conditioned by a sustained call to collect and intervene on the basis of “evidence” (Barnes and Parkhurst, 2014).

As a consequence of the global push for “evidence”, single-issue, medicalized or technical-interventionist approaches that bracket away context, interdependency and material and social connections have come to the forefront of policies and practice. In addition, the predominance of cause-effect determinism has framed the ‘environment’ as an external source of threats and challenges, rather than a wholly integrated fabric within which human (and others’) health is but a part. This dual-effect of the positivist legacy in health impedes the arrival of the long-awaited ‘Third Wave’ (Östlin et al l 2011) environmental health agenda, in which *relationality* between human and environmental agency brings to light the needed sociopolitical transformations for improved health equity. Moreover, with few exceptions (see Bartlett, C., Marshall, M. and Marshall, A., 2012), it effectively discounts the knowledges, experiences and expertise of Indigenous peoples (Coombes, B., Johnson, J. T., Howitt, R., 2014; Simpson, L.R., 2004).

This special session invites provocations and critical empirical contributions that address *why* this is so, *how* this might change, and *what* a fully realized relational ontology of environmental health might look like – and be capable of. The session organizers are particularly interested in contributing to a ‘post-‘ or ‘alter-‘ evidence empirical agenda in environmental health equity work. Papers might focus on, but are not limited to, any of the following areas of inquiry:

- Countering colonial constructions of health, healthy subjects and health inequality

- Post-essentialist studies of environmental racism/racialization and health

- Ethnographic accounts of “lived” environmental injustice and activism

- Connections, causes or consequences: breaking the bonds of environmental determinism

- Recognizing and respecting agency vs. ‘building’ capacity

- Data, stories, encounters – the methodological basis for ‘post-‘ or ‘alter-‘ evidence work

- Reconsidering ‘the environment’ in environmental health – is it what and where it needs to be?

- Hybrid environment/health geographies

Please address all abstracts (250 words max) and queries to Aaron Franks at aaron.franks@queensu.ca by 28 October, 2014.

**References:**

Barnes, A., & Parkhurst, J. 2014. Can Global Health Policy be Depoliticized? A Critique of Global Calls for Evidence‐Based Policy. *The Handbook of Global Health Policy*, 157-173.

Bartlett, C., Marshall, M. and Marshall, A. (2012). Two-Eyed Seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences* 2(4): 331-340.

Coombes, B., Johnson, J. T., Howitt, R. (2014). Indigenous geographies III: Methodological innovation and the unsettling of participatory research. *Progress in Human Geography*. doi: 10.1177/0309132513514723

Hancock, T. 1993. Health, human development and the community ecosystem: three ecological models. *Health promotion international*, *8*(1), 41-47.

National Collaborating Centre for Determinants of Health. 2014. Let’s talk: Moving upstream. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University

Östlin P, Schrecker T, Sadana R, Bonnefoy J, Gilson L et al. 2011. Priorities for research on equity and health: towards an equity focused health research agenda. *PLOS Med 8*(11):e1001115

Rayner, G and Lang, T. 2012. *Ecological Public Health: reshaping the conditions for good health*. Routledge, London and New York

Simpson, L. R. (2004). Anticolonial strategies for the recovery and maintenance of Indigenous knowledge. *The American Indian Quarterly*, 28(3), 373-384.