

HEALTH AND SOCIAL SCIENCE RESEARCH IN THE ARCTIC: GUIDELINES AND PITFALLS

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The opportunity to comment on "Misalliances in the Barrow Alcohol Study" by Dr. Edward Foulks opens the door to the discussion of a wide range of issues in sociocultural research. These comments will focus on issues specific and relevant to the Barrow study. I will confine myself to discussion of the Arctic and the immediate relevance of Arctic Research to the larger scene. Arctic research has attracted increasing official attention in the decade since the Barrow Alcohol Study. A wide range of guidelines and standards have been developed which were not in place in 1979. The Barrow Alcohol Study, with its sequelae, will be viewed as a social phenomenon in and of itself. A brief analysis and discussion will focus on issues relevant to Arctic research.

The Arctic and Subarctic regions comprise some 20% of the earth's land mass. These regions constitute one of last great frontiers and reservoirs of untapped resources and are undergoing intense exploration and development. The importance of the American Arctic to the scientific community should be clear. National defense, resource development, rapid population change, and the intense differential stresses which impinge upon Arctic populations, Native and non-Native alike, are all issues of broad research significance. All indicators suggest that technological and developmental change is having a shattering impact on the traditional cultures and adaptations of the Arctic. It is worth noting that the North American Arctic and Australia are the only areas of the world in which hunting and gathering societies have always lived in isolation from agricultural, pastoral, and industrial systems. In the north, peoples live as they have existed throughout most of human existence (Burch, 1988).

Development of Ethical Guidelines Since 1979

Unfortunately, formal research emphasis in the Arctic has been centered in the natural sciences, with scant attention paid to the wide, fascinating, and significant range of research questions in the social and behavioral sciences. This was the case in 1979 when the Barrow Alcohol Study was conducted. Since then, a variety of national and international initiatives too numerous to review here have taken place with reference to medical, behavioral, and

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social science research. These are listed in Appendix A. Of particular note is the publication of the Association of Canadian Universities for Northern Studies (1982) entitled *Ethical Principles for the Conduct of Research in the North*. A listing of the principles is reproduced in Appendix B. Most recently, the Committee on Arctic Social Science of the National Research Council (1989) has prepared a comprehensive report addressing issues in Arctic Social Science Research with recommendations for further development.

The Study as a Social Phenomenon

This context did not exist at the time of the Barrow Alcohol Study. It is to be hoped that, from the paper under discussion and the associated commentaries, some understanding of the study as a social phenomenon in and of itself will emerge. I would like to offer a few observations in this regard. Concerns about alcohol abuse in Alaska with respect to both Native and non-Native cultures are not unusual. Alcohol abuse in Alaska and the circumpolar region generally is a paramount public health concern and is a much-studied phenomenon. It is of interest to note that DuBay and Kelso (1986) review over 300 publications concerning Alaska Native alcohol abuse. I am not aware of any publication concerning alcohol abuse in Alaska Natives that engendered turmoil and conflict comparable to the Barrow Alcohol Study. A ten-part series in the *Anchorage Daily News* (1988) on Native alcohol abuse and related problems was confrontational, specific, and—according to some—sensational in its approach, listing names and dates and displaying photographs. While it engendered comment pro and con, the public reaction was not similar in quality or degree to that which followed the Barrow study. A follow-up article (*Anchorage Daily News*, 1989) was also received without extreme responses.

How then does one account for the reaction which followed the Barrow Alcohol Study? Space and the editorial limitations placed on a commentary do not allow a detailed analysis of this complex phenomenon. I would, however, like to note certain terms used in the paper as follows: Director of Intersect, a consulting firm located some 3000 miles from Barrow; Director of Public Safety; Director of Public Health; faculty at the Inupiat University (the University no longer exists, having disbanded under a legal cloud several years after the study); hospital administrator; Technical Advisory Group; Advisory Committee; North Slope Borough Health Department; Arctic Regional Corporation; Borough Government; North Slope Bureau Public Information Office; Health and Social Service Agency of North Slope Borough. This was in an Inuit village with a population of a few thousand of whom 60% were "traditional" in their life style. It is worth noting that the first five individuals mentioned in the list above were non-Natives and that the Technical Advisory Group was also predominantly non-Native in composition. To my knowledge, none of the categories listed above have any relevance to traditional Inuit culture. Observers of the Alaskan scene have noticed an

interesting phenomenon in which western corporate, bureaucratic structures staffed in many instances by non-Native transients with marginal professional training and qualifications and agendas having little to do with local culture, have been superimposed on traditional Native groups. In many communities, the results have been problematic.

The unfortunate sequelae of the Barrow study seem to relate to a number of factors. The investigators undertook field research in a situation for which adequate professional guidelines and standards had not been established. They proceeded with their work on the mistaken assumption that they had the informed consent of the Native population and that research findings would be handled in a professionally responsible manner. In fact, it would appear that they were dealing with a network of non-Native institutions and agencies external to the culture and became enmeshed in a complex economic and political struggle. It is possible that if the guidelines listed in Appendix B were in place in 1979, that the research would have been conducted differently, or perhaps may not have been attempted at all.

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Appendix A
Initiatives Related to Ethical Research

American Public Health Association Task Force. (1984). *The National Arctic Health Science Policy*. Washington, DC: American Public Health Association.

Interagency Arctic Research Policy Committee. (1987). *U.S. Arctic Research Plan*. Washington, DC: National Science Foundation.

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United States Congress. (1984). Arctic Research and Policy Act, Public Law 98-375 98 Stat. 1248.

Appendix B
Ethical Principles for Conduct of Research in the North*
(*Association of Canadian Universities for Northern Studies, 1982, pp.3-5)

1. The research must respect the privacy and dignity of the people.
2. The research should take into account the knowledge and experience of the people.
3. The research should respect the language, traditions and standards of the community.
4. The person in charge of the research is accountable for all decisions on the project, including the decisions of subordinates.
5. No research should begin before being fully explained to those who might be affected.
6. No research should begin without the consent of those who might be affected.

7. In seeking informed consent, researchers should clearly identify sponsors, purposes of the research, sources of financial support, and investigators responsible for the research.
8. In seeking informed consent, researchers should explain the potential effects of the research on the community and the environment.
9. Informed consent should be obtained from each participant in research, as well as from the community at large.
10. Participants should be fully informed of any data gathering techniques to be used (tape and video recordings, photos, physiological measures, etc.), and the use to which they will be put.
11. No undue pressure should be applied to get consent for participation in a research project.
12. Research subjects should remain anonymous unless they have agreed to be identified; if anonymity cannot be guaranteed, the subject must be informed of the possible consequences of this before becoming involved in the research.
13. If, during the research, the community decides that the research may be unacceptable to the community, the researcher and the sponsor should suspend the study.
14. On-going explanations for research objectives, methods, findings and their interpretation should be made available to the community, with the opportunity for the people to comment before publication; summaries should also be made available in the local language.
15. Subject to requirements for anonymity, descriptions of the data should be left on file in the communities from which it was gathered, along with descriptions of the methods used and the place of data storage.
16. All research reports should be sent to the communities involved.
17. All research publications should refer to informed consent and community participation.
18. Subject to requirements for anonymity, publications should give appropriate credit to everyone who contributes to the research.