



Annual Review of Anthropology

The Future of Human Remains
Collections: Moving Toward
Ethical Treatment,
Accountability, and
Antiracist Practice

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Annu. Rev. Anthropol. 2026. 55:199–216

The *Annual Review of Anthropology* is online at
anthro.annualreviews.org

<https://doi.org/10.1146/annurev-anthro-041224-022028>

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Keywords

human remains, bioarchaeology, anatomy, biological anthropology, ethics, collections

Abstract

Hundreds of thousands of human remains are housed in collections in institutions across the globe. The histories of these collections vary greatly, from individuals in historic anatomical collections to ancestral remains from archaeological sites. However, these collections were founded in colonial and imperial practices rooted in white supremacy. Acknowledging this history is vital to building a postcolonial bioanthropology. But identifying ethical action for collections with no known direct descendant ties is complicated. Human remains from South Asia exemplify the necessary intervention, but also why applying Western Judeo-Christian values or American essentialism extends historical paternalism and racism. I also emphasize the cultural variability in perceptions of human remains globally, contemporary ethical collection and studies, and the need for ethical and antiracist anthropological guidelines for a global world.



INTRODUCTION

Anthropology's roots in settler colonialism have been examined extensively (Baker 1998, Beliso-De Jesús et al. 2023, Blakey 1987, Harrison 1997, Lonetree 2012, Pels 1997, Thomas & Clarke 2013). As European colonial powers expanded, missionaries, physicians, naturalists, traders, and others traveled to gather information about new populations. They collected cultural objects but also human skeletal remains, which they brought back for research and museum display (Blakey 2021, Lutz & Collins 1993, Trouillot 1995). Biological anthropology began in the mid-nineteenth century as a subfield of biomedical anatomy to document human variation and justify racial superiorities. Later, biological anthropologists continued this research of categorizing humans through measuring skeletal (cranial) morphology (Fabian 2020, Geller 2024, Gould 1996, Redman 2016). This led to the collection of hundreds of thousands of skeletal remains in museums and educational institutions (Geller 2024, Redman 2016, Robbins Schug et al. 2026). These studies justified slavery and colonialism and naturalized white privilege (Blakey 1987, 2021). During the nineteenth and twentieth centuries, large historic documented collections continued to accumulate in museums and institutions (see the sidebar titled Respectful Terminology) (de la Cova et al. 2024, Stantis et al. 2023). These collections were created under anatomy laws that targeted socially marginalized communities and allowed dissection and storage of remains without informed consent (de la Cova et al. 2024, Geller 2024). By the 1950s, biological anthropologists rejected racist scientific frameworks and the concept of race, and biocultural perspectives emerged that emphasized how cultural forces, such as social and economic inequality, influence biological and skeletal variation and health (Agarwal & Baker 2020, Blakey & Watkins 2022, Goodman & Leatherman 1998, Leatherman & Goodman 2020, Zuckerman & Martin 2016).

The federal law NAGPRA (the Native American Protection and Graves Repatriation Act), a result of the decades-long activism of Native American communities and scholars (Colwell 2017, Cryne 2009, Daehnke & Lonetree 2011, Fine-Dare 2002), required museums and federal agencies to repatriate Native American ancestral remains and associated cultural belongings to lineal

RESPECTFUL TERMINOLOGY

In response to a commitment to change our academic language for ethical communication (Agarwal et al. 2024, de la Cova 2022, de la Cova et al. 2024, Geller 2024, LaFollette 2024, Native Governance Center 2021, Watson et al. 2022), I have deliberately used descriptors that humanize and affirm personhood. "Skeletal remains," "skeletons," or "specimens/samples" are not persons but scientific terminology to describe the specific biological material from people. As such, I use "individuals," "human remains of individuals," "deceased individuals," "decedents," or "ancestors/ancestral remains" to describe people who have died or passed, while their bodies, skeletal remains, or other biological tissues have been gathered and kept. Similarly, in this article I use "human remains collections," "collections/holdings of human remains or individuals," or "individuals in/from collections" instead of "skeletal or anatomical collections" alone to avoid solely scientific or clinical categorization that does not acknowledge personhood or the contextual histories of how these holdings were amassed. I do use "anatomical teaching skeleton(s)" to denote and distinguish the commodified biological objects created from human remains and to emphasize how they are still objectified today, but I do so with scare quotes to honor that these were created by the transformed bodies of South Asian individuals. Finally, large institutional historical collections of human remains are typically named after early anatomists or anthropologists. Contemporary scholars disagree as to whether these collections should continue to bear the names of their collectors, which honors a "legacy," symbolizes ownership, conflates generations and communities, and reifies the objectification of individuals. As such, I use scare quotes when reviewing and naming these large institutional holdings/collections.

descendants, culturally affiliated tribes, and Native Hawaiian organizations. However, implementation challenges persisted (Anderson & Atalay 2023, Atalay 2018, Ayau & Tengan 2002, Bergeron 2023, Colwell & Nash 2015, Colwell-Chanthaphonh et al. 2011, Colwell-Chanthaphonh & Powell 2012, Cryne 2009, Fforde et al. 2004, Halcrow et al. 2021, Hudetz 2023, Kakaliouras 2012, Lippert & Sholts 2021, McKeown 2002, Montgomery & Supernant 2022, Nash & Colwell 2020). African American (Blakey 2022, de la Cova 2008, Dunnavant et al. 2021) and Indigenous (Aird 2002, Aranui 2018, Barbosa 2002, Gabriel & Dahl 2008, Matsushima 2018, Parsons & Segobye 2002, Schanche 2002, Stantis et al. 2023, Tapsell 2002) ancestors internationally have limited protection laws.

Most historic human remains collections were created to study human variation and racial categorization, pathological case studies, or culture history. Scholars made a point to record information such as individuals' names, demographics, medical records, geographic burial locations, and racial/ethnic categorizations (Agarwal 2025, Geller 2024, Robbins Schug et al. 2026). However, many remains of the deceased were kept without recorded details. These remains were kept solely as individual elements for studying human skeletal anatomy or landmarks, essentially as bodily maps of bony structure and variation (Agarwal 2025). After World War II, the use of human remains exported from South Asia became the primary educational tool to teach skeletal anatomy. They continue to fill anatomical and anthropological institutions globally and are the largest class of human remains without any additional recorded information (Agarwal 2024, 2025).

In recent years, academic and public attention globally have focused on ethical treatment, curation, and repatriation of human remains. This is related to the 2021 pandemic and Black Lives Matter movement that brought issues of racism, colonialism, and the treatment of marginalized communities to the forefront (Robbins Schug et al. 2025, Stantis et al. 2023), and several high-profile incidents of ethical misconduct regarding human remains occurred at institutions in the United States and abroad. This led to urgent calls for institutional accountability and transparency and to guidelines for ethical treatment, curation, and use of human remains (Agarwal et al. 2024, Robbins Schug et al. 2025, Stantis et al. 2023).

I examine the magnitude and complexity of global human remains collections, particularly those from South Asia, and present conditions for ethical curation. I begin with a brief overview of the historical legacy of anatomical and anthropological collection of human remains. I then present a case study of human remains from South Asia (India), which represent the largest and most ubiquitous collections globally. I discuss why they have been largely ignored and why ethical "solutions" are complex and require thoughtful care. Finally, I discuss professional guidelines to highlight ways we can move toward institutional accountability and ethical treatment of ancestral remains that centers descendant collaboration and emphasize how some approaches may inadvertently reify racist and exclusionary scientific practices.

HISTORIES OF COLLECTIONS

The field of biological anthropology originated in colonial expansion and flourished in scientific racism, with knowledge production generated by collecting and studying human remains from marginalized populations. The histories of the large collections of ancient (archaeological) and modern human remains in institutions vary greatly. I present here an overview of collections in North America and abroad to give a sense of scale and diversity (for detailed discussion, see Fletcher et al. 2014, Henderson & Cardoso 2018, Nystrom 2017, Sholts 2025, Stantis et al. 2023, Stone 2018).

Early medical anatomy schools relied on local bodies for dissection and medical education, leading to a dark history of grave robbing in both the United States and Europe (Halperin 2007,



MacDonald 2011, Richardson 2001, Sappol 2002). Passage of anatomy acts (in 1832 in Britain and throughout the nineteenth century in various US states) stopped grave robbing; however, the collection of bodies centered marginalized communities, such as the unclaimed bodies of the deceased from workhouses and poorhouses (Richardson 2001, Sappol 2002). At the same time, early medical professionals and anatomists studied human variation and racial categorization through the collection of remains from archaeological grave sites (Blakey 1987, 2021; Colwell 2017; Geller 2022, 2024; Lans 2021; Platt 2011; Redman 2016; TallBear 2019). This led to many of the largest museum holdings, such as the Field Museum of Chicago (approximately 4,000 individuals), the Smithsonian's National Museum of Natural History (NMNH) (more than 30,000 individuals), the British Museum (more than 6,000 individuals), Vienna's Natural History Museum (more than 50,000 skeletal elements), and the Musée de l'Homme in Paris (almost 18,000 individuals) (Field Museum 2022, Méheut 2022, Sholts 2025, Stantis et al. 2023).

In the United States, most of these holdings are of Native American and First Nations ancestral remains taken from sacred grave sites or massacre sites in the nineteenth century. For example, at their peak holding of Native American ancestors, the University of California, Berkeley's (UC Berkeley's) Hearst Museum held up to 11,000 individuals; Harvard University's Peabody Museum held more than 10,000; the University of Kentucky's Webb Museum held almost 4,700; the Illinois State Museum held 7,300; and Ohio History Connection held more than 8,100 (Jaffe et al. 2023). In the United States, the greatest academic and public attention has focused on these holdings, largely due to NAGPRA. These ancestral remains were taken from archaeological sites during the nineteenth to mid-twentieth century, against the cultural beliefs of Indigenous people, through genocide and forced movement during the country's founding. The past five years have seen significant progress, with several institutions with the largest holdings returning a substantial number of ancestral remains and belongings to descendant Native American communities or making them available through the federal repatriation process (for example, UC Berkeley has repatriated or made available more than 60% of its holdings) (Hudetz 2023, Jaffe et al. 2023). However, many US institutions and scholars resisted or obstructed repatriation for decades (Hudetz & Brewer 2023, Jaffe et al. 2023), causing great pain to Native American communities. Further, ancestors from First Nations or other Indigenous peoples outside the United States who lack legal protections are held in institutions like the Musée de l'Homme in Paris, which likely contains ancestral remains from Indigenous people of former colonies (Stantis et al. 2023).

What is not widely known, and the primary focus of this article, is that an even larger number of skeletal remains from non-Native American decedents exists in institutional holdings. In the United States, these were primarily from individuals whose bodies were unclaimed, typically used for medical training. Institutions and scholars targeted socially marginalized communities such as people of color, recent immigrants from Europe, and people who were poor and/or institutionalized in hospitals (Blakey 2021, 2022; de la Cova 2019; Geller 2022, 2024; Stantis et al. 2023). African American scholars have recently called for transparency of holdings of African American ancestors and a stop to their use and collection through an African American Graves Protection and Repatriation Act (AAGPRA) (Dunnivant et al. 2021, Justinvil & Colwell 2021, Stantis et al. 2023). Recent outcry from scholars and community members stems from the discovery of victims (specifically, two children, Delisha and Katricia Africa) from the 1985 MOVE police bombing in Philadelphia who were stored for decades at the Penn Museum and used for online teaching without informing surviving family members (Dickey 2022, Robbins Schug et al. 2025, Stantis et al. 2023). Further outcry resulted from the disclosure in 2020 that the Penn Museum's "Morton" collection (skulls of approximately 1,300 individuals amassed by Samuel Morton) includes more than 50 formerly enslaved individuals whose remains were taken from Cuba and the United States (Dafoe 2020, Geller 2024, Monteiro 2023). Large holdings of skeletal remains

from African American individuals also exist in three large museum collections: the “Terry” and “Huntington” collections at the Smithsonian’s NMNH and the “Hamman–Todd” collection at the Cleveland Museum of Natural History. Robert J. Terry’s collection at the Washington University School of Medicine in St. Louis contains more than 1,700 individuals who died between 1910 and 1941; more than half are African Americans, who made up less than 10% of the St. Louis population at the time (de la Cova 2019, Hunt & Albanese 2005, Stantis et al. 2023). George S. Huntington’s collection has approximately 3,000 partial skeletons of unclaimed bodies of individuals from the College of Physicians and Surgeons at Columbia University in New York City from between 1892 and 1920, with most being recent immigrants to the United States (Sholts 2025). Lans’s (2020) study of 79 Black women identified in the Huntington holdings found that most died in almshouses and public hospitals, more than half from tuberculosis. The “Hamman–Todd” collection, started by Carl Hamann in 1893 and continued by Thomas Wingate Todd until his death in 1928, holds more than 3,000 individuals, and structural inequalities surrounding their acquisition mirror those of other collections (de la Cova 2008, Simon & Hubbe 2025, Simon et al. 2025, Wissler et al. 2025).

These collections typically have detailed associated documentation, such as ages, dates of birth and death, and often other personal information about individuals, and have been studied extensively (Campanacho et al. 2021, Henderson & Cardoso 2018, Sholts 2025, Stantis et al. 2023, Stone 2018). Despite increasing ethical concern regarding curation and use of these documented collections, with recognition of structural inequalities in their creation and the disproportionate presence of BIPOC (Black, Indigenous, and People of Color) and socially marginalized individuals, contemporary studies of these individuals have also presented their lived experiences and postmortem anatomization histories (de la Cova 2008, 2019; Geller & Stojanowski 2017; Lans 2021; Warner-Smith 2024; Watkins 2007, 2018; Watkins & Muller 2015). Contemporary studies of these decedents, particularly by anthropologists of color, has humanized these individuals and created space for discussion and acknowledgment of the colonial and racist contexts that led to the commodification and use of deceased individuals (de la Cova 2019; de la Cova et al. 2024; Lans 2018, 2020, 2021; Watkins 2018). Another anatomical collection that demonstrates the complexity of ethical curation is the “Cobb” collection at Howard University. The collection, built by W. Montague Cobb between 1932 and 1969, includes approximately 680 individuals and their associated mortuary records (Cobb 1936, Watkins & Muller 2015). Howard primarily holds remains from African American individuals, due to the context of its creation. Cobb aimed to empower Black scholars as authorities in anatomy and physical anthropology, and he envisioned the anatomical collection to position African American scholars to authoritatively participate in and counter racial biology with biological data from African Americans (Blakey & Watkins 2022, Cobb 1936, Rankin-Hill & Blakey 1994, Watkins 2007, Watkins & Muller 2015). Cobb’s approach spurred further biocultural approaches to reexamine African American human remains from cemeteries and human remains collections (Watkins & Muller 2015), and contemporary studies have made significant contributions to the social and historical contextualization of health, disease, and other diasporic experiences (Blakey 2001, Blakey & Watkins 2022, Clinton & Jackson 2025, de la Cova 2008, Jackson 2015, Rankin-Hill & Blakey 1994, Watkins & Muller 2015). The ethical treatment of collections of African American ancestral remains requires descendant collaboration in order to direct reburial, curation, and/or research and requires both care and time (de la Cova et al. 2024, Geller 2024, Watkins 2018).

Large human remains collections also exist outside North America, for example, at the British Museum, Vienna’s Natural History Museum, and the Musée de l’Homme in Paris noted above, but also at the Anatomical Museum at Edinburgh University, the “Duckworth” collection at Cambridge University, the Pitt Rivers Museum at Oxford University, the London Museum, and the

Natural History Museum of London. Although these institutions have ethical statements in place and follow UK legal policies, most lack transparency of holdings (for leading exceptions, see the Pitt Rivers Museum and the Osteological Database at London Museum). Many include individuals from anatomical collections but also those taken from earlier archaeological sites with/without excavation permissions. Many, like the University of Edinburgh (Dick 2024) and the Pitt Rivers Museum at Oxford University (RRaD Nagaland 2025), have made significant international repatriations recently. Some collections are very large (for example, the Natural History Museum in London has approximately 27,600 individuals), and repatriation efforts together with continuing ethical curation will be required. Even in cases of genocide and war crimes, ethical treatment of remains has been inadequate. For example, between 1933 and 1945, physicians and scientists in Nazi Germany used bodies of victims, during life and after death, for teaching and research (Hildebrandt 2016, 2025). This included collecting victims' remains, which remained in various institutions and were used for education and research for many years after the war ended (Czech & Brenner 2019; Czech et al. 2023; Hildebrandt 2016, 2025). Better procedures and guidelines have been put in place [for example, in 2003, the German Medical Council recommended that German universities remove from their anatomical collections all individuals that were victims originating from Nazi crimes (Pringle 2010)]; however, a universal policy or commitment to ensure community oversight when victims are found, or to identify and commemorate individual victims, has not yet been adopted (Hildebrandt 2016, 2025).

After World War II, human remains from South Asia became the primary source for teaching skeletal anatomy in medical and anthropology departments, and they are collectively the largest class of undocumented human remains used globally today. These South Asian remains are unlike any other collections, with their unique British colonial history, lack of documentary information, sheer number, and continued use long after changes in professional and legal acquisition practices. The question of how to ethically handle these collections is complicated and highlights the need for culturally appropriate and inclusive treatment of historic human remains collections.

THE CASE OF ANATOMICAL HUMAN REMAINS FROM SOUTH ASIA

The export of skeletal remains from India began in 1858 during British rule, which lasted until Independence in 1947 (Metcalf & Metcalf 2012). The British colonization of India had profound effects on the subcontinent, including technological advances, industrialization, and economic development, such as the railroad. But the British East India Company (the Company) and the British Empire primarily reaped the benefits, shattering India's economy and inflicting violence and suffering on Indians through famine, illness, and death (Mallik 2023, Rahman et al. 2018, Sen 1983, Tharoor 2010). The British Empire implemented a Western English educational system in health and medicine, which set the stage for India to become the largest producer of anatomical specimens. As medical education grew in Europe and North America in the late eighteenth and nineteenth centuries, demand for bodies for anatomical training/dissection grew, and Britain looked to its colonies for bodies, particularly as medical education began in India.

Prior to British colonization, India followed Indigenous systems of medicine, known as Ayurvedic medicine (Ayurveda) (Hajar 2013). Western medicine established new scientific thought and practice in India but marginalized and replaced Indigenous systems of the body and well-being (Bhattacharya 2014, Kumar 1997). Western medicine was introduced to India in the late seventeenth century to serve troops and employees of the Company, and later the military and civilian British Empire, increasing the need for locally trained medical assistants and staff (Anshu & Supe 2016). The first medical college and hospital was established in Calcutta, West Bengal, in 1833 (Arnold 1993, Jacob 2013). When establishing Western medicine in India, the British

manipulated the Indian caste system to procure and prepare bodies, relying on community members called Doms to work in medical colleges. Doms, particularly in Bengal and Bihar, represent one of the most widespread and lowest-ranked castes in India. Historically, they fulfilled particularly polluting and defiling tasks, like removing animal carcasses and handling the human dead in cremation grounds (Arnold 1993). Although there were Vedic understandings of the body and anatomy, overt dissection was not known, and Doms were forced to participate in dissections (Arnold 1993, Jacob 2013). Medical dissection and collection of human remains were key components of colonial hegemony, establishing Western perceptions of the body and anatomy through using Indian bodies (both use of the dead and use of Doms to procure bodies) as a site of colonizing power (Arnold 1993, Bhattacharya 2014). The establishment of anatomy in colonial India created unparalleled opportunity to provide unlimited bodies, pathological case studies, and “anatomical teaching skeletons” for medical training (Gorman 1988). By the 1850s, the Calcutta Medical College was processing 900 individuals per year to create “anatomical teaching skeletons” for shipment abroad (Carney 2011). This number increased rapidly in the following decades, fueled by periods of pandemics and famine.

The export of anatomical bodies in Calcutta particularly expanded during World War II during the Bengal Famine (Banerjee 1985). For example, Litten (1944) chronicled the capitalization of famine bodies in a *Life Magazine* article highlighting the success of an American anatomical preparator house (Clay Adams), which used imported remains from victims of the Indian famine. Foucault (1978) termed the social and political power used to achieve the control of bodies and people’s lives as biopower. Theorist Mbembe (2019) developed an extension of biopower, necropolitics, which expands on how sociopolitical power can be used to dictate not just how others live but also how others die and/or live suspended in precarious conditions. Geller (2021, 2024) extended the concepts of biopower and necropolitics to frame the creation of human remains collections in the nineteenth and twentieth centuries. She extended these theories to show how scholars like Samuel Morton exploited conditions of colonialism, poverty, and genocide to count on the “future dead” to create their collections, a concept Hildebrandt (2016) introduced to frame the practices of Nazi regime medical professionals. These concepts are also key to understanding how medicine, anatomy, and slow death from starvation in colonial India intertwined with the exertion of power on Indian bodies during life and death, which could be later exploited to create anatomical human remains.

Following Independence in 1947, export of Indian human remains continued as demand grew exponentially in Western medical schools. Human rights groups raised concerns about unethical practices in the bone trade, but a ban on export was enacted only in 1985 (Andrabi 2009, Banerjee 1985, Carney 2007). Just prior to the ban, Calcutta exporters traded skeletons estimated to be worth US\$1.5 million, with some estimates as high as \$5 or 6 million (Fineman 1985, Stephan et al. 2017). The *Chicago Tribune* estimated that 60,000 skulls were shipped from Calcutta (Carney 2011). A conservative estimate of approximately 40 years of exports of similar size from Independence to 1985 would be approximately 2.4 million Indian skeletons exported (Agarwal 2024, 2025). This does not account for human remains collected in the hundred years prior to Independence, which exist in museum collections in the United Kingdom and former colonies, or remains kept and used within Indian medical colleges (Cohen 2015, Stephan et al. 2017).

The reason India continued exportation after Independence is complex but certainly tied to the necropolitical and racist origins of the production, demand, and business of exporting bodies. Because India legally allowed trade to continue until the 1985 ban, scholars tend to discount the ethical concerns of using South Asian anatomical skeletal specimens or blame the bone trade on the Indian caste system (Cornwall et al. 2022, Jones 2023, Stephan et al. 2017). This fails to understand the necropolitical power dynamics that were foundational to the trade industry and overlooks

the role of post-Independence economic hardship (Agarwal 2025). Further, many scholars have assumed or suggested that because much of India is Hindu, they might not have cared about the use of their bodies once the soul has left the dead (Stephan et al. 2017). However, traditional Hindu beliefs in fact place great significance on the release of the soul only through breaking the skull on the final embers of the cremation pyre (Parry 1994), and evidence suggests that some bodies in the post-Independence years may have been taken from Muslim burials (Carney 2007, 2011). Although the British manipulated the caste system to procure bodies in the late nineteenth century, the post-Independence bone trade flourished in a complex intersection of indebtedness, religious marginality, and socioeconomic inequality that the caste system alone cannot explain (Agarwal 2025). This complex etiology is seen in other contemporary predatory markets, such as the organ trade in India (Cohen 1999, 2001, 2008).

There was, and continues to be, indifference by the public, biomedical, and anthropological educators to the dire conditions of poverty or violence that the South Asian communities suffered prior to their death, or the ethics of capitalizing on these conditions for the benefit of scientific research and education. This is not unlike the historical indifference toward the violent history of Black and Indigenous bodies across the Western world. I argue that part of the reason human remains from India are so easily objectified and their origins disregarded has to do with the unique materiality of the crafted “anatomical teaching skeletons” themselves (Agarwal 2024, 2025). The unique methods of producing standardized specimens with high-quality, distinguishable anatomical landmarks required toxic processing and hand labor in India (Carney 2011) to create uniform white skeletons that look almost plastic-like. The selective and transformative process, first established by British anatomists and perfected over decades, was crafted explicitly to remove signs of the individual, specifically, the Brown individual (Agarwal 2024). Regarding Native American ancestors, Kakaliouras (2012) discussed the transformation of individuals into scientific objects devoid of personhood as “osteological subject making,” and Geller (2021, 2024) used the concept of “becoming-object” to describe early anatomists’ use of human remains as objects during life and after death. Watkins’s (2018) engagement with descriptions of how racialized bodies are deployed as “flesh” for consumption versus the bodies of real persons, as Spillers (1987) illustrated, is also echoed in this case in the literal stripping of flesh from South Asian bodies to create raw osteological materials. All individuals represented in historical collections of human remains suffered forms of violence during their lives in marginalized classes, during the acquisition of their bodies, and in their postmortem lives (de la Cova 2008, Geller 2024, Lans 2020). However, the violence of erasure, disposability, and objectification of South Asian people as specifically anonymous teaching materials is exceptional (Agarwal 2025). For example, an entire 2022 special issue of the *Anatomical Record* (Organ et al. 2022) was devoted to discussing the dark colonial history and ethics in the field of anatomy, but not a single paper mentions the approximately 2.4 million Indian bodies that have been formative in skeletal anatomy education. Similarly, “anatomical teaching skeletons” crafted from South Asian individuals are literally used by coroners and NAGPRA specialists to identify and repatriate other ancestral remains and are often taken to archaeological excavation sites to aid in identifying other human remains in burials. The value of these Indian bodies comes from erasing their humanity, geographically displacing them, and using them as three-dimensional anatomical atlases.

FUTURE ETHICAL PRACTICE AND ACCOUNTABILITY

Central to the ethical treatment of all human remains is who makes the decisions on what constitutes ethical practice. The voices of anthropologists and anatomists of color have been repeatedly discounted and marginalized in the production of knowledge even about ethics

itself (Athreya 2019; Bader & Malhi 2019; Blakey 2008, 2021; de la Cova et al. 2024; McLean 2019; Torres 2019; Watkins 2020). More importantly, interventions by national entities, ethicists, anatomists/anthropologists, and other scholars are ethical only when descendant communities lead the decision-making process. In the case of ancestral remains from federally recognized Native American tribes, NAGPRA legislation facilitates identification of descendant communities to repatriate ancestors to. Similarly, in cases with clear lineal descendants (known family members), the process for ethical return and/or consent for curation or study is clear. In cases with undocumented remains without informed consent, we must engage with and require informed consent from descendant communities (Agarwal et al. 2024). This might require a broad definition of descendant communities, including communities of origin, geographically located communities, culturally affiliated groups, or other stakeholders. However, it is important to recognize the meaningful distinction between descendant communities and communities of practice, defined as groups who share common interests with a project and may be involved in repatriation work but are not necessarily composed of descendants (such as repatriation specialists) (de la Cova et al. 2024). For example, scholars with expertise on Native American repatriation have suggested the adoption of universal rules of practice with all human remains (Thomas & Krupa 2021) but show ignorance for the variation in belief systems of the dead globally (David et al. 2008, Haque et al. 2026, Overholtzer & Argueta 2018). Researchers seeking community engagement must develop their knowledge of a community's history, as well as their social, political, and economic concerns (de la Cova et al. 2024), and ensure interventions are appropriately culturally specific. A surprising number of researchers, however well-intentioned in their commitment to ethically curating unidentified remains, continue to bypass the foundational step of consulting with descendant communities, even broadly defined, and particularly communities of color (e.g., Hochgraf-Cameron et al. 2026). They instead give a platform to sellers of human remains from South Asia to market themselves as contributing to ethical stewardship (Ferry & Potemkin 2026). The latter is particularly concerning, with a growing secondary market of private dealers selling human remains globally (Huffer & Chappell 2014, Huxley & Finnegan 2004, Huffer et al. 2019). Private dealers continue to flourish through online platforms and social media (Huffer et al. 2019), selling to the public under the pretense of using responsibly sourced medical material (Carington 2022). Huffer and colleagues (2019) note that a significant percentage of these sellers' material consists of discarded anatomical specimens from India. Anatomists have recently acknowledged South Asian skeletal remains in their historical collections (Coman et al. 2019, Cornwall et al. 2022, Jones 2023, Stephan et al. 2017). However, scholars have suggested continued educational use of Indian human remains purchased before the 1985 ban, discontinued use but continued display as a memorial, or "disposal" (Coman et al. 2019, Jones 2023), all of which continue to reduce individuals as objects. South Asian people were the subject of violence, racism, and objectification for almost two centuries, systematically erased while being present in almost every medical college, anatomy, and anthropology department. Our continued ignorance, insensitive language, or swift desire to make them disappear is a new form of necropolitics and can be interpreted as what Geller (2024) describes as "maintaining-object." There has been little thought about the beliefs of descendant communities or overt ignorance regarding Hindu practices and beliefs of the dead and reincarnation. For Hindus, the bodily skeleton is not an ancestral being, at least not in the sense of the spiritual belief systems of other cultures. The Hindu belief in reincarnation should not be used as an excuse for the nearly 200-year predatory red market of violence and racism, and the belief system of the specific original place where these individuals were taken from should be considered in the ethical treatment of their remains (Agarwal 2025). With the enormous number of South Asian individuals that have been collected over two centuries, with no documentation, and now spread across global institutions, ethical curation methods will vary but must include engagement

with South Asians, including diasporic descendants and scholars (Agarwal 2024, 2025). New York City's African Burial Ground Project, led by Black activists, legislators, and anthropologists, has demonstrated a method (the clientage model) for ethical research with informed consent (Barrett & Blakey 2011; Blakey 2020, 2022; Mack & Blakey 2004). This type of engagement requires time, with extensive forums for conversation to determine questions of interest that community members might wish/not wish to consent for researchers to pursue, a process Blakey (2020, 2022) has called "the democratization of scientific knowledge." In contrast, decisions on the treatment of human remains that have not centered descendent communities have been problematic. For example, Indigenous Ainu communities have criticized the creation of the Upopoy central ossuary facility, part of the National Ainu Museum and Park that holds ancestral remains historically stolen from gravesites across Hokkaido, as another sterile institutional facility that has fueled debates on cultural ownership of ancestral remains and Indigenous sovereignty (Nakamura 2017, Tomonaga 2025). Similarly, the Free University of Berlin's decision to cremate and inter possible human remains of Nazi victims without descendent community engagement (Hildebrandt 2016, 2025; Weindling 2012) and the hasty reburial of African American remains from the "Morton" collection from Penn were met by public confusion and/outcry (Monteiro 2024).

Simply making anatomical remains from South Asian individuals be put away, or disappear, is another form of erasure. Although we can never reconstruct full personal identities or lineal descendants for most of the hundreds of thousands of individuals in anatomical collections, we can tell the story of these individuals alongside aspects of their identity, with pedagogical empathy, to rehumanize them (Agarwal 2025). Some scholars have suggested that an ethical pause in the use of undocumented collections is appropriate, and there is agreement that discussion and transparency regarding colonial, racist, and sociopolitical contexts that enabled the use of deceased individuals is overdue (Agarwal et al. 2024, de la Cova et al. 2024, Stantis et al. 2023). In recent years, bioanthropologists have demonstrated that contextualizing anatomical collections of human remains with their histories can continue to inform the political present. For example, the historic context of the procurement of anatomical bodies in Nazi Germany and other historical ethical transgressions has illuminated how racist agendas are still embedded in contemporary anatomical and biomedical practice (Czech et al. 2023, Hildebrandt 2016). Similarly, the study of the large collections cited earlier has highlighted the structural violence that can be traced through people's lives, as well as the nonconsensual dissection and use of their skeletal remains (de la Cova 2008, p. 202; 2019; Geller 2024; Lans 2021; Nystrom 2014; Warner-Smith 2024; Watkins 2018; Watkins & Muller 2015), and is "a way to honor and commemorate these (typically nonconsenting) individuals" (de la Cova et al. 2024, p. 7). These bioanthropological studies differ from continuing to use collections of human remains to simply improve methods and interpretations for archaeological and forensic research (Campanacho et al. 2021; Henderson & Cardoso 2018; Mann et al. 2021, p. 202).

Finally, the study of human remains is not inherently or cross-culturally unethical. Any guidelines of ethical practice developed in North American or European disciplines must consider and respect international and cultural variations in practice. Although all human populations respect and have funerary traditions for the dead, the Western Judeo-Christian practice of lifelong burial is far from universal. Collections of anatomical skeletal remains continue to be held or created today with contemporary ethical standards of consent, and historic archaeological collections of remains are created and curated with descendant community consent. For example, both the documented collection housed at the Laboratory of Human Osteology of the Maxwell Museum of Anthropology at the University of New Mexico, created in 1975 (approximately 200 documented individuals) (Komar & Grivas 2008), and the "Bass" collection housed at the University of Tennessee, started by William Bass in 1981, with more than 1,800 donated individuals, continue today as key resources in forensic anthropology (Campanacho et al. 2021, Henderson & Cardoso 2018).

There are also large collections of skeletal remains from thousands of individuals across Continental and Southern Europe, such as the well-studied collections found at the University of Coimbra and the Bocage Museum (NMNH) Identified Skeletal Collection in Lisbon (Cabral et al. 2025; Ferreira et al. 2014, 2021), as well as collections in Colombia at the National Institute of Legal Medicine and Forensic Sciences in Bogota (Rissech & Steadman 2011). Many of these European and South American collections and others globally are gathered with individual consent or family donation related to national/regional Catholic funerary customs in urban settings, where graves are leased for a short period, with consent to be exhumed to make space (Cardoso 2005, 2021; Cattaneo et al. 2018; Ferreira et al. 2014; L'Abbé et al. 2005; Rissech & Steadman 2011). Further, human remains collections from Europe are also being established in North American academic institutions. For example, a partnership between the Municipality of Lisbon and Simon Fraser University has led to the creation of a new collection of skeletal remains from short-term grave lease individuals in Canada (Cachelin 2023). Similarly, a collaborative relationship between United States-based bioarchaeologist Anna Osterholtz and colleagues Mario Novak and Ivan Valent and several Croatian institutions has loaned several archaeological human remains collections to Mississippi State University with descendant community consent (Novak & Osterholtz 2026, Osterholtz et al. 2024).

Recent calls have emerged for guidelines for the ethical treatment of human remains (Agarwal et al. 2024, Champney 2019, de la Cova et al. 2024, Geller 2021), and some professional recommendations and policies have been put in place (Cornwall et al. 2024, SAA 2021). Although most historical human remains collections share common foundations in colonial and imperial scientific racism, individuals were taken from differing descendant communities, each with unique sociocultural traditions. Calls for a common ethos often are based on practices and legal policies for Native American ancestral remains or extensions of Western Judeo-Christian values. This is most evident in Champney et al.'s (2025) recent call to extend ethical considerations to fossil remains. The authors debate the temporal cutoff for when fossil remains should be considered "human" and argue that such remains should qualify for universal ethical protection. Although Champney et al. (2025, p. 3) recognize the need for universal guidelines with input from "communities of care," they argue for "developing global community standards which reflect a shared understanding of the appropriate treatment of human remains." This disregards that treatment of the dead varies across global cultures. These calls center the rights of the dead as paramount, even for fossils that are thousands to millions of years old, whose belief systems we cannot know. As Blakey (2022) emphasized, ethical obligations are not to the "inanimate"; rather, treatment of the dead matters to living communities that recognize their descendancy and stewardship, to whom we should do no harm. As anthropologists, we should be troubled by the disregard for differing cultural beliefs and the sovereignty of foreign nations over their own fossil (human) remains through this application of Western Judeo-Christian values, which risks spreading an ethos steeped in American essentialism and historic paternalism and racism. Our efforts should focus on holding accountable institutions that house historic or human remains collections made without permission, something requiring transparent discussion of necropolitical histories, descendant community engagement and consultation, and culturally appropriate implementation. This goes beyond repatriation and NAGPRA and involves prolonged engagement and antiracist practice across varying cultural contexts.

DISCLOSURE STATEMENT

The author is not aware of any affiliations, memberships, funding, or financial holdings that might be perceived as affecting the objectivity of this review.



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