

INTERVIEW SPOTLIGHT

DR. CHELSEA GABEL



ENGAGING INDIGENOUS COMMUNITIES IN RESEARCH

HARGUN KAUR¹ & MEERA CHOPRA¹

¹Bachelor of Health Sciences, Class of 2023, McMaster University

Dr. Chelsea Gabel is the Canada Research Chair in Indigenous Well-being, Community Engagement, and Innovation, Director of the Indigenous Studies program at McMaster University, and former Director of the McMaster Indigenous Research Institute. As an Indigenous scholar, her work integrates community-based participatory and arts-based research methods in studying Indigenous health and well-being. Dr. Gabel's interests include understanding how digital technology can be used for healing and empowerment of elders and youth. She also examines the pressures facing Arctic communities as they prepare for resource development. Dr. Gabel combines community- and arts-based research methods with academic rigour to create positive social change for Indigenous communities through public policy.

■ WHAT INSPIRED YOU TO GO INTO THE FIELD OF INDIGENOUS HEALTH?

My background is Métis and I grew up in Manitoba. Being a Métis woman, it was really important for me to pursue research in Indigenous issues. Very early on in my career, I participated in the Federal Student Work Experience program. That was the turning point for me in my career. It basically allowed Indigenous students to work either in the federal government or within an Indigenous organization in the area of policy. [The program came] with the idea that [the government] wanted more Indigenous people in public policy, like working in government departments and in organizations. I started out as essentially an intern for an organization called the Assembly of First Nations [(AFN)], [where] I worked on the Indigenous Women's Health File. [And it was during my internship that] I got a better sense of the bigger issues in our country that Indigenous peoples face. After I finished [my internship] at the AFN, I went over to the First Nations Indian Health branch of Health Canada. I think that's where things really became clear to me because I was the only Indigenous person [in that department, even though I was only] a student. That was really horrifying because a lot of the people working on big policy for Indigenous peoples were non-Indigenous and many of them had stated that they had never even been

into an Indigenous community before. I thought, “How is this possible? How are these almost all non-Indigenous people working on policy and how does that impact communities on the ground?” And so I decided to pursue my PhD after that, and look more closely at the ways that federal, provincial, [and] territorial policies are impacting First Nations and Métis people specifically on the ground. The big turning point for me was the lack of Indigenous people in these kinds of positions. You get to really see why there are so many health disparities when these policies and programs aren’t being led by Indigenous people.

■ WE READ ABOUT YOUR WORK IN USING DIGITAL TECHNOLOGY FOR HEALING AND EMPOWERMENT OF YOUTH AND ELDER. CAN YOU TELL US MORE ABOUT THE POTENTIAL YOU SEE IN TECHNOLOGY AND POSSIBLE CHALLENGES YOU MAY HAVE FACED IN IMPLEMENTING THIS SPECIFICALLY IN INDIGENOUS COMMUNITIES?

I use a lot of arts-based research methods. First and foremost, I would say that I’m a community-engaged researcher or community-based participatory researcher. If you look [at] a lot of my projects, [you can see that] they[’ve] shifted over the years. I would say I have a more eclectic program of research, but the one common denominator with all of my projects is that they are community-led and community-based. What that means is that I work with communities and it’s not me saying, “I want you to be like my research subjects, I’m going to study you,” because obviously there’s a long history of poor research [involving] Indigenous communities. There are still researchers doing unethical research with Indigenous peoples, who are the most researched group in the world. It’s so important for me to do community work. Communities will say, “We really want to do this. We want to use these methods, such as photovoice or focus groups.” These projects are really driven and led by communities. It’s my role as a researcher to support communities and to do research that is strength-based and will benefit communities.

I have an article in the Canadian Journal of Bioethics that talks about deficit-based research. We really don’t need more research telling us how bad it is in Indigenous communities. What we need is research that comes from a strength-based approach that talks about the importance of communities and all of the things that communities are doing that are so innovative and creative. That’s the type of work that I strive to do.

The article that Stacy Margerison and I wrote in the Canadian Medical Association Journal —if you go to [the issue in which it appeared], my photovoice project made the cover of the journal for that month. [The journal] also decided to do a featured podcast on our work. It was important to me for a number of reasons, but I think, first and foremost, it really validated to the medical community that Indigenous knowledge and arts-based research, and qualitative research or community-engaged research is valid. Indigenous knowledge is scientific knowledge, and so to profile our research for the Canadian Medical Association Journal was a signal about the importance of Indigenous research.

I had a lot of rejections before [the photovoice project was] published, saying [my] population size [was] too small. Of course we’re going to work with a small number of people, because that’s what photovoice is —that’s what the arts-based research method is. We’re not doing a giant survey, which I’ve also done, and which also has value. Arts-based research works with smaller groups of people —and that’s the value of that approach.

■ AS THE FORMER DIRECTOR OF THE MCMASTER INDIGENOUS RESEARCH INSTITUTE, WHAT CHALLENGES HAVE YOU FACED WITH ENGAGING AND BUILDING UP TRUST WITHIN INDIGENOUS COMMUNITIES?

I don’t think as the director I necessarily [faced challenges], but I had to deal with a couple of other faculty members and their unethical approaches to research. A major challenge was understanding that Indigenous peoples, the most researched people in the world, have been weighed and they’ve given their blood and hair samples and they’ve shared their stories and academics have written about them and studied them and written dissertations. Historically, this has been done without their knowledge or consent. It’s maybe less of a problem now because we have more ethics guidelines in place, like the Tri-Council Policy Chapter 9, [in] which we have principles about who can own, control, and access Indigenous data. Certainly that has helped, but we still see poor research methods like helicopter researchers who fly in and out and then communities are like, “What did you do?” That’s one of the reasons why I think there’s a lot of mistrust in communities.

It’s because of the way that research has been done historically, and even now, as the [COVID-19] vaccine is being rolled out and Indigenous communities are being given priority, a lot of communities have suspicion about why they’re being selected first. Because there has been poor vaccine research done in communities in the past. There’s a lot of fear and mistrust about the healthcare providers who are coming in and giving those vaccines. And is there cultural safety there? Do they understand some of the fears that are coming from communities? Even people who are going into the communities need cultural safety training, for example, around COVID[-19] and vaccines. That relationship-building and trust is so important because of the ways that research has been done historically [as a result of] all the colonial policies, like the residential school system and the Indian Act. For many people and communities still, colonialism is ongoing.

We continue to see that with Brian Sinclair, the Indigenous man in Winnipeg who died waiting in the emergency room for 34 hours from a simple bladder infection, because he was discriminated against —that’s colonialism in the present day. People need to be aware of that. Building trust and forming those relationships, that’s why it’s so important.

My colleague who’s doing her residency now has had some horror stories too. There’s just so many news stories about doctors and physicians being just completely inappropriate and racist.

So much work has to be done around cultural safety —just even understanding basic history is so important, because those residential schools ended in 1996, but all their effects are intergenerational. All of those things that have happened have continued on into our communities today. So, it's so important for health care professionals especially, to really understand and be aware of our history and how that impacts Indigenous peoples and communities today.

■ FOR THOSE WHO DO NOT IDENTIFY AS INDIGENOUS, WHAT WOULD YOU RECOMMEND IN UNDERSTANDING MORE ABOUT INDIGENOUS CULTURE AND BEING ABLE TO ENGAGE WITH OR INVOLVE INDIGENOUS COMMUNITIES IN RESEARCH IN A MEANINGFUL WAY?

I have some colleagues who will only work with Indigenous students, just because it's too much to try and provide all that background. When I was the director of the McMaster Indigenous Research Institute, I got emails from faculty members about them needing an Indigenous person because they're submitting a grant, since Indigenous research is obviously a big priority now. I have students who want to work with me who are non-Indigenous, who want to do a thesis or a major research project on Indigenous issues. For me it would be like, have you taken an Indigenous studies course? We have so many wonderful faculty members who teach great courses on Indigenous research methods, Indigenous theory, and even just first year Indigenous studies courses about the history and the impacts of the residential school system and the Indian Act and how that's contributed to the poor health inequalities within our communities. I would absolutely say to students to make sure that [they] either take a course or get that background information before [they] even approach a community or an organization. Ask yourself, how can you give back to a community? What kind of expertise can you bring to the community?

There's often the expectation that we're going to do the work for the students or for the faculty. I think we're trying to flip that now for them to take our courses, do [their] own research, and read through the TRC's recommendations to learn about the history of colonization and how that's impacted communities. We have so many events about Indigenous studies and a speaker series to learn about our faculty and what they do.

■ WHAT WAS THE MOST IMPORTANT/MEMORABLE LESSON THAT YOU'VE LEARNED OVER THE COURSE OF YOUR CAREER?

I was about to defend my PhD in political science, [which] has to always go out to an external examiner. My external examiner was a white [male] political scientist. The reviews came back and he said, "She

can't defend this. This is not political science, not everybody supports community engagement, this isn't part of the discipline. She needs to rework her whole dissertation so that it fits into the political science boxes." It delayed my dissertation and I had to pay tuition again. It shook my confidence, but I remember that I wasn't going to change my approach.

[I had been working] with these communities for three years. I [couldn't] change that. [I wasn't] going to go back and do some discourse analysis or whatever political scientists do. I stood my ground and my supervisor was really awesome at the time too. That was also a really big turning point because I was just like, "I am going to continue to do this work. I'm going to get tenure and an academic job." I was the first Indigenous scholar in the department to get a PhD and I went on to become a Canada Research Chair, which is one of the highest honours in the country. [It's important to have] the confidence to stay true to yourself and your values. I was so proud of this work and it was so meaningful to me. I wasn't about to change it for this white [male] political scientist.

Passion for me is more important than talent, and having that drive is what got me through it. At [the] time, I was devastated and I thought I wasn't going to get my PhD. But I didn't want to change my whole dissertation to fit a political science disciplinary kind of approach.

[In short,] confidence, patience, and passion are my takeaways.

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