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COMMENT



Indigenous sovereignty in research and epistemic justice: Truth telling through research

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ABSTRACT

Indigenous ways of knowing, being and doing are based on embodied sovereignty, relationality and countless generations of knowledge sharing. We call for *epistemic justice* in which Indigenous knowledge systems are recognised and valued in research-related contexts. We draw attention to how colonial knowledge systems silence, delegitimise and devalue specific knowers and ways of knowing, being and doing – through truth telling. This includes (1) the extent to which educational systems, research, practices, decisions, and reported outcomes are whitewashed – a process of structural and systemic discrimination, racism, and exclusion that actively alters or omits Indigenous and non-Euro-Western contributions and perspectives to fit Euro-Western norms and (2) whitewashed and racialised logic in scientific research that claims to be open, collaborative and transparent. Whitewashing not only obscures the history and contributions of Indigenous peoples and communities but also actively reinforces systemic biases and inequities. We assert the need for epistemic justice in public health research. Epistemic justice calls for Indigenous sovereignty and self-determination to be made visible. It may involve on how colonial policies, protocols, and regulations are connected to everyday lived inequities of Indigenous communities, families and individuals. Ultimately, epistemic justice is inherent to Indigenous peoples' health and wellness, self-determination and sovereignty.

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Indigenous peoples are diverse and are made up of many nations, languages, political systems, knowledges, experiences, practices, relationships and myriad forms of resistance to colonisation. These relationships commonly include connections to the land, waters, air, ice and traditional medicines, such as the sacred tobacco plant. Indigenous ways of knowing, being and doing have existed for thousands of years. They are based on sovereignty and countless generations of observations, experiences, growing knowledges and sharing information (*Box 1*). These knowledges are intimately connected to relationality. It is important to recognise relationality and our credentials. These are founded in our respective relational roles, community accountability and responsibilities as well as acknowledging our connections, biases and worldviews. Relationality is a distinct

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Indigenous social research presupposition and forms the epistemic ‘scaffolding’ shaping and supporting the possibility for coming to know and generating knowledge(s) in respective times, spaces and places (Moreton-Robinson, 2017, p. 69). The successes of careful and valuable research, evaluation and knowledge generation are evidenced through survival and adaptations to everchanging environments, including colonialism, programmes and policies embedded to actively eradicate Indigenous people and communities, as well as the active silencing and attempted control around relationality.

Box 1

Our sovereignty is embodied, it is ontological (our being) and epistemological (our way of knowing), and it is grounded in complex relations derived from the inter-substantiation of ancestral beings, humans and land. In this sense, our sovereignty is carried by the body and differs from western constructions of sovereignty, which are predicated on the social contract model, the idea of a unified supreme authority, territorial integrity and individual rights. (Moreton-Robinson, 2007, p. 2)

Settler colonialism is rooted in white supremacy and aims to “tame” a variety of wildernesses, end up establishing independent nations, effectively repress, co-opt, and extinguish Indigenous alterities, and [productively] manage ethnic diversity’ (Veracini, 2011). Colonialism involves one nation subjugating another, controlling and exploiting its people and resources. Colonisers commonly force their own language(s), culture, values and beliefs on the people they control and actively exclude Indigenous peoples from academic institutions and effectively attempt to sideline Indigenous knowledges. By 1914, most of the world’s nations had been colonised by Europeans at some point, using power and influence to control (Abernethy, 2000; Lloyd & Metzger, 2013; Wesseling, 2015). Non-white and non-Euro-western knowledges have been subsequently positioned as inferior and ‘othered’ within the colonial racialised hierarchical ways of knowing and knowledges (Valverde, 2005). When Euro-western values and practices are baked into colonial laws, regulations, political decisions and institutional governance systems, people who do not conform to the same values and practices are often discriminated against and excluded. Such everyday racism and segregation of people by race and culture often go unnoticed and unmentioned by groups who are not subject to racism, such is the pervasiveness of whiteness and the role it plays in determining what knowledges and practices are valued (Maddox, Kennedy, Waa, et al., 2022; Robertson, 2015; Ward et al., 2021). The colonial hierarchy of knowledge systems has resulted in daily experiences of wide-ranging structural and systemic forms of discrimination, racism and exclusion through colonisation and racialised capitalism (Anderson et al., 2016; Gracey & King, 2009; King et al., 2009; Morton Ninomiya et al., 2023). While this commentary may resonate with diverse geographies, colonial histories, power and control differentials, we recognise and respect the great diversity among Indigenous peoples, including diversity in experiences of colonisation and coloniality.

Our commentary calls for *epistemic justice*. By epistemic justice, we refer to how epistemologies (how knowledge(s) is/are constructed) that are frequently devalued or ignored must be treated, recognised and valued – with careful consideration of identity and power within their contexts. We draw attention to how systems privilege some knowledges while silencing, delegitimising and devaluing differing knowers and ways of knowing, being and doing (Fricker, 2017). Before discussing epistemic justice, we see value in truth telling. This paper is structured to name and highlight examples of truths that are commonly hidden in plain sight, predominately to people in power, and then draw attention to epistemic justice in public health research and practice globally.

Truth telling

We highlight two truths that are commonly hidden in plain sight. First, knowledge systems that drive educational systems, research, practices, decisions and outcomes are predominantly Euro-western oriented. As a result, they are systematically and actively biased, reinforcing white-dominant perspectives through inherently racist epistemological processes of whitewashing – the

deliberate or unintentional erasure, modification or minimisation of non-Euro-Western perspectives, contributions and knowledges. This process is harmful because it systematically devalues ways of knowing, actively silences voices and reinforces dominant narratives that privilege Euro-Western views. The result is a distortion of history, knowledges and research impacts decision-making and outcomes, particularly for Indigenous and other structurally and systemically oppressed peoples and communities (Lee et al., 2023). Second, scientific research and researchers tout using principles of openness, collaboration and transparency and yet continue to draw on inherently racist epistemological processes and racialised logic that inherently perpetuate and embed racism, inherently silencing and undermining Indigenous knowledge systems and knowledges (Miller, 2022). While our commentary is framed around sovereignty amid structural and systemic racism, colonisation and the exclusion of Indigenous peoples, we know that much of our position also applies to hetero- and gender-normative, ableist, ageist and a plethora of interlocking systems of power, control and oppression. The following words from Dr Rhys Jones' at the 2022 PRIDOC conference resonate with us: 'We cannot pick our oppressor. We must be antiracist, antisexist, anti-ableist, antiageist, antioppressive ...'. Examples of how knowledge systems are Euro-western oriented and whitewashed can be found in questioning whose knowledge(s) are (de)valued and numerous related questions (Box 2). We suggest truth telling includes drawing attention to answers from the following questions.

Box 2

Where do the knowledges come from? Who is eligible to generate the said valued knowledges? And who is eligible to apply for and hold research funding? Who decides funding priorities? Who reviews the funding applications? Who are the researchers? Who decides the research questions, framing of the research or 'problem' and proposing desired outputs? Who established(es) metrics of productivity and success? What is success? And who generates, reviews, and uses research papers? Who can access data and what structural barriers prevent or facilitate access to such data? Who decides the value of the data, the research processes, including if results are reliable, rigorous, and/or valid? And who is making policies and decisions based on available or valued research-based evidence?

The structural and systemic discrimination, racism, and exclusion results in a very limited number of Indigenous peoples in academic leadership positions, and/or have influence in colonial systems and structures that impact Indigenous health and wellbeing outcomes (Anderson & Diamond, 2020). This directly and indirectly impacts Indigenous peoples, communities and public health, including health and wellbeing outcomes. Further, the limited number of Indigenous peoples who hold positions and roles within colonial institutions have disproportionate colonial load, responsibilities and burdens (Redvers et al., 2020, 2022; Walter & Suina, 2023). Where applicable, their responsibilities and burdens frequently include dismantling and redressing institutional and interpersonal racism and exclusion, building trust with Indigenous peoples and communities, and (re)imagining and implementing ways to value and embed Indigenous ways of knowing, being and doing within or around a colonial structure(s). Importantly, it is critical to understand that it is individuals who enact programmes and policies within these structures, and as such, these individuals within this system can influence change by leveraging their positional power and implementing antiracist structural reforms, establishing accountability mechanisms, and championing the integration of Indigenous values and perspectives where appropriate, thereby actively challenging and reshaping the colonial framework to be more inclusive and equitable (Bourke et al., 2024).

An example of scientific research and researchers that tout using principles of openness, collaboration and transparency comes from the commercial tobacco industry and their affiliates. The practice of allowing publications and presentations that are funded directly, indirectly, partially or fully by the commercial tobacco industry themselves as long as it is 'good science' with 'open scientific debate' is fundamentally flawed. Indigenous peoples have argued that the notion of 'good science' and 'open scientific debate', based on peer review, can still be flawed with unacknowledged biases, industry and commercial influences (Legg et al., 2021; Maddox, Kennedy, Waa, et al.,

2022). Disclosures regarding irreconcilable conflicts of interest and funding sources do not address, mitigate or provide sufficient information about potential biases or the harms they generate (Maddox, Kennedy, Waa, et al., 2022). The commercial interests of the commercial tobacco industry and their affiliates, for example, are at odds with the Human Right to Health, including the Rights of Indigenous Peoples and Children to enjoy the highest attainable standard of health (United Nations General Assembly, 1966, 1989, 2007). The industry's actions, including the appropriation, manipulation, industrialisation and commercialisation of the sacred tobacco plant, targeted marketing, misinformation and manipulation of research, have directly contributed to the disproportionate burden of death and disease among Indigenous peoples and communities, undermining Indigenous knowledges, knowledge systems and actively threatening health and wellbeing. This ongoing cycle of addiction, death and disease is an affront to Indigenous epistemic justice, which seeks to acknowledge and value Indigenous ways of knowing and their rights to define, address and improve health and wellbeing. As a result, Indigenous peoples continue to call out the commercial tobacco industry and their funded research, seeking academics, scientific societies and publishers to better align their policies with Human Rights and the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC) (Maddox, Kennedy, & Drummond, 2022; Maddox, Kennedy, Waa, et al., 2022). This helps to ensure a safe and supportive space for ethical academic publishing, free from the commercial tobacco industry and their affiliates (Maddox et al., 2021; Maddox, Kennedy, Waa, et al., 2022; United Nations General Assembly, 2007). In response, an industry perspective argued that aligning such policies with the WHO's FCTC is 'not science – it is a particular type of tobacco control advocacy and activism' (Weiss, 2024, p. 160) while others suggest that it is about the principles of openness, collaboration and transparency, which are often devoid of context and purported to be the cornerstones of rigour and reputable evidence (Cummings et al., 2024). Even when publishing research and fuelling 8 million deaths per year (Institute for Health Metrics and Evaluation, 2019), the commercial tobacco industry is legally required to act in the best interests of their shareholders.

Indigenous population health data, particularly in urban settings across Canada, provides another example of scientific research that commonly presents itself as open, transparent, fair and just. However, Indigenous population health data is frequently underreported, incomplete and inaccurate for several reasons (Smylie et al., 2024). Reasons include distrust of governments and the healthcare systems, racism and discrimination when accessing care, lack of culturally safe preventative care and/or not having a fixed address to be included in Census data (Allan & Smylie, 2015; Smylie et al., 2018, 2024). In summary, biases, racialised logics and racism are inherently baked into society, the Euro-western academic evidence base, and open-sourced data. Being open, collaborating, and being transparent does not account for or correct irreconcilable conflicts, or what is missing or erroneous in the evidence or the data itself or the surrounding context.

What counts as evidence and reliable data is highly fraught. The framing of research questions, methods and types of data collected, and who is included in the data are often driven by people in power who are not framed as being part of a 'vulnerable', 'marginalised', 'disenfranchised', 'disadvantaged' and 'othered' population (Katz et al., 2019). Researchers can pride themselves on being open, collaborate and transparent about data and analysis but they need to be antiracist and attuned to the context and systems at play. We need to better recognise that Indigenous knowledges and knowledge systems have been largely excluded from the academic evidence base from which decisions are frequently made (Lee et al., 2023).

Epistemic justice in public health research

Settler colonisation, which inherently includes Indigenous-specific racism, is well established as a root cause of negative health and wellbeing within Indigenous populations (Greenwood et al., 2015; King et al., 2009, p. 1–2; Paradies, 2016). In communities where Indigenous sovereignty and self-determination are realised, so too is health and wellbeing (Joseph, 2024). The UNDRIP

(United Nations General Assembly, 2007), Uluru Statement from the Heart (Referendum Council, 2017), Truth and Reconciliation Commission (2015), Close the Gap (Department of the Prime Minister and Cabinet, 2020), Reconciliation Australia (Reconciliation Australia, n.d.), national research councils (Government of Canada, 2014; National Health and Medical Research Council (NHMRC), 2023) and local councils assert that improving Indigenous health and wellbeing outcomes is everyone's business. In other words, if researchers are not improving Indigenous health and wellbeing outcomes through research and evaluation, chances are that they will exacerbate inequities. When 'one-size-fits-all' research, policies and protocols are applied, systemic and structural inequities are unaccounted for and often exacerbate health inequities (Delaney et al., 2021). Researchers and evaluators must consider the health and wellbeing needs of Indigenous peoples, and the contexts in which they operate.

Epistemic justice requires honouring Indigenous peoples' sovereignty and self-determination

Epistemic justice will improve Indigenous health and wellbeing outcomes. In fact, epistemic justice has improved Indigenous health and wellbeing outcomes. There is an ever-growing body of research and practice demonstrating epistemic justice in Indigenous public health research and practice, as is featured in this special issue. In a current realist review study (Hunter Porter et al., 2024) focussed on Indigenous knowledges centred in research, we are finding that few publications report on the (1) extent to which Indigenous community members are involved in all phases of research, (2) research outcomes and benefits for the community, (3) involvement of community members in writing the paper and (4) relationship of the authors to the Indigenous community(ies).

It is possible that more Indigenous communities will engage in research that 'studies up' – research that shifts the gaze from Indigenous peoples to the contemporary colonial structures and systems that support and maintain the conditions for health and wellbeing inequities and inequalities. Researchers and scholars have drawn attention to examples and the need for more empirical research that makes visible the insidious nature of current structural racism and its direct impacts on health (Jongbloed et al., 2023; Ray et al., 2022; Wispelwey et al., 2023). Research methods like institutional ethnography have shown how policies, protocols, regulations, processes and environments are directly linked to peoples' daily activities, including driving health inequities and inequalities (Balcom et al., 2021; Morton Ninomiya et al., 2018). By studying colonial systems and institutions in relation to the everyday lived experiences of Indigenous peoples and communities, researchers may be required to 'bite the hand that feeds them' to address inequities and inequalities, upholding ethical practice. Studying up requires research applicants and funders alike to ask questions such as: what will it take for funding bodies to support this kind of research? Does this research come at an expense we are willing to make? Who is willing to take the risk of biting the hand that feeds their programme of research? Imagine studying the protocols and practices of organisations/institutions that fund research with Indigenous communities and groups and journals that publish research papers on Indigenous research. We need to consider who is most appropriate and qualified to adjudicate proposals and papers?

Championing antiracist work across society, within the academy, and throughout health systems requires including and respecting Indigenous knowledges, cultures and ways of knowing, being and doing. In return, health and wellbeing outcomes will undoubtedly improve among Indigenous peoples and non-Indigenous peoples. We need to better understand and make visible the connections and complexities within systems, rather than accept or adopt simple cause-and-effect approaches and explanations. It is important that colonial systems recognise and authentically respect Indigenous values, knowledges and cultures, using an actively antiracist approach. Understanding the ongoing impacts of colonisation and racist policies, including truth telling, can help improve policy, practice and ultimately health and wellbeing outcomes. By practicing and championing *epistemic justice*, researchers, health practitioners and systems at large can help to reverse

centuries of exclusion, racism, inequities and inequalities that Indigenous peoples continue to face today.

Foundation of this commentary

Raglan Maddox is from the Bagumani (Modewa) Clan in Papua New Guinea and leads the commercial Tobacco Free Programme at Yardhura Walani, the National Centre for Aboriginal and Torres Strait Islander Wellbeing Research at the Australian National University. His programme of research generates and returns data to Indigenous communities to help better understand and improve Indigenous health and wellbeing outcomes.

Melody Morton Ninomiya is of Japanese and Swiss-German Mennonite descent and upbringing and is an applied health researcher at Wilfrid Laurier University in Canada. Most of her research is driven by First Nations on issues related to community mental wellness, health and wellness asset mapping, and/or mental health, addictions and healthy pregnancies. Both authors met and collaborated as postdoctoral fellows at the Well Living House, an action research centre in Toronto, Canada, for Indigenous infants, children, and their families' health and wellbeing and have been collaborating on research since then.

This is a matter of ontology and epistemological consideration, not merely a matter of identity (Moreton-Robinson, 2017). Our being and relationality informs an Indigenous social research paradigm which is foundational to this commentary.

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