

INTERVIEW WITH

**Lana Ray, PhD**

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**Recipient of the 2025 CCRA Award for  
Excellence in First Nations, Inuit and  
Métis Cancer Research**



**Please tell us about yourself.**

Boozhoo, Waaskone Giizhigook niintigo, Oshowkinoozhe n'dodem, Opwaaganasiniing nindoonjibaa, Shuniah nindaa. My name is Lana Ray. I'm a member of Opwaaganasiniing, also known as Red Rock Indian Band, which is located on the north shores of Gichigami (Lake Superior). I'm a member of the Muskellunge Fish Clan, and my Anishinaabe name translates roughly to the light that shines. So, in terms of my academic background, I have a master's in public health, and a PhD in Indigenous Studies, so I come from an interdisciplinary background that is very much carried into the research and the work that I do. Prior to academe, I worked in Indigenous organizations. For example, I was a director of policy and research at the Ontario Native Women's Association. I've worked as an Indigenous health consultant with the Northwest LHIN before LHINs became health teams, and then I also worked at the Conference College focused on educational research for a while. Prior to my current appointment, which is as an associate professor in health disciplines at the Athabasca University as well as the Canada Research Chair in Resurgent Methodologies for Indigenous Health, I was an assistant and then an associate professor at Lakehead University, and in addition to my current appointment at Athabasca, I'm also the director of the Anishinaabe Kendaasiwin Institute, which is an Indigenous-governed research institute focused on supporting and building up research that's embedded in Anishinaabe ways of knowing and doing. My research has been very interdisciplinary, it intersects in the areas of health, education as well as Indigenous research, sovereignty, data sovereignty, and increasingly, a focus on traditional healing and the resurgence of Indigenous knowledge systems, but I also do some interrelated work looking at systems change and anti-colonialism within mainstream healthcare institutions.

**What accomplishments are you most proud of?**

When I saw the question about accomplishments, I had to think about that word, “accomplishments” and frame it within my understanding or worldview, so...what I was really

thinking about, my understanding is we're all supposed to use our gifts to be able to work collaboratively for Mino-bimaadziwin, for the good life. And that's a responsibility that we all have to do to the best of our ability. So, when I think about that, is there something or work that I've been involved with, that I've been able to work in that good collaborative way to support Mino-bimaadziwin, I would say within that framework the accomplishment that I'm most proud of is, we call it the WNMB project for short, but the Waasegiizhig Nanaandawe'iyewigamig Mino-Bimaadziwin Project. That's a project that I am the principal investigator on but definitely hasn't come to fruition just because of myself. So it's really grounded in the work that traditional healers involved in the project, like Kathy Bird and Laura Horton have been doing for decades upon decades as well as our organizational partner, Waasegiizhig Nanaandawe'iyewigamig and the work that they've been doing for multiple decades as well to create space for Indigenous ways of knowing and doing in health. So, in terms of the WNMB project, that project is really about building up Indigenous health capacity related to traditional healing through medicine camps as well as through increasing access to traditional healing. It's an implementation science project where we're conceiving of traditional healing as an evidence-based practice. And when I use that word, I'm acknowledging that we as Anishinaabe people have our own systems to demonstrate efficacy and an evidence base. This project is really about understanding that since colonialism the context has changed. Yes, we still have our traditional healing methods. Yes, to some extent, we still have our societal structures, but those have also been impacted by colonialism. So now we have new structures, like Indigenous Health Access Centres, that exist across the province (Ontario). So, how are we able to most respectfully and effectively implement traditional healing within these new systems and structures that we find ourselves in. So, that's the WNMB project, and so why I would say working on that project has been the biggest accomplishment is one, because I think it lifts up the important work and the strengths of what so many others are doing, particularly the traditional healers and the helpers that work with those healers.

I would also say the project is breaking down barriers, so the project is funded by the Canadian Institutes of Health Research, and that's through a collaboration with the Global Alliance for Chronic Disease, which is a national organization that accesses networking, liaising and supporting health research on a global scale regarding non-communicable diseases (NCDs). And from what my understanding, the WNMB project, there was, I believe, two in the same year, but was the first project where there actually was an Indigenous project being led by an Indigenous principal investigator, and that, as well as coupled with the strength that it's rooted in our own knowledge systems as a way to think about cancer prevention and cancer treatment I think has really helped to perhaps break through some of those glass ceilings that exist. I would also say that would be an accomplishment because it is an exemplar of how collaborative health research can be practiced, and particularly in the context of cancer too, where often some of the language, the approaches, the research is perhaps less participatory, or more difficult for a community to

engage in. This has happened through the leadership of Kathy, Laura, others in the project, and then also some of that has emerged through lessons learned and our ongoing reflections and practices within the community.

For this project, I would also look at the impact. Being an implementation science project, there's been direct impact on the ground for communities so communities have had increased access to, for lack of a better word, training regarding traditional healing as well as increased access to direct traditional healing services.

And then, I guess the last piece for me, which would be more of a personal piece, I have so much respect for the work that Kathy, Laura, and others in the project do. They're so knowledgeable and they've definitely been mentors, and so, the acknowledgement that they trust me to do this work, that they are comfortable with me having this responsibility to do that work—for me, that's an honour and a privilege that I'm able to have that relationship with people who are so knowledgeable and are our leaders and visionaries in regards to Indigenous health. So, it would definitely have to be the WNMB project, and all of those wonderful bits and parts and impacts that have come out of the project.

#### **How could ethical and culturally appropriate research practices be better supported by research funders?**

I think for this question, there's a couple of ways to answer it. So, first, I just wanted to briefly mention what I think, from my own observations, are three kinds or types of health research happening in Canada related to Indigenous health. So, I see there are research projects that are under the auspice of Indigenous health, but are really more so focused, I would say, on settler education or settler responsibility. You see projects like, “how can we enhance cultural safety practices among practitioners” as one example. I also see an area of research that is focused on Indigenous peoples but it's using Western approaches to address, for example, cancer prevention within Indigenous communities. And then I think there's a third type, which is Indigenous-led research that's embedded in Indigenous ways of knowing and being that is utilized within Indigenous settings.

I think, first and foremost, is being very mindful about how we are conceiving of Indigenous research, and what those allocations look like. I suspect what we would find is there would really be a need to enhance the amount of Indigenous-led research that uses Indigenous ways of knowing and being within Indigenous settings. So that's kind of one piece. Then also when I think about how we can improve, I think there are some things that we could do working within the current system, and then also more long-term work of envisioning perhaps a different system and how that might work.

So, if we're looking within our current system, I know many grants have the one-year extension, but when you're really doing things collaboratively and, for example, when you are fully following principles like OCAP®—ownership, control, access, and possession—when you're doing things in a way that accounts for spirituality and ceremony, sometimes those things take time. So thinking about, perhaps, ongoing progress, for lack of a better word. I'll say progress, or perhaps movement/momentum instead of some of the deadlines that exist. So, I think that's one area or one thing to consider. Also, having multiple avenues for Elders and community partners to demonstrate their commitment. Some of our Elders or Knowledge Users are very technologically savvy and others don't feel comfortable so some of those systems still create barriers and there needs to be multiple pathways for Elders and others to be able to participate. Again, the need for more Indigenous reviewers and people with particular sets of knowledges, and also culturally safe spaces in those review places, so if you're the one Anishinaabe reviewer who has that perspective, that may be a challenging setting to be in.

And then also, again, having to acknowledge some of these structural barriers, so myself, as well as I'm sure, other Indigenous scholars get asked all the time. So really having to look at, okay, what is the root of some of these issues and focus on building up more capacity in regards to reviewers but also then thinking about whether there are other people who could review. Not everyone is getting paid in an academic job so how do we acknowledge people for their time and expertise.

Co-development of evaluation criteria with community, I think is particularly important, as well as co-development of priority areas and calls. And when we're thinking, perhaps, in the realm of cancer research, and in the work that I do around traditional healing, I think it is very important that there's consideration in the grant for how have issues like biopiracy, appropriation and ownership been addressed. And that kind of perhaps leads back to the last one around word limits. I understand from a reviewer's perspective with some of the word limits and you have many applications to review but sometimes when you're engaging in rich relationships and you're doing some of this, it's really hard to articulate it all within the confines of a proposal. So where there are issues related to ownership and biopiracy, sections that don't have the same word limits would be helpful.

And then, when we're thinking about, perhaps, envisioning outside of the current structure, I think there needs to be more support and work in terms of Indigenous data sovereignty so supporting the creation of Indigenous structures, Indigenous research structures as well as Indigenous health structures. And that's more of a matter of working collaboratively, then, instead of Indigenous folks working kind of under the umbrella or still within Westerner or settler spaces. So, I think all of those. There are some short, medium, and long-term actions that can happen to ensure that, and I particularly speak in an Indigenous context, that Indigenous health research could be more ethical and not just culturally appropriate, but actually culturally governed and driven.

## **How does mentorship, collaboration, and community involvement build research capacity and ultimately improve health outcomes for First Nations, Inuit, and Métis peoples?**

I think, obviously, if research is relevant to the community you're trying to serve whatever that community is, that will lead to better interventions, improved outcomes, and particularly in the context of Indigenous health, where there's that ongoing history of colonialism, oppression and disempowerment, the importance of recognizing community-based solutions is particularly important, and that comes from a distinct place. So, one of the things, though, I think is acknowledging too is that we may have, you know, the best technology, new technology groundbreaking in cancer research but it's not helpful to Indigenous peoples if they don't have equitable access to it. And there's various factors that impact that—racism and discrimination in healthcare, not feeling like perhaps it's a culturally safe space. Some of, for example, the genomics work that's coming out, because of the history of biopiracy and other contexts, people may not be comfortable even accessing particular services or treatment plans or options. Policies that exist like non-insured health benefits. There are difficulties sometimes for people to make it to appointments on time, and then they may be seen as non-compliant. So, there are all these factors. I think that's important of so really this might be a great idea, or this may work really well but is it getting to Indigenous communities and do they trust, and will they use it. So that's part of it, I think, in terms of how community involvement and collaboration can support better health outcomes.

I also think in terms of working with community, we have this concept, HQT, highly qualified trainee and that's often thought about like skills, knowledge but in an Indigenous context, it's really important to broaden that up, especially when we're training our own scholars. That could be difficult sometimes because you're trying to do the same thing as everyone else which is already difficult in terms of gaining your academic credentials and so on. And at the same time, you have this responsibility where you're trying to contribute to the rebuilding of our own cultural and social and knowledge systems. And people and people's families and communities are at different places. For me, for example, my grandmother knew her language. She went to Indian residential school. She came back and she didn't speak her language. My dad didn't speak the language. I'm trying to learn, but it's still a work in progress. So there are these other additional expectations or responsibilities that we have to do so that we are in a good place to do this work in a good way, in a responsible way, in an effective way. When I think about HQT within Indigenous context, it's also about, you know, supporting students so that they know who they are, so that they have that cultural grounding, they have that spiritual grounding as well. Working with community in community helps to facilitate that. And then, lastly, I think this goes back to the point about relevant research, so often there's an overemphasis on how could research projects, how could different projects or initiatives that stem from Western systems support Indigenous peoples. And I understand that because there's a context that we're living in, where there's a need for retribution.

But at the same time, sometimes that could be seen as kind of just a one-way flow of expertise. So I think working with community, working with Indigenous knowledge systems, with our own healers, there's a lot of potential to grow the Western and the academic discourse and understanding of cancer as well. And even just one example, we're hearing more about precision care and the healers that I work with, all the work that they do is precision care. If you understand both systems, you could see that there doesn't always have to be this tension. There are actually some commonalities, although conceived through different world views. But there are definitely areas where Western cancer research can also learn and grow from Indigenous knowledge systems and be able to better serve not only Anishinaabe people, but all people as well.

### **What are your hopes for the future of Indigenous health research?**

I would have four main hopes for the future of Indigenous health research. The first would be Indigenous health resurgence. So, more time, attention, and focus on rebuilding Indigenous health systems, both within a research context as well as within an actual practice context. Secondly, would be work undertaken to support capacity building in the area of traditional healing and health systems. Third, I would like to see Indigenous research and health infrastructure that is governed by Indigenous people, so a strong governance component that can still work very much in cooperation and collaboratively with Western systems and approaches. And lastly, I think when we're looking at health, increasingly so, and this also aligns with Anishinaabe Indigenous worldviews, we need to work from a lens that fully integrates the health of the land. Right now, we see so much compartmentalization regarding policy and practice, where we see environmental policies, the health of the land as separate from our health and particularly in the area of traditional healing. What happens to our healing systems if we can't access our medicines? If we can't access clean water, which is important to the medicines, and also to make some of the medicines. So that has always been our understanding. If the land is healthy, the land will take care of us, and we'll be healthy, too. And so there needs to be increasing attention and prioritization of the health of the land and for the sake of our own health as well.