



REVIEW

Jacqueline M. Quinless. *Decolonizing Data: Unsettling Conversations about Social Research Methods*. University of Toronto Press, 2022. 172 pp.

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Throughout the 19th and 20th centuries, talented Indigenous scholars and creators pushed the boundaries of, started conversations about, and made room in their Indigenous sciences work for western tools and perspectives. Through organizations like the *American Indian Science and Engineering Society*, the *Society for the Advancement of Chicanos and Native Americans in Science*, and the *Association of American Indian Physicians*, Indigenous scientists fuse their unique perspectives with western places and spaces. As an Indigenous data scientist and software engineer, my work relies on community beliefs and goals, and often utilizes western frameworks and technologies. Increasing capacity for the best parts of western science helps strengthen Indigenous sciences in some cases. Going into the future, however, I question the stability of this relationship if it is not reciprocal. How do western sciences intend to make room for Indigenous sciences in return? Jacqueline Quinless in *Decolonizing Data: Unsettling Conversations about Social Research Methods* puts forth a possible answer: relational allyship.

In *Decolonizing Data*, Quinless accurately captures how western researchers in the social sciences, particularly healthcare, can make room in western social science work for Native people and their epistemologies. As a result, non-Native researchers and healthcare workers can improve contemporary health outcomes for Indigenous communities. She unfolds this argument using a variety of key concepts and sets the stage by orienting readers to a historical understanding of colonization through the Introduction and Chapter 1. In Chapter 2, Quinless brings in the idea of decolonization and explains what a self-governing health system may look like, citing Indigenous methodologies and frameworks of health. She elevates the importance of relationships and networks in Chapter 4 by breaking down social capital theory and shows how social capital is an indicator of health in non-western communities. Finally, Quinless closes her arguments by providing readers with tangible solutions through critical decolonial research methods in Chapter 5 and the Conclusion.

Quinless' primary purpose in *Decolonizing Data* is to introduce non-Native people to Indigenous views of wellness and expose how dominant wellness views are detrimental to Indigenous people (54). She argues that due to their western prioritization, dominant wellness views do not capture the correct scope of issues and solutions for Indigenous health concerns. Instead, Western researchers can better support Indigenous communities by expanding their mindsets and knowledge bases. Centering around social science and healthcare, Quinless speaks largely to an audience of non-Native stakeholders who are curious about improving their work through understanding other cultural practices.

Her main argument is that non-Native researchers need to incorporate Indigenous viewpoints to appropriately tailor their healthcare practices and research for Native communities. To clarify, Quinless wants non-Native researchers to become better allies. She expands on the historical impacts of colonization on health, holistic governing systems, social capital theory, and practical research methods. Quinless provides not only a detailed explanation of the subject of her argument, but also the causes of systematic subjugation and the steps needed to move forward (95). Importantly, Quinless' *Decolonizing Data: Unsettling Conversations about Social Research Methods* is especially well suited to impact the healthcare industry since it embodies a unique and specific focus of improving allyship—Quinless is non-Native and directs her writing to those similar to her.



Quinless is successful in arguing for expanded healthcare viewpoints and treatment for Indigenous communities by non-Native researchers. She does this not just by modeling being an ally, but modeling being a “relational ally” (106). This is clear through her elevation of Indigenous authors and her in-depth historical case study references. The impact is valuable. Quinless’ work fills a gap in the broader field of Indigenous health: an accessible starting point for non-Native researchers by a non-Native researcher. To Quinless, “relational allyship” encompasses the “re-searching, re-righting, and remembering of knowledge...building on Indigenous knowledge” and “a practice rooted in Indigenous thinking but also political activism” (107). Being a reciprocal ally means working together to elevate Indigenous viewpoints and perspectives. Quinless models this process herself several times throughout the book; when she mentions an Indigenous methodology and understanding, she is careful to back it up with credit to an Indigenous author and their scholarship.

For example, in discussing Indigenous connection to land as a health indicator, Quinless cites the work of 17 different scholars, including Glen Coulthard (Yellowknives Dene), Gerald Taiaiake Alfred (Kahnawà:ke Mohawk), and Leanne Simpson (Michi Saagiig Nishnaabeg). She writes, “Indigenous scholars...are aware that Indigenous peoples know who and what they are and thus can make informed lifestyle choices and healthy decisions” (34). By making the conscious choice to highlight specific Indigenous texts and frameworks, Quinless sets the bar for being a good relational ally. This makes her work effective, as she backs up the practices she advocates for in real time. Her leadership by example solidifies an encouragement for non-Native researchers to incorporate Indigenous perspectives.

Quinless also elevates Native voices in the conversation of allyship. She notes, “Algonquin Anishinaabe-kwe scholar Lynn Gehl’s Ally Bill of Responsibilities (n.d.) outlines sixteen responsibilities for settlers where she characterizes ally performance based in having a knowledge of one’s own ancestral history and awareness of one’s own privilege” (105). By including formative Indigenous perspectives in not only the conversation, but the formation of her arguments around allyships, Quinless positions her points as both effective and representative of their own goals. Her elevation of Native voices therefore strengthens her point that healthcare needs more Indigenous

frameworks.

Readers can also see concrete examples of Quinless modeling relational allyship through her detailed discussions of historical cases. As she writes, relational allyship “creates a place for inclusion, a place where all of us together reject the settler colonial state, along with heteropatriarchy, white supremacy, and neoliberal capitalist systems of oppression” (107). Simply put, to truly be a relational ally, researchers must educate themselves on the settler colonial state and its historical and contemporary effects. Quinless does a comprehensive job of providing non-Native readers with this background, reflecting on her own historical knowledge and strengthening the historical knowledge of the reader. As a result, both Quinless’ and the reader’s understanding of relational allyship is improved through historical contexts which reflect on present day situations.

One place historicized understanding is apparent is in “Chapter 2: The Impacts of Colonization on Health and Well-being.” Quinless spends time explaining the residential school system from a ground level, including its devastating intentions and effects. She connects it to contemporary health disparities, exposing how cultural loss and genocide directly tie to poor physical and mental health today (22). By using relational allyship principles to supply a clear cause for inequity, Quinless strengthens her argument for the usage of Indigenous viewpoints in medicine and healthcare. Providing historical correlations and causes sets a firm foundation for how to move forward—through personal use of relational allyship throughout her writing, Quinless is successful in her main points.

Another place her point is affirmed is in her conversations regarding social capital theory and health indicators. Quinless details ways Canada previously measured well-being and specifically, Indigenous well-being. She points out that “given the diversity of Indigenous communities, many different approaches have been developed to assess the well-being of Indigenous individuals and communities, combining qualitative and quantitative research methods through an integrative research approach” (69). By understanding fully what processes and policies have and have not worked, Quinless gives better recommendations for the future. Recommendations grounded in past experiences and evidence, as relational allyship teaches, create a stronger and better-detailed argument for the inclusion of Indigenous perspectives in classically western social science research.



Quinless' work is significant: it fills a necessary gap in the broader field of decolonial Indigenous healthcare. Quinless' identity as a non-Native ally allows her to uniquely speak to non-Native researchers and meet them where they are. By relating to them on a personal level, and having the lived experience to adequately address a non-Native reader's needs, Quinless' greatest power in *Decolonizing Data* is her non-Native identity. Although there exists other valuable and powerful work decolonizing social science research, Quinless' writing serves the distinct purpose of increasing good allyship. Rather than address Indigenous scientists or healthcare workers who already have some background knowledge and lived experiences, it targets those who need a place to start. Consequently, it is a book written for those who need it most.

In pondering my original question—how do western sciences intend to make room for Indigenous science in return?—I believe Quinless' *Decolonizing Data: Unsettling Conversations about Social Research Methods* provides an answer. Centering relational allyship and educating non-Native researchers from where they are is the key to creating space in the western sciences for Indigenous viewpoints and improvements. By using historical cases and contemporary Native American authors, Quinless effectively argues for the immediate inclusion of Indigenous values in healthcare that pertain to Indigenous people. She adds an important dimension to the broader conversation through her position as an ally encouraging people like her to also become allies. *Decolonizing Data* is a must-read for every non-Native researcher.

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