Résumé

Les tensions dans le cadre d'une recherche anticoloniale : les leçons tirées d'une collaboration avec une communauté autochtone touchée par l'industrie minière

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Les infirmières et les infirmiers qui font de la recherche communautaire visent à développer des partenariats de collaboration qui répondent aux priorités des participants en matière de santé et qui sont pertinentes à leurs réalités socio-politiques. Dans un contexte d'iniquité mondiale, la dynamique entre les parties privilégiées et les parties opprimées façonne inévitablement le processus de recherche, générant des tensions, des contradictions et des défis auxquels il faut faire face. Cet article a trois objectifs : examiner le contexte politique dans lequel les entreprises minières opèrent; décrire les menaces à la santé et les défis courants que les communautés touchées par l'industrie minière doivent affronter; et réfléchir sur la recherche effectuée en collaboration avec une communauté autochtone touchée par des activités minières au Guatemala et dont la santé et la capacité de défendre ses droits subissent l'impact d'un héritage colonial. Utilisant une analyse anticoloniale, les auteurs discutent de trois tensions importantes : les organismes communautaires et la victimisation collective; les similitudes et les identités distinctes; et la volonté d'atteindre des résultats et de mettre en lumière les limites. Ils concluent avec des suggestions méthodologiques à l'intention des infirmières et des infirmiers chercheurs dont le travail est fondé sur une approche anticoloniale.

Mots clés : communautés autochtones, industrie minière, héritage anticolonial, iniquité mondiale, victimisation communautaire; identités distinctes

Tensions in Anti–colonial Research: Lessons Learned by Collaborating With a Mining–Affected Indigenous Community

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Community-based nurse researchers strive to develop collaborative partnerships that are meaningful to the health priorities of participants and relevant to their sociopolitical realities. Within the context of global inequity, intersecting forces of privilege and oppression inevitably shape the research process, resulting in tensions, contradictions, and challenges that must be addressed. This article has 3 purposes: to examine the political context of mining corporations, to describe common health threats and challenges faced by mining-affected communities, and to reflect on research with a mining-affected Indigenous community in Guatemala whose health and capacity for self-advocacy are impacted by a legacy of colonialism. Using an anti-colonial lens, the authors discuss 3 central tensions: community agency and community victimhood, common ground and distinct identities, and commitment to outcomes and awareness of limitations. They conclude by offering methodological suggestions for nurse researchers whose work is grounded in anti-colonial perspectives.

Keywords: Indigenous health, anti-colonial, global inequity, mining, community-based research, research relationships, cross-cultural

Introduction

The past decade has seen the emergence of a body of nursing research focusing on peoples marginalized by broad contextual forces, including historical and ongoing colonization (e.g., Berman et al., 2009; Browne & Varcoe, 2006). Scholars engaging in such research must confront multiple tensions. In this article we reflect on strategies for addressing these issues, learned by conducting anti-colonial community-based research with a mining-affected Indigenous community. Research approaches such as these can be used to support nurses in meeting their obligations to safeguard and promote human life and dignity and to raise awareness about the root inequities that affect the health of communities globally (Canadian Nurses Association [CNA], 2009, 2011; International Council of Nurses, 1998).

The global dominance of the Canadian mining sector and its health implications underscore the importance of mining issues to both national and global nursing mandates. Research indicates that mining companies often threaten the well-being of host communities by violating Indigenous rights, operating without community consent, altering local ecosystems, triggering social conflicts and gendered violence, limiting access to food and water, and exacerbating poverty (Coumans, 2009; Gonzales-Parra & Simon, 2008; Imai, Mehranvar, & Sander, 2007; Simpson, 2009). The connections among environment, society, interpersonal relationships, and health are foundational to nursing knowledge (Chinn & Kramer, 2008). Therefore nurses are well positioned to address the threats that mining operations pose to well-being.

An anti-colonial lens is a way of theorizing, re-articulating, and challenging colonial relations (Dei, Hall, & Rosenberg, 2000). This perspective is important because the well-being of Indigenous communities is situated in historical and political landscapes (Alfred, 2009). Although employed for some time by academics (e.g., Fanon, 1963; LaDuke, 2005), anti-colonial thought has divergent origins stemming from a diversity of Indigenous knowledges embodied both physically and spiritually (Shahjahan, 2005). Thus, while an anti-colonial perspective shares the aims of counter-hegemony, social justice, and emancipation, it has unique histories, structures, and concepts that distinguish it from critical theories (Kovach, 2009). Key to an anti-colonial perspective is the acknowledgement that colonialism is a contemporary reality, not a thing of the past (Endres, 2009). Further, this perspective requires awareness that Indigenous people have always resisted colonization (Shahjahan, 2005). Anti-colonial approaches seek to emulate this spirit of resistance by articulating spaces of epistemological pluralism, particularly *indigenous ways of knowing*, critiquing and addressing colonial systems of oppression, *remembering* a legacy of colonialism, and honouring and respecting Indigenous self-determination (Castellano, 2000; Tuhiwai Smith, 1999). Anti-colonial research is a deeply politicized process that critiques, challenges, and employs Western knowledge (Tuhiwai Smith, 1999). Consequently, it requires ongoing contestation of power, privilege, and normative ontologies and epistemologies (Brunanski, 2009).

The purpose of this article is to analyze central tensions inherent in collaborative research from an anti-colonial stance based on our experience with mining-affected communities. By *collaborative research,* we mean a researcher-community partnership in which a project, from design to dissemination of results, develops through ongoing dialogue with communities about their priorities and their identified needs and objectives.

First, we review the political context that shapes the conduct of mining companies in general. Next, we discuss common health threats

and challenges experienced by communities directly affected by mining operations. Finally, we reflect on our recent experiences conducting research with a mining-affected community.

Political Context

Over 75% of the world's transnational mining companies are based in Canada (Foreign Affairs and International Trade Canada, 2009). These companies have enjoyed increased rights through a pattern of liberalized trade and investor protection (Gordon & Webber, 2008; McCarthy, 2004). In some cases, lawyers and development agents sponsored by the Canadian government have been tied to the revision and reformulation of mining codes and laws in foreign countries (Gordon, 2010; Kuditshini, 2008). Under pressure from the World Bank and the International Monetary Fund, one half of the world's nations have changed their mining laws to make them more attractive to foreign investment (Gedicks, 2010; Munarriz, 2008). Such changes often involve corporate deregulation, removal of corporate taxes, and breaking down of trade restrictions with the promise of economic prosperity (Falk-Raphael, 2006; O'Connor & Montoya, 2010). Yet consistently low national royalties, frequent *maquila* (a Mexican term for industrial operations in free trade zones), and reports of exacerbated poverty in mining towns call into question the economic benefits of the industry (Gordon & Webber, 2008; Kuditshini, 2008). Transnational companies and allied government officials have sought to lower standards of safety and environmental protection, or "non-tariff barriers," in drawing up trade agreements under the rhetoric of "competitive" corporate practices (Grossman, 2000). Documented health impacts of such policies include malnutrition, treatment inaccessibility, increased health disparities, increased exposure to contaminants, food insecurity, and a weakening of public health systems (Gilmore et al., 2004; Labonte, 2004; Mann, 2011; Schäfer Elinder, 2003). As noted by Skjærseth et al. (2004), trade agreements are premised on a financial determinism that excludes the social or environmental indicators necessary to sustain the well-being of diverse communities.

Indigenous movements often articulate a rejection of this business model of development. Such struggles are historically connected to and are in opposition to colonial constructions of whiteness and superiority (Tuhiwai Smith, 1999). Lawrence (2002) notes that colonialism must be understood as a "concerted process of invasion and land theft" shaped by racist state policies that normalize violence against Indigenous peoples (p. 26). For instance, the appropriation of northern Ontario, largely fuelled by mineral and mining exploration, was enabled by the Department of Indian Affairs, which often forcibly relocated Indigenous peoples

viewed as a hindrance to the establishment of exploration activities (Lawrence, 2002). *Resource colonialism* targets the homelands of Indigenous communities worldwide because they contain untapped resources for industrial development. It requires the ignoring of land ownership and other distinct rights through the legal/political construction of Indigenous communities as "dependent domestics," undermining Indigenous sover-eignty and ownership (Endres, 2009; Gedicks, 2010).

Globally, colonial legacies of oppression continue to manifest in the everyday health experiences of Indigenous communities (Estrada, 2009) and thus are important to our understanding of the contemporary context of Indigenous communities affected by mining. Political perse-cution and violence (Fiddler & Peerla, 2009; O'Connor & Montoya, 2010; Vanderbroucke, 2008), lack of consultation with and respect for Indigenous leadership (Sherman, 2009), and threats to socio-cultural-spir-itual structures (Alfred, 2009), as well as land dispossession and forced dis-placement (Gonzales–Parra & Simon, 2008; Whiteman, 2009), indicate that colonial mechanisms are still central to the imposition of mining operations worldwide. Mining operations are often backed by the Western rhetoric of development in which the economic systems and ways of life of local communities are portrayed as primitive and backward (Alfred, 2009; Endres, 2009). There are many reports of silencing, margin-alization, and inferiorization of community views of economic develop-ment that are based on sustainability, spirituality, survival, and environ-mental conservation (Shriver & Webb, 2009; Whiteman, 2009). The acts may involve appropriation or misrepresentation of Indigenous cultures, reification of corporations as agents of "development," construction of Indigenous peoples as helpless (Endres, 2009; Gedicks, 2010), and crimi-nalization and intimidation of Indigenous leaders (Holden, Nadeau, & Jacobson, 2011).

Community Health Implications

Mining poses environmental and human health risks to communities worldwide. Risks relate to industrial contamination (Obori, Dodoo, Okai-Sam, & Essumang, 2006; Sherman, 2009; Thomas, Irving, Lyster, & Beaulieu, 2005), water depletion, lack of corporate accountability (Grossman, 2000), and poor regulation. For some communities, mining may also have a direct negative impact on traditional/subsistence activi-ties, such as hunting, fishing, and agriculture, thus threatening community food security (Pereira et al., 2009; Simpson, 2009; Tsuji et al., 2005). Mining operations can release high levels of heavy metals and toxins into the environment that endanger human health for decades (Colin, Villegas,

& Abate, 2012; Rodrigues et al., 2012). Even at low levels, synergistic/ chronic exposure to these pollutants can introduce health harms that are not yet fully understood (Fowler, Whittaker, Lipsky, Wang, & Chen, 2004; Grandjean & Landrigan, 2006).

For many Indigenous communities affected by industrial megaprojects, psychological impacts are tied closely to economic, cultural, and social threats (Endres, 2009; Richmond & Ross, 2008). These close-knit relationships have been observed when considering the economic impact of mining operations on mining towns. The dependence of a community on mining operations makes it vulnerable to a volatile mining market with regular "boom and bust" cycles. This imposed dependence results in a community sense of vulnerability, uncertainty, and powerlessness that can manifest as anxiety, fear, or depression (Coumans, 2009). Further, the presence of mining operations can trigger psychological suffering expressed as grief, loss, fear, social division, increased alcohol abuse, and violence against women (Coumans, 2009; Gibson & Klinck, 2009; Munarriz, 2008) These mental health challenges, including substance abuse, have also been observed among mining workers in northern communities in Canada as a result of this same uncertainty as well as high-stress work demands (Glibson & Klinck, 2009).

Adding to these stressors are the militarization of Indigenous territory and the violent displacement of Indigenous peoples through mining concessions (Renfrew, 2011; Szablowski, 2002). Even if companies have relocation programs in place, residents often suffer from a loss of homes, productive lands, social supports, and self-determination, as well as a sense of powerlessness, alcoholism, gendered vulnerability, and a disruption of their spiritual practices (Ahmad & Lahir Dutt, 2006; Gonzales-Parra & Simon, 2008; Szablowski, 2002). This process, coined the "resettlement effect," is marked by a loss of social sustainability, or *new poverty* (Downing, 2002).

Whether mining can be conducted in a way that introduces little threat to the environmental health and well-being of residents is a matter of debate. Strategies identified for responsible corporate mining include recognizing land title, increasing job opportunities, timely environmental impact assessments, and proper/respectful application of traditional knowledge (Gibson & Klinck, 2009; Paci & Villebrun, 2005). Yet minimal environmental–social–corporate regulation, a global liberalized market that incentivizes a lowering of public health and safety standards, and limited state responsibility to communities may overshadow any community benefit (Howlett, Seini, McCallum, & Osborne, 2011; Kuditshini, 2008; Larmer, 2005).

Research Procedures

The aim of this research was to examine (1) the possible systemic impact of mining operations on the health of Indigenous communities, and (2) how resistance by communities is a resource for health promotion. In this research context, we understood resistance as an inherent or intuitive counterpoint to oppression (Sandoval, 2000; Shaw, 2001). The survival of Indigenous communities, in the face of systematic mechanisms devised for their extermination, is a testament to their diverse strengths and their tactics of resistance (Castellano, 2000). Viewed through an anti-colonial lens, resistance is enacted via reclamation of one's relationship to the land (Alfred, 2009), protection of community sovereignty (Sherman, 2009), anti-racist stances, demilitarization (Munarriz, 2008), and survival (Chrisjohn et al., 2002; Lawrence, 2002).

This research, conducted with Indigenous community members in San Miguel Ixtahuacán, San Marcos, Guatemala, constituted the first phase of a larger study. That study examined how global forces shape the experiences of unique Indigenous mining communities through conversations with Indigenous peoples within the nation-state borders of Canada as well as Guatemala. We wished to incorporate an analysis of transnational actors and determinants that operate across borders to shape the health of mining-affected communities.

The anti-colonial narrative study was developed through a 2-year process of dialogue and engagement with community leaders and well-established community groups working in the region. A narrative methodology facilitated the telling of community members' stories and was aimed at privileging marginalized narratives and their sociopolitical contexts (Finley, 2008; Kovach, 2009) and at co-constructing a space for creative agency, anti-colonial revisions, and Indigenous ways of knowing (Bishop, 1996; Brunanski, 2009; Castellano, 2000; Chadwick, 1997). We were also guided by principles of participatory action research such as reciprocity, relevance, addressing power and privilege, and working towards community ownership (Castleden, Garvin, & Huu-ay-aht First Nation, 2008; Freire, 1999).

With the participation of members of FREDEMI (Coalition for the Defence of San Miguel Ixtahuacán), local Catholic parish leaders and associations, and the Association for Holistic (Integral) Development in San Miguel Ixtahuacán, we were able to recruit 54 diverse participants. Included were men and women between the ages of 27 and 68 who collectively represented 14 villages within the municipality of San Miguel Ixtahuacán. During her 4-month stay, the first author, with the help of community leaders, visited each village three to five times. During the first visit, the study was introduced and its purpose described and any

questions that community members had were addressed. While check-ins and soliciting of consent were ongoing, subsequent visits were more focused on health experiences and well-being, with groups of four to six individuals participating in each 60-to-90-minute interview. During each visit, the first author would report back on key issues and narrative themes that she had taken away from the previous interview in order for participants to challenge, elaborate on, or revise her accounts. This was a purposeful strategy designed to include community leaders in the first phases of analysis. The discussions continued following data collection, in formal meetings and telephone consultations.

Navigating Tensions: Reflecting on the Research Process

Here, we examine three central tensions encountered in the research that may be relevant for other scholars conducting research with anti-colonial intentions: (1) community agency and community victimhood, (2) common ground and distinct identities, and (3) commitment to outcomes and limitations. The pronoun "I" will be used — referring to the first author — as much of the discussion is based on her personal experiences and reflections.

Community Agency and Community Victimhood

Nurse researchers have stressed the need to capitalize on the initiatives and strengths of communities in order to work towards health objectives that are relevant and synergistic (Lind & Smith, 2011). Yet researchers have consistently observed that community health experiences are rooted in material and sociopolitical realities that are shaped by oppressive and systemic forces of inequity (Anderson et al., 2009; Gracey & King, 2009). Often, these perspectives have been constructed as distinct and dichotomous, obfuscating either the strengths of residents or the political inequities experienced by a community. For instance, collaborating residents stressed the need to illustrate both the impact of mining on community health and the social, political, and economic factors that enabled the company to impose its operations on the region. On the other hand, residents discussed agricultural projects and cultural and educational programs they were organizing to address the key health priorities of the community, explaining that support would be needed to ensure their success. One resident engaged in mining resistance said, "It can't be mining, mining, mining all the time; we also have to be thinking about . . . the future, alternatives."

These different perspectives were evident from the initial phases of the research. In one village meeting held to describe the project to a group of women, the women expressed frustration and concern that the

proposed research would just be "another outsiders' project." The women explained that visitors often gathered information to develop media for a North American/Western European audience but in their view these projects had done little to benefit them or their community. They were reluctant to continue to volunteer information, as they felt betrayed in having shared personal and intimate stories with these outsiders.

While the problem appeared to be partly related to a lack of communication or transparency about the goal of a given project, from my perspective it also related to contradictory constructions of agency and victimhood. From watching a variety of media cover community members' experiences, I interpreted many of the documentarians or authors as purposefully and effectively shedding light on the "realities" of their situation. Yet the narrated experience of community members had been distanced from the community members themselves, as it stressed their victimization and subsequent reaction to the event. This rhetorical strategy, which placed an emphasis on women as symbols of victimization — in this case, gendered victimization — was intended to provide insights into particular injustices. Yet these accounts did not convey a true sense of the formal organization and planning in which the women were continuously engaged and did not incorporate the women's long-term visions. These omissions raise important questions. How do we balance the telling of an unjust experience without betraying the strength of participants?[1] And if victimhood is uniquely gendered and/or racialized, among other social intersections, how do we walk the line between reification of helplessness/inferiorization and acknowledgement of oppressive realities? For researchers seeking to address these tensions, the concern relates not only to silencing agency and subjectivity, but also, at the other extreme, romanticizing communities' experiences in the process of showcasing strengths and resilience (Bathum, 2007).

When some residents learned about the present research project, they stressed the urgency of their situation and the need for outsiders to draw attention to their suffering and the threats to their health. Receptivity to the research was often linked to the hope that I would bring a unique expertise and understanding to an issue that some community members, particularly those with little formal education, felt they were lacking. Being viewed as an authority was a challenge for me, because I wished to highlight the unique perspectives and knowledge of residents. If par-

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[1] We do not wish to convey the notion that agency and victimhood are the only possibilities here; on the contrary, we wish to illustrate their binary constructions, which researchers undertaking this type of work must address.

ticipants considered me the expert, there was a risk that their knowledge and experience would be devalued. On the other hand, many community members had experienced a multitude of health threats, including political persecution, gendered violence, and social exclusion, concurrent with the opening of the mine. Often, these individuals had a profound sense of obligation to be strong spokespersons for the resistance movement, while also facing threats to their own well-being and even their lives. In these cases, acknowledging victimhood became the focus as the interview became a relational process of sharing, *being believed,* and being supported. These frontline leaders clearly understood the political power inherent in claiming victimhood, and thus easily deconstructed the dichotomy of victimhood and agency.

Throughout my visits, I spoke with participants about the aims and intended audiences of the research. In communities where residents were aware of the limitations and potential of receiving international attention, talking openly about this possibility helped to ensure that the data collection and dissemination processes were not only acceptable to residents but also consistent with the long-term goals of the community. The conversations developed organically as participants grew confident that they understood how the data were to be used. This was apparent when residents would stress a particular event or issue, reminding me of the importance of including it in any report, or pointing out omitted themes when I would paraphrase or summarize earlier conversations. Interviews also served as an opportunity to "set things right." Participants reported that the mining company would often take credit, in its public relations campaigns, for work it had not been responsible for or would carry out a superficial initiative to boost its image without making a meaningful commitment to the community. Residents would exclaim, "Lies! That's not how we live" or "That happens, but not because of the mine — we do that ourselves."

As noted by Swadener and Mutua (2008), one of the aims of anti-colonial research is to interrogate both the process and the outcome of the research in order to challenge hegemonic power relations inherent in research environments. Considering intended audiences, the long-term vision of community members, the emotional needs of participants, and transparency in the research process can shape how individuals in mining-affected communities negotiate agency and victimhood. Equally important to this process are positions of privilege, the role of community advocates, and corporate misrepresentations. Leaving room in group conversations for iterative meaning-making and purposeful planning with respect to intended audiences can facilitate an awareness and a cooperative approach in addressing these tensions.

Common Ground and Distinct Identities

The building of long-term, authentic relationships is at the core of community-based research (Estey, Kmetic, & Reading, 2008). Achieving this ideal involves constant scrutiny and questioning of the researcher's privilege and social position, which can shape the research process. The researcher must also genuinely engage with individuals' realities, moving past superficial curiosity to explore the reciprocal/personal in finding common ground. Yet identifying with a community's struggle can be problematic if it results in the appropriation or erasure of differences and inequity. On the other hand, placing an emphasis solely on privilege and difference can lead to missionary posturing whereby the researcher fails to grasp the interdependence of human beings and takes on the role of saviour or educator. The practice of research demands a joining together across differences towards "transformative solidarities," always aware of the constant risk of privileging certain perspectives while marginalizing others (Canella & Manuelito, 2008).

I sought to avoid the trappings of these two positions, a stance that challenged me to constantly revisit my own privileges, personal history, and identity. Throughout this reflective process, I found Noy's (2008) discussion of "tourist privilege" to be helpful. Tourist privilege refers to social advantages such as fluency in globally dominant languages, citizenship, money, and education, all of which facilitate access and mobility. I felt that these forms of privilege — my fluency in both Spanish and English, enrolment in a North American university, Canadian citizenship, and access to financial resources — had provided me with the ability to carry out this research, and indeed to initiate the project. More difficult to analyze was how these privileges informed my personal history as a racialized Mestiza woman and Guatemalan refugee.

During my time in the community I participated in some community events. One of these was a workshop on historical memory that was also attended by some of the research participants. The workshops sought to ensure nationwide awareness of the 36-year genocide in Guatemala's recent past. After one of the sessions I was approached by a participant. She had been particularly moved by a video account of a Q'uiche Mayan woman who had fled to Mexico during the years of state violence. The participant believed that this woman resembled me. Knowing that I was Guatemalan-born, she asked about my own history. I explained that my family had left the country after the state-ordered assassination of two of my uncles and death threats against my father, and that I was indeed of Q'uiche (and Kachiquel) descent. As a refugee raised in Canada — my identity constantly regulated/challenged — I was moved by the compassion shown by this woman, who felt connected to me and insisted that I

should move back to Guatemala to "be in your home where you belong." I shared my history with many participants; it seemed to be an important step towards mutual understanding and a sense of common aims and struggles.

At other times I listened as community members told one another that I was of Q'uiche ancestry. I interpreted this re-telling as an expression of camaraderie and trust. Yet it was difficult for me to accept this identity, as I felt that my personal background was not in keeping with what a "Q'uiche background" — the Q'uiche were the most targeted Indigenous group in Guatemala during the genocide — seemed to signify for residents. My family had been targeted not because of their indigeneity per se but rather because of their participation in the progressive politics and community organizing that are viewed as a threat in any totalitarian regime. As is the case in most colonial states, my ancestors had been discouraged from learning their language and passing on their customs to their children. My family could offer little more than a sense of pride in our heritage. I wanted to reject a colonial and linear interpretation of indigeneity in which time ensures erasure or extinction (Tuhiwai Smith, 1999), yet my access to Western power made it difficult for me to feel secure in embracing an Indigenous identity. Other Mestiza authors have also documented contradictory identities and the implications for community research (Amado, 2012).

Some residents thought of me as solely Canadian. Often, thinking strategically, they were interested in how my position could bring about policy change or raise awareness in Canadian society about injustices inflicted upon their community. While this was a more comfortable identity for me, because it ensured acknowledgement of my position of privilege, it also implied the construction of "benevolent foreigner." Seeing me in this light, some community members were inclined to thank me for my "help," apparently construing my research project as a donation or a social investment. Other Western academics have noted that perceptions of their research are largely shaped by the political and economic contexts of inequity; if the research process is left unchecked, the research project runs the risk of becoming paternalistic (Batham, 2007; Moffat, 2006). I was mindful of ways in which my research could reify and reinforce hegemonic power relations. Consequently, I hoped that the research space would encourage a discussion of contexts/incidents of inequity/unfairness, the interdependent nature of the injustice(s), and the need for global accountability. Other nurse scholars have recommended dialogue as a strategy for developing collective consciousness about contextual inequities, an understanding of how they are relationally experienced, and a moral impetus for action (Anderson et al., 2009; Peter, 2011).

In group discussions I often reflected on my social position and priv-ileges for the sake of transparency and reciprocity. For instance, if partic-ipants spoke of family members being forced to work in plantations abroad, their constant worry about deportation, and the dangers involved in crossing borders, I would disclose the ease with which I had entered their community. We would talk about the double standard whereby Canadian companies and workers could enter their community and stay as long as they liked while even visiting relatives in Canada or the United States was close to impossible for them. For me, it was important that community members know the specifics of my situation so that a sense of commonality or camaraderie would not camouflage the privilege in which my research project was situated. Awareness of one's multiple and intersecting identities, particularly as they change relative to space and time, is a way to maintain a personal sense of authenticity while address-ing the context and privilege in which the research is being carried out (Hulko, 2009). Discussing universal needs and rights threatened by mining operations in relation to our different backgrounds and experi-ences allowed us to examine our distinct positions as well as our overlap-ping struggles.

Commitment to Outcomes and Awareness of Limitations

During conversations with active and potential participants, many were focused on how the research could be used and how it could be of benefit to the community. This outlook should be at the core of all com-munity-based research, particularly research with Indigenous and racial-ized communities where health and social science research have a long history of exploitative and discriminatory practices (Tuhiwai Smith, 1999). Further, Indigenous communities often report being "over-researched" yet underserviced and overlooked, indicating that much research has failed to address key concerns or priorities of community members (Sunseri, 2007).

When research is conducted with communities facing a broad array of health challenges with limited health services and infrastructure and widespread poverty, it will inevitably fall short of comprehensively addressing the community's concerns. In mining-affected communities, if health concerns are connected to corporate misconduct, expectations for health research are high due to the extreme risks to health and human survival. This not only puts pressure on the research but also may introduce a coercive element into the research process. If community members believe that the research is needed, will they volunteer beyond their comfort level or with little attention to their own safety? If com-munity members expect more of the research than it can deliver, has informed consent truly been obtained?

In any research process, practices of ongoing consent (Chih Hoong, 2005) and safety protocols (McCosker, Barnard, & Gerber, 2001) can be put in place to partially address these ethical issues. However, there is also an ideological tension that requires continuous engagement with research participants through adequate and ongoing communication as the research process evolves. As group interviews developed into rich and comprehensive stories, I tried to orient conversations towards an action focus. For instance, I would ask, What would you like to see happen with all the information that has been collected? If residents shared what they envisaged for dissemination, we would be able to work towards concrete first steps. I was also then able to be open about any practical limitations that I anticipated.

Other participants were more focused on the long-term goal and hence less interested in discussing incremental ways that the research could contribute. These participants articulated a bottom line: The mining company had to leave the community and cease its expansion activities. I had always anticipated that the project I was undertaking would be one of many, but I had not considered the extent to which the research would have to be linked to ongoing advocacy work and community projects and initiatives. The realization that community priorities were much more oriented towards long-term goals served as a reminder that my research, too, would need to have a long-term vision in order to be truly congruent with community priorities.

Following data collection, I have worked with community members to map out a research dissemination strategy considered relevant and beneficial to the community. Over one morning and afternoon, approximately 100 community members met to consider potential projects. Through a voting process, they decided to carry out a community-led health tribunal — a participatory and public forum to formally address and legitimize community health concerns (www.healthtribunal.org). Inspired by initiatives such as the Water Rights Tribunals in Mexico (Weaver, 2011), this event brought together scientists, journalists, activists, and community leaders. With a focus on community testimonials, an international jury considered (1) what impact Goldcorp, the mining company, has on the region; and (2) whether Goldcorp has the social licence to operate in the region. Momentum around the event exceeded expectations, as communities throughout MesoAmerica and Guatemala, where residents have expressed health concerns related to Goldcorp's mining operations, were able to participate. Residents are hopeful that the event will serve to bring greater international awareness about the health threats wrought by Goldcorp and, further, to provide a local source of support and capacity-building for community members. We are hopeful that this project, while not a simple process, will inform a col-

laborative and long-term struggle for global health and justice in Guatemala and beyond.

Conclusion

In anti-colonial research, the research environment is shaped by the same threats and challenges that face research participants. Mining operations introduce multiple threats and challenges for Indigenous communities throughout the world. Nurses must play a central role in both documenting and addressing this issue. Understanding community strengths and acts of resistance can help to both inform and articulate community priorities. Acknowledging privilege, finding common ground/shared histories, anticipating systemic barriers, coordinating with credible groups/institutions, and being cognizant of the tension between documenting oppression and community agency are important steps in building meaningful community-research relationships. Researchers should be mindful that there can be no short-term or easy resolution of systemic global injustices. Investigators must promote a transparent dialogue on the limitations, tensions, and potential of their study. Most importantly, researchers must remain present and committed to working with communities to achieve their long-term goals.

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