

VIEW to the U transcribed
Season 6: Adventures in Podcasting; Episode #6
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Nicole Charles (NC) quote: I think what my research is trying to highlight is how we might take those concerns into account in terms of how we then promote not just vaccines...

My name is Nicole Charles, and I'm an Assistant Professor of Women and Gender Studies in the Department of Historical Studies at UTM, and I have a graduate appointment in the Women and Gender Studies Institute at the St. George Campus.

...but medicine, how we engage in medicine, how we promote public health, and to have these conversations more and more about the ways that public health agencies and service providers and our governments absolutely have more to do to challenge the racism and racist biases that underlie our medical systems.

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Carla DeMarco (CD): Taking Care

Hello and welcome to *VIEW to the U: An eye on UTM research*. I'm Carla DeMarco at Uof T Mississauga. *VIEW to the U* is a monthly podcast that will feature UTM faculty members from a range of disciplines who will illuminate some of the inner workings of the science labs and enlighten the social sciences and humanities hubs at UTM.

This edition of *VIEW to the U* features Professor Nicole Charles who talks about her research related to *hesitancy around the human papillomavirus vaccine in Barbados*, and why the word "suspicion" resonates so much for her in her work, which intersects across several fields including transnational Black feminist studies, medical anthropology, and science and technology studies.

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Nicole Charles is an Assistant Professor of Women and Gender Studies in the Department of Historical Studies at the University of Toronto Mississauga. Her forthcoming book *Suspicion: Vaccines, Hesitancy and the Affective Politics of Protection in Barbados*, will be coming out later this year.

She completed a BA in International Development from McGill University, an MA in Women's Studies and Feminist Research at Western University, and completed her PhD in Women and Gender Studies at the University of Toronto.

Nicole Charles joined the faculty at UTM in 2017.

NC: I teach and think our research across the fields of transnational and black feminist studies and science and technology studies. And most broadly, I think about questions and issues of biomedicine, coloniality, technoscience and care in the Black Atlantic.

So, my forthcoming book, *Suspicion*, examines hesitancy toward the human papillomavirus, or the HPV vaccine in Barbados. So, in this book, I'm contextualizing Black Barbadians hesitancy, which is vernacularized as suspicion in Barbados within a much longer economic, cultural and socio-political history to really explore what is generative about suspicion. So, this is in contrast to how we often approach the topic of hesitancy in terms of what we can do to circumvent it. So, I'm really interested in what suspicion can teach us about public health, about care, about the promotion of bio-technologies to Black Caribbean communities, and in asking how might these really location specific and vaccine specific learnings not be bound to that place, but engender a critical dialogue and change within public health throughout, for example, the Black Diaspora.

NC: So, the World Health Organization definition of the term vaccine hesitancy, they note that this is the delay in acceptance or complete refusal of the vaccine, and that we need to diagnose people for the specific determinants of their hesitancy. And so those vary from religious concerns, distrust in medical systems and pharmaceutical companies, and as my research shows, in the context of Barbados and in relation to the HPV vaccine, can also be traced to tropes around hypersexuality and concerns around the ways in which Black women's bodies are being promoted and described as hypersexual. And longer genealogies of medical survey lens and medical racism throughout the world and in the context of the British Caribbean in particular.

CD: That is so interesting. And it does also raise the point, I think that you made this before, about how if there's a vaccine hesitancy, sometimes it might be a mistrust or distrust of the institutions or the people offering the vaccines. But I am wondering about the black and white divide. If you are say approached by a Black doctor versus a white doctor and you yourself are Black, there might be a further hesitancy about that?

NC: Yeah. So, I think one thing that I always like to emphasize when I speak about vaccine hesitancy is that it is so vaccine specific and context specific, but it's hard to make blanket statements. Certainly, there are ways in which having more Black and Indigenous people of color in the medical field and in communities can work to mitigate some of that hesitancy, again, because there's such an injurious history of medical injustice. And medicine was really integral to colonialism. And so absolutely I think that having more Black doctors, having more racialized doctors can make a change in how Black and Indigenous people of color, so BIPOC communities really engage with bio-technologies and pharmaceutical technologies. But it's not as easy as saying that absolutely that is going to really take away someone's hesitancy, right? Because there are multiple factors that go into the hesitancy.

CD: Yeah, absolutely. And thank you for making that clarification. But so you did mention that you have this book coming out and I am wondering what led to you getting into this area of research in the first place?

NC: There are many things. I think firstly, as with many, if not most of us, there's some personal connection. So, I think some of the seedlings of my forthcoming book at least were planted when my Trinidadian mother was unable to articulate what was bothering her, what was unnerving her about the HPV vaccine in 2006 when it was first introduced. And so that was being offered to young girls like myself, my sister, and so that's how this came to be a conversation in my household. And she encouraged me to look closer into this vaccine and to write one of my course research papers on the topic.

So, I remember I was enrolled in a medical anthropology seminar at the time. This was during my undergrad and I ended up writing a final research paper on the HPV vaccine in Canada. And the topic pretty much came to occupy me for the next 15 years, coming full circle to think about race, gender, bio-technologies and care in the Caribbean where I am from, where I grew up. And I chose Barbados as a field site for my dissertation, now book, because in 2014, when I was doing this research, it was the most recent Caribbean country to introduce the vaccine through a national program. So it was a topic that was very much at the forefront of the citizens' consciousness.

NC: And my approach to this project was very much shaped at the degree I was doing at that time, so that was my PhD in Women and Gender Studies at U of T and their Women and Gender Studies Institute has a real focus and strength in transnational feminist studies. So that really nurtured my ability to think about the dehumanizing work of slavery and the intersections with slavery, colonialism and healthcare in the Caribbean.

CD: If you could tell me a little bit more about what you think, based on your research and based on what you've found in your book, how this vaccine hesitancy might play out in the current COVID-19 situation?

NC: I really think it's important to emphasize that we always need to be mindful that vaccine hesitancy is vaccine specific. So, it's difficult to make blanket statements that say the suspicion and the hesitancy that I was examining in Barbados among communities of Black Barbadians in relationship to the HPV vaccine are the same as those that racialized populations in the Peel Region of Ontario are experiencing in relation to the COVID-19 vaccine.

NC: Certainly, through transnational feminist methodology, we can ask similar questions, think about similar histories and think about some of the dynamics that cross borders and time and space, but it is important, I think, in this research to really engage with what people's concerns are. What is at the basis of their hesitancy rather than believing that all people are hesitant for the same reasons and that the goal should be simply to overcome that hesitancy rather than to engage with that. And I think really try to create more transparent public health services that are accountable to these communities and that really take up their concerns.

CD: Yeah, that totally makes sense.

NC: I think there are ways certainly that we can think methodologically in the same ways, with transnational feminist form of analysis really asks us to think about and center the sedimentation of conquest and colonialism in our understanding of how these different events

and processes play out across the Black Diaspora. So certainly we can be asking similar questions, but I think that it is not wise to just assume that everything's the same.

CD: Yeah. Is there ever a time though where you think that vaccine hesitancy is justified?

NC: I think that there's no debate about the scientific efficacy of vaccines. And from my research, what I came to learn from Black Barbadians is not that they were against vaccines in general. There was a specific concern around the promotion of this HPV vaccine, the ways in which pharmaceutical companies and white international doctors from the Pan American Health Organization were present in Barbados to promote this vaccine in ways that were so different from the ways MMR vaccines are introduced via local public health polyclinics by local nurses. So, there were a lot of questions about those politics, which connect to geopolitics, which connect to neo-liberalism and colonialism.

And so, in terms of there being a reason or a justified reason for suspicion, I think absolutely there are reasons that people of color might understandably be suspicious about forms of intervention that revolve international agencies and that really echo forms of medical intervention in the past. But that's not to say that that has anything to do with the efficacy of the vaccine, right? And so I think what my research is trying to highlight is how we might take those concerns into account in terms of how we then promote not just vaccines, but medicine, how we engage in medicine, how we promote public health and so forth.

CD: Yeah. I've been asking this with a lot of our researchers and it is sort of a little bit of a grim note, so you can answer it or not answer it, but I'm just wondering if your research has been impacted by the current pandemic situation?

NC: I finished the last set of the interviews for the book well before the pandemic hit and this last year has mainly been spent writing and liaising with the press, so being inside has definitely worked to my advantage. But I think another way of answering this question though, is to speak a bit about the way that the pandemic and the emergence of COVID-19 vaccines in particular have really brought a lot of interest into this issue of vaccine hesitancy, and specifically as it relates to Black and Indigenous people of color.

NC: So, we are well aware at the disproportionate devastation that this pandemic has had on Black and Indigenous people of color, which directly speaks to the endemic racism that persists within the Canadian and most certainly American healthcare system. And so as much as I thought I was done with this topic of vaccine hesitancy and happy to close this chapter of my work with my publication of my book later this year, I've found myself being invited to do more interviews and to have these conversations more and more about the ways that public health agencies and service providers and our governments absolutely have more to do to challenge the racism and racist biases that underlie our medical systems, right?

And crucially to build the trust of those who are most marginalized, which as I continue to see includes protecting essential workers, things like banning evictions to stop the spread of COVID, and really engaging with rather than dismissing community's concerns about the vaccine and seeking to overcome them through accountability.

CD: Yeah. And I mentioned to you this season of the podcast is Adventures in Research. And I think with it in mind to a lot of us are maybe looking for some inspiration. And so, I'm wondering if you have a story to tell, and it can be anything, any interesting anecdote from either of your time in grad school or in the field, but something that maybe stayed with you, and so I'm just wondering if you can tell me your story?

NC: Yeah. So, there are a lot of stories to choose from. I think one that really frames my book and that I tell within the book as well, is around how I came to understand suspicion, which is the title of the book because I myself was deemed suspicious. So to back up a bit, I like many PhD students I think, embarked upon my research year eager for that light bulb moment to go off, right? The one that you hear and read about so often when things start making sense, and that aha moment during an interview or when transcribing data, whatever it is. And that just didn't happen for me when I was in Barbados. And trust me, I was waiting on it, looking for it, even desperate for it.

And when I came back to Toronto, after my first six-month trip to Barbados, one of my co-supervisors said to me, "Okay, so tell me what happened." And that felt like a big question because well, a lot happened, but also nothing big seemed to happen, right? So she said, "Well, why don't you go home and spend some time just writing about some of the things that have stuck with you, even if you don't know why they're sticking with you or what they even mean, but let that be the start of understanding."

And so, I went home and what I wrote and reflected on was how absolutely wrong I was in thinking that speaking to Black Barbadians, people who looked like me and who are from the Caribbean, would be happy to speak to me as a researcher. And so this is something that I did write about while I was in Barbados, but I was thinking about it in a different way, the way that this tide and true insider, outside saga that researches note was so real. And essentially, I came to understand that what I was writing about was suspicion and it was suspicion that attached to me.

NC: So, one of the first Afro-Barbadian parents I spoke with was really excited to learn that I was affiliated with the University of Toronto, and then she saw that on my flyer that I had, like my recruitment flyer. And then when I began to speak and she heard my accent, she was like, "Wait, are you Trinidadian?" And I was like, "Yeah." And she was like, "Yeah, you can never mistake a Trinidadian accent." And then this started to become a path and Barbadians would make some comment about my being Trinidadian, until one day, one mother said to me, "You know, we don't call you Trinidadians. We call you Trickidadians." Because of the extent to which Trinidad has effectively taken over so many Barbadian businesses and Trinidadians are so present on the Island.

And of course, this was followed by questions around my intent to interview her. And this happened time and again, as if to stress that I too was involved in some form of trickery or manipulation, right? And to your point about, is there any justification? I think parents justifiably wondered if I was sent on behalf of some pharmaceutical company to convince them to get the vaccine. And this is because there is that history, right? And so I had to get really good at calmly saying, "You know, absolutely not."

- NC: And so, what I'm describing is a suspicion about me, essentially, which while it was at least partially facetious in them calling me a Trickidadian, it really speaks to a larger Barbadian landscape, which at the time, and in many ways continues to be met with an inundation and an influx of foreign interests and researchers, tourists, visitors, tides and of much broader socioeconomic and political context in which Barbadians are left questioning their government support of their lives. And so, I reflected on this and realized this was not actually, or even at all distinct from the suspicion that I was tracing in relationship to the vaccine, which is of course also part of this post-colonial, neo-liberal context.
- CD: That's great. And it must be hard when you feel like you have to justify that you're legit or that you're doing it for the right reasons. So I'm sure that must have been frustrating, but that's a good story though. And I like what you said about taking that time to do your writing and to reflect, because I think it's so true, and I know you and I both participate in a writing group that they have at UTM, but it really does help to sometimes just articulate what you're feeling and-
- NC: Yeah. And I think that that writing group is also something that it didn't come out of the pandemic. It was happening before, but that writing group is really great for grounding and having that sense of community to spend that time reflecting on our work. And it's definitely one of the highlights of every week, having that dedicated time and comradery with you all I think.
- CD: Absolutely. I feel the same way, even though I know sometimes we are getting Zoomed out, there's still something nice about connecting with people and just that you have that time set aside to just do some of your work, but then have five minutes to say, "Hey."
- NC: I always joke that a lot of my friendships growing up in Trinidad and that I see around me are built on the ability to vent. And I love my friendships for that reason, right? And I think that that's something that's lovely about this writing group, right? We share our wins, we also share our horror stories, we also vent. We just support each other in life.
- CD: Right. Yeah. Yeah, it's invaluable I think. And so, going along with stories, some of the things I've also been asking people is just... And again, I know we're so busy with work, so maybe people aren't getting as much of a chance to go on some more pleasurable pursuits, but I'm just wondering if there's anything that you've been reading or podcasts or movies or music or things that you've been enjoying while we've been sidelined that you would want to share?
- NC: We're almost a year into staying at home, so I feel like I've done it all, including finally learning to play chess after watching Queens Gambit.
- CD: Oh, I love that show.
- NC: Yeah. So, I've been having a lot of fun playing. I wouldn't say it's exactly relaxing for me because I'm definitely still using both the right and left sides of my brain. That's obviously about strategy and logic, but also creative. So my favorite diversions are when I can really just chill out in my right side brain, that's when I feel like I'm really taking a break from academia. And so, I like cooking for that reason.

CD: Nice.

NC: Cooking and baking.

CD: Do you have any favorite dishes or any baked goods that you love to make? Or do you just try a bunch of different recipes?

NC: I love to recipe create and so I do that very often. I'm also a very messy cook, it's part of the creative process. My partner calls me Hurricane Nicole in the kitchen. But a fun fact is that between my Master's and PhD, I lived in San Francisco and worked in the kitchen of a startup company, alongside a chef and a baker who trained me and taught me some culinary skills and techniques. Not how to be neat because I'm still not neat in the kitchen. But that was a really great time alongside the most amazing fresh California produce every day that was just delicious. And I really try to incorporate a lot of those techniques into my repertoire and my favorite food to cook is Caribbean food and food that uses ingredients that I grew up with in the Caribbean, which is so accessible in the GTA.

CD: I just, lastly, just wanted to say, this is February and it's Black History Month, and it's a time that we often take to commemorate various contributions throughout history, through events and discussions. And I just think that your work is such a prime example of adding to that dialogue and just a way to really highlight our researchers who are doing such important work in relation to Black communities. So I just really wanted to thank you for taking the time to chat and for the important work that you're doing.

NC: Thank you so much. Thank you for taking the time to have this conversation and to engage with these histories and legacies that continue to impact Black folks.

CD: Thank you, Nicole.

NC: Thank you so much, Carla.

[theme music fades in]

CD: I would like to thank everyone for listening to today's show.

I would especially like to thank my guest Professor Nicole Charles from the Department of Historical Studies at UTM for being so generous and for taking the time to tell me about her work and research, stories, and for the inspiration!

I would like to thank the Office of the Vice-Principal, Research for their support.

For any UTM researchers who have a story to tell and would like to be featured on the podcast, please get in touch with me. I would love to hear your story.

Also, if you can take the time to rate the podcast in iTunes, it helps others find the show and hear more from our great UTM researchers.

Lastly, and as always, thank you to Timmy Lane for his tracks and support.

Thank you!

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