

I applied to the Free-Range research program because of my passion for research that promotes social change and is geared towards helping those with limited access to healthcare services. My passion for rural medical research stems from my upbringing, coming from parents of Rwandan descent who came to Canada as refugees. My parents were raised in a rural and remote village in Rwanda. Throughout their childhood and into their young adult lives, the state of the Rwandan government was in shambles, as the political tension between the two opposing parties was increasing day by day. This eventually led to the 1994 genocide, where over 800,000 people were killed in 100 days. This directly impacted the country's healthcare infrastructure, causing the most basic healthcare services to be inaccessible and unaffordable. Those who did not live in urban and wealthy regions were severely deprived of their basic human right of access to affordable primary care. Hearing stories of family and friends who had passed away due to the inability to access and afford medication that would be relatively inexpensive at your local pharmacy or free from a family physician in Canada was gut-wrenching. It motivated me to want to advocate for the parity of healthcare services of those who are living in rural areas whose human rights are being infringed upon simply because of their status. Having the opportunity to participate in the Free-Range research program felt like a stepping stone towards actualizing my dream.

Preparing for this research excursion, I felt both anxious and excited. I was curious to see how the Swedish culture differed from Canada. Was I in for a serious culture shock or would the cultural similarities outweigh any differences? How much will I be able to take away from this experience and apply it to my academic career? As I reflect upon my journey, I can say with

confidence any cultural bias I held before arriving to Sweden was completely wiped away and the knowledge and growth I obtained was exponential.

When our research group first arrived at the airport in Umeå, I immediately thought I was in for a major culture shock. All I could see was a sea of blonde hair and blue-eyed individuals, something hardly seen in a multicultural nation such as Canada. Being one of the few people of colour participating in this research program, I was worried as to how I may be perceived in comparison to the others in Northern Sweden. Would I fit in or stick out like a sore thumb? Will Swedish citizens be accepting of my ethnicity? All these questions and worries were quickly laid to rest after spending time in Umeå. Having had the chance to explore and engage with the community, I was able to see firsthand the embraced cultural diversity that Sweden prides itself on. Sweden is one of the most accepting countries in the world for refugees and immigrants. On public transportation, in the downtown core, at coffee shops and libraries, I saw a true cultural mosaic, rather than a melting pot of cultures. This commingling of cultures was best exemplified when visiting Umeå University.

We were given the opportunity to take part in the PhD day at Umeå University and get a tour of their newly built epidemiology center and learn about Umeå University's faculty of medicine. At the epidemiology center, we met students from all over the world such as Bangladesh, India, Tanzania, Australia, South Africa, and parts of South America as well. All the PhD students came to the university to take part in global health research and epidemiology projects related to their countries of origin, in collaboration with the Swedish government. Two students in particular were lo and behold, from Rwanda! I was completely stunned to see individuals from my country of origin in Northern Sweden as well! The Rwandan students

research projects centered around developing health systems and policies with a similar construct to what Sweden has implemented. The discussion of their research projects quickly turned to their experiences as international students living in a country very different from their own. The general consensus of their experience was that Sweden was one of the most culturally accepting countries they have ever been to and although they were thousands of kilometres from home, the kindness and hospitality of the Swedish people made it feel like home.

In addition to seeing the cultural diversity of Sweden first hand, the second half of the PhD day involved getting an enriching history lesson of Sweden by visiting a heritage museum. We learned about the tales of the Vikings and the indigenous population of Sweden, known as the Sami people. The information shared about the Sami people I found particularly fascinating. Similarly, to the indigenous populations in Canada, the Sami people in many Nordic countries, were stripped of their land rights, deprived of their cultural expression and lived in more remote and rural areas to maintain their practice of reindeer herding. However, in 1998, when the Swedish government apologized for the injustices that occurred against the Sami people, healing began between the two parties and now most of the Sami people residing in Sweden tend to live in more urban areas. I also learned that in Sweden, it is uncommon for citizens to discuss if they have a Sami background. There is not a very open dialogue regarding the indigenous culture in Swedish society today. This was interesting in comparison to Canada, where now more than ever, our country is beginning have a more open dialogue about indigenous culture and cultural cooperation with regards to the government, whereby aboriginal populations are starting to have a more active voice in political decisions made in our country today.

In the following week, our research team set out four hours north of Umeå to Storuman to begin the first phase of our practical fieldwork and research workshops. We were told Storuman would be more quaint and less urbanized than Umeå, having a population of approximately 5000 people. I wondered how the culture diversity would compare to a much larger city. To my surprise, there was even more diversity in Storuman than in Umeå. I was able to learn about the town during our first work day at the rural medical center.

At our first day in the rural medical centre, we assisted the graduate students in transcribing interviews. Transcribing from an audio file involved taking note of what the interviewer and interviewee said for entire the duration of the conversation. Although it may have felt long and tedious, this was actually one of the most useful qualitative research techniques that I have ever been exposed to. It was useful to extract qualitative data from the population you are surveying, giving individuals the opportunity to dissect each phrase word by word. This gave me the opportunity to take part in methodology that was unfamiliar and allowed me to have early exposure to a useful technique that will come in handy in my future research endeavours.

It was through transcribing interviews that I was able to learn a lot more about the community. For instance, I learned that Storuman has such a diverse culture because immigrants who have family overseas typically sponsor more family members from their homeland. This then causes what appears to be an overrepresentation of a particular ethnic group in a smaller municipality. I also learned of the disturbing mental health state in the community. For example, underage drinking is at an all-time high and in the past year, the town had experienced over four suicides.

The cause of the raising mental health issue is relatively unknown, however when talking with a few peers from the community about their views on the state of mental health in Storuman, they were surprisingly raw and candid. Those who lived in a smaller town such as Storuman, often times felt a sense of hopelessness, believing that they are forever confined to “small town living”. Others believed the poor mental health of its citizens is in large part related to the fact that a portion of the population are asylum seekers. Once given refugee status and are able to live in a sovereign state, these individuals are still left with the mental ruins of their past. Without proper health services put in place to help these refugees, PTSD, depression and anxiety experienced by survivors may worsen. It was also argued that the reason for this “sudden” rise in mental illness may be because it is becoming less taboo, is more spoken about and therefore, we have an increased awareness of this issue.

This topic of mental health and accessibility to appropriate services came up time and time again throughout the conference week. We were able to partake in impassioned discussions and lively debates with fellow scholars, professors, peers, medical professionals and policy makers with regards to not only mental health, but youth health, health policy, medical schooling systems and many more health related issues. We also discussed the differences between cultural sensitivity, competency and humility and how we can be more mindful researchers when conducting interviews and extracting data from vulnerable populations. The one talk and discussion I found particularly useful for my research was the presentation given by Professor Dean Carson.

Professor Carson gave a talk on recruitment and retention (RNR) initiatives of health professionals in rural communities. He talked about how we already know what to do, but we do

not do it. He went through the process of how we can recruit these healthcare professionals before they begin their work in rural areas, upon arriving to the rural community, during their stay, after their stay and how to potentially get them to come back. This main speaking point on how to get them to come back caught my eye. Professor Carson deemed the strategic way of having individuals who once resided in a rural area to return to a community, as the alumni strategy.

After hearing Professor Carson discuss the future of the alumni strategy, I wanted to delve a little deeper and learn more about it. I felt personally connected to this initiative. I was born and raised in Canada, but my background is from Rwanda. I have always wanted to continue my education in Canada, but then return to Rwanda one day to help strengthen the healthcare system that was once destroyed by the heinous genocide in 1994. Initially my project was going to look at the 30 RNR initiatives that Dean and his colleagues had previously identified and assess their effectiveness based on the published literature. I would then examine their transferability to Northern Sweden, Canada and mid north of South Australia. However, after talking to Dean my paper was going to be mainly geared more towards understanding how alumni can be used, if return migration has been successful in other regions, if there was any domestic data about it in Canada. Since it is a relatively new area of research, Dean and I set out the larger scope of this project to continue over the next few years, conduct semi-structured interviews in different regions and use snowball methodology to find out the topics and questions that can be used to elicit more data from alumni.

To get started on the research, the undergraduate students underwent a crash course on how to conduct a literature review with the help of our fellow Carleton graduate students. A

more intensive presentation given by Adrian Schoo on how to write a literature review and the systemic methodology was explained. Once students had a general understanding, we broke off into our designated groups to bounce ideas off each other. It was here where I would meet some of the most instrumental players to help navigate the qualitative research world.

First, Professor Carson introduced me to Dr. Andrew Taylor, a senior research fellow at Charles Darwin University in the department of demography and growth planning. Dr. Taylor was able to provide me with some helpful resources on return migration and population reports on the changing populations in the northern territories of Australia. In addition to this, he was able to access budget statements on population growth from Australia, along with useful reading material on population growth strategies in Newfoundland and Labrador. This was extremely helpful in guiding my readings and knowing what key pieces of information would be most relevant to my project. The next person I met was a rural health nurse from the Western isles of Scotland, named Seonaid Mackay. She was a PhD student, examining specific RNR initiatives for rural nursing. Since she had already gone through the first phase of research for her literature review being the title and abstract screening, she was able to send me a few articles regarding the rural pipeline and others on RNR pertaining to allied healthcare workers to get a more solid knowledge base for my project. Lastly in my research group, was a group of Austrian students who were attending teachers college and were conducting research pertaining to the RNR of teachers in rural communities. Having the opportunity to engage with these likeminded students and scholars in different fields with similar goals, to help improve the overall health and wellbeing of those in under-resourced communities in sustainable and empowering manner was inspiring.

The Free-range research program, allowed me to directly submerge myself in the work I am most passionate about, gain new skills and have early exposure to my field of interest!