



Linda Brodsky Memorial Journal

How I Have Approached Anti-Racism in Medicine as a Black Medical Student

Fatuma-Ayaan Rinderknecht

While the senseless killings of Breonna Taylor, George Floyd, Jacob Blake, and countless other Black people have catapulted the Black Lives Matter movement to America's mainstream discourse, I have been acutely aware of my Blackness, and the precariousness of Black life in America for as long as I can remember.

As a Black woman and child of immigrants, I have seen firsthand how the effects of structural racism can affect the healthcare that minority communities receive. My grandmother was an illiterate refugee who fled her home country of Somalia at an old age, and her lack of resources and unfamiliarity with English and Western Medicine were major barriers in preventing her from managing her health. Watching my

grandmother struggle, and eventually pass away due to her difficulty with accessing proper healthcare major impact on my life. She was the matriarch of our family, and the epitome of strength, resilience, and wisdom. Her passing was what motivated me to begin working as a health advocate in order to improve health literacy and access in underserved communities.

As an undergraduate at Harvard, I soon began volunteering and shadowing doctors in a community clinic that catered to low-income populations. It was this experience that solidified my decision to become a physician. What I learned working in that clinic augmented what I knew coming from a family of Black immigrants—the healthcare system often does not prioritize the health of vulnerable communities, and I wanted to go into medicine to change that.

At the same time that I was volunteering in the clinic, I was working on a thesis project for my undergraduate degree in Global Health and Health Policy analyzing racial

Fatuma-Ayaan Rinderknecht | How I Have Approached Anti-Racism in Medicine as a Black Medical Student

disparities in breast cancer mortality rates. In the US, Black women are much more likely to die from breast cancer than white women. Looking into causative factors, I found that Black women were much less likely to finish all suggested rounds of chemotherapy and less likely to undergo therapeutic surgery or stop early, because they did not trust their providers or fully know the importance of these treatments. As a Black woman, I was intensely struck by the gaps in health equity that lead to poor outcomes for Black patients in the US. Spurred on by my family background, research, and volunteering, I wanted to do my part in reducing health disparities. I started my own blog, "*Healing Points*," which focuses on discussing issues at the intersection of public health and social justice.

When it came time to choose a medical school, I decided to enroll in the PRIME-US program, which is a five year track at UCSF for medical students who are committed to working with underserved communities. I am currently pursuing a dual MD/MS degree through the UCSF-UC Berkeley Joint Medical Program, and focusing my Masters Thesis on identifying structural barriers to care for patients with Hidradenitis

Suppurativa - a dermatological condition that disproportionately affects Black women. In addition to my Masters Thesis research, I am also helping lead a research project that aims to identify racial bias in dermatological treatment. I plan to continue working on research and community interventions that will contribute to better care and outcomes for Black patients in the field of dermatology.

In addition to health equity research, I have also committed my time as a medical student to promoting antiracism and diversity within the field of medicine. I co-founded my school's chapter of the White Coats for Black Lives organization. As the Advocacy Director, I helped to garner a substantial grant in order to create a longitudinal mentorship program for pre-medical students who are underrepresented (URM) in medicine. I have created a successful mentorship program for over 100 Black and URM pre-med students across the country, and set them up with med student mentors to guide them along the admissions path. As the Chair of my school's AMWA chapter, I have also been involved in mentoring young women interested in pursuing medicine.

Fatuma-Ayaan Rinderknecht | How I Have Approached Anti-Racism in Medicine as a Black Medical Student

I am also working towards improving the recruitment of Black students and previously served as a student liaison to the Deans of the School of Public Health in order to improve anti-racism training on campus. As a student-activist, I organized a rally of over 600 healthcare workers for Black lives, and have written several policy statements on anti-racism in medicine. My colleagues and I wrote a resolution to “Declare Racism a Public Health Crisis” which was adopted by the San Francisco Marin Medical Society and the California Medical Society. Lastly, I was an author on an Op-Ed titled “The Other Pandemic: The Medical Community’s Response to Systemic Racism and Police Brutality in the US,” which was placed as a runner-up in the 2020 Doctors for America National Leadership Conference.

As a Black woman and child of immigrants, I came into the medicine with a social justice focus - hoping to improve health equity, promote anti-racism, and improve diversity in the medical field. In the future I plan to continue my research on disparities in dermatology, and use my status as a physician to advocate for underserved patients on the local and national scale. Ultimately, I hope to serve as a leader at a medical school or health organization, where

I can work to ensure a socially-conscious medical education, as well as improving diversity and retention of medical students and faculty. I believe that my dedication to improving the medical field through activism, anti-racism, and my commitment to mentorship make me a strong candidate for the Linda Brodsky, MD Essay Award.