

Reaffirming Our Free Clinic's Commitment to Racial Justice

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Part 1: The Slack Message Heard around the Class

“Here once the embattled farmers stood / And fired the shot heard round the world.”

Ralph Waldo Emerson

“I know this platform is mostly for med school related things and is best kept non-political. But I think this issue goes beyond politics and I feel like it is too important not to discuss. What happened with George Floyd, while not surprising, is absolutely disgusting. And I'm sure most of you agree. But in case anyone here needs to hear this or be reminded of this: do NOT ever call the cops on a black person unless you are willing to take part in ending their life. And we should remind all our friends and family of this.”

The above message, sent by one of my fellow free clinic board members over Slack, sparked a flurry of “heart,” “100,” and “clapping” emoji reactions. Once a platform only for reminders about assignments and upcoming exams, our Slack channel was shaken up. Here was a jolt for us tunnel-visioned medical students to look up from our books and acknowledge what our Black peers and future patients simply could not afford to turn a blind eye to: the systemic racial injustice that has been a mainstay of the United States' 400+ year history.

But not everyone was on the same page publicly condemning police brutality against Black people. Many stayed silent. One student responded the next day with a “*not all police officers are bad*” sentiment. The few Black students in our class bore the brunt of messaging

rebuttals to this comment, identifying that the statement lacked consideration of a racist system. Still, others, as a repudiation of our Black peers, appealed to bring an end to the “*heated discussion*,” with one even calling a classmate's comment “*intimidating*.”

Amidst the back and forth, my Black classmates attempted to explain the situation through the comments below:

“This is a sensitive period and some of us are actually grieving.”

“The fact that you can distance yourselves from comments made on here shows your privilege. I, unfortunately, don't have that privilege.”

“This is real pain for some of us. I cannot focus on studying due to the insane amount of chaos that is happening in this world.”

While this necessary dialogue was catalyzed by one of our board members, several of us on the free clinic board felt like our work was not complete. Could we be doing more to support our Black peers during this time?

“What about a postponement of exams?” I typed, in our clinic board's group chat, on the eve of our gastrointestinal block exam. It was a longshot, given that it was already past noon, but we embarked on it nonetheless. One board member drafted a letter to send to our school's administration, and a few of us helped edit it. I messaged my friend, the President of Georgetown's chapter of SNMA (Student National Medical Association), for approval to send the letter on their behalf, and she said yes. After we got the green-light, I also texted our class council student leaders to make sure we had their

support and were on the same page in advocating for this. It was go time.

We pasted the letter in our Slack channel, asking our classmates to use it as a template to send to our administration. Seconds later, a wave of emails was simultaneously sent from dozens of students to our Deans, and they agreed to our request, granting an option to postpone exams for all students. We were moved by our Black classmates' deep gratitude for this gesture and got a glimpse of the impact we could have when we expanded our traditional roles on the free clinic board to become advocates for our peers.

Part 2: Owing our Mess

“Yesterday I was clever, so I wanted to change the world. Today I am wise, so I am changing myself.”

Rumi

After we conquered our exams, our board wanted to build on this momentum and take a firm stand against systemic anti-Black racism. We did what many organizations, from the local grocery store to multinational corporations, seemed to be doing during this time of racial reckoning: we put together a statement that provided a list of educational resources about combating racism to disseminate to our large Hoya Clinic network and administered a survey soliciting ideas on how we could engage in anti-racism efforts.

While our intentions were in the right place, we did not expect the push-back we received from our Dean of Diversity and Inclusion. She challenged us to do the internal work first, “owning the mess” within our own clinic before tackling the systemic racism faced by the majority of Black communities we serve. We realized we needed to take a hard look at ourselves, our organization, and its culture to confront the issues in our own clinic.

- Why wasn't there a single Black student on our current student leadership board or on the leadership board from at least 3 years prior?

- How should we address views from several students that the clinic perpetuated a White Savior complex?¹ (The White Savior Industrial Complex is a term coined by Teju Cole whereby people are rewarded for “saving” those less fortunate and are able to completely disregard the policies they have supported that have created/maintained systems of oppression.)
- What could we do to deepen our commitment to the predominantly Black communities that we serve?

Part 3: A New Chapter

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”

Margaret Mead

One way we addressed these questions was to change the entire model of our clinic. Previously, we would set up a clinic at a homeless shelter and see patients once a week. For many of us, it seemed like we were perpetuating the idea of saviorship in how we interacted with our patients, coming in and out of their homes without building a more meaningful and sustained relationship with the community.

We transformed our operations to a navigation model that centered on patients. The model reduced the number of our clinical volunteers from over 100 to around 25-30 and ensured a few selected student volunteers (our navigators) would be responsible for the continuity of a patient's care beyond the clinic visit. We also implemented an application process that would allow us to choose more diverse clinical volunteers who would embody the values of inclusivity and respect.

We saw our clinic orientation session as an opportunity to set the tone in confronting systemic racism head-on. We began with a moment of silence in remembrance of the countless lives

taken by police brutality and incorporated current events that we no longer distanced ourselves from. We continued with a discussion of the health disparities present among the various wards in D.C. and illustrated the differences between concepts such as equality, equity, and justice, emphasizing that justice—which requires an overhaul of the system to ensure equal access to opportunity—is what we are striving for.

After making these changes in our clinic's model, we seized an opportunity to expand our efforts by bringing the Hoya Clinic leadership from previous years on board. Their involvement led to a school-wide collaboration between Hoya Clinic and SNMA leadership in support of Black Lives Matter. We ended up raising over \$6,000 for two organizations, The Grassroots Project and Black Women's Health Imperative, in a matter of weeks and obtained an excused absence for all students, clinical and non-clinical, to attend the March on Washington. Overall, we had a fruitful partnership with a student organization committed to racial justice, and since SNMA also consisted of our Black peers, it allowed us to build solidarity with each other in a substantive and non-performative way.

Finally, to further our roles as advocates for racial justice outside the school and clinical setting, we recognized that racial injustice and housing inequity are inextricably linked. Due to discriminatory policies and attitudes that have kept Black communities from accruing generational wealth and access to housing, these communities are more likely to be poor and homeless.² One board member addressed this problem by providing testimony at a public gathering to end homelessness in D.C. Using the COVID-19 pandemic as a backdrop, she framed housing as a public health issue and advocated for the city council to fund permanent housing for people experiencing homelessness, which in D.C. happens to be disproportionately Black.³

Transformative movements like the fight against systemic racism require the issue to be addressed directly, sometimes in a manner that is

disruptive and shakes people out of their complacency, like the initial Slack message sent by one of our board members. After that, transformation requires deep humility, ownership of how we have caused or perpetuated the problems we see today, and finally, building coalitions and partnerships in pursuit of common goals. Free clinics geared toward social justice, along with their leadership acting as stewards of these values, have the power to be a change-agent in the fight toward racial justice. I hope we embrace that responsibility to make a positive impact both within and outside the clinic.

References

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