

Climbing Down the Ivory Tower: Challenging Racial Injustice Through Community Health

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Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” Most of us know these famous words by Dr. Martin Luther King Jr. In fact, some of us even referenced them in our applications to graduate school. They stirred within us a call for action and allowed us to connect our fascinations with the human body, epidemiology, and biostatistics to a movement bigger than ourselves. For us, medicine and public health represented a means to an end – tools we would use to work towards our social justice goals as we sought to improve public health and reform the health care system from within.

When we came to Harvard, we had a strong sense of purpose; this was our opportunity to engage with the intricate issues affecting health and health care systems, and to begin working towards solutions to the inequities that enraged us. For some of us, this meant learning statistical techniques for mining through data sets, looking for patterns, and identifying cause-effect relationships. For others, it was learning physiology and how to diagnose diseases. But somewhere between directed acyclic graphs and Charcot’s triad, we became locked in the academic ivory tower. Our myopia focused us on brown-bag series and grand rounds presentations – the

epicenters of the academic world. Although we were elbow-deep in discussions of the social determinants of health and postulating ways to provide patient-centered care, we missed the opportunity to look upwards, and most importantly, outwards. We remained comfortable in our place of privilege and engaged less with the very real issues facing our own communities.

But historic events outside our academic bubble shattered our sense of comfort in working towards these goals from behind the walls of the ivory tower, and reminded us of the ways power and privilege frame our society. In the wake of the non-indictments of the police officers who fatally shot Michael Brown in Ferguson, MO and strangled Eric Garner in Staten Island, NY, a movement attempting to confront systemic racism and its violent manifestations swept across the nation. In our own academic community at Harvard, we discussed how structural racism is intrinsically linked to racial disparities in health and access to health care. We lamented the limited opportunities to discuss and learn about these issues with our classmates, our professors, our school administration, and the larger Boston-area community. We reflected on our own contribution to this inequity by failing to engage with community groups

working to dismantle the very injustices we were so diligently studying. And we were humbled by challenging conversations about the power dynamics in our own institutions and the racial biases implicit in the work we study and strive to emulate.

We, the Health Equity and Leadership Conference (HEAL) Committee, sought to re-energize student-community engagement around these issues by bringing together students, community members, and local organizations for a day of honest discussion and reflection. HEAL was formed in 2012 by a group of Harvard graduate students dedicated to generating discourse and action to resolve issues related to health inequities in the Boston and Cambridge communities. This year's conference, *Challenging Racial Injustice Through Community Health*, held in early February, brought together a diverse group of students, faculty, and community members to discuss the ways in which institutional racism impacts health, and how community health work can address these inequities.

The student-led initiative was organized by students at the Harvard T.H. Chan School of Public Health (Harvard Chan) and Harvard Medical School (HMS) with generous support and funding from the Center for Primary care at HMS and Harvard Chan's Office of Diversity and Inclusion.

A diverse group of over twenty speakers from 18 organizations joined us for discussions ranging from "Primary Care and Health Disparities" to "Coalition Building for Community Health" and "Addressing Needs of Formerly Incarcerated and Homeless Individuals." Over 175 participants attended the conference, most of whom were students from Boston-area universities and

community members from a myriad of organizations. We connected over our shared inspiration for careers in medicine and public health, but lamented about the lack of focus on activism and community engagement in our universities. Through these connections, participants left the HEAL conference feeling empowered to improve racial health equity on a local level, with new ideas and concrete solutions to address these issues in our community.

While the conference was a refreshing opportunity for students to connect with community organizations and leaders, we know that the conversation cannot end after one afternoon. Universities and academic centers must climb down from their ivory towers and incorporate themselves into their surrounding communities. They need to support student activism around pressing public health challenges related to structural and social inequities. They need to provide safe spaces for honest insight into how they themselves deepen inequities both within their own contours and in the communities that surround them. We recognize that this effort will not be easy, as Dr. King also wisely observed, "Human progress is neither automatic nor inevitable. Every step toward the goal of justice require[s] sacrifice, suffering, and struggle, the tireless exertions and passionate concern of dedicated individuals."

To continue our dedication to this struggle, we plan to host HEAL events throughout the spring semester and in the future so that students have venues to engage with social justice and community leaders. We want our work to embody our idealistic visions by developing sustainable community partnerships to find pragmatic solutions to

the shocking and inhumane inequalities that enraged and inspired us into action. The stakes are too large for us to remain in this ivory tower freeze.