

Episode 67: Medical racism

In this episode, we speak to leadership of Diversity, Equity and Inclusion at the University's School of Nursing and the Medical School.

Ava Kian and Ethan Quezada

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MEGAN PALMER: Hey y'all, and welcome back to another week. Before I introduce our story, I have a favor to ask. "In The Know" reporters Megan and Yoko are hoping to do a story on student mental health in the coming weeks, and they want to know how you are doing in your own words. So grab a recorder, or even just your phone, and send us a brief voice memo. Let us know where you at mentally in the midst of such a historic semester. How are you feeling? What's keeping you up at night? What are you struggling with? When you're done, please email your audio diary to us at intheknow@mndaily.com. That's i-n-t-h-e-k-n-o-w AT mndaily.com. And just a heads up, if you choose to record on your phone, hold it up to your ear as if you're making a normal phone call to get the best quality. Thanks!

NAT SOUND: TRANSITIONAL RHYTHM (FADE UP AND OUT UNDER TRACK)

AVA KIAN: In 1925, the School of Nursing rejected Dorothy Waters from completing her residency because of her race. In 1929, the university denied Frances Mary McHie admission to the School of Nursing, with a rejection letter from University President Lotus D. Coffman claiming that a Black student would not be permitted to care for white patients. And in 1933, Ahwa Fiti was admitted to the School of Nursing and lived in the nurses' hall; however, William T. Middlebrook recommended excluding her from the nurses hall because her presence would "create a precedent which might be embarrassing to us at Pioneer Hall and Sanford Hall." These three students are only some examples of discrimination against Black students in healthcare at the University of Minnesota.

These racist origins are not unique to the University of Minnesota. Many healthcare discoveries are rooted in racism. For example, the work of James Marion Sims, who is known as the "father of modern gynecology." Sims, whose name appears in several medical textbooks, practiced his surgical techniques on enslaved women. Medical textbooks acknowledge him as a "surgical innovator" and often fail to criticize his practices, according to a 2011 study.



As a highly-regarded research institution, the University of Minnesota's healthcare services are a cornerstone of the state. The U's research and medical centers serve people from all over Minnesota. But an under-discussed part of these accomplishments is how medical institutions contribute and perpetuate inequalities.

Medical students at the U are advocating for changes in how the University addresses racism tied to healthcare fields. A student group, White Coats for Black Lives, is trying to increase diversity and awareness of racism in the medical field, specifically in their curriculum. More recently, the student group held a protest calling for the expulsion of the medical student who defaced the George Floyd Mural.

We wanted to talk to healthcare educators about how the U is responding in the field of medicine during calls for racial justice. To do this, we spoke with Barbara Peterson, the Inclusivity, Diversity and Equity Committee Director for the School of Nursing, to see how the nursing school responded after the killing of George Floyd by a then-Minneapolis police officer.

BARBARA PETERSON: We offered three immediate listening sessions.

All students, all staff, all faculty were invited to those listening sessions. We opened those sessions with a statement of our firm rejection of racism and our firm rejection of institutional racism that persists in our society. And then we offered an opportunity for anyone to just share and talk about how it has affected themselves personally, the community in which they live and their understandings about how this can happen.

KIAN: The School of Nursing held an event focused on institutional racism and racial disparities in healthcare, in response to the health inequities for BIPOC during COVID-19. The day promoted reflection among students to address structural inequalities and their impact on health outcomes.

PETERSON: From that reflection then builds action and so Nasra and I are trying to lead people in reflective action

And it's true nursing has an institutional racist past, as healthcare has, and has really had to reckon with that.

NASRA GIAMA: I would say like it's almost like an onion, like I'm peeling the layers...

KIAN: That's Dr. Nasra Giama. She's the Assistant Director of the Inclusivity, Diversity, & Equity Committee at the School of Nursing.

GIAMA: ...like unpeeling the layers so like we have the layers that we put on it we protect ourselves and we think we're protecting ourselves not addressing very difficult topics like this, but just creating the space and letting people would be able to have a conversation was really helpful.

KIAN: To peel the onion she mentioned, the school is examining issues in their curriculum.

GIAMA: So one of the things we did the summer was take a deep dive into our curriculum and look at what are we teaching our students, how are we talking about race, ethnicity, culture, health disparities and some of these keywords anti racism, how are we talking about it and what courses are we talking about this? We also started reaching out to our faculty that's teaching those core courses. And figuring out how are you addressing this, what have you done, what has worked. And then slowly working our way into looking at the textbooks.

KIAN: While Dr. Giama said the school's public health books address racism and social justice, the competency-based books do not properly discuss race and also use white bodies as the medical standard. Most textbooks feature lighter skin tones in their imagery, which disregards the experiences of BIPOC patients.

GIAMA: Our competency based books don't necessarily talk about them, and they talk about 'culture' as a catch all for everything race/racism/difference, anything like that they use that word to talk about it. And we know that's not the way to go about it. I think changing that is going to take a lot of work for us to advocate for as people who are using these textbooks.

PETERSON: The thing that's the hardest, I think, to identify is the normalcy of the white body. And that, that's been the most persistent.

KIAN: The textbooks also negatively present racialized groups. Dr. Giama said anytime students read about a non-Caucasian group, it's because they have a higher risk for this or that disease. And that can negatively impact how these future healthcare workers see their non-white patients.

GIAMA: If all they're seeing about a racial group, they can walk away with thinking for example, a person or, you know, X group has a high rate of hypertension, diabetes, alcoholism, STIs, every single thing... look at it that way. And that's all you're going to walk away thinking, especially if you don't have any personal relationship with people. If you're coming from rural Minnesota, and that's all you grew up in, and you've never seen a person of a different racial/ethnic group and that's all you're reading about, you're going to go in with a very biased, negative prejudice way and that's going to seep into your practice with the questions you ask your patients. That's one thing that I hope that I can affect in my practice and in any influence that I have in being in this office is really trying to change the narrative and present a more inclusive way of caring for people of color especially our indigenous and African or black population in this country.

KIAN: The medical school holds a similar responsibility, considering the history of institutionalized racism in medicine, current healthcare disparities, and the recent defacing of the George Floyd mural by a University of Minnesota medical student. To better understand how the medical school addresses institutionalized racism, we spoke to Dr. Ana Núñez, Vice Dean of Diversity, Equity and Inclusion at the medical school.

Dr. Núñez began her role at the end of August. She was appointed to address inequities, bias and discrimination in clinical programs, recruiting, curriculum and research. Specifically, her job is to find the programs addressing these issues and connect those programs together.

NÚÑEZ: If we want to have meaningful sustainable change, it's kind of like the iceberg thing: The top of stuff is easy, but the deep seated things as to why we keep doing not what we want. — that's the stuff that we have to get through.

KIAN: And for what the university has been doing well, she pointed to the students, faculty and staff of the Broadway clinic in North Minneapolis.

NÚÑEZ: After George Floyd's murder had smashed windows, the pharmacy was raided, things were sort of really in disarray. And the very next day the folks there, the students, the faculty, the staff were all out in the parking lot. And they were sort of providing sort of food and beverages for folks. They were checking to make sure that people were okay and within one week they were back to business, they were back in terms of sort of caring for people.

If you want exemplars in terms of how to get it right, those are exemplars, those are really impressive. That is not the standard across the United States. If we had those standards, then we probably would nationally have a lot less problems in terms of health disparities.

KIAN: She also acknowledges the textbooks need to be changed to better represent everyone, and added that curriculum reviews are already underway. The change for textbooks is being pushed from outside, with students and new medical literature.

NÚÑEZ: For our students and medical students, you can't just rely on a book that could sort of represent something five years old, your responsibility is to be inquisitive, find some literature that talks about what's the evidence today and how is this.

KIAN: By literature, she means new articles that evaluate present conditions rather than textbooks which are updated less frequently.

NÚÑEZ: And a lot of the conferences that students hold and the speakers they bring in, reflect the people that are writing those new articles. So the textbook is, unfortunately, sort of a dated thing, but the literature actually represents sort of closer to sort of reality.

KIAN: To examine those racist healthcare standards, the medical school has looked to student groups.

NÚÑEZ: We have some amazing student generated groups: the medical education reform coalition, the task force for change, they're student initiated groups for that very purpose in terms of "Let's look at the things that we thought we know about kidney disease that actually had sort of racial overtones. What are the things we know about lung disease and function that we're not getting right, so ferreting those out by the students who are living through it to sort of say, "Wait a minute, time out, let's explore this, what does this mean, what is the evidence?"

KIAN: Curriculum reviews are underway in attempts to transform the future generations of healthcare professionals, but racial biases, structural inequities and disparities are still prevalent in healthcare. Student advocates, along with University leadership, are looking to further increase representation, enrollment, and inclusion in healthcare to improve health outcomes among under-served communities.

FADE UP & UNDER OUTRO MUSIC

PALMER: In other U news: a group of anthropology students is pressuring Weisman Art Museum to return sacred objects to the Mimbres people of New Mexico; University researchers have discovered that jumping worms are spreading across the state and causing significant environmental harm; and longtime Dinkytown favorite Purple Onion has closed its doors after 30 years. We'll see you next week.