You Can’t Heal What You Don’t Reveal

Next year, 2021, will be fifty years that Broadway Family Medicine (BFM), where we practice and teach, has delivered care in the North Minneapolis neighborhood. Fifty years is an important milestone in the life of a clinic and a residency program- a time to look back at the wonderful work that the program has done in the community - a predominantly Black and vibrant neighborhood with as much complexity and beauty as one of its most well-known native sons, the rock icon Prince.

On May 28th, 2020, the clinic was looted and vandalized during the now infamous Minneapolis demonstrations in the aftermath of the brutal murder of George Floyd by an officer of the Minneapolis Police department. Throughout the next day, we waited powerlessly as our clinic manager asked us not to venture near the clinic as security cameras still showed ongoing looting.

Entering the building two days later brought with it a host of emotions: a sense of loss, a feeling of being violated and the foreboding sense of uncertainty- how are we going to take care of people? what are we going to do about resident education? But the overwhelming sense we felt was deep pain and a gnawing acknowledgement that we had let our community down. That we hadn’t done enough to address the anger, pain, and frustration they felt after years of marginalization, disenfranchisement and disinvestment, and that had now manifested in the broken windows, flooded rooms, ripped security cameras and the charred remains of proto-infernos in our building.

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The conflicting emotions we felt led us to join in a food and supplies drive in the parking lot of our clinic arranged by neighborhood groups. We were pleased that the clinic parking lot was the location that they chose for the drive, even though the decision wasn't made because of us. In many ways participating in that drive has been therapeutic for the faculty and residents of our clinic.

We take pride in our feeling that our community makes us relevant. In the past whenever there have been suggestions to move our clinic to more affluent suburbs, we have reiterated the importance of working with the North Minneapolis community; we have worn it as a badge of honor. So then, if the community is what makes us relevant, it is time to look at how relevant we have been to the community. Over the years we have addressed the clinical needs of community members who have come inside the walls of our clinic. The frustration evident in the aftermath of May 28th indicates that there is much more we should be doing to fully address the needs in the communities in which we work.

Before George Floyd, before Ahmaud Arbery and Breonna Taylor became unfortunate victims of racially motivated murders, in Minnesota we had Philando Castile. Castile, a beloved nutrition services supervisor at an elementary school in St. Paul, Minnesota, was gunned down by the police during a routine traffic stop on July 16, 2016. While we were distraught the next day at the clinic one of our wise elderly black patients made an observation that was quite stark *"…doc, this is new to you. You are hearing more about this because of Facebook and Twitter.*

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This is not new to us. Our parents warned us about this. We tell our kids about this. We tell them…don't expect fairness, don't trust the system, expect oppression…". The powerlessness in those words was powerful.

It is at this critical juncture when we imagine what the post-COVID world will look like, we in family medicine must engage in profound self-reflection. As Ian McWhinney wrote "*(self-reflection) can save us from those terrible things that can happen when medicine becomes captive to ideology and to its own hubris."*[1]

As we hear about the challenges of overt racism in everyday life and reflect on racism that is all pervasive, we should be talking about structural racism within healthcare. The wise words of fellow family physician Dr. Camara Jones, " *We cannot address the impact of racism without recognizing its many faces and forms, and its self-reinforcing nature*", reminds us to be vigilant. The disparities in COVID19 care and George Floyd's murder are part of the same continuum – a lack of access to care, discrimination and sustained inequities perpetuated by systems of which we are a part. Our complacency in this as we have engaged in clinical care makes us complicit in the racism and discrimination that we see around us.

The significant stress that healthcare systems have faced with COVID19 has led to a recognition that we have designed systems that are "person-centric rather than community centric".[2] Understanding what constitutes this community is key to understanding the role that Family

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Medicine has to play in the future. We have looked at our communities as loose affiliation of individual data points; most of what masquerades as population health in the US is management of panels being churned through a productivity driven health system.

Family Medicine with its holistic approach should be working, as Ian McWhinney suggested, in "the territory", not the "map" as we are now doing. We should recognize that the society in which we work is "the total network of relations between human beings".[3] We should be the discipline that ideally straddles two worlds of clinic and community. We have done well in incorporating clinical medicine and quality metrics into our everyday existence. After all clinical knowledge is relatively more concrete, quality metrics are more mathematical. We have not, however, paid enough attention to our role in the community, often engaging in an unorganized way- volunteering, and as advocates. Engaging directly with communities is one of the most effective ways to address social, structural and political determinants of health.[4] It should be the mainstay of the practice of Family Medicine, not a cute side-project. We must ensure that clinical medicine and community engagement are two equally important structures that define our field, and that we will be weaker as a discipline if we do not do so.

The fact that Family Medicine grew as a countercultural movement in the US is an important legacy for us to consider. We need to be catalysts to stimulate the change we want in our health systems; to be pesky, persistent and proactive in advocating for changes that we want. Engaging and understanding the challenges of our patients' communities should be at the core

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of our professional identity. Tackling the complex social and structural determinants of health that have more than a fair share of impact on the health of our communities should be central to every health system and as family physicians we must be leading health systems to do this. If we do not do so we will have to revisit an admonishment by one our founders, Gayle Stephens, from 30 years ago – "*I have sometimes thought that our cumulative effect on the body politic of medicine has been conservative more than liberal or radical. In many ways, by our success, we have "taken the heat off' the medical profession from the public; therefore, the status quo is being preserved, ….*"[5]

Across from our clinic, in front of the church is a sign attributed to the musician Jay-Z " *You can't heal what you don't reveal*". The response from the community in the aftermath of the looting and vandalism has been absolutely heart-warming. Community members have come forward to help clean the debris, and donations are pouring into the physical structure of the clinic and to the community that has been badly affected by the rioting. We as a faculty group understand the pain and suffering that has manifested as the physical destruction of property.[6] The healing will take time and we will be a part of it. We must actively bend the arc of justice so that we accelerate the change needed rather than be complicit in perpetuating the inequities.

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