The Future of a Dreamed Imagining: A Narrative Case Study of an Equity-First Response

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Abstract

The year 2020 in the Twin Cities was a display of intersecting oppressions and the resounding impacts of inequities. The echoing consequences of unrealized equity-first policies are still vibrating throughout the world. The field of public health has entered a new chapter where there is a great possibility to embrace new ways of living that center the communities that experience unjust burdens of inequities.

In South Minneapolis, the community's response to the bisecting crises was unique and pulled from a future vision where everyone is fed, clothed, housed, and loved. Using that vision as a lodestar, the bridge between that future and the present was operationalized through the use of cross-discipline methods and approaches. The result was the erection of Community-Informed COVID-19 testing amidst the onslaught of the pandemic and uprising in Minneapolis.

This narrative is a descriptive case study that calls for a shift from public health to public healing centered on the liberation of the most oppressed communities. This shift requires a level of co-conspiring collaboration, both in thought and in action, to move towards a normative policy that does not relegate equity to an afterthought but instead puts it first.

Starting from a place of equity is not yet the collective premise in crisis response. In addition, present policies do not ensure that equity will again be an afterthought in the next emergency. In order to develop innovative policy that embeds equity into universal response during times of plight, people of all positions and relationships will be required to rethink what is normalized, utilize their positional influence, and shift their intention. This personal and, in turn, intrinsic reorientation is essential in order to truly evolve systems. Leaning into this edge and towards transformation is my charge to you.

The following is one story of a community's response to a desperate need for intervention amidst intersecting crises. It was the outcome of dreaming up untold stories of liberation and putting them into reality. The result of the response was the design and implementation of what was termed Community-Informed testing during the COVID-19 pandemic and the Minnesota uprising of 2020. This story will mention police violence, Black death, COVID-19, health inequities, systemic racism, ableism, language inaccessibility, and weapons such as tear gas and rubber bullets. Trauma resulting from inequities is ongoing; please take care of yourself in any decision to read this story. The world is still processing the reverberating impacts of 2020, and the semi-linear storyline reflects that.

This is a community's story from the remembrance of one mind, and in an attempt to deemphasize the singular narrative, I encourage you to position yourself in the "I's" and "my's," for they do not belong to one person alone, but strive to represent the many voices at the center of a realized future that placed equity at the heart. This is a descriptive case study of what a larger policy and attitude shift could do to change the on-the-ground impact.

The layers of injustice heaped in the gutters of society were clogging the drains like too many leaves after heavy rain. Inequitable responses to the COVID-19 pandemic, systematic criminalization of Black and brown bodies, and unjust legacies of hate were all collecting, and America's Star-Spangled streets were flooding. The pain was newly amplified and vivid; harms were broadcast; and landscapes peppered with possibility, anxiety, and unprecedented shifts in what was deemed normal. It was also a year of injustices being laid bare. Systemic oppression perpetuated inequities, and on May 25th, 2020, many Minnesotans were introduced to an unjust system many more Minnesotans had known about and experienced since the founding of these United States.

The Twin Cities came together to display hurt, rage, and sadness in the wake of Mr. George Floyd's murder. The ripple was felt throughout the nation and world. Acts of

solidarity echoed across borders, languages, and continents. Collective pain could not be contained by geography or nation-state. Locally, a barrage of tear gas and helicopters became the new norm. A few weeks later and in the wake of the subsequent uprising, the Minnesota Department of Health issued a statement strongly encouraging anyone involved in recent protests, vigils, or neighborhood events to be tested for COVID-19 [1]. The sense of urgency was palpable, and four free testing sites were quickly erected across the Twin Cities; three sites in Minneapolis and one in neighboring St. Paul. Each site ran for only six days.

While intersecting pandemics reared paths of violence and harm, it quickly became clear the free testing locations were not accessible to the communities intended for and in need of those services [2–5]. Testing was already needed and in short supply, but the need had become elevated as notions of lockdown were abandoned in pursuit of justice and equity [6,1,7,8]. This set a standard for the COVID-19 testing landscape locally in Minnesota but also in the national landscape. It was one pitted with barriers that were direct reflections of the sentiments scrawled across protest signs and chanted in the streets.

Black, queer, immigrant, Deaf, and houseless individuals' experiences attempting to get tested was an opportunity for mobilization to support communities who were already reeling from the pandemic, police violence, and years of systemic oppression [9–12]. Barriers included justified mistrust of medical systems, testing costs, fears over nasal-pharyngeal swabbing, insurance requirements, vehicle necessity for drive-up testing, lack of interpreters, and misgendering and dead-naming. It was apparent barriers would impede already under-resourced communities from getting tested.

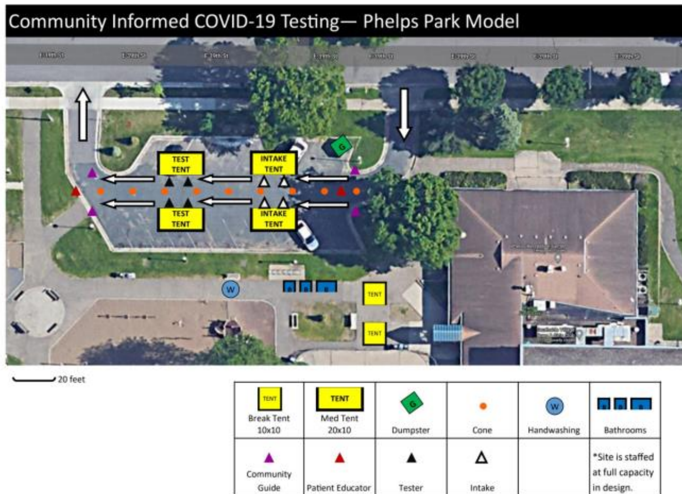
These multifaceted maltreatments were colliding in a minor-keyed chorus. One could wake, unhoused, to the growing toll of Black and brown deaths at the mercy of COVID-19, skip breakfast due to the newly formed or exasperated food deserts sanctioned by supply-chain interruptions and fires, stroll through a midmorning cleanup of glass and ash, embrace lunch at a mutual-aid pop up feeding the community, miss 4 o'clock meds because the nearest open pharmacy was an hour by car, wind down to an emergency alert announcing a curfew, and close eyes to the blade slap from a helicopter overhead.

These were both my experiences and those of my communities that left my chest tight at the end of each day -- knowing, feeling, seeing, and experiencing the traumas stacked atop each other. Under a canopy where policies centered on elevating the most oppressed in a time of crisis are thin, the same communities get left behind in the name of urgency and expediency, relegated to an afterthought. It is a disgusting and boring pattern leading to yet more responses that perpetuate harm [13–15].

I knew that to reach the dream, actions had to go further – to places where barriers were addressed and eliminated. Where historical harms committed by traditional medical systems were immobilized, obstacles rooted in systemic racism were strategically addressed and accountability was normalized and welcomed. The world was looking to the Twin Cities for leadership into new futures, and the Twin Cities had a global call to fight for equity. Amidst local and global anger and sadness, I knew there was a possibility for improvement and transformation. So, for an uncredentialed community member to be able to implement innovation, I had to nimbly assess and learn systems in order to enact change. Sparks of survival plus fear-induced flames all were multiplied by the pressure of compressed urgency and was a timely equation for creative fortitude.

The pandemic crowned many and regaled them in the jewels of emergency preparedness. Freshly crested, the Health and Human Services' Healthcare Emergency Preparedness Information Gateway was a new guidebook to the design of a typical testing site map, one prioritizing maximum efficiency and effectiveness (see Figure 1) [16–18]. I was on a quest to enact a dream and had to interrupt the status quo in an attempt to eliminate barriers and address community concerns. It meant designing a testing site that was free, void of appointment and insurance mandates. Staffed with individuals reflective of the community and committed to respecting identities, including pronouns and celebrated language access. These were accessibility modifications, but the initial objective of creating an accessible COVID-19 testing site was only the starting point [19]. Bringing forth a dream-centering equity first meant there had to be more, and it had to go beyond, deeper, and further than a map laying out traffic flow.

Figure 1: *Phelps Park Site Map***.** [Created by author using data from Google Maps, 2020]. Source https://www.google.com/maps/place/Phelps+Field+Park/@44.9320304,93.2637218,77m/data=!3m1!1e3!4m5!3m4!1s0x87f627dc223bcd27:0x735810b2958b4dd5!8m2!3d44.9320116!4d-93.2633132 [cited 2020 Jul 9].



Harmonious demands for justice echoed through the streets scattered with rubber bullets and cast-off milk jugs. Communities swaddled their neighborhood blocks tightly in blankets of togetherness as evening routines set into nightly alley sweeps for handmade bombs. The morning sun made way for flowers, teddy bears, anger, and sorrow to be laid under a wooden fist. Plywood darkened windows, and tanks eclipsed bus stops: the city was transformed. Like a moth, the Twin Cities came out of the cocoon of Black death- changed; and throughout the metamorphosis, COVID-19 raged on.

There was gravity in the situation. Communities were yet again at the whims of inequities leading to unprecedented rates of death. If we will not or cannot respond to inequities in a way that allows for communities to live well, then how will we support them in dying well?

The streets were alive with a vow to change, and the collective heels were dug down deep to shift responses to crises. Amidst tear gas and curfews was the time to dream of a new ideal, centering those hurting and clustered around the wound through an intervention approach. To embrace tenderness in the face of trauma meant acknowledging intrinsic pain couched in a particular time and place. The layering of a social uprising, pandemic, and police state could challenge anyone's sense of safety. A dreamed imagining holds safety close and manifests that value through the anticipation of the ways a person may feel exposed, defenseless, or at risk. It holds the complexities of getting tested as a parent: being the sole source of income, living in multigenerational households, or other circumstances of life that bear immense responsibility. A dreamed imagining heeds the range of supports a positive test result may require. Despite historical remnants of redlining and gentrification, the Twin Cities is a luscious quilt work of people. The future vision uplifts queer, trans, and Black communities to be resourced, and that reflects networks of support within testing locale. A hierarchy of oppressions exists in present society, but the future abandons that power hierarchy and instead co-conspires for the betterment of all, a sentiment honored through the Combahee River Collective [20].

Historical and ongoing medical harm- not limited to eugenics, sterilization, discrimination and racism- perpetuates immeasurable consequences, but collective trauma is a strong fuel for compassion and empathy. The emotional topography of the present moment was harsh and drove such a deep introspection that there was an ability to time travel– to travel to the future and pull out creativity in a time of tumultuous ambiguity and bring back tangible solutions.

In critical situations, traditional policy does not guide systems to honor present and past wounds, and the utilitarian ethos of emergency responses solely centers efficiency, not equity, within that response. Yet these traumas exist, and they coalesce unequally in certain communities. To interrupt the ponding of individual and interpersonal wounds stressing the shared emotional levees, I wanted the six key principles of a trauma-informed approach to be woven into the COVID-19 emergency response.[1]

[1] The Substance Abuse and Mental Health Services Administration defines a trauma-informed program as one that, "realizes the widespread impact of trauma and understands the potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization." [21]

The first principle implemented was safety, which manifested as creating both real and perceived physical and emotional safety for all participants and staff. Second was trustworthiness and transparency, expressed through direct communication about procedures, timelines, and limitations in order to foster trust. Third was peer support shown by community representatives hired to assist with the navigation and testing process. Collaboration and mutuality was the fourth principle expressed in leveling the power differentials between those administering and those receiving tests. Fifth was empowerment, voice, and choice declared through active acknowledgment and countering the lack of choice many communities experience at the hands of medical systems. The last trauma-informed principle was cultural, historical, and gender issues, expressed by a space celebrating identity, culture, healing, and acknowledged historical trauma.

Community Guides were positions coming from the dreamed intervention, and I modeled their role after birthing doulas. They were trained in trauma-informed and harm-reduction frameworks, emotional support for the person being tested, and navigators of complex systems. They were representatives from communities disproportionately burdened by COVID-19 and honored for their time, wisdom, and assumed risk. They were also a unique barrier between the person being tested and representations of traditional medical systems, a role embraced in support of the larger cause. They were innovative in piloting contextually informed consent,[2] a move beyond informed consent to include nuanced socio-political conditions that can influence healthcare decision-making. They inoculated accountability into the bones of the intervention and supported services in remaining true to roots extending from that dreamed future. They upheld a future where a basic service did not add to the hurt communities are already experiencing.

So, from initial sitemap creation to implementation, the intention had become clear: to create an accessible and trauma-informed COVID-19 testing site that acknowledged historical medical abuses hurting BIPOC and LGBTQ communities. A site that strived for inclusive cultural humility and did not add to the hurt those disproportionately affected by COVID-19 were already experiencing.

Emergencies reinforce top-down structures that eliminate voices from communities most impacted by systemic oppression because they're denied access to designing their own paths to mediation. Despite the lack of policy centering those otherwise omitted from creating their own paths to freedom, layers of the dreamed future were aligning, and a glimmer of possibility was rippling through waves of uncertainty.

The lack of an equity-first policy did not limit the creativity of the community, and the team was a triumph that realized a dream. They enacted the future.

The first two days of testing were engulfed in sweltering Minnesota humidity, a thickness typically associated with soup. Nearly 400 people came through in those first two afternoons. They arrived tense and tender; a blend of collective vulnerability and strength. Youth and elders received services, and their neighbors walked alongside them throughout the process, conversing in languages of comfort about survival, what-ifs, and strategies of mutual support.

When entering the parking lot (transformed into a testing space), the whole-person was welcomed in by strikingly vibrant signs designed by a queer graffiti artist,[3] the familiar style reflected on murals seen across South Minneapolis neighborhoods. Coding the space was a rainbow of melanated faces that visually cut through the plight of macro- and micro-aggressions. Hand-shaped linguistics danced between teams of Certified Deaf and ASL interpreters, and received the broad array of the Deaf community. Pronouns swirled across staff name tags, proud badges representing the vastness of gender diversity. It was stunning. A Black, queer, GNC, activist, educator DJ[4] curated music specifically designed to uplift the lyrical fabric of the community. It was tailored for pitch and tone, and took into account impacts of nasopharyngeal swabbing on anxiety, discomfort, and pitch perception. This background chorus was layered with languages celebrated and spoken by staff and interpreters alike. It was a symphony of care. As the weather turned colder, warm cider wafted sweet-nothings and cut through autumnal chills. When exiting, individuals and families were gifted

[2] Modified from the AMA's definition of "informed consent", contextually informed consent is fundamental to an anti-oppressive framework. "Patients have the right to receive information and ask questions about..." contextual frameworks for their treatment"...so that they can make well-considered decisions about care", racism, and historical medical abuses. "Successful communication in the patient-physician relationship fosters trust and supports shared" work toward equity. [22]

[3] Katrina Knutson [she|her]

[4] Michel.Be [they|them]

parcels of love and information created by an artist collective.[5] It consisted of a cloth mask tenderly wrapped in an animal-print bag and attached to a carefully folded resource called a "COVID Comfort Care Kit" that had interactive resources for what to do next.

Safety was paramount and the contextual process was embedded into the pre-procedural discourse. A family decided to also get flu shots after being tested. A Community Guide saw a youth in hysterical tears, with frenzied eyes searching in panic for a way out, but the family wanted her to be vaccinated and she was trying to comply. Recognizing a spiraling trauma response, the Guide asked the parents, vaccine staff, and youth if they could have an individual conversation. Moving away from the tent, the Community Guide and youth sat on the curb and the Guide facilitated grounding and refocusing breath until the youth was present. Once calm, the youth explained the last time she had a shot it had been incredibly painful, and she was told she had a low pain tolerance and she was overreacting. The Guide explained that sometimes providers assume they know a person's pain threshold should be at a certain level for reasons beyond their control, but that doesn't make their pain any less real or true. Through listening, validation, and explanation, the youth was put back in control of their timeline. They were then able to define the conditions for their vaccination and reclaim their power. Once the bandaid was on, she remarked, "that didn't hurt at all! I'm totally going to tell my friends that it isn't that bad."

The dreaming of new ways to intervene established accountability and uplifted the celebration of identities even when harm was enacted. A person from the community was misgendered by a provider administering nasal swabs, and so a Community Guide, having created a relationship with the person, consensually mediated the misidentification. All parties on site were accountable to the harm, and it was mediated as a collective responsibility. The next day, another person came to get tested citing that exact interaction as the reason they felt safe to come to the site to get tested.

Creativity led to the application of trustworthiness and transparency. A Spanish-speaking monolingual family composed of a grandparent, two parents, three children, and an infant came to be tested. One child was especially nervous, and the family approached with a sense of panic. They connected to a Community Guide who was also a Spanish speaker and voiced their concerns for how to support the child. The Community Guide pulled the whole team together to support the family and child, and quickly formulated a plan. Once the whole team was prepped, the family was led through the procedure with warm guidance and an array of distractions and bravery rewards. It facilitated the child successfully being tested and celebrated, while honoring their fears and concerns.

Harm-reduction was dignified and peer support came in many forms. A group arrived with a boisterous entrance. One person proclaimed with pride that he had convinced his three friends to come and get tested. A Community Guide had been asked about the "they/them" pronouns on their nametag and their explanation enticed the group into a conversation. With a connection broached, the group's leader further explained that he persuaded his friends to come get tested because they shared drugs and he was prioritizing safety. The Community Guide applauded the group for practicing harm reduction in the community and for bringing friends.

The future is a myriad of dreamed imaginings that tell an untold story. When I blur my focus and take a breath I can see a future that celebrates the plurality of Blackness, uplifts the sacredness of Native youth and elders, honors the diversity in ways to express love, and cradles the connected web of the earth and the many facets that make them able to hold it all. I can feel this future when I soften my jaw and relax the wrinkles in the corners of my eyes, and it is beautiful, lush, and hydrated. It is an active and participatory future balanced with rest and reflection that smells of rain and food abundance. When I turn my attention to the warmth, and bask in the glow like a sunflower, I can hear a future that is expressed through words, signs, dance, and music and it is brilliant. These are my dreamed imaginings of an untold story where community care elicits health and healing.

This future is what I held in my heart throughout the onslaught of the COVID-19 pandemic coupled with the uprising spurred by the murder of a Black man on Dakota land. An uprising ignited by Mr. George Floyd's death, but fueled by hundreds of years of oppression. This future vision is where I center myself while I have reentered academia as a community member rooted in movements for liberation[6] of my intersectionality oppressed siblings:

[5] Million Artist Movement

[6] Liberation is defined as an actualized and tangible freedom and self-determination grounded in Black feminist and abolitionist frameworks.

be they houseless, Deaf, queer, immigrant, trans, disabled, Black, or Native. This future is where I frame public health as a journey for public healing that is ongoing, embodied, and necessary. It is how I responded to intersecting public health emergencies stemming from racist and oppressive lineages. With a grounding in equity and a movement toward liberation being the antecedent for a response.

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