Welcome to the First Edition of the MS4J Newsletter!

The views and opinions expressed in this newsletter are those of the authors and do not necessarily reflect the views of UC San Diego School of Medicine.

Contents

2 - White Coat Die-In

5 - Tragedy at UNC Chapel Hill

7 - Five Ways to Engage in Reproductive Justice Advocacy

9 - Tatuajes: Exploring Health and Well-Being Among Persons Undergoing Tattoo Removal

11 - The Equal Curriculum Project: An International Collaborative to Create an LGBT Population Health Textbook

12 - #whitecoats4blacklives: Who Are We Missing?

14 - Updates and Recent Activity

15 - Citations

The Story Behind Medical Students for Justice:

Medical Students for Justice (MS4J) would like to introduce its first newsletter to the UCSD community. MS4J was an idea born in December 2014 in response to the death of an African American teenager, Michael Brown, following an altercation with a police officer; a grand jury decision not to indict the officer and subsequent national response has since expanded conversations regarding the justice system and those it directly affects. We hope that this newsletter provides a well-rounded perspective on issues that our medical students have a passion for and bring about a conversation from the voices that too often go unheard.

Mission Statement:

Our mission is to raise awareness of social injustices, to empower doctors-in-training to effectively engage with these issues, and to prepare future physicians to be advocates for justice.
White Coat Die-In  
(Originally in PRIME-HEq Spring Newsletter: Issue #6)  

By Nicole Tantoco, MSIII  

"I feel like America is not home for me," Naeemah Munir (then MSI) shared with a group of about 35 UCSD undergraduate, graduate, and medical students, as well as some UCSD staff members.

That evening it was announced that there would be no indictment in the shooting of Mike Brown. Dr. Shaun Travers, a Campus Diversity Officer and Director of the Lesbian Gay Bisexual Transgender Resource Center, posted to Facebook that he would be facilitating a discussion on race. Word at the School of Medicine quickly spread, such that half of the people present were medical students. We arrived with heavy, angry hearts that were seeking ways of processing our emotions. Each of us shared our motivations behind our attendance—confusion, outrage, guilt, profound sadness—and it became evident that medical students sought spaces to explore race in America, our duties to fight entrenched systems of discrimination, and steps we could each take to deconstruct oppression.

Within a few days, we hosted a brown bag lunch discussion on race at the MET. Over 50 medical students attended and challenged each other: would you be willing to put your privilege on the line, knowing the implications for your future as a clinician? What can be done by any individual to change racism in medicine? Why is the Ferguson case causing a big fuss? Why wouldn't we want to say all lives matter? Opinions and emotions were very diverse, but one thing was evident: our peers wanted time to explore race and other oppressive forces, but the safe spaces for these discussions were largely absent.

An email from the SNMA regional listserv came to our attention: UCSF was calling for a protest in the form of a die-in to show solidarity with the rising #BlackLivesMatter movement. At UCSD, a powerful team assembled to organize our #WhiteCoats4BlackLives protest. While the devaluation of certain members of our society is an erasure of our humanity, it was incredibly humbling and comforting to see the collective energies of my peers come together. We developed a plan,
recruited peers, and informed administrators. Medical students are often pigeonholed as socially apathetic because of their intense workload. #WhiteCoats4BlackLives was evidence that this assumption lacks veracity. It is easy to be cynical; the difficult task is to positively channel that energy into meaningful action that will result in change.

We began the protest with a statement of our purpose: “Medical schools across the country have selected a die in to be the focal point of our nationwide demonstration because it is an image of the dehumanization black and nonblack bodies of color undergo on a day to day basis. From microaggressions to profiling to workplace and employment discrimination to housing discrimination to prison pipelines to hate crimes to the compound magnification of marginalization of black individuals with multi-tiered oppressed identities: black women, black queer women, black trans women, black Muslims.”

The die-in lasted for 11 minutes, one minute for each time Eric Garner said, "I can't breathe."

People walking by stopped to observe or ask questions, and several of our core organizers passed out flyers and spoke with them about our purpose. Our protest was not only meant to disrupt, but also to promote honest conversations based on facts. We used our platform to provide context for our fight.

During the open mic portion of the protest, participants shared their frustrations and hopes. We recited again the Hippocratic Oath--our promise to society that we will "remember that [we] remain a member of society, with special obligations to all my fellow human beings."

In our closing speech, we recognized that our white coats have been invested with a trust and power that we must use responsibly. Staging a die-in while wearing our white coats was meant to honor our profession by continually fighting alongside the oppressed.

Since December, a new organization at the School of Medicine called Medical Students for Justice has been formed. Students are working to partner with the San Diego Police Department to understand how police officers, fellow professionals dedicated to serving
our communities, are trained to care for diverse populations. We are forming a bridge with the larger UCSD community to show that its medical students are social justice warriors.

#WhiteCoats4BlackLives was not a one day protest. It is a commitment that medical students have made to consciousness-raising and it is an invitation for all to listen, learn, and fight.

#WhiteCoats4BlackLives asked medical students to evaluate the special privileges that society had given them, and how they were uniquely positioned to fight against racism, sexism, heteronormativity, classism, documentation-statusism, the prison industrial complex, and all other -isms out there that function to keep certain members of our society in lower castes.

#WhiteCoats4BlackLives called on medical students to fight the discrimination that exists within our field. Biases permeate the medical establishment, contributing to health disparities and glass ceilings. Though at the bottom of the medical hierarchy, it falls under the purview of all health professionals (current and future) to initiate challenge conversations in order to effect change.

#WhiteCoats4BlackLives increased visibility of the intersectionality of marginalized identities. We are past the die-in, and we are changing the climate at the UCSD School of Medicine.
Tragedy at UNC Chapel Hill

By Yasmin Aghajan, MSII

Sometimes, being in the “wrong place at the wrong time” seems to include being at one’s own home, at least according to Craig Stephen Hicks’ lawyer. On February 19, 2015, the MMSA (Muslim Medical Student Association) held a brown bag lunch to discuss the February 11th execution-style murder of three Muslim American students at their home near the UNC Chapel Hill campus. The victims, Deah Barakat, 23, Yusor Abu-Salha, 21, and Razan Abu-Salha, 19, were each shot in the head by their neighbor, Hicks. Deah and Yusor had just gotten married two months prior. Razan was Yusor’s younger sister. The victims were such bright, inspiring, and dedicated youth, with Deah being in dental school, Yusor just being accepted to dental school, and Razan studying the arts. They were well known in their communities for service, charity, and volunteer work both in the U.S. and abroad.

When Deah lived alone in the apartment, Hicks had never bothered him. However, when his new wife Yusor, who wears the Islamic headscarf, moved in, the problems started with Hicks. Hicks had intimidated them with his gun when he previously spoke to them about his “parking issues.” Deah’s older sister, Dr. Suzanne Barakat (a first year family medicine resident at UCSF) became a family spokesperson, perhaps because of her ability to keep her composure despite such tragedy hitting her family. The Muslim community at home and abroad was shocked and heartbroken by this news, urging the police to investigate this as a hate crime.

To their dismay, police quickly issued a statement saying this triple homicide “flared over a parking space.” Hicks’ Facebook page showed his anti-religion, anti-Islam stance, as well as photos of his gun. Nonetheless, the community was able to raise awareness of the situation, with dozens of protests, vigils, and charity drives held across the country in remembrance. UCSD held a candlelight vigil and students from different backgrounds shared how this tragedy impacted them.
The MMSA brown bag discussion also included a discourse on the recent murder of Mustafa Mattan, a 28 year old Somali Canadian who was also shot in his home, yet little media attention was given to his case in comparison. Also, the murder of Abdisamad Sheikh-Hussein, a 15-year-old Somali Muslim in Missouri, went similarly under-reported.

The situation is well described in this quotation by Maria Estrada, a Mexican, Muslim, undocumented Bachelors of Science in Nursing student: The recent spree of hate crime murders has shed light on the Intersection of complex identities like Muslim and Black, Queer and Latina, Undocumented and Asian, Homeless and Formally educated, Poor and White. It has shed light on what society considers a "valued" life. It is hard to ignore how the murders of Mustafa Mattan and Sheikh-Hussein, Somali Muslim young men with bright futures ahead of them, were marked by a deafening silence from the Muslim community. Unlike the murders of the three NC Arab Muslim students, the lives of our fallen Muslim Black brothers has not been mourned like those of the NC students. I humbly ask my fellow Muslim brothers and sisters who are not black to please consider your privilege. The murders of the NC Muslim students forced Black Muslims to relive the trauma of anti-Muslim violence in America, but it also forced them to relive the murders of Trayvon Martin, Michael Brown, Emit Till, and all of the millions of lives lost due to the genocide of Blacks in America. If you fear for your safety as a Muslim in America, imagine the immense fear of our Black Muslim community and also our community members who are not only Muslim, but also queer, undocumented, homeless, poor, and all other identities which society does not value."
Five Ways to Engage in Reproductive Justice Advocacy

By Vicki Chia, MSIV

The term “reproductive justice” was first coined in 1994 by the Black Women’s Caucus¹. According to human rights activist Loretta Ross, reproductive justice encompasses “the complete physical, mental, spiritual, political, social, and economic well-being of women and girls,” including “the right to have (or)... not to have a child; the right to parent the children that we have, and the right to control birthing options, including midwifery.”² While traditional reproductive rights advocacy focuses on protecting legal access to abortion and birth control, for many women (including women of color, Indigenous women, and transgender women), many other factors are central to reproductive freedom, including food and economic insecurity; the threat of police violence; immigration policy; and dominant social-cultural norms regarding sex, pregnancy, birth, and parenting.

Here are 5 ways to engage locally, regionally, and nationally in reproductive justice advocacy:

• **Support paid family leave policies for parents and caregivers** of any gender or immigration status. Ask about these policies in the organizations and institutions where you work or seek work.

• **Support the legitimacy of occupational health claims filed by women or in women-dominated industries.** Gendered divisions of labor often come with occupational exposures that differentially affect reproductive health. An example is the campaign for safe working environments in the nail salon industry, which has been spearheaded by the National Asian Pacific American Women’s Forum³ and recently received publicity in the New York Times.⁴ Unfortunately, women’s occupational health claims continue to be more likely to be rejected than those of men,⁵ likely due to a social bias against “women’s work” as “real” work.⁶

• **Be cautious about using able-ist language to justify “pro-choice” policies.** While it is popular to invoke fetal anomaly as an important reason to preserve the right to abortion, patients’ and disability rights activists’ views on fetal anomaly is frequently in disconnnet with those of the medical establishment.⁷ Take time to clarify the basis for your own values regarding reproductive choice.
• **Take a stance against policies that restrict abortion for any reason, including sex-selective and race-selective abortion bans** (which have been recently enacted in seven states<sup>8</sup>). These policies target the reproductive freedom of Black and Asian American women under the guise of protection against racism and sexism, a paternalistic approach that demeans the agency of women of color.<sup>9</sup> Instead, support affirmative policies such as the city ordinance opposing sex-selective abortion signed by San Francisco Supervisor David Chiu in 2014.<sup>10</sup>

• **Use language that is inclusive of transgender women.** Familiarize yourself with different viewpoints on the best ways to do this.<sup>11</sup>

Reproductive justice is a framework that centers women’s rights as human rights and acknowledges the intersectionality of race, class, gender, and migration in women’s decisions to reproduce (or not). By engaging in these ways and others, a more inclusive movement for reproductive freedom can be built that empowers all women and communities.
Tatuajes: Exploring Health and Well-Being Among Persons Undergoing Tattoo Removal

By Natalie Ferraiolo, MSIV

Principal Investigator: Victoria Ojeda, PhD, MPH

Co-Investigators and Support Staff: Jose Luis Burgos, MD; Natalie Ferraiolo; Miguel Pinedo, PhD; Joanna Castañeda, MD, Research Coordinator and Primary Clinician; Cosme Cuadras, Research Assistant; Prevencasa, NGO

Background: Tijuana, the largest city on the U.S.-Mexico border and the main destination for deportations from the U.S., has a large population of vulnerable persons, including female sex workers (FSWs), persons who inject drugs (PWIDs), and migrants (including deportees). The Health Frontiers in Tijuana (HFiT) clinic, located in Tijuana’s red light district or zona roja, is a student-run free clinic that serves Tijuana's most marginalized populations. A prior study found that over half of clinic patients had tattoos, and of these, over one-half were interested in removing their tattoos. Anecdotally, tattooed patients have reported being discriminated against, including being denied employment and harassed by police, because of their tattoos.
**Project Description:** The Tatuajes project is a clinical trial assessing the effect of laser tattoo removal on the health and well-being of residents of Tijuana, especially migrants deported from the U.S. It is a randomized wait list control study with an intervention arm that receives the treatment (tattoo removal) immediately and a control arm that is added to a wait list that will receive the treatment after a 6-month follow-up period. All participants undergo surveys at baseline, 3 months, and 6 months looking at several measures of mental, physical, social, and economic well-being. The study takes place at the HFiT clinic in Tijuana and started recruiting participants in January, 2015. We hope to discover any benefits to the local community from this tattoo removal intervention as well as use this study as a stepping stone for future inquiry and intervention.

**How to help:** Contact Dr. Victoria Ojeda (vojeda@ucsd.edu) or Dr. Jose Luis Burgos (jlburgos@ucsd.edu) to donate to or volunteer at the HFiT clinic.
The Equal Curriculum Project:
An International Collaborative to Create
an LGBT Population Health Textbook

By Brian Nuyen, MSIV and Vanessa Ferrel, MSIII

The Equal Curriculum: Student and Educator Guide to LGBT Health is an active effort to produce the nation’s first e-book on lesbian, gay, bisexual, and transgender (LGBT) health for health professional trainees and educators at the undergraduate level. Two current UCSD medical students, Vanessa Ferrel, MSIII, and Brian Nuyen, MSIV, are working with health advocates from various institutions to produce this book, including professionals from medical centers at Johns Hopkins University, University of California, Los Angeles, Vanderbilt University, and the University of Washington.

According to collaborators, “Significant barriers to teaching LGBT health curricula exist: namely, the lack of comprehensive teaching and reading materials on the subject, especially at the undergraduate level. LGBT-related curriculum content and research provided in health professions schools has been limited and one-sided. Traditionally, LGBT education has been disproportionately focused on sexually transmitted infections. The LGBT population experiences significant health disparities attributable to lack of relevant high quality health professions education and subsequent professional unpreparedness. In one study, it was reported that the median reporting time dedicated to teaching LGBT-related content in the entire medical school curriculum was 5 hours, and only 8% of schools taught all 16 LGBT-specific health topics.

The ultimate goal of this project is to bolster the development of a health workforce that is competent and compassionate in the care of the LGBT population.”
#whitecoats4blacklives:
Who Are We Missing?

(Originally published in the Journal of the Student National Medical Association:
Winter 2014-2015 Issue)

By Vanessa Ferrel, MSIII

The white coat symbolizes our collective end goal of becoming healers, advocates for basic human rights, and leaders who empower humankind. Perhaps most importantly, the white coat represents the Hippocratic Oath—a pledge we have all taken to First, Do No Harm.

On December 10, 2014, medical schools across the country coordinated a White Coat Die-In demonstration against police brutality. The campaign, #whitecoats4blacklives, was created to call attention to the institutionalized racism impacting communities of color which has broken through mainstream media in recent days. The die-in was a visual representation of the historic and systematic dehumanization affecting black and non-black bodies of color on a day-to-day basis. From microaggressions to racial profiling, from workplace and employment discrimination to housing discrimination, from hate crimes to prison pipelines.

The call to put an end to the systematic "every 28 hours" killing of black bodies by police officers, security guards, and vigilante citizens is incredibly important. From a mainstream standpoint, the most recent events surround the injustice of targeting unarmed black men. As leaders of this stream of healthcare provider consciousness, we must ask ourselves - who are we missing? When we say that black lives matter, we must consciously remind ourselves, our peers, our colleagues, and all others around us that we mean all black lives matter, and take into account the compound magnification of marginalization of black individuals with multi-tiered oppressed identities in the United States, including black women, black queer women, black transgender women, black Muslims, and black people with disabilities, who face misogyny, homophobia, trans-misogyny, transphobia, religious oppression, and ableism, in addition to antiblackness.

Transgender women of color are often profiled as sex workers, drug addicts, or criminals. Black transgender women in particular are subjected to an enormous amount of daily hardship due to a combination of anti-blackness, transphobia, and misogyny. The hierarchy was once explained to me as such: compared to black men -
who are so pointedly and systematically devalued in this country, black cisgender women are devalued many times more, and black transgender women exponentially more.

According to Stotzer’s report, approximately 50% of transgender people experience sexual violence at some point in their lifetime. According to the National Coalition of AntiViolence Programs, at least 12 transgender women of color were brutally killed in the United States in 2014 (as of December 17th, 2014). With an approximated homicide rate of one trans* person every three days globally, it is very likely the actual number is much higher. Grant’s report states 21% of transgender women and 47% of black transgender individuals report having been incarcerated at some point in their lives. In 2011, CeCe McDonald and her four friends were attacked by a group yelling racist and homophobic slurs. She stabbed one of the attackers with a pair of scissors in self-defense and was sentenced to 41 months in prison on charges of second-degree intentional murder. Monica Jones in 2013 accepted a ride to a neighborhood bar, was arrested by undercover police for “manifesting prostitution”, and sentenced to 30 days in prison. To compound the indecency of disproportionate rates of incarceration, transgender women are most often sentenced to all-male rather than all-female prisons. Black transgender women are incarcerated at astounding rates for the “crimes” of being black, being trans*, and being women.

Black transgender women are our responsibility not only from a social standpoint, but also from a practice of medicine standpoint. The Centers for Disease Control and Prevention reports that black transgender women have the highest percentage of new HIV-positive test results. According to Grant, one in ten transgender individuals have been sexually assaulted in a healthcare setting. Of the 6,540 transgender individuals in the study, 28% of participants had experienced verbal harassment in a doctor’s office, 19% reported being refused medical care altogether because of their transgender status, and 2% of respondents reported being physically attacked in a doctor’s office.

Like racism, trans-misogyny, transphobia, homophobia, ableism, classism, sexism and the many other “-isms” in our society are public health crises. Because grief has an enormous impact on the human body, our patients' grief is our grief also. Because stress—especially stress associated with the minority stress model—has an enormous impact on the human body, our patients’ stress is our stress also. That's the thing about patients; you have to connect with them, not them with you.

It's time to be cognizant of broadening our consciousness and advocating for intersectionality as we mobilize – we must ask ourselves; who are we missing?

We must be mindful of our commitment to serve and Do No Harm in the face of the multitude of injustices our patients of all identities and backgrounds encounter on a daily basis. We are where we are today so that we may hold ourselves accountable until the end of time, with equity and justice for all.
Updates and Recent Activity

• **Brown Bag Discussions**: MS4J hosts discussions on current events regarding social justice issues. Announcements will be made on the UCSD WebPortal regarding upcoming discussions. All students are welcome and encouraged to add to the discussion.

• **Letter to Police Chief Shelley Zimmerman**: initiated by Molly Grassini, MSIII, MS4J received almost 100 signatures from the School of Medicine requesting information about recruitment and training processes utilized by the San Diego Police Department (SDPD). Chief Zimmerman responded with two open community forums to provide information on how the SDPD trains its officers.

• **Open letter to Surgeon General**: the events in Ferguson, Missouri led to the creation of the National #WhiteCoatsForBlackLives movement. Most recently, an open letter to Surgeon General Vivek Murphy was made available to medical students across the country requesting public support for the movement as well as the expansion of research and recommendations to identify and combat factors that contribute to the disparities that have received a lot of attention throughout the year.

**Interested in submitting for future newsletters?**

We would like to invite you to submit a piece, essay, or thought about a justice topic that interests you. Topics can range from current events to broader issues (e.g. labor laws, access to education, mental health). You can also write a reflection or opinion piece about an interesting article that deals with similar issues. We would also be happy to hear about any major projects that you or a group you are part of is currently undertaking to address issues of social justice.

Please contact Boya Abudu ([babudu@ucsd.edu](mailto:babudu@ucsd.edu)) for questions or information on submitting.

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5 Ways to Engage in Reproductive Justice Advocacy, Vicki Chia:


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#whitecoats4blacklives: Who Are We Missing?, Vanessa Ferrel

