

HIGHER EDUCATION EXCHANGE



Institutions and the Public: A Troubled Relationship

Articles

Byron P. White

John J. Theis

Katie Clark

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Afterword

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I know no safe depository of the ultimate powers of the society but the people themselves; and if we think them not enlightened enough to exercise their control with a wholesome discretion, the remedy is not to take it from them, but to inform their discretion by education.

In the tradition of Jefferson, the *Higher Education Exchange* agrees that a central goal of higher education is to help make democracy possible by preparing citizens for public life. *The Higher Education Exchange* is part of a movement to strengthen higher education's democratic mission and foster a more democratic culture throughout American society. Working in this tradition, the *Higher Education Exchange* publishes case studies, analyses, news, and ideas about efforts within higher education to develop more democratic societies.

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TREATING AN AILING SOCIETY

Citizen Nursing in an Era of Crisis

Katie Clark

*This essay draws upon material previously published in *NurseManifest*¹ and *Nursology*² and from a speech delivered by the author at Augsburg University in the Augsburg Bold Series.³*

I work as a nurse, an educator, and as the executive director of the Augsburg Health Commons, which are nurse-led drop-in centers providing basic care to marginalized communities in Minneapolis. The model of care at the Augsburg Health Commons provides opportunities for nurses to make human connections, to build relationships based on mutual benefit, and to accompany others on their health journeys while leveling power and sharing knowledge development. In this work, I am immersed in the deep tensions of professional systems struggling to respond in a timely, inclusive manner to multiple crises—the COVID pandemic, economic decline, and the beginnings of a much-needed racial reckoning spurred by the events surrounding George Floyd’s death. I have learned many lessons about how and why people respond, rise up, and take action alongside or on behalf of communities in ways that build collective agency.

In this essay, I reflect on my experiences and what I learned during these past two tumultuous years, working with and caring for people at the epicenter of our nation’s racial injustice. During that time, I witnessed many examples of public institutions’ dysfunction—and worse, condescension, alienation, and even hostility toward the public they intend to serve. But I have also seen inspiring collaboration among citizens and professionals and their institutions, including at the university where I teach. I believe that these experiences and stories of citizen nursing have lessons for all of us about how we can—and must—come together as a society to address challenges shared by all citizens and the particular traumas and needs faced by marginalized groups among us.

Most of these stories originate from my work at the Augsburg Central Health Commons (ACHC) located at Central Lutheran Church in downtown Minneapolis. The ACHC provides health care without judgment and with hospitality to all who enter our doors. The expert model is de-emphasized, and relationships are built on mutuality and agency. We hope to accompany people on their journey to health, understood not simply as the absence of medical problems but more broadly as well-being and thriving. Student and faculty involvement (beyond the nursing department) has been the backbone of this work, now in existence for almost three decades.

At the ACHC, most of our guests are experiencing homelessness or are marginally housed. No proof of need or identification is required, and we offer only what people request. This often means new socks, clean underwear, hygiene supplies, and a nurse visit to address questions or health concerns and to have someone to talk to. Before COVID-19, some 120 guests typically came to the ACHC during the three hours we were open each week. In this space, as people shared their stories or presented with simple requests for basic supplies, I witnessed the implications of health issues compounded by deep societal complexities. Among the people we served was George Floyd. While we knew him only in a limited capacity, his membership in our community amplified the emotions and passions we felt and led us to take action in response to his death.

The university's deep-rooted commitment to show up and do the work asked of us as citizens, neighbors, and friends has not been relegated to an extra or optional service activity to participate in when time allows.

The health commons model is distinctive because it operates outside the physical parameters of the university's campus but is part of the university and represents Augsburg University's abiding efforts to be immersed in the community as a steward of place. The university's deep-rooted commitment to show up and do the work asked of us as citizens, neighbors, and friends has not been relegated to an extra or optional service activity to participate in when time allows. Augsburg University's president, Paul Pribbenow, describes the importance of being stewards of place when he writes, "It's not enough to say we are in this place; we must be able to say, with conviction, we are of this place."⁴ The work at the Health Commons is a profound demonstration of this ideal and the university's mission and commitment in action. We have kept our doors open and maintained our relationship with our community despite the risks and chaos during a year marked by disease and unrest. We maintain our commitment to this community because food, water, care, and belonging are needed despite the onset of a pandemic or social unrest.

The unanticipated crises of 2020 demonstrate how Augsburg's community partnerships can strengthen and pivot as needed in a constantly changing world. For example, our long-standing partnership with Central Lutheran Church has shown the university's deep commitment to ensure that we do

not abandon our community when they need us most. While the doors of the building were forced to close because of the governor's orders, the people at Central Lutheran got creative. When we could, we brought resources out to people. We continued to make hot meals and allowed people to come in to use the restroom or phone. At the height of the building closures, we were one of only four places still providing meals in Minneapolis. Central Lutheran has lived out its faith commitments to caring and solidarity.

Working at the Augsburg Central Health Commons has helped me understand the barriers imposed on some of our community's most marginalized citizens and the complexity of systemic issues that create further isolation and stress for those seeking help or trying to belong. Being at the ACHC has also allowed me to work collaboratively with those who enter our facility and to identify failures in our systems through a new lens. We strive to cocreate a plan grounded in epistemological humility.⁵ And while this journey of accompanying one another is unscripted and open, it is vital to working *with*, as Kettering Foundation president and CEO, David Mathews, has called us to do to preserve our democracy. Mathews writes, "A *with* strategy is, most of all, a strategy for strengthening our democracy. . . . We, the People, are the democracy. That idea is at the heart of a *with* strategy."⁶

For professionals to act *with* communities requires connecting on a human scale, where citizens have opportunities to work together to name problems and to cocreate actions that promote healing for all. These are also many of the lessons I have learned while engaging in the Kettering Foundation community. Mathews urges us to remember that "When the things that happen frustrate, disappoint, and anger us—as they will—the question we have to ask ourselves is not what is wrong with democracy, but what are we going to do about it? That question can be answered only *with* one another."⁷ While my stories of being a nurse in the epicenter of the 2020 events in Minneapolis have shaped my worldview, they have also shaped my passion and sense of urgency. We must focus on our ability to build on collective agency as we take this journey together. These stories represent not what I have done alone, as this work does not happen in a vacuum, but what I have been able to do with a community. They are about caring and taking shared risks in solidarity.

Working with these largely homeless citizens during the overlapping crises of the past year provided insight into challenges embedded within our community. To support those experiencing homelessness in Minneapolis during the pandemic, the urgent need for professionals and institutions to respond was clear. This population already suffered from higher rates of chronic medical

conditions, unstable housing, and lack of access to sanitation, which increased their vulnerability and risk of infection during the COVID-19 pandemic. Furthermore, they had experienced additional negative effects from some of the efforts to restrict the spread of the virus. For example, as buildings closed in response to guidelines set by governmental bodies, those who were experiencing homelessness were left with limited options. Typically, those in the homeless community

access the skyway system, light rail, public library, and other public spaces for shelter, toileting, and rest. But, as social distancing requirements continued to heighten, more buildings closed, making it hard for vulnerable

populations to get their

basic needs met. At the Health Commons, one guest said to me, “It’s like no one cares that we are still out here. I haven’t met anyone with this disease, but I will know people who will die from it because of all these rules.” He took photos of what he saw on the streets and sent them to my cell phone to help me understand the gravity of what was happening, in particular how access to water was nearly impossible because water fountains were turned off and bathrooms were closed to prevent the spread of COVID-19.

I mentioned this in one of my graduate nursing classes and the response of the students left me in awe. One student began collecting donations and bottled water to be delivered to the Health Commons. (So far, over 27,100 bottles of water have been donated. Other outreach programs, in particular Healthcare for the Homeless, have used this resource to make sure people can survive.) Throughout our programs, students, responding to the call for citizen nurses, have volunteered their time to be at the Health Commons or deliver food to the encampments. They’ve sewn masks and created hygiene kits. And, as vaccines have become available, students and faculty have volunteered to help distribute them in the most marginalized communities.

They continued to engage in this work despite the uncertainty and safety concerns of social unrest during the trial of Derek Chauvin and the killing of Daunte Wright. The students do this work despite the stressors they’ve endured

For professionals to act with communities requires connecting on a human scale, where citizens have opportunities to work together to name problems and to cocreate actions that promote healing for all.

providing care at hospital bedsides while juggling school and family responsibilities. They have demonstrated the ability and passion to lead when it would have been easier to retreat or feel helpless. The students in our nursing programs have inspired us all to continue in these efforts. We are seeing the power of collective agency.

In the spring of 2020, as the COVID-19 infection rates rose, with marginalized groups such as Black and Indigenous populations dying at alarming rates in comparison to their White counterparts, George Floyd was murdered

The students in our nursing programs have inspired us all. . . . We are seeing the power of collective agency.

by Minneapolis police officers after he was arrested for allegedly using a counterfeit \$20 bill at a local grocery store. Like many nurses in our state, I know all too well the appalling racial

health inequities that exist because of systemic racism, systems of oppression stemming from slavery, Jim Crow laws, redlining, and mass incarceration. All tie directly to both wealth and health. The anger at yet another killing of a Black man because of systemic racism in our policing systems could no longer be silenced. Minnesota had seen the deaths of Jamar Clark, Philando Castile, and now, George Floyd. Days of large-scale peaceful protests were followed by nights of looting and rioting. Buildings were burned, stores were raided, and the Minneapolis Third Police Precinct was taken over by demonstrators. After each night of protests, the early morning revealed not only visible social carnage, but also the anger, fear, despair, and loss felt throughout the community.

Prior to the killing of George Floyd, in response to the food insecurity that had surfaced during the pandemic, I had been working with mutual aid groups, volunteers, and other providers to distribute food to the local homeless encampments, also known as tent cities, in the Minneapolis area. I committed to continue this effort despite the protests and destruction. The food needs of those displaced people didn't end because of the chaos. This community had borne the brunt of the overlapping crises of the pandemic, racial injustice, and an increasingly unequal economy.

One afternoon in May 2020, I made a delivery to the largest encampment in Minneapolis, known as the Sabo Encampment. Accessing the encampment proved more difficult than usual. The typical path into the encampment was through the parking lot where, the night before, a Cub Foods grocery store and Target had been set on fire. After discovering a way to the area, I was suddenly

in the middle of a scene I still fail to understand. The police were dismantling the residents' tents in the name of public safety. According to these officers, the residents of the encampment were responsible for the looting, and the encampment was a public health concern because of drug use and human feces discovered on site. Thus, against the backdrop of charred rubble and buildings still in flames, surrounded by a group of activists from Natives Against Heroin and Cop Watch groups, I made my way into the encampment to deliver food and water. Realizing how many people were displaced by a pandemic and political unrest, with no place to go, I left with a flood of emotions, tears pouring down my face, yet with an overwhelming realization of my privilege: I could leave and retreat to the comfort of my home.

In response to these challenges, nurses have organized to respond as a collective in real time by taking immediate action both to maintain safety and to fight for justice. These nurses are engaging in what we call emancipatory nursing, which has the potential to help dismantle power systems that privilege some over others on the basis of economic means, social status, or hierarchical position. All create health inequities.⁸ While I have endless stories to offer from my nursing practice, I will relate a few that demonstrate the capacity to act, to create solutions in community, and, potentially, to save lives.

Nurses have generative power—not simply power against or over, which Harry Boyte calls “power which turns opponents into enemies to be controlled,” but power to build relationships and make change.⁹ This power can be used to support and create change in communities where we are called to care. I have been transformed by the destruction, fear, and pain that has been embodied in structural racism in Minneapolis for more than 100 years, but also by the kindness, goodwill, and brave actions of people—many of them nurses—demanding justice for George Floyd and compassion for all.

These stories of nurses engaging in emancipatory action while caring for marginalized communities in innovative ways shed light on what nursing practice can embody. Typically, nurses have little training in recognizing and understanding the sources and impacts of racial health disparities. Becoming aware of these issues offers an opportunity to broaden our beliefs about what nursing practice should entail. It also deepens our skills for collaborative action in response to injustices and socially isolating situations.

I am reminded of the words Reverend Al Sharpton offered at George Floyd's memorial service; he said to the world, “Get your knee off our necks”¹⁰—not only our physical knees but the metaphorical knees of racialized systems of oppression that have led to this moment in time. These “knees” have resulted

in endless health inequities for people based on where they live, work, and learn and the air quality they are exposed to in the neighborhoods they call home. Social determinants of health are not only “social”; they are political and often unjust. We must discover, analyze, and strategize about the causes behind the causes in collaboration with those impacted by these inequities.

I strive to embody these ideas in my professional practice and in my teaching. I encourage my students to build careers as “citizen nurses.” The citizen nurse, a term inspired by the teachings of Harry Boyte,¹¹ is defined as a professional nurse who is connected with other citizens as cocreators, whose work has public meaning, who de-emphasizes the expert model, who forms purposeful relationships for the common good, and who practices from a social justice framework. I have found that teaching students the importance of de-professionalizing and engaging in public relationships has transformed the work they do and how they see themselves in the world.

An example of citizen nursing in practice comes from my colleague Sarah Jane Keaveny, public health nurse and activist (and Augsburg University nursing alum). During the pandemic, Sarah Jane connected with the existing resources of outreach workers and community members engaged in mutual aid to respond to those displaced by social structural inequities by establishing Mobile Outdoor Outreach Drop-In (MOODI). MOODI offered meals and connections to resources every day of the week at a local park. In addition, while many of the shelters began moving people experiencing homelessness into nearby hotels, many of those left on the streets formed or joined existing encampments.

Because of the increased numbers in the unsheltered community, disproportionately representing people of color or Indigenous people, outreach workers were forced to secure food and water for this group rather than address long-term housing or health issues. Sarah Jane demonstrates emancipatory action through nursing practice and community engagement; while uplifting human dignity, she works with communities to respond as a collective, outside of institutions or systems that have limited capacity to respond in the urgent manner required in this pandemic.¹²

Another prominent example of a nurse taking creative action last year was the creation of the Sanctuary Hotel. Seeking shelter for the unhoused, nurse practitioner Rosemary Fister led an effort to negotiate with a local hotel to provide temporary protection. Rosemary was a member of a larger group of volunteers who had been organizing efforts to address health and safety issues in communities of homeless people during the pandemic. They needed to mobilize in new ways because of the civil unrest. Inspired by a theory of mutual

aid, they formed a human shield as best they could; volunteers, service workers, and nurses fought to secure safety for the unsheltered. After negotiating with a nearby hotel, the unsheltered were welcomed to stay at what was temporarily named the “Sanctuary Hotel.”

The plan was for these people to stay until the nighttime violence ended. That next morning (Sunday), I was able to help provide care to those staying in the hotel and in a nearby encampment.

Most people were exhausted from the endless chaos and trauma they were enduring. A few suffered from eye irritants, wounds from rubber bullets, or falls sustained while attempting to flee. Not one person told me they had participated in protests but said that they were caught in the crossfire simply by being in the place they called home. The hotel owners decided to allow the unsheltered guests to stay longer. A nearby foundation offered funds to cover the cost of the hotel.

I had never before witnessed a group acting in such solidarity, without hierarchies or narrow self-interests dictating the next move. People came from other communities to provide assistance. They formed trusting relationships in real time.

The members of the volunteer group spread the word that additional volunteers would be needed to maintain the hotel for the guests. In response, many volunteers helped on site to coordinate collection of donations, distribution of food, cleaning of rooms, washing of clothes, provision of medical attention, and operation of the front desk. I had never before witnessed a group acting in such solidarity, without hierarchies or narrow self-interests dictating the next move. People came from other communities to provide assistance. They formed trusting relationships in real time. While the hotel had to end the stay for these residents ten days later, my experience with this group reinvigorated my hope as a nurse in how we can cocreate communities in the future. And this story inspired a movement in Minneapolis to care for those displaced, to tackle issues of poverty, to approach change using all forms of knowledge while forging a plan for the future *with* the people who experience the targeted oppression. This is an effective means of challenging and shining light on structural problems and moving toward real solutions.

Another example of citizen professionalism comes from the president of my university. Paul Pribbenow offered to help me bring food into the encampments during the summer of 2020. One morning when he accompanied me, it had been raining and the conditions were muddy and slick. I explained to Pribbenow that this site had been plagued with many forms of violence and could be unsafe. There was, of course, the worry about COVID-19. But there were reports of other diseases as well because of the horrific conditions in

We must learn to understand one another, to lean into uncomfortable situations, to see ourselves as a community.

which people were living. And recently, gun violence had increased in the area. He said he was still committed to helping, despite the concerns I had shared with him.

We pulled up and started unloading the supplies. Pribbenow distributed socks, food, and water to people. The encampment seemed relatively calm, so I told him that he could walk around to the various tents to ask people whether they needed anything. Without any hesitation, that is exactly what he did. There were no cameras, no crowd to impress, just the two of us, checking in with people. I have traveled to more than 20 countries, often volunteering to provide care in a remote part of the world or responding to a disaster. And, while I could describe the lack of sustainability of these models of providing care abroad for such a short time period or how some of the work I did imposed our Western values on others, I learned a lot about people's interests, talents, intelligence, and the sheer impact of being authentically present. Pribbenow was authentically present on that day at the encampment. His focus was not on providing acts of charity to those we met, but on taking shared risks in solidarity, responding to the crises upon us all.

These stories of innovation and coproduction in response to an unprecedented public health crisis and all-too-common patterns of racial injustice contain lessons that can help shape professional practice, civic action, and institutional habits in both good times and bad. It is imperative that we rethink the conventional behaviors that exacerbate social divisions and alienation that divide the public and institutions from one another. Violence, polarization, and demonizing patterns of responding have become normalized, and, in my view, they are the largest threats to our democracy—as demonstrated in the insurrection at our nation's capital in January 2021. This leads me to lean on the teachings of Bayard Rustin, Martin Luther King Jr., and Dorothy Cotton

on nonviolence and, in particular, the imperative lesson of “speaking truth to power.” This means challenging and shedding light on injustices and demanding action but in a way that is grounded in believing in the good of humanity, where “love endures and overcomes” and where love guides a path forward. King said, “Darkness cannot put out darkness; only light can do that. . . . I have . . . decided to stick with love, for I know that love is ultimately the only answer to mankind’s problems.”¹³ Speaking truth to power, grounded in love, is the practice we need to learn to engage in now more than ever.

What tactics might we employ to shed light on systems and practices without exacerbating polarization? This requires a firm belief that we are in this together, which is another type of power, one that requires the participatory development of a different story in which many people of different views and backgrounds see themselves in the call for change. It demands that we find ways to bring love back into our common lives. And it is informed by our willingness “to learn to unlearn in order to relearn.” (Winona LaDuke, an internationally known author and activist from the White Earth community, said that at a conference I attended last year, and it stuck with me during these experiences in Minneapolis.) In each of these ways, we approach this work of challenging and shedding light on injustices with humility, with a commitment to authentic and mutual relationships, and with a vision of social well-being grounded in caring and solidarity. We must believe in the goodness of humanity, in our interconnectedness, in our capacity to reweave our torn social fabric, and, in the words of the late Senator Paul Wellstone, that “we all do better when we all do better.”

We must learn to understand one another, to lean into uncomfortable situations, to see ourselves as a community. This can be as simple as challenging our biases or our worldviews. Many of the amazing nurse volunteers who helped me last summer experienced situations they had never imagined. Take, for example, a recent volunteer—a nurse on furlough who dedicated his free time to help me. During his time at the encampment, he was approached by a woman who asked for PrEP (a medication regimen to help prevent contracting HIV) because she had engaged in sex work to make ends meet. Another man asked the nurse about safe injection methods and whether the volunteer nurse could supply him with clean needles. Through interactions like these, this nurse learned about life circumstances that are often hidden from the more privileged.

If professionals and institutions are to serve the public, it is crucial to know the public and to work with citizens. We must cocreate actions with people who experience the challenges themselves in order to speak truth to

power. People living in the encampments said some volunteers who were trying to advocate on their behalf seemed more concerned with posting on social media outlets and organizing efforts with other volunteers than asking the people living in the tents what they wanted and how they wanted to be involved. We have to dare to demand change, with all people gathered at the decision-making table. When I asked one of our guests at the Health Commons about this issue, he said, “You can’t come with the answers if you don’t know the problems.” People who are living without a permanent residence are not to be pitied, but instead, honored for their humanity, their strengths, and how they care for one another.

I do not mean to minimize the efforts required to engage in this professional practice. As a citizen nurse, working with citizens who have no medical training and trying to purvey professional expertise without alienating the public can be demanding—even exhausting. I have heard from colleagues who see friends and relatives post misinformation about COVID-19 online. Many of these colleagues said they lacked the energy to continue to participate on social media platforms because the push-back from others felt frustrating and belittling, with little change observed in shifting the opinions or beliefs of those who posted inaccuracies. Some nurses felt compelled to take a break from social media altogether because of the backlash experienced while trying to challenge misinformation or disinformation, such as spreading doubt about the efficacy of wearing a mask to protect oneself and others from infection.

Students often seem to create grandiose ideals of what the citizen professional is and feel as though becoming one is unachievable. My students give me perspective on how intimidating these civic ideals can be for young professionals just entering the nursing field. The largest hurdle in teaching this concept is that students feel as though they are disassociated from the work themselves. Often, they say that they “wouldn’t be able to give up their lives” to do what these professionals do every day. They see the work as being “selfless” or “giving.” While that may be true to an extent, the work of the citizen nurse is not an act of charity, but of solidarity.

As nurses, as citizens, we must take action without perpetuating polarization. We must challenge and shed light on systems and hierarchical norms that have left us ailing, organize across our differences to do better, demand justice by claiming our power to do something. It will be messy, but we must muddle through to reinvent ourselves. Leading change is critically necessary for individuals and for members of institutions. Effectively speaking truth to power requires a firm belief that we are in this together. It demands that we find

ways to discover a shared humanity, to see each other through our imperfections. And it is informed by our willingness to learn to unlearn. In each of these ways, we come to the work of demanding change with humility, with a commitment to authentic and mutual relationships, and with a vision of social well-being grounded in caring and solidarity.

The importance of these stories lies not in the deep misfortune they uncover but rather in the lessons they offer in how to take action, to share power. I won't lie; I am sometimes livid, watching the continual suffering of people living on the streets—people I have

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come to know and develop relationships with over the last decade—whose mental health status has been impacted by the chaos visited upon us and who have had to endure the images of their friend George being killed. I struggle to find the words to describe my emotions at those times. Yet my passion for this work, and the work we are all called to do, is stronger than ever. And the future of the work is still unfolding. The peacetime emergency of the pandemic will end, and people will owe rent while stimulus checks will end and the fallout of the economic crisis will be upon us. We can do something about all of this, together—for the common good. Polarization or “othering” is not the answer. Paulo Freire said, “Because love is an act of courage, not of fear, love is a commitment to others. No matter where the oppressed are found, the act of love is commitment to their cause—the cause of liberation.”¹⁴ As the suffering continues in our communities and our nation, I remind myself of the importance of these words.

As I conclude this essay, I want to reflect on some of George Floyd's final words, “I can't breathe,” recorded on the video that shocked the nation's conscience. Had these words been uttered in any medical setting in the country, an influx of health-care providers would have rapidly responded, attempting to save the person's life by providing immediate care. Nurses would be running to help. These words not only represent Floyd's murder but also mirror the racial inequities that exist for those who are struggling to breathe in the worst pandemic in modern history. Nurses must struggle to uncover the dominant

health practices that foster Western ideals of health, which minimize the nurse's role to "helper" or "do-gooder." The words "I can't breathe" should call all nurses to action. First, we must look inward at our role in perpetuating systemic inequities related to race and injustice. Then, we must respond as a collective to undo generations of harm that have traumatized communities and individuals for far too long. And, finally, we must speak truth to power as we lead with love. Witnessing a man struggle for oxygen to survive under the knee of someone who swore to protect and serve undoubtedly warrants the declaration of a public health crisis and calls for immediate nursing action. In the words of James Baldwin, "Not everything that is faced can be changed; but nothing can be changed until it is faced."¹⁵ And in my view, facing the failures now becoming obvious in our policing, medical, and political institutions will change the world. We have a responsibility to make sure that it does.



NOTES

- ¹ Kathleen Clark, "The Aftermath of George Floyd's Death: How 8 Minutes + 46 Seconds Affected the Health of a Community," Nursemanifest, June 24, 2020, <https://nursemanifest.com/2020/06/24/the-aftermath-of-george-floyds-death-how-8-minutes-46-seconds-affected-the-health-of-a-community/> (accessed October 7, 2021).
- ² Kathleen Clark, "Struggling to Find Air: Emancipatory Nursing Response to COVID-19," Nursology, July 7, 2020, <https://nursology.net/2020/07/07/struggling-to-find-air-emancipatory-nursing-response-to-covid-19/> (accessed October 7, 2021).
- ³ Clark, Kathleen, "Being Bold: Caring while in Solidarity," Augsburg University, Augsburg Bold Series, October 2, 2020.
- ⁴ Paul C. Pribbenow, "Lessons of Vocation and Location: The Saga of Augsburg College as Urban Settlement," *Word and World* 34, no. 2 (2014): 153.
- ⁵ I borrow this phrase from Gustavo Esteva and Madhu Suri Prakash, who write, "Epistemological humility means recognizing and accepting the limits . . . of any established knowledge; noting the personal limitations of the knowing subject as well as continually delineating the limits of the *logos*." Gustavo Esteva and Madhu Suri Prakash, *Grassroots Post-Modernism: Remaking the Soil of Cultures* (London: Zed Books, 1998), 202.
- ⁶ David Mathews, *With the People: An Introduction to an Idea* (Dayton, OH: Cousins Research Group, 2021), 5, 7.
- ⁷ David Mathews, *With the People*, 34.
- ⁸ Paula N. Kagan, Marlaine C. Smith, and Peggy L. Chinn, eds., *Philosophies and Practices: Social Justice as Praxis* (Milton Park, Abingdon, Oxfordshire, UK: Routledge, 2014), 1-8.
- ⁹ Harry C. Boyte, "Free Spaces and Iron Cages: The Public Work of Reframing Power," *The Good Society* 30 (forthcoming).
- ¹⁰ Reverend Al Sharpton, Eulogy for George Floyd presented at his funeral in Minneapolis, June 4, 2020.

- ¹¹ Harry C. Boyte, *The Citizen Solution: How You Can Make a Difference* (St. Paul, MN: Minnesota Historical Society Press, 2008), 143-157.
- ¹² Kagan, Smith, and Chinn, *Philosophies and Practices*, 1-8.
- ¹³ Martin Luther King Jr., "Where Do We Go from Here?" (1967), in *The Radical King*, ed. Cornel West (Boston: Beacon Press, 2015), 175.
- ¹⁴ Paulo Freire, *Pedagogy of the Oppressed: 30th Anniversary Edition*. (New York: Bloomsbury Publishing, 2014), 64.
- ¹⁵ James Baldwin, "As Much Truth As One Can Bear," *The New York Times Book Review*, (January 14, 1962): 38.

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