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Power and Privilege

Saturated sun rays caress the hallowed fields in Kentucky where the bodies of an entire generation lay resting. As a child I remember walking along the wooden fences that mark where Civil War battles were fought. The soldiers’ bodies serve as an Ebenezer for what once was a nation sickened with slavery and prejudice. Yet as time has passed America has healed from these ancient wounds and we preach a message of diversity and inclusion. Years have passed and rolling hills have been replaced by busy streets. Generations have moved north and America’s blind, hateful words were buried in the hills with her. My generation believes that the segregated days are history and I believe I can use new words to hide the darkness of past mistakes. My white suburban school taught me how to read and write and that power, that literacy, shaped the way I saw the world. In school we read that segregation was a device of the past; my new literacy skills biased what I saw until I had the opportunity to learn a new way to use language. This paradigm shift was a result of my internship at the Crossroad Community Health Care Clinic. I began to recognize that saying “equal opportunity” does not mean it is so, and “diversity and inclusion” are no more than words on a page. My experience at the clinic has shown me that my language can be used to ask questions that discontinue stereotypes and that the words I choose can be a tool to break down power and privilege.

It is now one-thirty on a typical December afternoon. The world outside is a blur of varying shades of grey. Water splashes on the sidewalk as the Metro zooms by; it’s occupants as dreary as the world they observe. I have been watching the woman three rows up from me as she plays with her son. Her dark hair and darker eyes are a stark contrast to the white smile she flashes at her son. Three rows back my pale skin washes through to my pale blonde hair. I can tell she just came from work, her uniform shows the evidence of a shift already spent. Three rows back I shift my weight so that my pressed khakis will not wrinkle. She has tired eyes, but whenever her son steals a glance at her the weariness washes away. Three rows back my eyes are rested and the lines of my forehead relaxed. At the next stop she grabs her bags and picks up his Spiderman backpack. Three rows back I watch them walk away, hand in hand. These three rows back begins to feel like so much more.

There are similar stories to the woman and the child seated around me, and as we travel further into the city I begin to recognize less of the world around me. Shop doors become crooked with chipped paint. Trash piles up along the road, but still there are glimpses of beauty in the painted murals peeking out behind the alley. There are curious eyes on the bus; they look at me wondering what I am doing here. My cool blue eyes, straightened teeth, and crisp leather bag are pushing me away from them. My heart thumps to a rhythmic beat: I am privilege, I am power.

My stop is the next one, and I hustle to wrap my scarf around my neck before the biting wind gushes through the doors. As I hurry down the block I pass a convenience store and nod at the clerk inside. I arrive at the clinic and stomp off the packed snow from my boots on the welcome mat. The waiting room at the clinic is busy this afternoon and the used-book shelf is already in disarray. The books on the shelf are tattered and torn, “hand-me-downs” from the pristine white suburbs. I head towards the “Employees Only” door and continue past the exams rooms to the row of lockers in the back.

 I have been working at the clinic for the past year as a volunteer intern. Each day I learn more about healthcare, caring about health, and to care while treating health. To provide care is to move three rows up on the bus to sit next to the mother and her son. To care is to understand that she is late to her appointment because the last shift of her third job ran over. In addition, the reason why her son has a cold is because the landlord hasn’t fixed the leaky pipes in their apartment. As a pre-medical student I am not able to prescribe medicine, diagnose a disease, or alleviate pain. However, I am capable of asking questions and actively listening to the answers. I can connect the mother and child to the resources they need. I am privilege, I am power, but I am also a language user. Words can ask “why, how, who, and where?” These questions connect me to the patient, and that connection can seat me three rows up.

The government supports the clinic to compensate for some of the billing deficits, but it is the staff that makes the clinic a reality. One staff member in particular is vital to the spirit of the clinic. Dr. Borchers has been working at the clinic for ten years. She has feisty gray hair and her glasses are always askew, despite her constant attempts to adjust them. There are smile lines framing her square jaw and firmly set gaze. To an outside observer her commanding presence can be intimidating, but after a year of observance I know her to be far gentler than her appearance presents. My favorite part of every shift is observing her interacting with the patients during the exams.

Today’s shift starts like any other and soon enough the clock show’s half past four. The clinic closes at five and luckily I get to spend the last hour shadowing Dr. Borchers. As I approach exam room eight I can hear her booming laugh erupting from inside the room. I knock rather timidly on the door not wanting to interrupt. Dr. Borchers ushers me inside the room and introduces me to the mother and child sitting within. At first I am taken aback by the appearance of the woman. Judging her to be approaching forty by the softness of her skin, I am shocked by the gaping bald spots covering her head. Her sparse hair clings to her head revealing what once were beautiful golden strands. Her eyes are bright, but underneath dark bags show stress and sleepless nights. Her child clings to her, but curiously glances over his shoulder to observe the two strangers by the door. I can feel myself slipping away. I want to move three rows back. I want cleanliness. I want safety.

Dr. Borchers continues to chuckle at the mysterious joke and the mother’s mouth pulls into an authentic smile revealing yellowed teeth. She keeps one hand protectively on her child while the other hand gestures dramatically in the air depicting the story that she is telling. As the moment passes Dr. Borchers reaches for the child to begin the examination. The baby squeals but is quickly quelled by a soothing murmur from his mother. Dr. Borchers begins to engage both the mother and the child explaining the exam while at the same time inquiring about their lives. I am struck by her choice of words as she carries on the conversation. As an educated physician her caliber of speech surpasses the common level of eloquence and clarity. However, in this moment I can tell she is choosing words to break down the barriers between her and the patients. I can see the mother beginning to trust her more as the exam progresses and her posture relaxes into a more comfortable position. At the end she hugs Dr. Borchers, grasping her firmly and sincerely thanking her for her healthcare.

After the patients have left Dr. Borchers begins to debrief me. She explains that the mother of the patient is a recovering heroin addict. The mother became sober as soon as she found out that she was pregnant and now her son is her pride and joy. They have never missed an appointment and reliably take prescriptions. I can hear the admiration in Dr. Borcher’s voice as explains the struggles the small family has overcome. One thing she says resounds with me, “Patient visits are not isolated events. As a physician, you must account for the intersectionality of their life’s experiences”. Patients are more than a disease or a set of symptoms. They come with experiences that shape their view of healthcare and affect their ability to take care of themselves. As a physician I must use language that asks the right questions instead of letting my suburban reading skills shape the way I view a patient based off of their chart. I am power; I am privilege. I can choose what I say.

Each day at the clinic I meet new patients and hear new stories, but language does not stop with listening. My literacy and speech have the ability to be a tool. Words can be used to inspire confidence and not doubt. If I sit three rows up, I can see how capable the patients are and my words must show that I can confident in their abilities. My words can also be used to break down class instead of creating walls. Dr. Borchers has shown me how to use what language at what times. My vocabulary and sentence structure must be appropriate to my audience. In this way language can also show equality and not superiority. I am power, I am privilege, but with language patients have power and patients have privilege.