

**LEADERS
IN THEIR
FIELDS****2020-2021
NMA Award
Winners**

2020 NMA Student Advocate of the Year

Rohan Khazanchi

By Rohan Khazanchi

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On Student Advocacy, Syndemics, and Structural Racism

When I think about advocacy throughout the last year, I think first about my UNMC colleagues.

When PPE pipelines across the state fell apart and UNMC house staff struggled to balance caring for their families with increasing workplace demands, medical students responded.^{1,2} Removed from clinics and classrooms, we organized with local, regional, and national partners to supply tens of thousands of

PPE units, and we galvanized our peers to provide over 1,500 hours of child and pet care.

When it became clear that marginalized communities had inadequate access to cloth masks, nutritional food, basic hygiene products, health information, and more, medical students responded.³⁻⁶ As early as mid-April, COVID-19 case and death counts were highest in counties with larger proportions of racial/ethnic minority and non-English-speaking populations.⁷ In spite of this, our state was the last in the country to report COVID-19 demographic data.⁸ When reported, local data revealed a consistent trend: disproportionate impacts on Black, Hispanic, and Asian communities, especially near food processing facilities with predominantly immigrant and/or refugee workforces. Medical students quickly recognized



“One of Rohan’s greatest passions is addressing structural inequities in society, particularly for people of color. His initiatives have garnered national attention. This curriculum (*Structural Challenges & Inequities in Healthcare Delivery Curriculum*), implemented for UNMC’s first year medical students, brought community leaders of color together to lead small group discussions explore the systemic hurdles many in Omaha face, as well as the social determinants of health many minority populations experience. As a medical student himself, he is already beginning to shape conversations and moving the needle at the national level by launching grassroots initiatives locally.”

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“Rohan served as the Community Outreach Coordinator for UNMC CoRe. Through his role, he facilitated the distribution of over 60,000 units of PPE. He has linked national organizations to UNMC (i.e. Get Us PPE) to fly in thousands of N95 & KN95 masks to the Omaha area. His commitment to public health brought about the distribution of educational materials to OPS student families receiving UNMC CoRe’s community sewn masks. Rohan not only seeks to address acute needs, but actively works to address problems on a grander scale so that we as a community are better prepared in the future.”

the importance of caring for all our neighbors, especially those most vulnerable to the pandemic’s many harms, and partnered with our proximate communities to address pressing needs.⁹

And when a familiar foe, racism, reared its ugly head in the local and national landscape, medical students responded.¹⁰ The deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and, in Omaha, James Scurlock reignited dishearteningly familiar societal discourse. Calls to action echoed throughout our state, as 17 cities from Scottsbluff to Omaha held peaceful demonstrations.¹¹ Locally, a newly created, student-led chapter of White Coats for Black Lives held a powerful kneel-in protest attended by hundreds and has continued to stimulate productive dialogue on campus.¹²

The most meaningful aspect of these student-led efforts is that each program identified critical inequities—rural provider access to PPE, basic needs of vulnerable populations, and intergenerational trauma downstream of racial injustices—and delivered community-centered interventions. As

individuals, students are at the bottom of the food chain within the medical community, yet as a coalition, students have powerfully prioritized equity to support thousands of our future colleagues and patients.

The COVID-19 Syndemic

As was the case for my peers, COVID-19 and our nation’s racial re-reckoning have amplified our collective consciousness of how profoundly social inequality affects health outcomes. This includes understanding that instances of interpersonal racism, like the aforementioned deaths of unarmed Black civilians, are not the only way racism conspires to harm human health. It is of utmost importance that all physicians recognize how racism operates on multiple levels, and via socioeconomic-dependent and independent pathways, as a primary driver of racial health disparities.^{13–15}

Structural racism in the United States—in the form of policies causing differential quality and distribution of housing, transportation, economic opportunity, education, food, air quality, health care, and beyond¹⁴—has a fundamentally causal relationship to COVID-19 outcomes.¹⁶ In communities of color, these factors have fostered increased risk of COVID-19 exposure and severity through direct (eg, work conditions; crowded housing; carceral overrepresentation) and indirect (eg, limited access to health information or insurance; increased prevalence of comorbidities) mechanisms.

Because of these clear patterns, COVID-19 has been described in the literature as syndemic disease,¹⁷ with associated disproportionalities reflecting the synergistic and mutually reinforcing epidemics of widening social inequality, racism baked into socio-political structures, and a highly contagious virus. Syndemics are self-perpetuating; the spillover

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effects of COVID-19 will leave profound, lasting harms on the economic, mental, and physical health of communities of color, reifying the same intergenerational cycles which drove the pandemic's inequitable trajectory.¹⁸ In addressing these themes, a recent commentary I co-authored in JAMA Network Open concludes that “clinicians, health systems, and policy makers alike must grapple with the fundamental inequities that lie upstream of disparate COVID-19 outcomes to make tangible progress toward health justice” — a world in which all our patients have a shared opportunity to achieve and lead healthy lives.¹⁹

A Call To Action: Join the Physicians of Tomorrow in Addressing Racism as a Public Health Crisis

The NMA's mission statement includes “advocating for the medical profession, for patients, and for the health of all Nebraskans.” Advocating for the health of all Nebraskans must include strategic prioritization of equity and antiracism for our colleagues, communities, and patients.²⁰ My medical school peers—and, notably, two counties in Nebraska²¹, the AMA Board of Trustees²², and the New England Journal of Medicine^{23,24}—firmly agree. We have closely examined the expansive research literature proving that racism is a public health crisis^{13–15}, we recognize that threats to the health of populations require population and policy-level intervention, and we know that solutions can only come when the medical community steps up to lead the conversation.

This November, the AMA Medical Student Section will introduce a resolution I co-authored to the AMA House of Delegates which names racism,

“ He is very active on social media platforms including Twitter, Instagram, and Facebook, bringing light to the challenges our world is facing and encourages other medical students and friends to join his numerous causes too create actual change. He is very passionate and willing to communicate with individuals who have questions and would like to engage in a deeper conversation, as he has a plethora of knowledge and research to share as well. ”

in its institutional, interpersonal, and other forms, as a serious threat to public health, the advancement of health equity, and the delivery of appropriate medical care.²⁵ Our resolution calls for systematic divestment from racial inequity and identifies the need for medical training, research, and advocacy which explicitly interrogate the health effects of racism. I am immensely proud of this effort because it reflects that medical students do not shy away from difficult conversations about structural inequity; rather, **we hold equity as a moral imperative for the U.S. health system of the future.**

I hope that Nebraska's physician-leaders join us in intentionally prioritizing equity and antiracism within our missions as community members, clinicians, and advocates. Our state's future physicians are looking to you all for leadership, and we are prepared to stand alongside our patients and communities in the continued fight for health justice. □

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BIO Rohan is a fourth-year medical student at the University of Nebraska Medical Center in the enhanced medical education track focused on comprehensive HIV care. He received his masters in public health at the University of Minnesota and undergraduate at Washington University in St. Louis in Neuroscience Biology graduating cum laude. Rohan has many achievements in this year alone. Those include: the UNMC Internal Medicine Medical Student Research Award, the U.S. Public Health Services National Excellence in Public Health Award, Alpha

Omega Alpha Honor Society, UNMC Gold Humanism Honor Society, and AMA Student Mentor of the Year. Rohan has provided great leadership to the UNMC Medical Student Chapter as the AMA HOD Region 2 Delegation Chair, AMA Region 2 Delegate, UNMC Chapter Delegate, and Co-founder and co-leader of the Nebraska Health Policy Network cohort program. Rohan keeps busy in his free time as an avid musician of piano, cello, percussion, and singing. He also stays active with tennis, volleyball, basketball, traveling, camping, and hiking.

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