

I. Engaging Change

“ ‘Mind the Gap’, a voice overhead calls out as the doors open for the Tube in London. That is precisely the same thing we aspire to in meditation, to mind the gap between where we are in this moment -- before we act to get where we are going. If we can recognize that space, hold it open, we then have a chance to transform our actions from blind habit to conscious action.”¹

Using meditation to Mind the Gaps in our daily life and in our society, we may create a just, democratic, and civil society. Meditation and mindfulness facilitate developing the capacity to recognize gaps within our daily life, to be present with these gaps to gain clarity, and to respond to these gaps with insight and wisdom.

The paper explains a framework to promote conscious, inclusive social action, and demonstrates how this framework could be used at the individual and institutional level. It then describes how we can develop the capacity to support inclusive problem solving, a necessary step to promoting inclusive, conscious social change.

II. Mind the Gaps: Conscious, Inclusive Action for Social Change

The “Mind the Gaps” framework is broadly applicable to a variety of issues. Its 4 steps enable one to “check” whether proposed actions are inclusive. When we encounter a gap in our proposed action, we may invite participation of voices not historically engaged in the problem solving process. To be inclusive we need to create a space that allows input of impacted, interested parties with their diverse perspectives on the appropriateness of proposed solutions.

Mind the Gaps

- 1. Gaps of Culture**
- 2. Gaps of GPSE (geo-political socio-economics)**
- 3. Gaps of Systems**
- 4. Gaps of Power Perspective**

Mind the Gaps may seem familiar or intuitive. After we take a proposed action through the 4 steps, we may ultimately determine that our initial action is optimal, even if not fully inclusive, but we make that choice consciously, more aware of future opportunities for more inclusive solutions. Using this 4-step framework diligently and consistently in our personal and professional activities will raise our awareness of Gaps and will promote inclusive action for social change.

¹ Ingen Breen, a soto zen priest, who shared meditation practice guidance and this brilliant analogy.

A. Gaps of Culture

To assess Gaps of Culture asks that we cultivate the awareness that we are a fish swimming in water. We look to see the layers of assumptions that underpin the actions that we choose, the language that we use, the approach to problem solving we select, and the values that we promote. We do not need to challenge these assumptions; it is sufficient that we be aware of the assumptions. Then, we may begin to consider where and how diverging perspectives may exist.

While this inquiry may include the traditional concepts of 'culture' related to one's customs, values, and beliefs, Gaps of Culture in this context asks that we examine the assumptions implicit within our professional disciplines, selected strategies, preferred methodologies, and presumed doctrines. We are looking for barriers we are unable to see based on our disciplinary assumptions and we seek to invite different approaches to how we might address the situation.

Social Workers: *How might the person/people I want to 'help' perceive 'help'? What are my assumptions about assisting? needs? services? care?*

Mediators: *What are my assumptions about peace, justice, conflict resolution? about methods for safety, respect, reconciliation?*

Funders/Organizations: *what assumptions does my funding/program depend on? about who defines our focus/goals and how we assess impact?*

B. Gaps of Geo-Political-Socio-Economics (GPSE)

To assess the Gaps of GPSE, we consider how contextual layers -- geography, politics, and socio-economics -- impact communities differently and, as such, might limit inclusiveness of a proposed action. The Gaps of GPSE are already well recognized as critical components of ongoing disparities. For example, the GPSE factors constitute 'social determinants of health;' they reflect recognized barriers to accessing legal services and equitable remedies; and they associate with exposure to environmental hazards. Thus, when we intend to take conscious, inclusive action, we make sure that we reflect critically upon these components and assess whether our proposed action may unintentionally exclude groups based on GPSE attributes.

Health Care Providers: *How may a patient's socio-economic situation impact his/her ability to manage a diagnosis and access treatment? How may a patient's distance from the clinic affect her treatment? How may a patient's political situation impact his/her ability to access care?*

Neutrals/Advocates: *How may a person's prior experience of justice influence what s/he seeks/does not seek now? How may GPSE constrain a person's ability to access and receive equitable justice?*

Funders/NPO/NGO: *What GPSE groups do we 'aid' and are we succeeding? Are we unconsciously limiting our impact due to GPSE?*

C. Gaps of Systems

Assessing Gaps of Systems asks that we consider the inclusiveness of the systems upon which our proposed action depends and that we reflect critically upon the limitations of those systems. For example, if we propose to communicate a message – upon what systems does our message depend? We must consider how we will reach people who do not speak our language, who cannot hear/read, and to what extent there may be communities who lack access to this media. Alternatively, if we locate a free mediation service at the court-house, we must consider whom our legal system serves and fails to serve and whether our efforts to provide alternative methods for conflict resolution might be limited due to the legal system's limitations. Ultimately, this aspect of Gap review asks whether we are aware of the limitations of our existing systems and how we may create more inclusive systems.

Health Care Systems: *If we rely on the existing system, whom will we miss? How does systemic isolation impact the ability to have a voice in public policy that affects health and health care delivery?*

Justice Systems: *How do the limitations of the justice systems impact our efforts? How might the system and systemic issues constrain a person's ability to access and receive equitable justice?*

Funders/NPO/NGO: *What systems do our funding/program strategies rely upon and whom do we exclude as a result?*

D. Gaps of Power Perspective

By assessing Gaps of Perspective, we consider how our power perspective shapes our proposed action. The strategies we use for social change are unconsciously informed by our power perspective. We may not realize that others do not enjoy the same power, privilege, and position. For example, if we choose peaceful protest, we assume that others, whose rights may be the subject of the protest, will also be comfortable demonstrating and exercising the right to peaceful protest. But for some whose experience with the law reflects inconsistent or unequal justice, there may be less security in exercising one's rights. The exclusion of segments of interested parties reduces the inclusiveness of the action and may undermine the entire effort. Thus, we must consider how our experience of power, privilege, and position shape what we do, so that we most effectively use our power, privilege and position. Ultimately, inclusive action is about sharing our power and using our privileges and position well. Gaining a keen understanding of all three is critical to promoting conscious, inclusive action for social change.

Power: *What assumptions does this proposed action depend upon that may be based on my privileged position?*

Perspective: *How can I/this organization be most effective in using the power, privilege, and position that we have? From a different perspective, would this proposed action feel inclusive? How can I better understand that appropriateness of this action from the perspective of the people impacted by it?*

Position: *How can I be most effective and influential in creating the change I seek - is it more helpful to 'help' others by intervening on their behalf or is it more effective for me to ask others to have a seat at the table?*

III. Mind the Gaps: Applied

The following two scenarios show how one might apply Mind the Gaps framework to promote inclusive action. The first scenario shows an administrator using the Mind the Gaps framework to consider how to address a conflict at a school. The second demonstrates how a proposed government action might be evaluated under the Mind the Gaps framework.

A. Mind the Gaps: Individual

At a private elementary school in New York City², an 8th grade student and her best friend gang up on a 5th grade student. They bind her hands with tape and plan to leave her in an area where students are not supposed to go without supervision. The terrified younger student complies with everything they say. Their plan is foiled by another 5th grade student who comes along, and the 5th grade students tell their teacher. The school administrators hear from the two sets of girls and suspend the older students for two days and require them to write an essay reflecting on their actions. A week later, the school sends a letter to the parents indicating that two older girls had tied the hands of a younger student and then untied them and that the school had managed the situation. The victim's parents are extremely distressed after hearing about this event from their daughter. As the principal of the private school where a bullying incident occurred, Mrs. M considers how a response to the situation might be most inclusive.

1. Gaps of Culture

Mrs. M questions how she might approach a parent meeting to discuss the bullying situation. She considers how the discipline may appear to each set of parents. She decides to invite the parents of the children directly involved in the incident to meet with her. She deems that this approach fosters the kind of open dialogue that the school advocates and feels that she can manage these parents without difficulty.

Mrs. M is bounded by the culture of "administrators" and approaches handling this situation in the delicate, political nature expected of someone in her position. However, to look beyond one's "culture" of handling difficulty in a top down way, here are three approaches to support inclusive action in this conflict.

1. What is my disciplinary bias in how to approach conflict? Mrs. M. does not consider whether the parents may think that she has a conflict of interest for economic reasons (e.g. her job may depend on parental donations to the school). If she considered these concerns, she might hire a mediator to have a neutral facilitator of dialogue, to level the playing field and to facilitate understanding. To be certain this strategy is acceptable, she would ask all sets of parents whether they are comfortable with having a mediator present to facilitate the dialogue.

2. What are my assumptions about who is impacted? Mrs. M has not considered that other parents may have concerns about the situation, nor does she consider that other students not directly affected may have residual concerns from this event. Rather than narrowing the focus to whom she believes to be the impacted, Mrs. M asks the community whether there are people who have unaddressed concerns.

² This is a fictional narrative for teaching any resemblance to a true story is purely coincidental.

3. *Who solves the problem? Rather than a top down approach, an inclusive strategy for healing the community might be for Mrs. M to invite the grades impacted 5th – 8th students and their teachers to an assembly to address healing this incident. This approach would enable students not directly involved but impacted an opportunity to express their concerns and needs for safety, and it would allow the entire community an opportunity to participate in the solution.*

2. Gaps of GPSE

Mrs. M does not see any geographic considerations in this case, but she recognizes political and socio-economic concerns. Mrs. M is aware that the parents of the instigator and the victim have vastly different political outlooks, social status, and wealth. The instigator's parents are wealthy, prominent business people with a lengthy lineage of family who have graduated from the school; the victim's parents work in public health and government, and both are second generation immigrants of comfortable means but limited wealth.

To level the playing field in a situation of imbalance, having a neutral 3rd party facilitator may promote greater understanding of the differences and surface (mis)perceptions. For example, these parents may have different experiences of justice based on their personal GPSE histories, they may have different understandings of the event, and they may have different perspectives on what constitutes a just remedy of the situation.

3. Gaps of Systems

Mrs. M chose to use the school's usual approach to handle this situation; critically considering this strategy, she might recognize that some might mistrust the school's commitment to discipline justly arising from its dependence on parent financial contributions. To promote a sense of confidence in the school's commitment to neutrality and justice, Mrs. M might chose to use a mediator. If selecting a mediator, she would check with both parents to ensure they agreed to this process, as well she might consider whether the mediator has experience with multi-cultural conflicts and what qualifications the mediator might need to have to establish legitimacy with the parents in this conflict.

To inspire confidence in the fairness of handling this type of situation should it arise in the future, Mrs. M might work with a coalition of teachers, parents, and students to identify and develop a way to handle any future similar incidents. This would provide consistency and transparency, while retaining flexibility and result from an inclusive problem solving team.

4. Gaps of Power Perspective

Mrs. M reflects on her power in this situation and feels confident that she can manage these parents based upon her authority at school. Yet, she does not have authority over the parents and in many ways, she is accountable to them.

Mrs. M did not consider that her position could be perceived differently between the two families. While the instigator's parents, wealthy patrons of the school, feel comfortable expressing their perspective and needs, the victim's parents who do not have a strong economic relationship with the school do not feel equally entitled. She also did not consider that the victim's parents might be concerned that pursuing a just outcome for their daughter could harm their relationship with the school. In contrast, the instigator's parents are secure in their relationship with the school and do not even consider that stating their thoughts would have any implications for their daughter's educational experience. These are differences arising out of the parents' different power positions and the perspective of their privileges. Mrs. M, who is not aware of her own privileged perspective, is insensitive to the ways that privilege shapes actions.

B. Institutional: Emergency Preparedness

In December 2005, the Center for Disease Control (CDC) hosted a teleconference proposing that local governments throughout the United States adopt "Community Legal Preparedness for Public Health Emergency" that expands the public health authority for a possible serious infectious disease outbreak. During the Questions & Answers, I inquired how this proposed scheme to broaden authority would address the needs and protect the rights of people from diverse communities, such as those who didn't speak English; there was a long pause, and someone attempted to respond but didn't actually address the question. I wondered what an inclusive preparedness plan would look like?

Public Health Authority is the discretionary power that government has over the people to protect their health. The CDC's proposed action sought to broaden this discretionary authority by eliminating legal restrictions that had been placed after historical episodes of misuse of authority over certain communities. I reflected on the response to my question and wondered who else might not be adequately included in a plan developed by people who aren't thinking consciously about inclusion. Below are outlined some of the questions that I considered when thinking through how to guide the expanded authority to be inclusive of marginalized communities.

1. Gaps of Culture: Public Health

- What if, during an emergency, the public health authority's good intentions to protect the public gets overrun by the politics of fear and discrimination?
- How does the public health authority intend to use their discretionary power?
- Is there guidance on how to use discretionary power in difficult situations?
- What protections exist for the public, if the government fails to meet their ethical aspirations to use power well?
- What if the public does not trust the public health authority or its good intention?
- What if the public health authority is not as good as it presumes to be?
- What has been done to ensure that the good intentions are realized?

Having written a critical legal history of public health's treatment of vulnerable populations³ during infectious disease outbreaks, I wondered whether the public health authority would be able to carry out its noble intention amidst heavy political and social pressures that dominate, particularly in the initial stages of a public health disaster, when fear looms and science lags. I also wondered how those who do not trust the public health authority, or government in general, would be affected during a public health emergency and what the implications would be for the public's overall health if some sub-groups did not follow the public health directives. I also considered that it is nearly impossible to obtain funding and support for preventative efforts for marginalized communities; however, I considered that if there were a collective interest, such as an infectious disease outbreak, it might facilitate funding for inclusive policies that support the interests of marginalized communities.

2. Gaps of GPSE: Public Health

- How might people from different GPSE be affected during each critical stage? (awareness, prevention, screening, treatment, vaccination, quarantine)
- How will geography play a part in an epidemic – with regard to access to treatment and spreading disease?
- How will political status influence public health efforts? What happens to non-English speakers or recent immigrants who are often scared to access public services in the US? What happens to people who are not legal citizens? Prisoners?
- What social factors will influence the epidemic? What happens to the elderly? What about the institutionalized elderly in nursing homes? What happens to a dependent child whose single parent requires quarantine?
- How might economic status impact the public health plans? How will the homeless be contacted? Will the narrow margins for the working poor (fear of job loss, need for money) impact those who need to work rather than stay home under quarantine?

³ Ettinger, K. A Critical Legal History of Public Health's Treatment of Vulnerable Populations during a Public Health Emergency. (available from the author)

The personnel of transportation become key players in a variety of circumstances so paying attention to the geography of this situation remains important.

Relying on my historical identification of marginalized communities and scenarios from the SARS outbreak in Toronto, I identified the following groups at high risk of being overlooked in planning strategies: homeless, poor, persons with disabilities, persons who are institutionalized (prisons, nursing homes), children, elderly, illegal immigrants/immigrants (incl. language access). These groups lack socio-economic status and thus, lack political power; they have minimal access to having their interests included in emergency preparedness plans nor protected in times of crisis.⁴

3. Gaps of Systems: Public Health

- Who is not adequately served by the current health care system?
- Will illegal residents fear deportation and thus be afraid to come to the hospital during a pandemic?
- Who will be overlooked if the strategy to promote awareness and prevention is the media? How will people who don't speak English learn of this? people who cannot read? people who cannot afford a tv/radio? people who are homeless?
- How do public systems, such as public transit, affect who may come into contact with an infectious disease and how does it inform the way that disease may spread?

I considered that public health plans rely on three primary systems –public health authority/government, the health care system, and the media. For people who have historically poor relationships with government, it is important to consider that they might ignore or be suspicious of government advisories.

The government and health care system systemically alienate certain community, particularly illegal immigrants. The fear that illegal immigrants have of government might prompt them to ignore public health advisories in a way that could have significant implications to the overall health of the public. Considering the manner and degree to which this community is alienated from the health care system and society, I wondered what would be necessary to promote compliance and trust in public health directives.

Most public health announcements are made through media channels, and I wondered what would happen to people who do not have media access. Homeless people who don't have a radio/TV, deaf people who don't listen to the radio, illiterate people who can't read a flyer, and announcements made only in English would miss non-English speaking residents.

⁴ This does not indicate the state of affairs at present. The purpose of this project in June 2005 was to raise awareness of the interests of marginalized communities in a time of a crisis and to promote inclusion of their interests in preparedness planning. Hurricane Katrina in Sept 2005 underscored the need to develop inclusive preparedness planning. The current situation varies by county and state.

4. Gaps of Power Perspective: Public Health

- How does this proposed action reflect assumptions of power and privilege?
- Where and how can I use my power, privilege, and position most effectively?

I saw the greatest contribution I could make to support the “vulnerable populations” I identified was to speak to the group that I was a “part” of and to use the tool of my training, law and ethics, to robustly guide this very broad discretionary power. I developed an ethical argument to justify preventative policies that address the unique needs of vulnerable populations during a public health emergency. I presented that poster, Vulnerable Populations During a Public Health Emergency⁵, at the CDC’s Public Health Law Conference in June 2005. When Hurricane Katrina hit three months later, the groups identified and the issues anticipated in the poster became a part of tragic history. It is my hope that if we endeavor to use these steps rigorously and consistently, we can promote inclusion action for social change.

The opportunity here that I did not undertake due to my position (a student writing a paper rather than a policy maker) would be to invite the identified groups into the problem solving process to ensure that any actions, such as the proposed preventative policies, included the power perspective of the constituent.

⁵ Ettinger, KM. Vulnerable Populations During a Public Health Emergency, available at: www2a.cdc.gov/phlp/conferencecd2005/docs/kettinger.pdf