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Invited Commentary

Reflections of a Scholar-Administrator in a World of Extremes: Place Matters

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Abstract

This reflective essay draws on nearly two decades of leadership and practice at the Augsburg Health Commons in Minneapolis, exploring how place-based engagement can foster knowledge development and institutional commitments. The model of care that grounds the Health Commons, rooted in hospitality and accompaniment, is described, along with reflections on how these experiences shape students and faculty. A critical reflection of lessons learned as a scholar-administrator working in the hyperlocal community is also shared. The essay further interrogates the tensions of community engagement in times of crisis, ultimately arguing that universities can serve as an antidote to divisions and discussing the role of the scholar-administrator in advancing the public purpose of higher education.

Keywords: scholar-administrator, community-engaged scholarship, health commons, engaged practices, the power of place

Introduction

As our communities, on and off campus, continue to be deeply affected by normalized patterns of polarization and decisiveness, can or does the university serve as an antidote to these divisions? This is the question I find myself wrestling with as a scholar-administrator working in an urban private institution from a place-based context, especially as the national dialogue has begun to question the core relevance of higher education. Furthermore, I question whether we understand our role in moments of uncertainty. Or, furthermore, what has been our role in perpetuating the issues impacting campuses or communities?

Last fall, I was honored with the Barbara Holland Scholar Award, which was a deeply humbling experience for which I am deeply grateful. Since then, new challenges have arisen in my beloved community due to the realities unfolding in Minneapolis. The targeted deportation efforts that have ensued have resulted in palpable fear and turmoil. Dr. Barbara Holland encouraged those of us in higher education to address real-world challenges as we apply engagement strategies to "collectively discover ways to create a safe, healthy, sustainable, and equitable future for ourselves and our communities" (Holland, 2016, pp. 79-80). Further, she challenges us to center engaged scholarship practices to align university missions with public needs (Holland, 2005; Holland, 1997). These lessons from Dr. Holland can ground us in these moments of uncertainty as we navigate new realities with our students, communities, and each other. Therefore, this entry will reflect on my journey as a scholar-administrator and how centering engagement practices can serve as an antidote to the divisions that fragment our world.

A Model of Engagement to Foster Knowledge Development

As I reflect on my journey as a scholar-administrator, a term I had not been introduced to before my engagement at the Coalition of Urban and Metropolitan Universities (CUMU), I find its significance has become overwhelmingly apparent to me. The term scholar-administrator is grounded in Dr. Holland's work as an administrative leader whose scholarship has had a lasting impact on how universities create change both on their campuses and in communities (CUMU, 2025). Dr. Janke, the inaugural Barbara Holland Scholar-Administrator Award winner, defined a scholar-administrator as having the ability to "leverage the skill sets, perspectives, networks, and resources they possess—as scholars who continue scholarly approaches and agendas—in their administrative positions to push proactively for change" (2019, p.11). Dr. Green further expanded on this concept, framing it as an imperative identity, explicitly arguing that scholar-administrators are essential to field-building rather than supplemental (2023). Put simply, a scholar-administrator does not abandon scholarship when assuming administrative roles. Instead, they integrate community-engaged scholarship into leadership practice, reshaping how they understand their role and how their institution acts in the world to advance meaningful change.

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Being in this role for almost two decades has transformed my understanding of how change happens and how scholarship can humanize the world.

At the center of my awakening as a scholar-administrator is the *power of place*. While the meaning of this phrase seems relatively easy to comprehend, it is worth exploring. Power, a term many people often associate with elitism, force, or wealth, is actually foundational to understanding our ability to act. Harry Boyte often described power as our capacity to create change, whether as individuals or as collectives (Boyte, 2018). Power, in this sense, is democracy in action, rooted in people's ability to act together. Place can mean many different things, including being socially constructed, historically situated, or existing through relationships or a lack thereof. bell hooks reminds us that place is never neutral and is deeply political (hooks, 2009). Therefore, the *power of place* refers to how physical, social, and historical environments actively shape knowledge, relationships, and action, making place a formative force in community-engaged and justice-oriented work.

I learned this *power of place* through my journey into academia. I walk in the footsteps of those who refused to look away — who dared to confront not only what was happening in our communities, but also the historical and structural inequities that created those realities. Those who didn't see their role in silos of service, teaching, or scholarship, but who felt a deep responsibility to act based on these commitments in ways that aligned with institutional commitments grounded in sustained, reciprocal relationships *with* community members.

In addition to serving as chair of the Department of Nursing at Augsburg University, I am the Executive Director of the Augsburg Health Commons. Prior to joining Augsburg as a faculty member in 2009, I was a student inspired by the work and ideals of the nursing faculty. My graduate fieldwork focused on engaging with the unsheltered youth community in Minneapolis. One of the faculty members told me that the department was organizing a free, health-focused drop-in center for the unsheltered community and encouraged me to participate.

My first experience at the Health Commons at Augsburg University as a student allowed me to begin to scratch the surface of what would become a transformative process for me. This first location, which started in 1992, began in response to modern-day homelessness, when nursing faculty witnessed people forced to live on the streets due to the deinstitutionalization of mental health facilities, changes to affordable housing, and increased drug use -- to name a few of the compounding challenges at the time. The nursing faculty decided they wanted to show up in new ways for the community and that this could become a place for student learning and faculty scholarship.

Soon after opening, it became apparent that the relationships being developed and the care practice at the Health Commons fell outside traditional norms of health care and offered its own

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model of care centered on doing *with* communities - rather than doing for them. What happened during moments of engagement at the Health Commons was not simply about learning or completing scholarship, but about transforming how we engage as collectives. The relationships and experiences at the Health Commons offered a rare opportunity for faculty and students to learn to decode the systems of oppression that privilege some over others, where power is leveled, and relationships are built on mutuality. However theoretical, I have witnessed these ideals unfold into realities in my time at the Health Commons.

During the first decade of the Health Commons, many guests expressed a lack of trust in healthcare providers and were wary of what they would need to demonstrate to receive services. Our guests see the impacts of care being commodified and the resulting power differentials in care settings. They often feel unheard or undervalued within these systems, with no autonomy or choice. Thus, the foundation of the care model is **hospitality,** which means offering a free, open space that fosters belonging without conditions and is grounded in the expressed, felt needs of community members (Enestvedt et al., 2018). Students and faculty are encouraged to connect with our community on a human scale without an intended agenda. They are encouraged to find common ground and recognize our shared humanity, our interconnectedness. Dr. Holland wrote about this importance in health professional education as she wrote with her co-authors, "By responding to community-identified needs, the practice of service-learning fosters citizenship and raises consciousness of socio-economic influences on health (Gelmon et al., 1998, p.258).

Centering hospitality also means we must think through actions that may be illegible or hidden barriers to participation. For example, we don't ask for any identification or proof of need. Many organizations serving guests like ours have data collection systems that are important for tracking data and capturing the services provided. Yet it can deter participation if people are unsure how we may use their information or with whom we may share it, especially at this time amid fears of ICE detention.

I witnessed this firsthand just this week. Due to the chaotic nature resulting from ICE's presence in the Cedar-Riverside neighborhood, the home of the largest number of Somali immigrants outside of the country itself, we were forced to reschedule our fresh food distribution in the neighborhood as we do every Friday. We distributed the food the following Monday with staff from a partnership institution who were unfamiliar with the Health Commons and our processes. A woman was asking people requesting food for their names, addresses, and the number of people in their households. The community members left, refusing to provide this information. I intervened and said we did not collect information this way. Asking for help is deeply humbling, and so often providing additional information can trigger feelings of shame or worry about how this data will be used. We found another way to capture how much food we distributed that didn't focus on personal identifiers as much as the food shared. This met the needs of the community and our partners.

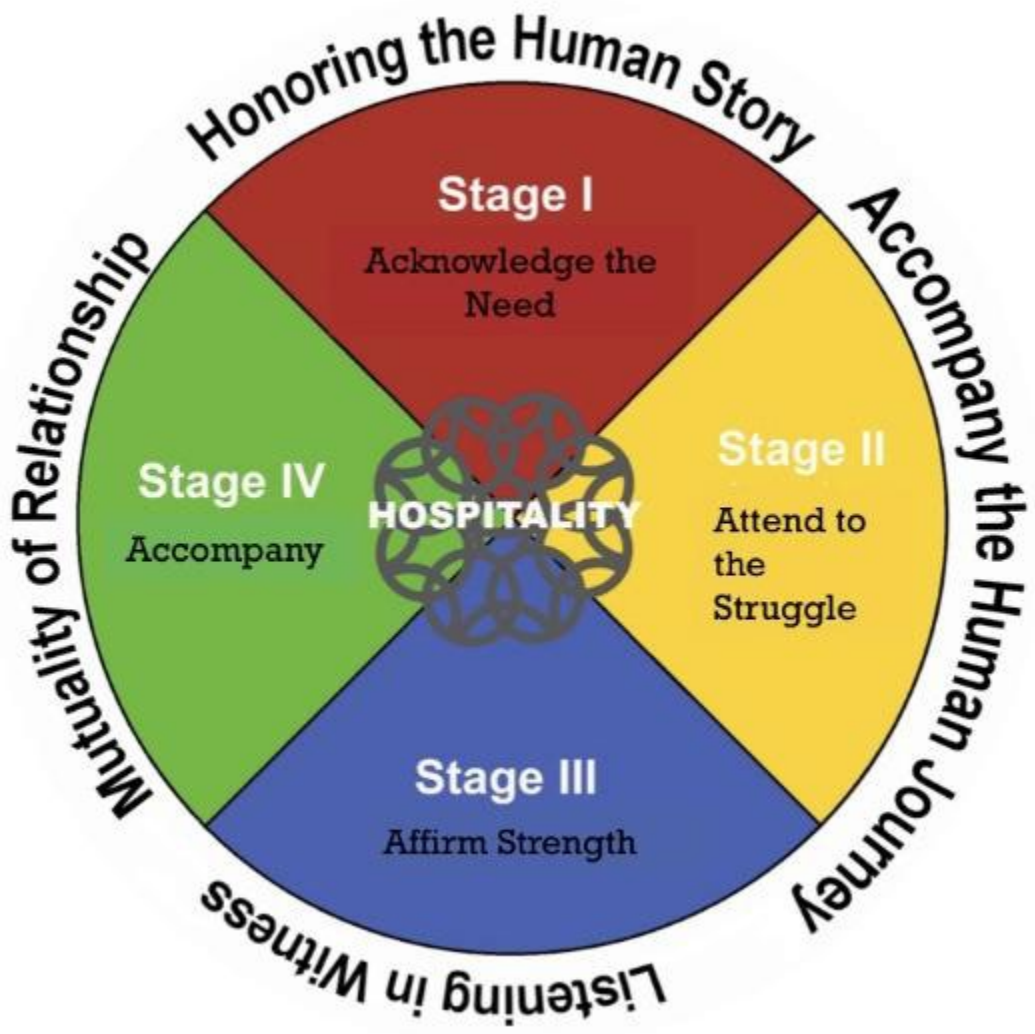

FIGURE 1. Visual of the health commons model of nursing practice.

To receive items or health services at the Health Commons, guests simply must ask for what they need, such as a pair of socks, diapers, hygiene products, or clean underwear. This is when those providing care at the Health Commons begin to **acknowledge the needs** of those visiting our spaces (Enestvedt et al., 2018). This is the first step in the care model where students begin exploring social injustices in response to their observations and increasingly engage in self-awareness as they reflect on biases that contribute to systems of oppression (See Image 1). Students recognize the importance of moving beyond being an expert or delivering commodified, service-based care as they assume the role of compassionate caregivers. I witness this every day I am at the Health Commons, especially with students, faculty, or volunteers who are new to the experience. Students and volunteers often want to find donations for the Health Commons after their experience. They are still often reflecting on their own awareness and humanity and have yet to make the larger connections to systems or historical context. Sophealy, a master's student, wrote, “I would never feel so strongly about wanting to share information

with people on health and be a part of teaching prevention until I attended a session at Health Commons. I also learned and understand the health disparities that occur in the community."

This leads to the second stage of the model, **attending to the struggle** (Enestvedt et al., 2018). This can show up in many ways, whether it is a guest who asks for a blood pressure check or foot care. Students may view the situation as a problem to be fixed, only to realize that it is complex and needs to be undone. This is an important moment in the learning process, and one that future experiences can build upon as the faculty, student, or volunteer continues to learn through the stages of the model. In this phase, students are encouraged to practice having conversations, not interviews or assessments. This is an opportunity to learn about someone's complex circumstances and how social injustices are experienced as they listen authentically to the guest.

This often shows up as the student or faculty member begins to advocate for those they have met. Students, for example, often explain structural violence, or harm from unjust social structures, when they are in this stage. During the government shutdown in November of 2025, students began noting the health implications they witnessed as people grew fearful about whether and when they would have access to food, given that SNAP benefits were on hold. As students came to understand the complex circumstances surrounding food insecurity, they learned firsthand how these injustices are experienced through the stories our guests shared. Kourtney, a graduate nursing student, shared, "It makes you rethink the statistics and numbers you see in the media (reflecting on SNAP benefits being withheld)… It has felt good to come to the front lines and witness it, as bad as the thing we are witnessing is…It's nice to have a way to help, even if it's only a very, very small way. Students often reflect on modeling their interactions after faculty who have longstanding relationships *with* community members, who are careful not to ask too many questions, especially asking the question "why" the guest may find themselves in these circumstances, as it may contribute to the person's feeling of being othered.

I will never forget my first recognition of learning in this stage. I remember doing foot care, and the woman's fingernails appeared freshly manicured, yet she was living at the shelter. As a new faculty member, I shared with my mentor my concern over why someone would spend money on getting their nails done if they didn't have a place to sleep. She then challenged me to think about my assumptions about what someone living in poverty should look like. And I also reflected on how many people who came to the Health Commons did not look "poor" or "homeless" as the media portrays. And I learned a valuable fact: no one wants to "look" like they are in need. Thus, suspending judgment is a vital practice in providing care at the Health Commons, as there is always more to it.

In the third stage, **affirming strength**, students and faculty serve as supporters of agency, helping people understand their innate abilities to use their power to create the change they deem

necessary (Enestvedt et al., 2018). It starts with affirming the guest's strengths, whether in the stories they share or in their ability to survive adversity. This affirmation builds common ground. The often-hidden creative maneuvers and ways of being that guests use to solve problems are beginning to be recognized by those providing care in this phase.

As professionals, we are often socialized to name the problems others encounter rather than to understand the collective nature of the issues they share. In this space, we encourage all those involved to understand the deep-rooted historical context and hegemonic systems that perpetuate these issues, resulting in othering and unchallenged social hierarchies. Students in this moment often realize their own positions in these social and systemic structures and examine how a path of mutuality can be forged. Tyler, a graduate nursing student, shared, “Being at the Health Commons, being given time to talk to people in various underserved populations, and taking time to reflect, I have been able to develop a new sense of sympathy. I now find myself wanting to make a difference for patients and truly help them develop a healthy life.

Students begin to understand the gravity of the structures in creating privileges for some and inequities for others. Peggy Chinn, a nursing theorist and thought leader, offers additional guidance and insights to students and faculty at this stage. She has built her ideas and work on Paulo Freire’s ideas of praxis, naming emancipatory knowing as the remedy to right these wrongs (Kagan et al., 2018). Emancipatory knowing is defined as “the human capacity to be aware of and critically reflect on the social, cultural, and political status quo and to determine how and why it came to be” (Chinn, newest, p. 9). As students gain this knowledge, the way they show up and discuss issues shifts as they truly recognize the person they are developing a relationship with. Students often share similar experiences they can relate to as mutuality unfolds. Guests often share feeling heard and valued, and a sense of belonging, while students describe a deep transformation in how they view themselves in the world and their ability to create change through their agency. Isaac, an undergraduate student, reflected on his learning at the Health Commons and how he came to understand the harsh realities people face when living without economic stability. A woman shared her experiences with intimate partner violence and what we often refer to as “survival sex,” where sex is used in exchange for shelter, food, or safety. He was perplexed by why she would choose to stay in this relationship. She responded with, “It’s better to be raped by one man than by 12.” He told me he learned, “Never judge a person’s situation, or assume to know the dynamics behind their decision making.”

This leads to the final stage of **accompaniment**, when shared wisdom emerges as those in relationship build on collective agency and problem-solving (Enestvedt et al., 2018). This is beyond the role of the advocate. It means walking alongside someone as equals, taking shared risks in solidarity, and accompanying one another throughout a shared journey, called an "accompagnateur" by the late Dr. Paul Farmer (Farmer, 2013, p. 234). To be an accompagnateur, this journey must be free of time constraints and intended outcomes, and it must prioritize

connecting through their shared humanness. It requires removing the shackles that constrain knowledge development, so that the voices of those with lived experience or the most minoritized become experts through the practice of epistemological humility. Lastly, power differentials are leveled, and expertise is de-emphasized.

The following story, shared at the annual CUMU conference, demonstrates what the *power of place* means to me and how this model can lead to new ways of engaging as a community-engaged scholar-administrator to address problems. It is also a story that represents the art of accompaniment and respecting the power of people to name what they want and, for those of us in the role of an accompagnateur, to support those wishes.

> Recently, one of our regulars at the Health Commons came in who lives at a local wet house. This man grew up in the foster care system, aged out, and was expected to get a job, figure it all out - all without ever feeling unconditional love or a deep sense of belonging. He had been drinking Listerine before arriving that day. There was vomit in his beard and urine on his pants. He sat down in one of the chairs and said, "This is the only place I want to be." --------I got him a glass of water and sat with him in silence for a few minutes. After a while, I held his hand and looked at him and said, "You're welcome to stay here as long as you need. But I do think we need to go to detox." He agreed, but he didn't want to go by ambulance or have the police called; he just didn't want to go alone, again. So, I talked with the students and volunteers who were there that day. We were fortunate to have extra help and decided on a plan. The students and volunteers would keep the Health Commons open in my absence, and another student and myself would walk him to detox - together. That's what the *power of place* means to me. Our guest had his agency and choices respected. The students had an unshakeable experience with a faculty member where they could unpack and debrief on the situation - where the discussion focused on the important lessons of seeing each person for our humanness, our strengths, and being careful to avoid blaming people for their choices or oversimplifying a problem to be fixed -- AND most importantly, the students learned of the art of accompaniment. [Clark, K., Barbara A. Holland Scholar-Administrator Award Acceptance Speech. 2025 CUMU Conference: The Power of Place. Baltimore, Maryland].

Over the last seventeen years, I have witnessed countless experiences like this, and the work at the Health Commons has evolved over the years. Since 2011, students from outside the nursing program have been welcomed and integrated into the experience. Faculty from other departments also contribute to the leadership and organization at the now five Health Commons locations. Each of the five sites also has a unique community-academic partnership that guides its work and provides collective care. It strives to respond to the expressed, felt needs of the communities it resides in, meeting people where they are.

Lessons Learned in the Journey for New Knowledge as a Scholar-Administrator

The lessons I have learned from simply being immersed in the local community, grounded in the Health Commons model, and from the impact of those sustainable, mutually beneficial relationships remind me why the work of community-engaged scholars and administrators is so vital. It's not peripheral to higher education — it's foundational to it. Because the real test of scholarship is not how much knowledge we produce, but how much understanding, mutuality, and healing that knowledge in all its forms makes possible. Knowledge is not just about extracting data sets, research studies, or reports to demonstrate impact, but also about moving beyond mere information to deeper awareness and the ability to apply what is known in a human context.

Start from the Beginning

As I reflect more on these ideas and how to begin this process, I often find myself starting from the beginning. What are the root causes of the problems we seek to address? What are the historical context and political realities that created this reality? I also think this is an important practice to ask students to consider as we examine the origins of our chosen profession and how that path has shaped our collective identity. I think this is a vital practice for engaging students. What is the origin story of our roles, and who was excluded as the profession was cultivated? Were there groups that were actually villainized for continuing to practice in ways they already were, but now were viewed as outside the proper training for the "right" people?

For those of us in nursing, the origin story is one that criminalized Native Americans who were using traditional plants and herbs as healing remedies (Tobbell & D'Antonio, 2022). Also, for those individuals experiencing enslavement who were suddenly not qualified to care for their sick, injured, or dying. I am not de-emphasizing the value of founders and leaders in the profession's historical trajectory, but simply think we should begin our journey in our chosen profession with an understanding of the historical context, who was harmed in the process, and how it relates to current challenges or issues. For example, the percentage of nurses who represent diverse populations is small relative to the overall U.S. population, a gap often discussed in the field (Smiley et al., 2021). Thus, we must ask not only how to address this gap but also how it came to be in the first place.

Knowledge is Fluid, Not Fixed

Knowledge is also fluid, subject to change, and not fixed, especially over time and space. And what is true for one community or issue may not hold for all. I often use Carper's Patterns of Knowing to begin conversations with students on gaining insight into knowledge development in nursing - empirical, personal, ethical, and aesthetic (Carper, 1978). Students often begin to understand the strong emphasis that the science professions place on empirical knowledge,

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which can limit one's ability to see or care for the whole person or community. While these scientific ways of learning foster new knowledge, they are limited in scope. Academic processes of tenure and promotion often rely on an emphasis on rigorous knowledge development through research studies and primary-author publications. It causes extreme stress and leads to a small box of "what counts" in tenure and promotion processes. It often takes faculty away from teaching and community engagement, or, if community engagement is emphasized, there is pressure to "show something" for the time spent off campus.

What I am curious about is, what if that wasn't the path forward? I know plenty of experts in various fields who understand the data and the impact of their research on topics such as racism or trauma, but that has not always translated into the faculty member having the skills needed to teach these topics in the classroom in an impactful way. What if faculty members were encouraged to engage with their community, on or off campus, so that the stories they shared could inform their teaching with real problems and solutions, as messy as they may be? I often hear from students the frustration they feel when they learn of the atrocities that people are forced to face, such as sex trafficking or intimate partner violence, but they don't know what to do about it. What if the classroom were informed by experiences of community members coming together to address these issues, with the faculty member part of the collaborative efforts?

Humility is Required

At the center of reimagining the knowledge development in higher education is epistemological humility (Esteva & Prakash, 1998; Smith, 2012). This is foundational to any research or scholarly process, regardless of how technical the data-collection methods or how rigorous the scientific standards are. Epistemological humility requires attending to blind spots and power dynamics embedded in knowledge production, creating space for multiple forms of knowing - particularly those that fall outside traditional academic frameworks. Its purpose is not to diminish rigor, but to ensure that the knowledge and authority of any individual or group are not privileged over others in the research process. It means that knowledge development must be co-created, and the means of finding and naming what can be disseminated to others may require a process yet to be created. This is at times the hardest thing to do, as in academia, there is pressure to produce research or scholarly work in predetermined timelines. Often, grants are created based on assumptions and goals set by the faculty member and the funder, without input from community members. Thus, to practice this way, I must first recognize that my knowledge of an issue or problem may be limited in scope and remain open to fully engaging in the process. Second, I have to be comfortable with ambiguity and discomfort so things can unfold organically.

Being Comfortable with Being Uncomfortable

As I reflect on the knowledge I have gained as a scholar-administrator, some of the deeper lessons I have learned have come from being uncomfortable. Knowing that I may not always have the answers or ever understand the problem in its entirety, but that I showed up and was my authentic self, mattered in the moment. Also, this means that I may sometimes fail, and the outcomes may not be what I intended. One of the most eye-opening experiences I had in my scholarship work was conducting interviews with unsheltered community members about the structural barriers they faced in accessing care. The number issue, a word we did not use in any interview, was trauma (Clark et al., 2024). This was trauma resulting from living on the streets, from relationships, from the past, or from being othered when seeking help. I assumed it would be transportation, wait times, and co-pays, but that was rarely mentioned in any of the interviews.

Faculty members and students also carry trauma when they enter community spaces, and may have to wrestle with issues that impede their ability to be comfortable based on those experiences. I definitely was not comfortable the first time I had to teach students about the impact of George Floyd's murder on our community, especially as a white woman, but I knew I had to have the conversations about the history of racism and how it perpetuates. This is especially important at the Health Commons, where Floyd was a guest. I knew I wouldn't get it all perfect, but it would be a missed learning opportunity if I didn't lean into the uncomfortableness.

Suspend Judgment

This is vital, as we have to remember that there is always more to a situation than we understand. We must suspend judgment not only of what we don't see or yet understand, but of making quick or oversimplified conclusions on a given situation. This has become all too common a practice where people polarize one another based on a choice or a single story. We have muted people because they don't agree with us or share similar opinions. Often, people's first reaction is to find fault, blame, or criticize each other. Complex issues can easily be reduced by the oversimplifying, often reductionist nature of social media that we have all come to rely on.

As some students have felt extremely frustrated by the presence of federal agents and question how someone could choose to detain other human beings as a career, I have asked them to pause and consider the self-interests of those they are trying to understand. I often try to start conversations by asking about the purpose of the person or group I may be experiencing tension with, and what their purpose or passion is in this moment. If we can't sit down and have a conversation about the issues in a way that fosters mutual understanding, these issues will persist. And we cannot think of issues such as these without naming the historical realities and the normalization of othering that has led to state violence in our communities. But we must have the courage, heart, and commitment to lead to peace, justice, and a shared beloved community.

Mutuality in Relationships

The faculty members I am fortunate to work with at the Health Commons are bonded by our experiences in the community and share a deep trust and respect for each other. Often, small technocratic issues that arise in the academic world seem trivial compared to the work we do outside the classroom. The relationships we develop with students in the community deepen as we care for people and address issues together. This translates into leadership skills deeply rooted in discovering each individual's humanness and strengths. It also allows us to collaborate on scholarship and to support creativity in knowledge development, making knowledge more inclusive in all its forms. This extends to the leaders of our university, who also value and support this work and understand its impact on living out our mission and passions as a university located in the urban core. This, in turn, creates a deep sense of belonging within our campus community to address the issues that impact our world with a shared purpose.

These relationships then expand into the communities. We can develop relationships *with* community members and our partners based on mutual benefit. This takes time to foster trusting relationships, where constituency and sustainability demonstrate our deep commitment to our neighbors. Mutual benefit grounds the practices at the Health Commons, as we co-create actions with those with whom we are in relationships, especially our guests. Developing authentic partnerships requires sustained commitment, patience, and shared accountability.

Kowalewski (2025) discussed the importance of community-engaged scholars' abilities to develop such reciprocal relationships in our partnerships, where the commitment to collaborate is not limited to transactional exchanges. These partnerships can deepen our impact in the communities we serve and demonstrate to students how to collaborate across institutions. The work at the Health Commons would not exist without our longstanding partnerships with community organizations and institutions. Mutuality becomes a way of being in relationship that affirms our interdependence and collective purpose.

Community-Engagement in Times of Uncertainty

This commitment to being with our communities cannot waver during moments of uncertainty and crisis, but core questions must be considered as we continue to engage. These questions are ones I have pondered during my experiences of caring for communities during the COVID-19 pandemic, the killing of George Floyd, and now the deaths of Renee Good and Alex Pretti resulting from state violence.

First, *am I doing no harm*? This stems from reflecting on the teachings of nonviolence and what I have learned from my time studying civic studies at Augsburg's Sabo Center for Democracy and Citizenship. This lesson recently surfaced. I was at the Health Commons in Cedar-Riverside, in

the high-rises that house the largest population of Somali immigrants outside Somalia. It was the day that Renee Good was shot. I was scheduled to be there with our partners and bilingual community liaisons (BCLs), who are community members we hire to help with outreach, translation, and connections. Everyone but me was of Somali descent, and seeing the impact of Renee's death on them is something I will never forget. Our BCL with me was crying and said, "Katie, they killed a white woman. No one is safe." She left the Health Commons, and I was alone. Steve Peacock, Director of Community Relations at Augsburg University, happened to be out in the neighborhood and walked over to sit with me. We sat there in disbelief at what was happening, and within minutes, we heard whistles being blown, which community members use to warn others of ICE's presence. Within hours of Renee's death, federal agents were out asking people for their identification in the neighborhood, as they connected to normalize racial profiling.

What does doing no harm mean in moments like this? Steve and I discussed this at length that day. Some would say it is important to close our services and pause our community engagement efforts until conditions are safer. To me, when Renee was shot, it was a moment where I also had to wrestle with the fact that the assumptions I had about rules and the role of state policing were no longer realities. We were in uncharted territory. Thus, leaving and seeking safety seemed necessary. But also, not doing anything and remaining silent bears its own harm. For example, pausing our food distribution in the neighborhood would help ensure we do not congregate people and make them targets of ICE operations. Yet not providing people with food carries risks and can create a sense of abandonment. And when students should pause their involvement due to security risks or fear of becoming targets, how do we plan to continue? Honestly, that has been one of the most beautiful actions I have witnessed. Our institutional leaders, faculty, and staff have shown up when things are heightened to ensure we can continue to provide care to our communities, as this commitment is woven into the core of our shared purpose. So, I reflect on this: what pathway will result in the least amount of harm for the collective community?

The second question I ask myself is, *Is this what the community is asking for*? There are times in crisis when I feel helpless and a sense of urgency to respond to the deeply emotional situations unfolding. I see this also with students and others as well. I remind myself and them, are you doing this for your own reasons, and how will your actions impact the community? People are well-intended and want to help. But I saw this during COVID-19, and I see it now: people acted without asking community members what they wanted or considering whether the community would bear the consequences if situations escalated in the long term. The community expressed that felt needs must be central to actions or decisions.

I witnessed this dynamic as the Cedar-Riverside community was preparing for an anti-Islamic protest. Many people from outside the community were prepared to protect the neighborhood from such hate. But the community members had a different idea. They didn't want anyone to be

present to witness the protest, which was scheduled to happen. Community members did not want to legitimize or empower individuals who sought to provoke chaos and threaten violence by publicly burning a Quran. These requests were widely shared through social media, personal networks, and community organizations. In response, supporters honored the community's wishes and chose to stand in solidarity from a distance.

Third: *What is our shared, agreed-upon plan***?** This is the question I struggle with most, as things can be constantly changing and chaotic. This means creating a plan with the on-site team to ensure we know what to do in an emergency and that people are aware of their assigned roles and responsibilities. This means creating documents, doing team huddles, and communicating any changes with everyone present. This also means having plans for ourselves as individuals. My colleague, who is a nurse who cares for the unsheltered community, taught me, "Run away when you hear gunshots, and you can come back later with a team to help." I tend to run toward the problem without making sure someone knows where I am or that others have been notified of the emergency. I have had to learn firsthand, as well as the importance of the "buddy system," where we don't do anything alone. Bravery and foolishness are separated by a fragile line.

The Antidote: Place Matters

By centering community priorities, higher education reclaims its public purpose and responds directly to society's most pressing issues (Cunningham, 2023). Work with communities should not be a one-directional process; what we learn in communities should come back to inform how we teach, lead, and live out our institutional commitments. The work of scholar-administrators, particularly those grounded in engaged practices, reminds us that knowledge has many forms and is influenced by place - the histories, relationships, struggles, and culture of a specific community. It is a living embodiment of shared identity and memory.

Dr. Hague spoke of the importance of place as he stated, "Putting place at the center of how you think really changes how students think about the world around them" (DePaul University, n.d.). It is where students learn that being in community is not an academic exercise but a place to develop the skills necessary to contribute to the common good throughout their lives. It is where faculty learn that scholarship must be paired with humility. And where institutions learn, mission statements must be put into practice.

The examples I have drawn on are limited, especially in their focus on hyperlocality and evaluation methods. Dr. Holland underscored the importance of evaluation in capturing the impact of engagement practices (Holland, 2001). I wrestled with how best to capture outcomes when asking for demographic data or personal information, which can be a barrier for those we seek to care for. And, during times of uncertainty, these can be even more challenging. Are there

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ways we can objectively capture this work that can be both rigorous in scholarship and grounded in the context of lived realities?

In these moments of crisis I have witnessed - whether shaped by state violence, public health emergencies, or social unrest - place anchors us. It demands that we ask: Are we doing no harm? Are we honoring the community's expressed felt needs? Are we acting in alignment with our shared values? The *power of place* knowledge is relational. In a world of extremes, place matters because people matter. When we center people, we begin to rediscover higher education's deep public purpose: not simply to educate or generate knowledge, but to cultivate communities of belonging, foster humanness, and instill hope in generations to come.

My vision is for universities to embrace complexity, to listen deeply, to show up authentically, and to measure success not by how many partnerships we form, but by how many systems we transform — and by how deeply we root ourselves in the places that shape us -- Becoming an antidote to the divisions that fragment our world. We need this now, more than ever.

Conclusion

When universities center place, honor lived experiences, and embed practices of engagement within the curriculum, leadership responsibilities, and definitions of scholarship, they reclaim the public purpose of higher education and become a beacon of hope for healing the wounds of a fragmented world. The role of scholar-administrator further strengthens these commitments as we participate in partnerships, show up in communities, and respond to needs as they arise. In a world of extremes, place matters. People matter. And when we choose to center both, the possibilities of creating a more just, connected, and humane future are boundless.

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