

## **Annual Cultural Competence Conference for Students**

President Eli Capilouto

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Good afternoon. Thank you Dr. Jackson for that kind introduction. The chapter that I am going to write is going to be with many many co-authors and I look forward to you being part of it. It is my pleasure to add my welcome to this Cultural Competency Conference.

As Dr. Jackson noted, I uprooted my family a few months ago from a community where I lived for more than 40 years.

And it took something special for me to make a decision like that – something special that I saw in the people on our campus and in our community, something special I saw in the mission of this institution and a special aspiration for a dream that I sense everywhere in the Commonwealth.

But my recruitment to the University of Kentucky really started not just 10 years ago but as you'll hear at the end of the story, I've now learned it probably started some 50 or 60 years ago. Ten years ago, I had the opportunity to hear my predecessor, Dr. Lee T. Todd, previous president, speak at a national conference. He talked about the importance of a public, flagship research institution and the good will and service it can provide to its community, and the service its graduates can provide.

That idea -- a flagship institution is called to a higher purpose -- resonated with me. I followed Dr. Todd in his big dreams as he guided the University of Kentucky.

For me, that higher purpose he held revolves around the opportunity to educate students and prepare them in the midst of great change to be leaders and servants in a very different and highly competitive 21<sup>st</sup> century.

To do this we must support and foster an environment of creative research. We must have strong discourse, it must thrive every day. There must be a competition of ideas and constructive conflict. And, as an institution with our tradition, we must serve a community and state in our effort to build a better tomorrow and provide a better quality of life for our fellow citizens.

This is a truly remarkable opportunity and we are worthy of this cause.

My intuition and initial thoughts about the University of Kentucky, the city of Lexington and the Commonwealth of Kentucky continue to be reaffirmed as I move across campus and into our respective colleges . . . it is reaffirmed as I meet and converse with our faculty, staff and students . . . as I experience the Lexington community and travel all across this state, making new relationships with our alumni and friends, civic leaders and entrepreneurs.

Including my meeting yesterday at the College of Public Health, I have visited seven of our 16 colleges and met with professionals across all of these programs. My dialogue has been with deans, faculty and staff and now that students are on campus, I look forward to talking to you.

But from our faculty and staff, two major themes have emerged. I asked them what they value most and were most proud of when they thought of the University of Kentucky. They told me they were impressed by the collegiality and expertise of their colleagues. The credentials that they held and willingness to collaborate on innovative research and educational programs. Next they told me that they were incredibly proud of you. They view you as the best and brightest and take great pride in what you do when you leave this campus.

You and I are at a special place. We are fortunate to have a level of expertise on our campus – just as we are fortunate to have a diversity of programs. There are only a handful of institutions in this country that can say they have programs as varied as law, agriculture, the full complement of health sciences on a single campus.

The proximity and concentration of these programs creates a unique opportunity for faculty from separate disciplines to work together. I see examples of this every day. I see where electrical engineers in the Center for Visualization and Virtual Worlds work with the speech pathologists to create a new camera small enough to better diagnose and treat diseases of the larynx.

I see our students from the Gatton College of Business and Economics working with engineers and scientists on launching ideas that transform medicine and health care through innovative new devices.

Our campus is an incubator for this collaboration.

What is even more meaningful to me is that our departments and colleges come together for a conference like this. And I want to make sure that the information you address this afternoon goes far beyond the latest technologies and devices.

To see nursing students and physical therapists working along medical students and pharmacists is gratifying to me. Social workers and public health policy students conversing with dentists and other clinicians. The opportunity for these divergent thoughts and perspectives is immense at the University of Kentucky. I am grateful for this and hope you are as well.

And there are many others sessions that will be taught by colleagues outside of your health colleges. They are representatives of a diverse range of opinions that enrich what we understand and do.

Exposing you to these different viewpoints and an understanding of complex topics -- opportunities like this one do not come along often. And I hope they can be a rich contribution to your education and your maturation as a provider.

And this is why we are here today: To continue your education and preparation so that you will be confident and capable in all aspects of your career.

I know a little bit about what you will be doing. You're going to work in a complex system and organization. You're going to live in a fast-pace environment. You're going to have to think on your feet – even more challenging – the stakes are going to be high. They're going to involve cases of life and death, someone being able to walk or not. You may be part in breaking up a family or keeping it together as you decide what is in the best interest of a patient's physical health.

You're going to have to make decisions that are going to have a profound impact on many of the most personal aspects of someone's life, and you're not always going to get these right. But learn from me, take time out for yourself, tend to your soul and the soul of your family members on occasion.

And these decisions that you have to make are becoming even more difficult in the context of our changing society that Dr. Jackson so eloquently described. The faces in our treatment rooms are a tapestry of cultures, backgrounds, languages and different experiences.

We find the languages we hear in our health facilities are becoming less and less familiar because of the way our society is changing. We are growing more diverse and still in this struggling economy, we are putting more people in need of safety net care.

I want to share a couple of stories with you that encapsulate some of the most pressing topics that you're going to discuss today. These are stories that I learned through a beautiful book and a story I learned on this campus just yesterday.

The first is one from a book *The Spirit Catches You and You Fall Down*. It was chosen as a community-wide book at my previous university that all freshmen were required to read. But it quickly grew popular among the many health schools at my previous university.

It's the story of the Lee family, they are refugees from the CIA-run "Quiet War" in Laos. They lived in a large Hmong community in Merced, California.

After the U.S. evacuated Vietnam, the United States government took it upon itself to relocate this population. They had been sympathetic and helpful to the United States and the conflict in Vietnam.

The Hmong are a traditionally close-knit family culture. They are fiercely independent and most of their history is built as a farming community. They have been less amenable to assimilation since they arrived in this country in '75. They remain steadfast in their commitment to their ritual foundation that was long established by their ancestors.

The story is about Lia Lee, she's the 13<sup>th</sup> child born to her mother and father. She was the first and only child born outside of their native country. She was the first child ever born in a hospital – a place quite foreign to the family.

The convenience and the modern amenities of the hospital should have been a phenomenal resource to Lia's mother, except it was not a suitable setting for the birthing ritual to which the family was accustomed.

You see up until Lia's birth, her mother delivered her 12 children unattended and in silence. This was so to avoid alerting the evil spirits to the child's presence. Lia's father, until her birth, buried the placentas of her 12 brothers and sisters under the hut's floor so that their souls could return home from the death. Disrupting this life cycle was profound, but it is never even noticed by the health system. They discarded the placenta in the ways we do in this country.

Already, Lia was born into a world unlike any other her family had previously known.

The book is about how these cultures, medicine, and the rituals and traditions clashed. Unfortunately, Lia suffered early in her childhood with seizures and her doctors and family never really communicated and successfully diagnosed her epilepsy until it was too late.

Doctors prescribed medicine, that turned into overmedication, undermedications, mis-medications because Lia's parents could not fully describe nor could her physicians fully interpret what was happening. Everybody in this book is well-intended but is highly frustrated.

And the disconnect was deeper than the language barrier. The Hmong see illness and healing in a deep spiritual context, one of balancing the human life with the soul.

The family didn't trust the science behind Lia's treatment and thought it best to settle and locate her soul through ritual ceremonies.

The doctors did what they had been taught in their schools to provide state-of-the-art and highly technical treatment.

It is an inexhaustible clash of modern health care medicine with ritual and tradition. A clash of ethical dilemmas and cultural incompetency – and a clash that ends up having a tragic result.

When Lia was 4, she suffers a grand mal seizure and she is thrown into a vegetative state.

At the time the book was written, Lia's family is struggling, still trying to reunite her soul with their daughter.

When you read this book, there is no ill will from either party – Lia's doctors and the entire health care system both wanted what was best for her, as did her family, but it was this insurmountable impasse of confusion and misunderstanding that doomed Lia from the beginning.

I encourage you to read Anne Fadiman's book, it is instructive. I did so with a group of health care providers and philosophers, linguists and humanists, all kinds of people, we took away many lessons. What were a few?

First, in every case you have, try to conceptualize the illness and the treatment from the patient's perspective. Second, you cannot do this alone. You're going to need each other. Health professionals, family members, spiritual leaders, anthropologists and others, conceptualize and interpret your diagnosis and deliver your care.

Next, listen to your patients. If you listen closely, and long enough, they will really tell you what's going on, and what will work best for them. And if you don't think you understand, you don't.

Use community leaders to treat and provide interventions when you work at a community level. My previous university provided, and still does, up to 30 million dollars in annual health care treatment in the country of Zambia in Africa.

I traveled there several times. I learned that there was a myth and strongly held belief that HIV infected men could be cured if they had sex with a young virgin. That sounded bizarre to me.

I first learned about it when I landed and saw billboards in town as part of a public health campaign trying to convince people that this wasn't the case.

As I learned more about it and saw the progress that was made, I learned that the interventions were designed and effectively delivered by the community leaders who best understood their fellow citizens.

I also want to advise you that your continuing education should improve subjects beyond the latest technologies and information on the newest devices. Include the humanities, foreign languages, religions and many other subjects that will help you better understand not only you, but your patients.

This morning I met with a man of faith who told me that, in his world, justice is not "just us." And justice in health care is not "just us." Try to understand you, and those you serve from their perspectives.

My last bit of advice which involves my second story, is to take advantage of situations to provide care outside of usual settings in communities where you're going to work. You will learn from them.

Yesterday I was invited to introduce the governor of the Commonwealth to announce a program that is going to provide a very effective preventive health program in this case to prevent dental decay to children in 16 counties in Kentucky.

For those of you who don't know, Kentucky has some of the worst oral health conditions in the United States. Decay rates are twice what we find in most communities around the United States.

In 2007, a Dr. Skinner, who was educated here at UK, had a visitor to his home in southeastern Kentucky. That gentleman had flown from San Francisco to visit him and had read the New York Times on the trip there.

There was an article that day about the deplorable oral health conditions in the state of Kentucky. When he arrived to visit Dr. Skinner, he tossed the article on the table and said "This is horrible and you should be ashamed of it."

Dr. Skinner said that that had a profound effect on him. And he decided to do something about it, and he decided that day no longer in my community, not in my community is this going to be the case.

So he didn't know what to do and the first thing he did was turn to others, experts from a variety of fields. He developed incredible partnerships.

He had another colleague that had provided unique care in an odd setting but similar to what we have in term of the disease rates in Kentucky. He did this I believe in a Latin American country.

He said how they had used health providers, people they had trained, beyond dentists, to apply unique varnishes on children's' teeth in this impoverished country and how decay rates had gone down.

Dr. Skinner took that device and took it to the health department, he went to the local school system, he engaged nurses, he went to see the manufacturers of these products, and decides to launch a pilot project in his hometown.

He takes those disease rates, which are like most of Kentucky, which are double the national average, and he trimmed them down to way below the national average.

The governor and others heard about his program and to make a long story short, it's being translated into 16 counties in Kentucky today.

This is the case of one man making a difference. And you can make that difference, too.

When I said earlier that I feel like my recruitment to the University of Kentucky began 50 years ago, it's rooted in this story and many others that are part of a tradition I hope you all will sustain.

When I was appointed to this post, I received a book in the mail about the history of the College of Medicine. It's written by Robert Strauss, who wrote me a nice letter yesterday, in fact. But as he described the hopes and dreams of his college, it was to reach out and make a difference in Eastern Kentucky and other impoverished communities.

The early curriculum, which was way ahead of its time in medicine and other health professions, not only trained students to heroically treat a patient one at a time, but it included a six-week course in diagnosing a community.

That was unheard of at the time.

But I still find evidence of this uniquely displayed at the University of Kentucky. We care about community, and it's part of the reason I came here.

So I hope you take deep advantage of what you learn this afternoon, and that your education goes far beyond the walls of this university and I wish you well. Thank you so much for being here.