2015 Ceremony of Diversity

Thank you for the opportunity to speak today. I consider the invitation to participate in this celebration to be a special honor for which I am deeply grateful. To be honest, however, I was initially reluctant, fearing that I could bring nothing to an observance of diversity until my friend, Roderick Gilbert, reminded me that every voice should be heard, that all should be represented, and that there can be danger in receiving stories told through a single narrative. Indeed, that was Dr. King’s message. He asked us to allow everyone a voice and to imagine a world built on our collective strengths, our common values, and our shared aspirations. His powerful and lasting words compel us to reach forward to a future where all are valued and all contribute to a mutual conversation that leads to a mutual good. What does that mean for us who are gathered here today, the UMMC community, a community of care givers? To what future can we collectively reach?

We too, can be inspired by Dr. King’s model of justice and inclusion and can envision a different future wherein all can have access to health and health care. A future wherein a colon cancer is not diagnosed later because of the color of your skin or because of your financial circumstance. A future in which your infection, or its treatment, is not complicated by your sexual orientation. A future in which all are as healthy as nature allows.

Envisioning or imagining such a future is easy. Realizing it is quite a different matter.

I was reminded of this difficulty during a UMMC Department of Surgery Symposium when a highly-respected surgeon, who is deeply interested in outcome disparities, presented a polished presentation which clearly demonstrated that in the U.S. people of color are in some way treated differently that consistently and negatively impacts their outcome.

The presentation, based on the best sources and delivered with authority really commanded the room and made a very compelling case for the surgeons who were present. At its close, when the chair asked for questions from the audience, only a few were asked. None, however, were serious, probing or challenging of what had been presented.

Either so solid a case had been made that it required no further comment, or the information hadn’t resonated within the group. As I sat in that audience, I began asking myself, “Is this silence a function of where we are in the State of Mississippi? Does it represent the silent submission of physicians to painful, even unwelcome information on the continuing effects of our history and practices, or are we simply out of responses when it comes to topics associated with racial disparities in health care and health outcomes?”

Then, after a few thin questions and awkward answers, a young resident spoke up. “Okay,” he said to the lecturer. “What do we do with this information?”

Here was a surprise: an intermediate resident was directly asking a visiting professor a far more ambitious question than any of the more senior surgeons had asked. This question, so point-blank, was not anticipated by the speaker. He seemed taken aback by it and, even though he responded, the question lingered far longer than the answer.

That resident’s question has stayed with me as a prototype challenge to all of us engaged in medical and health care education. “You’ve made your case, but now what do we do with this information?” After all, in health care, and in the search for justice, deliberations and conversation only matter to the degree they change our practices and improve our outcomes.

Perhaps the question might be paraphrased for all of us engaged with health care as, “Given what we know about disparate conditions and practices in and surrounding health care, how can we change the practices that are under our own control so as to advocate for our patients, positively affect outcomes, reduce disparities, and improve health among all the people and all the communities we serve?”

Since that lecture, I have asked myself repeatedly, “What answer might I have given to that question?” I am not an expert in health care disparities, so I had to turn to a world I knew for the answer, the world of surgery.

After some reflection, I concluded that I would answer the resident’s question by saying, “It’s just like tying a surgical knot.” Learning to tie a knot requires working systematically with the fixed factors of two strands of suture, ten fingers, and a structure to be ligated or a stitch to be secured. In acquiring this skill, we begin with a set of actions that are entirely cognitive and stepwise. Hold the strands like this, put this finger here, move that finger there, and so on. The point is that at first we have to think about each step but the more we practice these actions, the more automatic they become.

Therein resides the answer to the resident’s excellent question regarding “what do we do” with disparities data in clinical practice.

We must start with a similar, stepwise cognitive approach to any form of outcome disparity or really to any injustice. At each encounter, we must practice, teach, and model a deliberate, intellectually engaged determination to evaluate and treat each patient or any other individual without bias, preconception, or assumption. This mindful start to every patient encounter coupled with a pro-active effort to recognize and mitigate the socio-cultural determinants of health and health care disparities can, just like knot-tying, become an acquired skill that we practice automatically. This is also how we can honor Dr. King’s life, his work, and his legacy.

All analogies have their limits. However, I choose to hold the belief that we can practice and model the behaviors of justice, inclusion, and the valuing of diversity in ways that they become automatic - simply part of who we are. I choose to believe that we can take the strands that run through the communities we serve and learn to tie secure knots that close and heal chronic wounds.

So on this day of celebration let’s accept Dr. King’s challenge to extend his vision to what we do here at our institution, and to not only imagine, but also to reach for and achieve a healthier future.

This is a collective vision, it cannot be reached otherwise. It requires all of our voices….., and we all must be reminded of this from time to time.