

## *Juniata College Commencement Address*

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*(Commencement Address, May 10, 2008)*

**P**resident Kepple, members of the faculty, graduates and their families, distinguished guests: It is a pleasure and an honor for me to be here with you today. When President Kepple called me with the surprise invitation to be commencement speaker, I must admit that my gratitude and pleasure were tinged with regret. As I hung up the phone, it occurred to me that I had missed a great opportunity. If only, at my graduation back in 1974, I had bet my fellow classmates that I would some day be asked to be the commencement speaker—I would now be rich!

During our conversation, President Kepple gave me three pieces of advice: first and most important, keep it short; second, try to work Juniata into the talk somehow; and third—if at all possible—be humorous! Let's see if I can hit two out of three.

Despite his wise advice, I was at a total loss about what to say. I have never given a commencement address before. Try as I might, I could not come up with any ideas. Then I remembered that, when I was appointed dean of the Johns Hopkins Bloomberg School of Public Health, my predecessor—an incredibly bright and talented man—had given me three numbered red envelopes. He told me to keep them under lock and key. If I had to deal with any crisis or challenge that I could not solve, I should open the envelopes.

In my first year as dean, I was faced with serious budgetary issues. There seemed to be no way out and the President of the University was understandably displeased. It was a terrible thing to happen to a new dean. So I reached into my desk

and opened the first envelope. It said “Blame your predecessor.” I did and, since the problem was no longer my fault, the heat died down.

In my second year, many of the community organizations around our school were very unhappy with us. It was a “no-win” situation. I opened the second envelope and it read “Reorganize.” So I created a new associate dean position to deal with community issues. Again, great success.

Now in the third year of my deanship, after weeks of thinking about what to say here today, I sought the advice of the final envelope. The piece of paper inside read: “Prepare three envelopes.”

Even though I have never spoken at a commencement, as an academic physician, and now dean, I have attended lots of them; it’s an occupational hazard. It seems to me that every commencement speaker starts with the same admonition, something to the effect: “you will not remember anything that I say here today.” It may be a way for the speaker to take the pressure off, so he or she doesn’t have to give a memorable talk.

But, from my experience, it is not true that you won’t remember what I say. Or perhaps I should say that at least some of you will remember. For example, when I graduated from Juniata in 1974 on the lawn in front of Oller Hall, our speaker was Andy Murray, the school chaplain. He gave a wonderful, and effective, address. So good, in fact, I was tempted to repeat it for today’s talk, but that is outside the bounds of commencement etiquette. Besides, he is still on the faculty and might even be here today. But I can give you a synopsis.

Professor Murray told a story about how, when he was in seminary in Chicago, he had a part-time job as a limo driver. One day he was driving an executive who struck up a conversation. After making a few insincere inquiries, the passenger got to the heart of what he wanted to say. Somewhat smugly, he said “I invented *Bugles*.” Now, for those of you who don’t know junk food, *Bugles* are little cornucopia-shaped snacks made of corn and salt. The passenger was very proud of this accomplishment. Without intending offense to the snack food industry (or those of you who like to eat *Bugles*), Professor Murray used the anecdote to challenge us to think about our goals. He asked us to consider what we wanted to accomplish in the years ahead.

The executive was successful and undoubtedly well-to-do. He may have made generous contributions to worthwhile causes, been a wonderful husband or father, or

did other things to make the world a better place. What he chose to say, however, was that he had created a snack food.

Was our goal to contribute to the obesity epidemic (and back in 1974, we could have gotten in on the ground floor!) by developing a successor to *Bugles*, or was it something more? How would we make the world a better place? It is a question that I have thought about often since that time.

One of the first things I discovered soon after graduation, surrounded by fellow medical students who all seemed to have gone to Harvard or Yale, was that Juniata had prepared me surprisingly well. The power of high expectations, the virtue of hard work, the value of articulate communication, the importance of honesty and adhering to core ethical principles—these lessons have seen me through every personal and professional challenge that I have faced. I learned them not only from faculty members—Joe Senft, Ken Rockwell, Jim Gooch, Klaus Kipphan, and others— but also from my fellow students and, especially, from the friends that I made here.

I predict that in the very near future, no matter what career path you choose, you will measure yourself against your new peers and be surprised in a similar way. The dean in me has to add: When that insight about the quality of your preparation occurs, remember that was made possible, in part, by the generosity of alumni. You have a responsibility to continue the process, to make a contribution to Juniata, no matter how small.

Commencement speeches are about dispensing advice. So here goes. In many ways, I am a professional advice giver. Usually it relates to career, sometimes about how to carry out research. From years of such conversations, I have observed that the inability to take advice is a fatal flaw. It dooms you to continually re-invent the wheel. Seek out advice from those you respect and, at the very least, consider it before you decide not to take it.

You face a much different world than my class did when I graduated. Tuition and the cost of living were cheaper back then, educational debt smaller. PCs and the Internet hadn't been developed. The world was a "bigger" place because communication was harder and international travel was much more expensive. Even though our world is "smaller" today, we have a lot more people: about seven billion now as opposed to about four billion then. Now, as then, Americans consumed resources at a rate that is

wildly out of proportion to our percentage of the world's population. The Berlin Wall and the metaphorical Iron and Bamboo Curtains no longer exist.

Although the world in many ways is a much better place than it was thirty years ago, we have big problems. Public health is a field that, by definition, takes on *big* problems—we deal with populations and population-based solutions—so let me give you some examples of big problems from my field of public health.

In Afghanistan, 279 of every 1,000 children die before age five, over thirty times the rate in the United States where nine children out of 1,000 die. Think of that: in Afghanistan, parents bury one out of every three children before they reach five years of age. The average childhood mortality around the world is sixty out of 1,000, almost seven times that of the U.S.

Why so high? There are many reasons. Much of the world doesn't have access to clean water, adequate nutrition, or medical care for mothers and children, commodities that most of us take for granted. Those of you who have been to Africa and Asia have seen families collect drinking water from mud puddles in the middle of the road. Thus, what kills most children around the world are diseases that are easily handled in the U.S. by a trip to the pediatrician, like diarrhea, or rare diseases that represent intellectual curiosities for physicians who trained in America.

Malaria is a good example. The malaria parasite has an incredibly complicated life cycle that I had to memorize for every medical board examination I ever took. I then promptly forgot it because I never saw a patient with malaria. It was such a nuisance!

Then I went to Zambia and saw parents sitting by the cribs of their children who were in coma from cerebral malaria. I saw parents who were overjoyed because their four-year-old had woken up and was now able to swallow and take food from a spoon, even though he was now blind and deaf. Somewhere between one and three million people, mostly children, die each year from malaria, a disease that essentially no longer exists in this country. Malaria is no longer a nuisance to me; it is a killer.

Disparities in health and income outside the U.S. are large. In my work, I have seen huge *favelas* (slums) extending up mountainsides in Brazil, at eye level with people on the twentieth floor of a luxury condo building who were barbecuing dinner on the terrace. I have gingerly stepped over raw sewage flowing around shanties in black townships in South Africa, while BMWs and Mercedes rushed past us on a nearby highway.

But we in the U.S. are not immune from such disparities. As a physician, I worked in federally qualified health centers, the safety net for those who cannot afford medical care. For twenty-two years, I was a physician for the community surrounding Johns Hopkins Hospital, a very poor community. Health disparities were something I dealt with on an almost daily basis.

But in September 2005, even I was rocked. The Red Cross asked me to travel to Houston to assist with the Hurricane Katrina relief effort. When I walked through the Astrodome, it was sometimes hard to believe that I was in America. Those folks, overwhelmingly African American, gave new meaning to the word “poor.” They had had very little before and now even that had been taken away. Anyone with a credit card was in a motel, not in those shelters. These were truly the “have nots.”

Why should we care about such obvious disparities? Why care about childhood mortality outside the U.S.? Well, I believe that health, not just health care, is a basic human right. For that reason alone, we need to take action. A second, more selfish reason is that desperate people do desperate things. When basic human needs are not met, especially in the face of disparities, social unrest is created. Lastly, the world is a smaller place. When a new infectious disease emerges in southeast China, it spreads around the world in days. It is in our self-interest to do more to help others.

My experience at Juniata shaped my life. It broadened my horizons and gave me the tools to ask questions and to be successful. In the same way, the education that you have received here gives you an incredible leg up on the world. The question is: what you will do with the foundation you have built? Not been given—you created it through your hard work using the resources that were available. You have the opportunity to make choices that will affect not only your own life, but the lives of many others.

So, in closing, I dare each and every one of you to make a difference, to have the courage and stamina to take on big problems. Lord knows that our society has many big problems: global warming, environmental pollution, poverty, among others. Take your pick!

When we start our professional lives, there is a temptation to think that all the great achievements have been accomplished, that problems now are too big or too complex for one person to make a difference. Nothing could be further from the truth.

All it takes is a willingness to work hard, a desire to do a job well, and perseverance. Big problems are solved a little bit at a time.

Think about it this way: When you step into that limo thirty-four years from now, like the executive who created *Bugles*, what will you tell the driver? What sentence will summarize your life's work? Whatever your story, make it a meaningful one.

Thank you.