I think I just messed up the whole ceremony because I closed your book. Sorry about that. [Laughter] We'll get that straightened out.

Good afternoon, graduates, the Class of 2010 and family, friends, faculty, and administration of the university. It is really an honor and a privilege to be here today. I have a deep love of Suffolk University and a deep, deep gratitude for this institution, which gave me the education I needed and importantly the flexibility I needed to both develop personally and professionally.

Being here has brought back a lot of fond memories. I've seen a lot of familiar faces, even into this morning and today. And it is really coming from my heart to say thank you all for inviting me here and for offering me this opportunity to speak with the graduates and also for making me feel so welcome.

Graduates, you have worked very hard to reach this milestone. As you might have heard from Dr. Greenberg, I like to collect degrees myself apparently. My husband thought he had a moratorium until Suffolk called and said that this would be easy. I could just actually show up and wouldn't have to go to school. But I do want to make sure that you remember to thank all those people along the way, including yourself, your family, your friends, your faculty and celebrate the success. People who are high achievers often forget and stop to celebrate success along the way, because you're always reaching for that next goal. So please make sure you celebrate this moment today and others that come in your future, and recognize the achievement that you have accomplished.

Your academic accomplishment is indeed something to celebrate. You are now one of the world's elite. Less than 10 percent of the U.S. population actually has a graduate degree. And this puts you in a very privileged portion of the population. I do firmly believe that with that privilege comes responsibility. And don't get me wrong, I don't hope that you live a life of poverty. I do want you to make a good living to make a better life for yourself, to live up to that dream. But what I also hope is that along the way you help others to make a better life for themselves. It is a different type of reward and I think it is honestly more meaningful and lasting.

My own life has been so far quite full of reward, many of which have been very unexpected and sometimes a bit accidental at turns. I can say for certain that I never in my wildest dreams imagined that the path of my life would lead me to stand here before you today. And I'm standing here today, though, not because of the living that I have made, but because of the life that I have made. I have been able to empower others through something called engaged citizenship, particularly in post-Katrina New Orleans. And I hope today that I can encourage you to do something similar in your community if you're not doing that already, and if you are, to continue on that path. I can assure you it is a very rewarding and fulfilling and indeed quite impactful.
Someone, perhaps Winston Churchill, said it better than I. He said you make a living from what you get; you make a life from what you give. They’re not sure who actually said that, so I might take it over. [Laughter]

Let me share with you some of my story about both my living and my life. So like most Americans, I bet like some of you, I came from very humble beginnings. I was raised by a single mother below the poverty level, literally on a dirt road in Austin, Texas. I bet some of you think that all of Texas was a dirt road in the ’60s and ’70s. [Laughter] You might be right. But as I recall, we sometimes went on pavement. I had a really wonderful mother who had an eye on the future for us, and she instilled in me the notion that education was my ticket out of poverty. She told us to work hard, to study hard, and to pursue an education. And she modeled for us that even though she was disadvantaged that it was important to give back, and she volunteered herself in many ways, in many countless hours. When it came time for college, my high school counselors pushed me towards the University of Texas at Austin, a lovely school. But I had a different plan. I knew that I wanted to go into medicine. I was the first in my family to do that, and I wasn't quite certain of the path. But I had watched a lot of the TV show “St. Elsewhere.” Anybody remember that show? [Laughter] If you don't, that was the Gray's Anatomy of my time. [Laughter] And it took place in Boston, and I thought, well, Gray's Anatomy, Boston. I'm going to go there and become a doctor. It was really practically that naïve.

So I made my way to Boston and started working for the state workmen's compensation division. And I was telling someone this morning that when I started my job there, we didn't even have a copy machine. That's how technologically long ago it was. But it was a terrific job and began to teach about work and the hardships that people suffer beyond just what I had been exposed to. More importantly perhaps is that at that job I worked with a woman who was taking classes at Suffolk. This was in the McCormick building downtown. And she encouraged me to enroll in Suffolk. She said it would be a great place to be flexible for my education. And so I landed at Suffolk somewhat by accident. I don't think certainly in 1984 that Suffolk was heavily recruiting out of Texas, but indeed it was a really an ideal place for me. They offered evening classes. I'm sure many of us took those. They had a very welcoming faculty who let me engage in independent coursework so that I could work around that because I was putting myself through school. And I had a wonderful intercultural experience that was meeting people from rich cultural backgrounds. I had had a more homogeneous experience in Texas that I had not really realized. It was a really rich diversity of working-class families at Suffolk. And Suffolk really understands that I had to work and so was able to find flexibility. And I pulled up from the Web site the current strategic plan for the school, the College of Arts and Sciences. And I quote from that. “From its inception, Suffolk University has sought to offer a quality education to students who might not otherwise have access to higher education.” Countering ethnic and class discriminations, Suffolk has been a school of opportunity in the broadest and best sense. And I can promise you that for me it has lived up to it and I suspect you've had the same experience.
It was a very key part of my development, including learning to study independently and develop projects on my own with guidance from people who had intellectual knowledge, but also real-world practical experience. I had the opportunity to travel overseas with … scholars and really work hands-on with communities and learn from them about my own cultural baggage and how to leave that behind so that I could have more meaningful discussions.

When I graduated Suffolk, I had yet to be admitted to medical school. I was on the wait list and was uncertain of my next move. I was actually planning on taking a trip around the world. I think I had $10. [Laughter] You all are worried about my realism, I know. I did get admitted to medical school on June seventeenth that summer, a few weeks after graduation. And I moved down to New Orleans. And one of the first things was going to Charity to see where we would do our clinical work. Charity Hospital was our big public hospital, a place where actually my grandfather had died and I had family worked as social workers and nurses. And I had this immediate sort of gut feeling that I could do a lot of good here. And I think back to that Karen and how naïve she was that she was going to paternalistically help somebody and how much I've grown beyond that, and how much they have taught me.

Excuse the snorting. I have a cold. Going to go down in posterity now. I worked hard. I loved medicine. And I was on a very fast but very traditional track for academic medicine. I had focused my research in clinical work and administrative work on improving care for low-income, disadvantaged populations, a variety of marginalized groups that typically don't have access to quality health care. And along the way I had developed a reputation for being able to build new programs and build coalitions around ideas.

And then Hurricane Katrina struck in August of 2005. Nothing was as it was prior to that, nor is it still. We are in a completely different world in the South, in New Orleans in particular because of that event. And I went from changing the world one paper at a time to putting my world back together in a very literal sense. I was in Alaska when the storm hit. We were camping and we found out about it from our bush pilot. The storm it sounded like had missed New Orleans. We were out of pocket when it hit. But, and the devastation was going to be OK. But indeed it turned out that the levies had failed. And the city was becoming inundated with water, and so we immediately began to work our way back home to New Orleans to see what we could do.

I get asked a lot what compelled me to return to New Orleans when I could have just left or could have just waited elsewhere for things to get back together, and why I became so engaged in community rebuilding. I'm not sure I still have a very good answer, but I'll tell you what my reflections have told me so far. I suppose that some of this has to do with growing up as an underdog. I really identified with New Orleans as having become a major figure of an underdog in our nation, having been
wronged by our levee system and deserving an opportunity that would require a lot of work to bring it to the forefront.

I was prepared, I think, with the right training. I'd had the right sort of background experience in public health medicine, political science, to understand how to pull those pieces together and think about building the right coalitions and putting work on the street. And I am also frankly somebody who works really well in chaos. I thrive on it. I always liked codes when I was in training in medicine, and it's a place where I like to organize everybody around sort of the vision of where we're going. Early on that vision was that we needed to reconstruct our school of medicine and reconstruct and stand up the health care system in New Orleans. We lost everything from 911 services all the way to coronary transplant services. So we had to reconstruct the entire thing from A to Z.

But within days it became clear to us that we also had a bigger opportunity not just to put Humpty Dumpty back together again the way he was, but to actually do something much bigger and take this, what was now seemingly a remarkable opportunity to rebuild the health care sector that was going to serve our population better and not only become important for our community, but perhaps a model for the nation.

I had worked in the health care setting in New Orleans for 15 years by then. I had a lot of first-hand knowledge about what I thought was broken as a provider on the front line, but also in administration and research. And I had some ideas about what I thought we needed to do to fix it. It turns out there are a number of other people who had similar notions. And we felt that this would be a great chance to do something for those people who often did not have access to quality care. It was also a chance, as I said, for us to think about solving one of the most important problems … our day. How do you make high-quality, cost-effective care accessible to people and sustainable?

So aside from all that internal drive and training, I just want to mention a couple of things that I did choose, so it's not all accidental, because my life is not completely about luck and happenstance. I have chosen a great husband. He is a wonderful partner who is supportive, independent. He turns out to be extremely handy. He put together what became Tulane School of Medicine in New Orleans at our house. He figured out a way for us to get Internet access using that old dial-up technology, and was, really became a resource so we could get back to work there. He's also really bought into this vision of building a better community and informs much of my work. I work for a wonderful university, Tulane, and a wonderful president of that university, Scott Cowen. They encourage and support and recognize community engagement. He believes that community empowerment matters. And he has said very early after the storm, Scott Cowen did, that as the community goes, we go as a university. And so we need to be in the front trying to make it better. And he was on the street in those early days with us watching to see what we were doing, and said this looks great. People do need care. I can see that. And by the way, wear a Tulane
T-shirt while you're out there [Laughter] doing it. He raided the book store and gave us some T-shirts.

It does, though, it makes a big difference to work at a place that lets you act upon what you believe in and what you think should happen. And I'm quite lucky in that. I do want to make, this is my little nagging advice, which is that I had also lived below my means for some time and paid off my debt so that we were able to take risks, my husband and I, and maybe do some things that were less conventional. And I encourage you to think about that as you're going into this next phase of your life.

So that new path that we were going to forge was really unknown, but we decided that we would jump off the cliff and build our wings on the way down. We think that what we have done is actually creating a model for the nation. And I'm going to tell you a little bit about sort of the story of post-Katrina and what we have built and give you some sense of what my work and life has been like for the last few years.

Our city was destroyed. I mentioned that everything was knocked down. We were under emergency evacuation for 30 days, and most of the city remained flooded for that period of time. We were able to sneak back in the city, not encouraging you to break laws, but I think sometimes you ask forgiveness and not permission when it's the right thing to do. And there was so much confusion about how to get medical professionals into the city and if it was safe and if you should be there. But we just felt that it was the right thing to do and we forged that new trail.

We started to meet the need. He mentioned that we set up urgent care stations around town that were serving the tens of thousands who had been left behind. These are the most marginalized of people, the sickest of the sick, the poorest of the poor, the elderly, people who didn't have transportation, but also first responders who come to help but might get injured or have hypertension and need medical services, and our infrastructure was gone and they could not help them.

From that experience it was clear to me that being outside of the traditional academic environment, academic hospitals, that we were changing as professionals. I was watching my students who were there, my residents, my faculty, and myself understand the context of people's health in a way that we had not been really able to teach or capture inside traditional academic walls. When you're literally working in a tent on the street and you can see the devastation around you, you understand where someone's coming from and why maybe they're not as healthy as they could be if you could help with that.

And so we wanted to keep that sense of context and beyond that disaster period. And so we moved into developing one community health center called Tulane Community Health Center at Covenant House, which has now become our flagship and has helped us model new sites around the city. And we of course are taking care of thousands of people there and training a new workforce and having a wonderful experience working with the community on that. But it has become I think for me
more importantly the model that we can point to and say look, if we change policy, this is the kind of care people can have.

So over the last few years we have worked towards creating a blueprint for health care reform for our state. I won't bore you with the details, but it's the basic things that you would imagine that you need. You need, let me just say you might be confused as to why we'd need community health in New Orleans. I meant to mention this. You are very advanced in Boston in terms of having access to community health. And you have a lot of policies and structures in place that support that. Many other places in the country do not, and in Louisiana we were heavily dependent on emergency rooms and public hospital system, and that emergency room for care of our population. What that means is that if you're sick, you miss work because you spend 12 to 24 hours in the waiting room of the emergency room to be seen. Or if your child has an asthma exacerbation, you don't have a neighborhood place to go. So we wanted to create that fabric, that primary care fabric, but also create an opportunity for not just quality care, but community outreach and engagement to give access to healthier food and to think about safe places to walk and bike. We also needed to restructure all of our policies, the way we paid for health care in our state and modernize the system, take that opportunity of no paper medical records to actually move completely into electronic.

We've had a lot of success in achieving that vision. Part of that experience has bringing together disparate stakeholders, to not only build models of that on the ground, but also to write the guiding principles and the charter of what the policy should look like. Some of these stories along the way, I'll just give you one about how I think a university and how I think people can make a difference in terms of getting the financing moved forward.

We had an experience where we thought we had an opportunity to get $100 million to shore up this network that would take care of some 100,000 people in the community for a period of three years until we could really rewrite the legislative rules in the state to make it sustainable. And the state government at the time was against us doing that for a variety of reasons. But we deliberately went against them, formed a coalition between hospitals, physicians, consumer groups, community providers, and universities. There was a federal hearing and then a letter-writing campaign where we all signed on to what became a petition essentially and told the government that this is what we want and told the feds. And indeed that led to the granting of the funds to New Orleans, which has now created this fabric of community health that's run by 25 different organizations operating 95 sites around the city that range from school health centers to comprehensive primary care centers and mental health sites. And we're serving 20 percent of the greater New Orleans population or 250,000.

I'm happy to say that we're finally getting some evaluative data from that work and it's looking really positive. And we're getting some recognition about how that is becoming a model for the nation as a way to rapidly build up primary care for populations and do it in a very quality, cost-effective way.
The people that we're working on behalf of are not just the very poor, who typically are eligible for public programs that we've created in this country, but indeed some of the people who have the most silent voice, and those are the working poor. They're the ones that often fall through the cracks and who often don't have a voice at the policy table. And I do believe that part of our responsibility as those who are educated and have means, intellectual and capital means, take that opportunity to really share that voice with others.

I've watched it happen in New Orleans not just in health care, but in other sectors as well. We have transformed our schools, our tax assessor system, our levee governance system, a very important one. We have stopped tolerating injustice and greed, especially on the part of our politicians. And we are cleaning up government at a very rapid pace. I fear sometimes people see that we're throwing people in jail left and right in Louisiana and New Orleans, and that's not a bad thing. That's a really good thing, because some of these people have been in place for generations. No, not generations, decades. And have not been really thinking about the best thing for the population.

Engagement does take the work of many citizens. It does absolutely take leadership and that requires commitment from a few people. I am firmly of the belief the next generation of leaders needs to not just be capable and educated and motivated and entrepreneurial, but also really have a commitment to community engagement and community empowerment. And let me be clear about that. The work I do and the work I believe in and am encouraging you to be engaged in is not just about giving. It is really about building capacity so communities can be stronger and they can become independent. And this is best accomplished when you are empowering that community and you can create sustainable change that will be lasting even after you leave.

It's going to take all of us working together to build a healthier, more sustainable America. I do not believe we have any choice if we want to continue our forward progress in this nation. The approach of every man for himself is no longer sustainable. I'm from Texas. You can contribute in any way that matters to you, but I really encourage you to be part of this movement. It's a movement that cannot just change communities, but I'll tell you, it will change you, because I know it has changed me. It has given me a rewarding life experience. It has made me a better person. And it has brought all kinds of new knowledge, ideas, and people to my life which I will cherish forever. And so, graduates, you're so excited because I'm almost done [Laughter], embrace your new privilege, celebrate it, recognize the responsibility associated with it. And get engaged to make a difference. Your life will be the richer for it. Thank you, Suffolk, for this invitation, for my education and for supporting me ever since. I am so happy to see that my institution, so important to so many of us, is thriving. Congratulations, Class of 2010, best wishes, have a joyous celebration and a rewarding life. Thank you. [Applause]