

Letter from the President



SPRING 2018

Dear fellow Tulanians,

In 2014, Dr. Adaora Okoli was an attending physician for the first reported Ebola patient in a Lagos, Nigeria hospital. Less than two weeks later, she was sent to an isolation ward – a newly infected victim of the deadly disease.

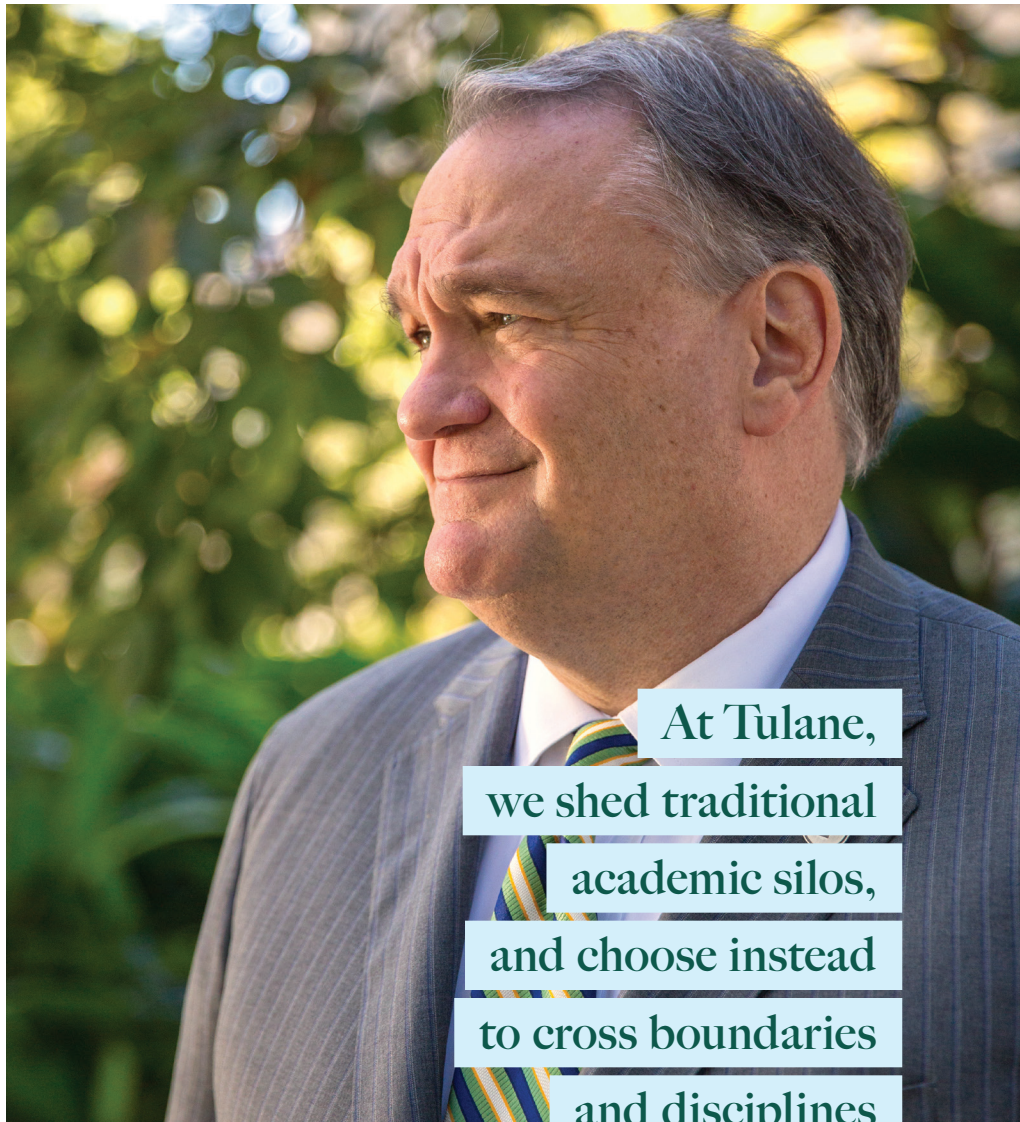
There, Dr. Okoli was told her odds of survival were slim. The sole doctor overseeing the isolation unit had none of the latest experimental vaccines or therapeutic serums at his disposal. Instead, he treated his patients with water, Tylenol, and rest.

Dr. Okoli told me she lost count of the number of times she vomited; her suffering was all-consuming. Still, she never lost hope, and used her clinical knowledge in every way possible to keep herself alive. On a daily basis, she monitored her liquid output, forcing herself to drink water all night long to replenish the fluids her body had lost. After fourteen harrowing days, Dr. Okoli received the good news she wasn't sure she'd ever hear: she had beaten Ebola, and was free to go.

On her way out the door, Dr. Okoli used a pair of scissors to cut the red caution ribbon surrounding the facility, literally and figuratively marking her re-entry into the world. She told me “in that moment, I felt that I had a new life. And I wanted to do something important with it.”

But in her rebirth, Dr. Okoli was presented with a new challenge: she was intent on merging her clinical work with epidemiology research in developing countries. This would mean combining medicine, statistics, public health, biology, engineering,

continued on page 3 »



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FOCUS ON pioneering research

Catherine Burnette’s research focuses on identifying and responding to culturally specific health disparities among Indigenous Peoples. Burnette is an assistant professor in the School of Social Work, and since coming to Tulane in 2013, she’s published more than 25 peer-reviewed articles and presented at over 30 national and international conferences.

Q. HOW WERE YOU DRAWN TO THIS RESEARCH RELATED TO INDIGENOUS PEOPLES (E.G., NATIVE AMERICAN, AMERICAN INDIAN, ALASKA NATIVE, AND/OR NATIVE HAWAIIAN)?

Due to many of the distinct strengths demonstrated by these peoples as well as the high disparities related to violence, mental, and physical health. My work began with an exploration on how a non-Indigenous person, such as myself, could work as an ally to contribute toward culturally sensitive, beneficial, and ethical research.

Q. TELL US ABOUT YOUR RESEARCH.

My work looks at colonization and how that affects social and health outcomes, and then it also looks at resilience and how people overcome and actually transcend oppression. When we did a follow-up study, we found that broader oppression is related to these mental health and social outcomes.

Q. WHAT IS IN THE FUTURE FOR YOUR RESEARCH?

Ultimately, I hope to provide an intervention that addresses historical oppression and related health disparities related to violence, substance abuse, and mental health among Indigenous communities.

FOCUS ON

transformative teaching

At Tulane we’re removing the barriers of traditional academia, setting new standards for what is possible. In 2012, Tulane established the **SOCIAL INNOVATION AND SOCIAL ENTREPRENEURSHIP MINOR**, making Tulane one of the first major universities to introduce a concentration of its kind. The minor teaches students to create “new models of social change.” These students are known as “changemakers.”

WHAT DO CHANGEMAKERS DO?

Here are some past examples:

- **FUND 17**, a nonprofit that empowers micro-entrepreneurs in New Orleans.
- **SANITATION AND HEALTH RIGHTS IN INDIA** is an organization that converts human waste into energy.

Today, Tulane has an entire institute—the Phyllis M. Taylor Center for Social Innovation and Design Thinking—dedicated to this pursuit of making the world around us a better, safer, healthier place, one undergraduate at a time.

“The goal is to move Tulane to the forefront of universities engaged in solving social problems, and to do so with humility, recognizing that the best ideas often arise from the collective wisdom of the community and not always from the theoretical musings of experts.” – Phyllis Taylor, co-chair of Only the Audacious, the campaign for an ever bolder Tulane.

« continued from page 1

and social science – all with an international focus – under a single umbrella. Most university programs are hesitant to provide such a wide net for study.

But Tulane is different. At Tulane, we shed traditional academic silos, and choose instead to cross boundaries and disciplines in search of solutions to the world’s toughest problems. The Tulane School of Public Health and Tropical Medicine is a perfect example of this mindset at work. And with its years of world-leading international infectious disease research efforts – the perfect fit for Dr. Okoli’s studies.

Today, Dr. Okoli is one semester away from earning her master’s degree in Infectious Disease Epidemiology. After graduation, she plans to return to Nigeria to help prevent and contain future infectious outbreaks.

Dr. Okoli’s story is a Tulane story. It’s one of ambition, bravery, and making the world a better place.

In December, Tulane launched the most ambitious fundraising campaign in its history. Our goal is to empower and elevate voices like Dr. Okoli’s – to be a home for anyone who dreams of shaping the future.

Surrounding this letter are a few of the many examples of ways that Tulane is doing just that. Ways that we’ve thrived, fueled by the limitless creativity, passion, and determination of Tulanians. But I know there is so much more Tulane can offer to the world.

We are doubling-down on the spirit that has long defined us; one of passionate academic ambition, overcoming adversity, and commitment to research that changes the world. This dream can become reality, but it’s up to us to make that happen. So let’s get to work. Roll Wave.

Mike

▼ Earlier this year, philanthropist Bill Gates recognized Dr. Okoli as one of his “Heroes in the Field,” a list that identifies little-known individuals helping to save the world. Dr. Okoli plans to use her Tulane School of Public Health and Tropical Medicine degree to aid Ebola survivors, like herself, and help prevent future outbreaks in West Africa.



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To learn more about the campaign and how you can be involved go to audacious.tulane.edu

FOCUS ON

opportunity and diversity

Tulane is committed to designing spaces where everyone can be heard. The new **CENTER FOR ACADEMIC EQUITY** was created as a home for self-identified underrepresented or non-traditional students. Students of color, LGBTQ, and first-generation college students are some of the most commonly underrepresented communities we aim to welcome and nurture at the new center, located within Newcomb-Tulane College.



PHOTO: PAULA BURCH-CELENTANO

Without student leaders who represent diverse identities, perspectives, and cultures, institutions of higher learning can easily reproduce homogeneity of thought as well as of knowledge. We are better educators, better people, intellectually more rigorous, and more representative of a democratic republic as the number of underrepresented students increases on our campus.

– DR. REBECCA MARK, DIRECTOR OF THE CENTER FOR ACADEMIC EQUITY

FOCUS ON **an environment to support excellence**

THE COMMONS will create a transformational communal space focused on dining, engagement, studying, and collaboration. It will also provide a new home for Newcomb College Institute at the heart of campus life. Nestled between the Howard-Tilton Memorial Library and the Lavin-Bernick Center for University Life, the new building will physically and metaphorically bridge undergraduate academic and social life. Construction on the 77,000-square-foot building has begun with scheduled completion in 2019.



RENDERING COURTESY: WEISS/MANFREDI