

Anna Deavere-Smith's Commencement Address, Cooper Union Commencement 2006

Well it is an honor. Thank you so much, President Campbell and Dr. Drucker, all the other trustees, and the students and faculty that have me here today. An honor to be in this Great Hall. All of the great oratory that has already happened here, certainly including Mr. Shekar Krishnan, and will happen with President Clinton. Congratulations to all of you and to your parents. How about one big hand for what you've done.

I have two metaphors for you this morning in my time here. Both come from the field of medicine, which is part of the subject of my new play. The first I found last August in a forest in Uganda, a few hours' drive from Kampala, Uganda, at a school in that forest for traditional healers. And to work with you on that I'm going to need your help and imagination. So, could you please imagine that this is a pot with holes in it, a simple clay pot with holes? OK. And this is Dr. Sekagaya. For those of you who know my work, I interview people and then I say what they say word for word. President Clinton among them. I will spare him my performance this morning.

[affecting Ugandan accent]

*What is this? Is this a pot? What is the purpose of a pot? Can this hold water? So is this a pot? How, then, would you say what is it? Ah, a holey pot. Any other words? Ah, a pot with holes! Exactly! Now this is a pot with holes that serves our philosophy, which is, in African culture, in African philosophy, a pot is a very significant utensil. It is meant to hold liquid, and more specifically, water. Water, in Africa, is very significant. Water is therapeutic, water is life, water cleanses – both spiritual and physical cleansing – so water has a lot of value. Now, this pot does not hold water because of the holes. Now, what is more plenty about this? Is the clay more plenty than the hole? Or is the hole much more than the clay? Eh? The clay is much more than the hole, but the hole outweighs the clay.*

*Meaning, in traditional healing, traditional medicine is like a pot with holes. Traditional medicine has served, for example Africa, for a long time. And presently it has small problems. You get it? It has been mishandled, it has not been defined properly, it has been abused, there have been malpractices by the practitioners. When a healer rapes a woman, you get it? It goes to the medicine other than to the healer? So in Prometa we are saying you shouldn't break the pot because of the holes, let us fill the holes.*

*Now, that very scenario is the same with HIV/AIDS in our community. Because, one, we are expecting the healers to manage AIDS patients. But the knowledge is still scanty. The knowledge is not complete. It still has some holes. The treatment has problems. We expect the healers to manage AIDS patients because they have already been managing AIDS patients because the communities have AIDS patients, the communities have the healers. Let us have a code of conduct, ethics, you get it. When we have those we are blocking the holes within the pot. Then traditional medicine will serve its purpose.*

*But it's a very big task. You cannot block all these holes when you are alone. You need people to contribute towards blocking the hole. Let the politicians put the right laws*

*governing traditional medicine. Let the researchers come and research into traditional medicine. Let the play writers, actors come and write a play – a good play – regarding traditional healing systems. They will help block the hole. Religious misconceptions about traditional medicine. Let them be clarified. Western science has a lot to contribute. Let them contribute in their own field by blocking that hole.*

*And in Prometa we normally symbolize it by saying, “Please, will you come? Will you come? Will you come and contribute? Will you? You! Will you come? Will you come and contribute one finger? No? Yes. Will you come and contribute one finger to the stopping of a hole? Thank you so much! Will you contribute one finger? Yes, thank you so much. Will you contribute one finger? Will you? Will you contribute one finger towards blocking a hole? Thank you. Yes. Oh! And I almost forgot first of all welcoming you in the African way. Can I hug you? Now, now, in the African way you are most welcome. Welcome from the heart, you are most welcome.*

And the second metaphor comes from the opposite extreme. And I found it just two weeks ago, really. Which is a linear accelerator that takes something potentially dangerous and uses its power in a focused way for the betterment of mankind. It’s the brand new, first of its type in the world, cutting edge, Proton Center at MD Anderson Cancer Center and Hospital in Houston, Texas. The first of its patients were treated just in these last couple of weeks.

And I was given a tour by its director, Dr. Jim Cox, the head of the Department of Radiation Oncology at MD Anderson. Because it was a Sunday, the accelerator, which moves protons, was not working. And the idea of this accelerator and of the proton therapy is that this therapy will kill cancer cells but not healthy tissue around the cells. So the accelerator wasn’t running so I could get backstage, if you will, to see it. Nothing was what I expected – as if I knew what to expect about a proton center.

And first of all, when we approached the door leading to the accelerator, there was one lone engineer working on Sunday. Other than the guards, the place was completely empty. And I didn’t expect, first of all, the hairstyle or the uniform of this particular engineer from Hitachi would have built the accelerator. His hair was sculpted into three or four mounds of hair going in different directions. And he had a bright lime green jacket with the word Hitachi on it, and two slots for his pens on his sleeves. What ever happened to engineers with buzz haircuts, button-down collars and pen darts in their pockets?

So when the door opened I saw what could only be called excellence exemplified, even in its design, even in the colors in front of me – bright reds and greens and yellows. As far as I understand this, protons go into the accelerator, starting at seven million electron volts. A synchrotron accelerates that up to 250 million electron volts. The protons then go down the accelerator, which is the length of a football field, into the treatment rooms, hits the patient at exactly the right angle. You never see the proton, because it’s traveling at two thirds the speed of light. It then, through the incredible collaboration, teamwork, and

coordination between physicists, engineers from Hitachi, doctors and therapists, hits the tumor and hits only the tumor, not the surrounding tissue.

As I looked at this machinery and listened to its loud hum, humming even when it wasn't accelerating, I wondered, what is it about cancer, a tumor in a single human being that requires this much power, this much equipment, just this much brain power even to treat it, to stop it? And I was told that cancer is a chameleon, a discreet chameleon.

But the most interesting thing to me about this treatment is that it is a representation of a double-edged sword. One of the people who spearheaded this current version, which is really on the cutting edge at MD Anderson, is a radiation oncologist, Ritzuko Kamaki, a woman who, at four years old, went back to her home in Hiroshima, soon after the explosion and saw the effects of its radiation. It sickened her grandmother, killed her father, and later killed her best friend, who had been exposed. But she was filled with a curiosity and began a lifetime quest to satisfy her curiosity about why radiation would have killed some people and not others. And after a lifetime of this work, she came to a conclusion that after all, radiation is a double-edged sword in a powerful drama. It can be wielded in a way that is for the betterment of man, or as you know, to create human tragedy. And she was really the real source of energy behind building this center at MD Anderson.

Western medicine, for all of its ability, for all of its discovery, has its own pot with its own holes. Interesting to me, that with all that machinery, another thing happening at MD Anderson is a different kind of healing. And governor Ann Richards, who is the first in the world to have the specific combination of proton therapy that MD offers for her esophageal cancer, talks about this other thing happening even there. She is wonder about protons, but she's also in wonder about chi.

[affecting Southern accent]

*That's your life. That's what it is. Somebody called me up on the phone and I told 'em, 'I can't talk to you right now, you're using up my chi.' I need my chi to beat this thing.*

And like Dr. Sekagaya, who I met in the forest in Uganda, Ann Richards understands, as everyone else did, that I met at the Proton Center, that we need teams, we need groups to fill the hole in our pot.

*You know, in the old days when there was so much competition over who was the best heart doctor, who was going to transplant the heart and all that stuff, in cancer you have a team. I have a surgeon, I have an oncologist, I have a radiologist. There's so much collaboration. And you know, everyone knows everything about your case. There's not some glorified god doctor. Those gods are gone, thank heaven. Thank heaven!*

The god doctors are gone, and it's my sense that the god artists are gone, the god architects are gone, the god engineers are gone, the god teachers are gone. As we see more clearly the holes in our pots, we realize that it takes many fingers and we need many ways to reach out and find them.

So how best to fill the holes in the pot that you will carry? How best to find the people to contribute to your pot? First, leave this institution with your questions as much intact as your answers. Like Dr. Rizuko Kamaki, who is right at the forefront, she was curious, filled with a question about why the radiation killed her best friend but spared others. Value your questions. Value that which is unresolved by your education. Value what Shekar has been talking about this morning, the uncertainty, which is a reality of our time.

And secondly, live both inside and outside of the mainstream. When I went in a panic to Elizabeth Diller and Rick Scofidio to ask what on earth I would say to you, your world of artists, architects and engineers who have managed, after all, to go to school for free! I mean, you're awesome! She said, "Talk to them about being inside and outside at the same time." She perceives that that's what I do. Live and work in the – always said mean stream – live and work in the mainstream just enough to see how it flows, but don't let it drown you. Don't let it tame your restlessness. Don't let it promise to take away your uncertainty. And on the other hand, don't get so enamored of the edge that you lose the current. Find the streams that let you flow from out to in and in to out.

Keep your eye on the pot, the pot that connects us all. It connects us because it is inherent in the human condition that we have holes. We live with holes, and it's people like you, as Shekar has suggested already, who have the vision to see the holes and the imagination to find new collaborators in order to fill them. I have no doubt about it. You fill me with such hope, promise, and inspiration. Be strong, be new, be you!