Making Global Learning Universal

Transcript

Episode 8: Kate Houghton on the Power of Global Learning Professional Development

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>> STEPHANIE: You are listening to Making Global Learning Universal, conversations about engaging diverse perspectives, collaboration, and complex problem solving in higher education, on campus, online, in local communities, and abroad. I'm your host, Stephanie Doscher, Director of Global Learning Initiatives at Florida International University and coauthor of Making Global Learning Universal, Promoting Inclusion and Success for All.

>> KATE: You can't assume anything. You have to check your assumptions at the door, because there's never one perspective in politics. There's never one perspective in public policy. And it's about weighing the different ones. But more importantly it's about listening. My class is a political class, but I teach a bunch of premed students about empathy. And again if I had not known about the global learning parameters, I don't know if I would have been able to name what I wanted the students to get out of the experience.

>> STEPHANIE: That's FIU professor Kate Houghton. Her global learning course "Cancer Wars" is deeply informed by her experience as a survivor, her years working on Capitol Hill, and her work passing four significant pieces of legislation that help young adults cope with far reaching impacts of their diagnosis. The conversation you're about to hear documents the first time Kate and I met in person. She teaches her course remotely, in part from her home in DC, but also from our FIU in DC campus, which she also talks about. We first got to know each other virtually when she took the online version of our global learning course design and instruction workshop. Take a listen. And I hope you take away some really big ideas about the kinds of professional development we need to provide global learning faculty, especially those who are new and those teaching remotely.

So, Kate, I think the natural place for us to begin is for me to say it's nice to meet you.

>> KATE: Yes.

>> STEPHANIE: We have never had an opportunity until about 15 minutes ago to meet in person.

>> KATE: That's right.

>> STEPHANIE: So you're here on campus, but what brings you here from DC? Maybe we should start with actually getting to know each other a little bit.

>> KATE: Yeah. Absolutely. I'm actually a third generation Miami native. My grandmother was born in Miami Beach. My mother was born in Coral Gables, and I was born in South Miami.

>> STEPHANIE: That's so cool.

>> KATE: Yes.

>> STEPHANIE: I am also, which is extremely rare.

- >> KATE: I'm also a third generation FIU alum. So my grandmother and my mother and my father, my aunt, I have a huge family population that's come and attended in some capacity at FIU. So it's really fun to be back on campus.
- >> STEPHANIE: So cool. My grandfather came to Miami Beach in 1921, but I am the first FIU alum, although my mom was one of the first students at Miami-Dade College.
- >> KATE: Oh, wow.
- >> STEPHANIE: She went the first semester that it was opened in 1960. So that's a little bit of a rarity.
- >> KATE: Yes, it is.
- >> STEPHANIE: Our story. Okay. So what brings you here to campus this particular visit because you don't live in Miami.
- >> KATE: No, I don't. So I teach a global learning course through the Honors College. It's an upper division level course. I try to come back on campus at least once a month just to see my students face to face. But other than that, yes, I actually teach my students from a computer screen. So my students are based just down the hall in a classroom that's equipped with all kinds of technology, and I'm on a screen, and we interact virtually for about two and a half hours every week.
- >> STEPHANIE: Okay. And do you do that from your home or do you -- do I understand correctly that you have conducted at least one class session from our FIU in DC space?
- >> KATE: Yes. So almost the entire first semester, since Honors College is a two semester program, the whole first semester I was out of the FIU in DC campus, which is really impressive that FIU has made that commitment because most public universities don't make a commitment to putting a space, a campus in Washington. It can be cost prohibitive. It's sometimes hard to make that sell. But for FIU it wasn't that hard. And it was great to be on kind of the quasi steering committee to help make that case and then to be an alum. It was also really a wonderful opportunity to network with other alums but also to meet the faculty who are based in Miami who you may not interact with anymore as an alumni in another city. And that's how I got hooked up with Dean Espinosa of the Honors College, which was meeting him on the FIU in DC campus.
- >> STEPHANIE: Okay. I didn't know this, that you were part of that steering committee. It did take some time to build the vision for what the space could be. So let's just take this opportunity to share that with anyone who would be interested in what this model is. Could you just summarize a little bit about why we have a space, a campus, although it's not like a traditional campus. It's a space. But why we have that space and how we use it to benefit not only FIU students, faculty, alums, but other stakeholders.
- >> KATE: Well, the FIU in DC campus is all about jobs, and there's no better place to get connected to almost every single industry in the world than in Washington, DC. We have United States government leaders there, whether they be in the administration or in elected office. There are the U.S. Congress or even the Supreme Court. But almost every single industry has a presence in Washington. The heartbeat of the country, maybe not the economics, but the heartbeat of regulation and just the lifeblood of the country really does run

through Washington, and it was so visionary for the university to take that leap and say this is how we're going to help promote jobs.

So the FIU in DC campus really works closely with the Career Services unit here on campus to insure that we can place alumni in high level positions all throughout the country now and in Washington, DC, right? Where the power is.

So when I started in DC, I graduated from FIU in 2006 and went up to DC. No campus. Really very little alumni network. I also was a Democrat, and now the university is much more moderate, but at the time it was a little bit more conservative. So I didn't have a lot of connections to make there, and I got an unpaid internship. You take a huge leap of faith to move yourself to Washington with no networks, no support system, and no real paying job. And that kind of became a part of the story, I think, for why we needed a campus in DC, because I probably didn't need to have to work as hard if I had a network I could really tap into or dedicated staff in Washington to help place me.

And one of the reasons I got involved in the new campus vision was I would -- if FIU asked me to meet with someone, I did. Every single person, whether they wanted an internship, they wanted to know about politics or policy, every single person for five years coming out of DC or out of Miami wanted to be in foreign policy. I was like, well, there's the State Department, and that's it. So why don't we talk about USAID, which is water and international development, or why don't we look at some of our programs through the Department of Agriculture. There's so many ways to make a difference.

And it's really important to look at Secretary Acosta, for example, who is the Dean of the College of Law and now he's a cabinet level secretary. I think the first ever for FIU. Like that is because of FIU's presence in DC. We are seen as power brokers, and we are seen as movers and shakers. And there's really no other university, especially in Florida, that can say that.

>> STEPHANIE: So this is very interesting because you're talking about your journey from Miami to DC, and I would like you to talk a little bit more about your particular journey in DC, what brought you there, what attracted you, and then the kind of work that you did there, because that's going to lead us to the global learning course eventually, and I think it's an important journey because it's a developmental journey for you as well.

So when you found yourself in DC in 2006 and you are in this unpaid internship, what were you doing? And then what did you end up doing or what are you doing now?

>> KATE: So I should backtrack just a couple of years. So I wanted to be a social worker. I wanted to change the world. I just wanted to make a difference. I didn't know how I was going to do it, but I majored in psychology. I wasn't loving it, and at the same time our governor, Governor Jeb Bush -- some of your listeners may not know this. So Florida has a balanced budget amendment which means that we can never be in a deficit. So at the end of the year, if you cannot balance the budget, things need to be cut.

I was 19. Newly minted in the college world. And our governor had cut education funding for the Department of Corrections. And my grandmother who is a saint -- if there's a way to apply for sainthood, I will make sure my grandmother gets put in there or Catholic. So maybe I have got one up on that. She had taught pre-K and kindergarten for 23 years. Just retired and decided that she was going to start a school in a women's maximum security prison, Dade Correctional, on Krome Avenue.

Well, after 23 years of kindergarten teaching she couldn't really teach math at the level that was needed. She was my grandmother, so some old Catholic girl asked me to go to the prison with her and teach math, and I did during my sophomore year at FIU. At the same time I wanted to be a social worker, a great opportunity to really learn about some of the hard core issues that either cause people to go to jail or some of the kind of mitigating factors that we could take out of their lives to prevent that, and also rehabilitation and things of that nature.

Anyway, all of this of happening. I'm doing my psychology stuff, and I take Intro to American Government, and I just fall in love. It was in a trailer out where I think the College of Law is now. It was with Dean Nicol Rae who is no longer here. But that one class inspired me and showed me the power government has to create great good in people's lives.

So I always went to Washington with this sort of badge of honor having had access to public education and the opportunity to kind of change my mind mid my sophomore year, and then to go to Washington and really put my head down and know that this was a way I could make a difference.

So I did an unpaid internship. I sat in the back of the room cubicle. I just put my head down. That's the other thing about FIU students. That's why I love teaching here. You have some -- these students have grit.

- >> STEPHANIE: Grit. Yeah. That's the word.
- >> KATE: And I worked. I went to school full time. I did traffic. I had the very typical FIU student story, and it wasn't hard for me to go on Capitol Hill unpaid, put my head down, answer phones, do tours, write letters. You said jump. I said how high. Six months later I was offered a job and then was able to actually work for the U.S. House of Representatives for almost five years.
- >> STEPHANIE: And you worked for a specific legislator?
- >> KATE: Yes. I worked for U.S. Representative Debbie Wasserman Schultz. Not too far from here. And that was the thing. I had to work for somebody from Florida. So I had that opportunity which was really fantastic and was a part of -- sort of my -- when I look back on my journey, it really started to begin there because that was the time the first female Speaker of the House was ever elected. The first African-American president was elected. We passed the Affordable Care Act. And my boss was a chief deputy whip, so a member of the House leadership.

So we really had -- I had a front line view of healthcare debate, economic debate, jobs debate, which was really interesting because it was also during the time of the recession, and Congress was very active trying to fix, fix, fix.

So after that I was asked to move over to the Democratic National Committee for Barack Obama's reelection campaign, and that was really exciting because here's an opportunity to not just have supported the legislative agenda of the first African-American president, but then try to get him reelected, which has not always been a sure thing in the United States that presidents get reelected. So that was fun. I traveled to 80 cities in 10 months for the campaign, and I don't know how I did that, so I can't tell you.

>> STEPHANIE: Yeah. I won't ask you any questions about that.

- >> KATE: A lot of coffee at McDonald's. That's probably how that went. And unfortunately at that time I was 27 years old and I was diagnosed with cancer.
- >> STEPHANIE: So this is when everything changes.
- >> KATE: Everything changes for me, because now I'm not just the person trying to make a difference in other people's lives. I am the person other people are making a difference for in their life, and it really gave me a completely different perspective and kind of a cool story.

I don't know if I shared this, but I was in the ICU the same day that the Affordable Care Act was upheld by the Supreme Court. So here I am just a few years ago seeing the lobby pass. Really like wow part of history. Then fast forward a few years, and I'm sitting in a hospital bed realizing that I never have to worry about having a preexisting condition or being charged more because I have a preexisting condition or being dropped coverage or reaching a lifetime maximum cap.

Senator Elizabeth Dole, who is a Republican -- so I just wanted to note I'm bipartisan here. She has this great quote that says, "If you want to create good public policy, talk to the people that it's going to impact." And when you're 27 working on Capitol Hill or in politics, you're not really the person being impacted, and it was really a life changing experience for me because it switched my perspective. I went from the perspective of being just a goody two shoes do gooder to the perspective of somebody who actually would need those laws to live out the rest of my life.

So that's really where I would say my advocacy and even my shift into wanting to teach a global learning class, that's probably exactly where it began.

- >> STEPHANIE: Okay. So let's fast forward a little bit. You have done this work on the FIU in DC campus. Your perspective consciousness on being both sides of legislation has changed. How is it that you came to teach for FIU and this particular course?
- >> KATE: So the last two years I was working with a nonprofit. It was called the Young Adult Cancer Alliance. As a young adult who was diagnosed with cancer -- again, front row seat into some really incredible terrible issues, and automatically people I think would say, oh, it is insurance or they don't take their healthcare seriously. But in my case, for example, and in most young adults' case, you get blown off almost right away. And my doctor told me, the original diagnosing doctor had told me when we hear hoofbeats, we think of horses and not zebras, and they discharged me from the hospital with a diagnosis of heavy menstrual periods, but I had acute leukemia, which means I only had about three to six weeks to live at that time. Usually when you come in for leukemia, you don't ever leave the hospital again. So there was that.

But then there was also other issues such as the doctors were all of my parents' age, but the nurses were more of my age, and seeing nurses who just couldn't, they couldn't deal with treating a patient who was their age and some of those emotional issues. The fact that psychosocial care really doesn't exist. And then if you try to -- now you have the survivor label on you.

Well, there are support groups for all different types of diseases, but if you go to a support group for leukemia, for example, the type of leukemia I was diagnosed with, the average age is 65, and gender is male. So I had nothing in common with anybody except my nurses and fellows, but I had nothing in common with other patients.

So this group wanted to really raise awareness about this, and I was armed with policy and political background, lots of grit coming out of FIU, and I jumped into the cancer advocacy world, which I said I was never going to do. And my mother always reminds me never say never. So I did that advocacy. I was in advocacy space for about two years and able to pass not one but four pieces of legislation in the first 18 months of the Trump Administration. Again, FIU grit. That's where that comes from.

>> STEPHANIE: Extraordinary.

>> KATE: But I learned that politics -- in that experience I learned that politics is not just what happens in the Capitol or at the White House or in a history book or American Government class. There's so much healthcare politics, oncology politics, doctor versus patient, patient versus doctor, and what those conversations look like, and I wanted to give back.

FIU had been a part of my story and been a part of my life and I felt that they had always supported me in my career jumps and that rah rah force, and I wanted the opportunity to tell the story of what that kind of politics looked like. I wanted to give back. And thankfully the FIU in DC campus and Honors College gave me that opportunity.

So we worked together -- and I had never taught before, so no intro to anything. They were just, here, write a syllabus. I'm like, when you're too dumb to know better, I was like okay. That's easy. I had a lot of guides and things like that. But we were able to craft this course called "The Cancer Wars," and it's the history and politics behind America's most deadly battle. And most people don't know that the war on cancer began in 1971. We have lost more Americans to the war on cancer than Vietnam, Korea, the wars in Iraq, Afghanistan. So during that time period. But it's a war we keep fighting, we keep funding.

President Trump just announced another \$500 million for childhood cancer research in the State of the Union speech. Definitely all about research. But can't keep throwing money on the problem. So what I try to do in this class is really talk about those issues, like why are we not winning this war, and how can we try to at least make some gains.

>> STEPHANIE: Right. So here you are teaching the course, and you find out that it is a global learning designated course. So on top of being a new faculty member for the first time and the concept of the course being taught remotely -- so the students are on campus. It's not an online course per se. It's not really an online course.

>> KATE: Not at all.

>> STEPHANIE: It's a face-to-face course, but your face is transmitted via technology. So you have that piece. And then you find out that it's a global learning course. As a little bit of background for our listeners, our Honors College has a slightly different curricular framework than the rest of the university in that we have this two-semester course that all Honors College students take, but it's a thematic course.

So all of the courses have the same number. 3034-35. But every section of the course is different. And the way global learning courses work, technically, this is how we make global learning universal, is that all sections of a course number have that global learning designation. The thing is that in most cases with the exception of the honors college, that course number is attached to a specific title of a course with certain learning outcomes that even though different faculty may teach slightly differently, meaning they will use different teaching strategies, slightly

different content, sometimes different essential questions or assessments, but still the course is the same.

The course is Intro to Anthropology. The course is Health Without Borders. In the Honors College case, you could have, we do have courses using the Photovoice method to explore AIDS in different communities in South Florida. We have courses on the law. We have courses on biology. We have courses on the history of medicine. We have -- it runs the gamut.

So how do we tie these courses together? Well, the way we do that is by our graduation level student learning outcomes. Where is there a space to enhance our students' global awareness and perspective and engagement.

So you find out after you are starting to teach the course, which sometimes happens, that it's a global learning course, and the way we met is that you took our anchor workshop, the Global Learning Course Design and Instruction workshop, but you took our online version of it.

>> KATE: Yes.

>> STEPHANIE: It's self-paced. It has the same content that the on-campus version does, but you're not engaging in the same ways as folks get to do on campus. So on campus you're in a group. It's an interdisciplinary group. You're engaging in the same teaching strategies that we could then employ with our students, but in the self-paced workshop it is more passive. But you reached out to me and told me that it had a strong impact on you.

>> KATE: Absolutely.

>> STEPHANIE: And I thought okay. We need to explore this in an interview, but we're really exploring this for the first time together right now. Like I don't know what you're going to say. I have a little hint of what you're going to say. But could you share what was it about the workshop, what impacted you, what was your experience, and then I do -- I'm asking you multiple questions in this one question. So it's about how did it impact you personally, but you told me this changed the way I thought about the course, and this made an impact on the second semester of this course. So we need to hear about that.

>> KATE: It actually made an impact immediately. I started even in the first semester when I was -- after I had done the workshop started tweaking things a little bit. One thing I will say about, and since I do teach, I'm remote. I have to look at my students in a little box on my computer screen. Nothing really replaces the person to person contact. We do learn better that way. The opportunity to network with people. Great.

However, and this is what the module is able to do and why I think it matches up with the FIU vision, especially the FIU in DC campus vision, is that I'm an expert in public policy and politics. It's going to be rare you're going to have access to somebody like me in Miami, Florida. And so having the online workshop where -- and it is self-paced. I think I did it over a course of a few days, and you provide great feedback. It doesn't feel like it's just like you're going to listen to a webinar and be passively talked to the whole time. Part of your module is you do have to actually -- you have homework.

>> STEPHANIE: Right. You work on your syllabus. The homework is the thing that you need to do anyway.

>> KATE: Exactly. And you gave great feedback on that, and it was also -- I haven't had homework since I was in college. So I took it really seriously. I wanted to get an A, you know.

>> STEPHANIE: It's not graded.

(Laughter)

>> KATE: I know, but I --

>> STEPHANIE: But you did. You got an A.

>> KATE: Yeah. I'm competitive. That's just by nature. But it gave me the opportunity to learn about teaching principles while not being somebody who was an educator and somebody who is living and breathing in the field. And I remember having adjuncts teach me in my undergrad. There was a Diplomat in Residence who was the ambassador to Brazil one time. There's something about people being in the field for 10 to 15 years like I have been, coming back and saying I want to give back to the community because you can answer questions in a way that connects the students to something that's really happening, that's present, it's real life.

Some of the things I was already doing, for example, I started every one of my classes with a current event discussion. At first I had them try to pick the article. Then I realized that was probably not a great strategy. So then I picked the article. They had to do like a two, three sentence review, and then we spent the first 60 minutes of the class just talking about it and creating a safe space, even virtually, where they could ask questions.

They could challenge some -- especially in Miami, politics is personal, and it's a blood sport. Especially at the Thanksgiving table. And the fact that they could come into a space and we could actually have conversations. We could validate concerns. People could ask questions that they probably couldn't ask of a relative. That was so validated by taking the module and by participating in the global learning. It was like okay, I am doing this right. This isn't just --

>> STEPHANIE: That's fantastic to hear. That part of something like this is validation that you're already -- I'm so delighted to hear that, because when I do the same workshop with folks on campus, that is literally one of the first things that I say, which is you're already doing global learning. The question is identifying it, validating it, bringing it to the surface, shining a light on it so that you know what you're doing, making sure your students know what they are doing so they can say this is global learning. This is the substantively a different experience that I'm having in this class that I wouldn't have in a non-global learning approach and then adding --

>> KATE: Yeah, adding. Well, the other interesting thing I learned from the module piece or just the training generally, and again it was one of these things when I started the class, and I mentioned this I think to you. When I started the class, the assumption was that all healthcare issues in this country are based on insurance companies and pharmaceutical companies. If you fix those two, you fix everything. And frankly that's a debate we're having at the United States right now at the highest levels. We're trying to fix pharm. We're trying to fix payers. We think that that is going to solve all of the healthcare problems.

I think the global learning piece of it kind of -- it put a name. It packaged what I already knew to be true, which is that you can't assume anything. You have to check your assumptions at the door, because there's never one perspective in politics. There's never one perspective in public policy. There are thousands of perspectives, and it's about weighing the different ones. But

more importantly, it's about listening. One of the things that you introduced me to was design thinking and really empathy.

So my class is a political class, but I teach a bunch of premed students about empathy. And again if I had not known about the global learning parameters, I don't know if I would have been able to name what I wanted the students to get out of the experience. So that was really important for me.

Then the other thing I really, really attached to was -- and I might get the name incorrect -- Bloom's Taxonomy.

>> STEPHANIE: Yeah.

>> KATE: I thought that was just fantastic. It just took me to 8,000 different pages, and I googled things and it helped -- that is where I learned the most about what I could change about myself as a teacher, what I could add, and then also how I could assess the student's performance because not all students enter a class at the same level.

Maybe you can do a comprehensive exam and figure that out, but when you're talking about a question for example is healthcare a right. Well, that question is a very hard question to answer if you're not from the United States originally or if you don't have any political background because you want to think healthcare is a right, but it's not in the U.S. Constitution.

Try telling that to a bunch of med students. It's mind blowing. So the taxonomy gave me that framework to help assess the students and shift my course where I thought I needed it to go to help give them that education and understanding.

>> STEPHANIE: That's really interesting that you mention that about both the connection making and design thinking and Bloom's Taxonomy. Why? Because the greatest compliment that I get when someone comes into the workshop who may have already a background in teaching and learning, maybe they come from the college or the school of education or had professional development before where they have learned about developmental psychology or curriculum design, something like Bloom's Taxonomy. They will stop and say, you know, GL. That's really good teaching and learning, right?

>> KATE: Right.

>> STEPHANIE: So that is how I think about it, how we think about it.

>> KATE: It's career ready.

>> STEPHANIE: It's also career ready. Right. So global learning, GL, good teaching and learning. Blooms Taxonomy is one of those fundamental concepts that it pervades all aspects of educational design and then design thinking. Global learning is -- it brings in strategies and concepts from outside the education space. It brings in strategies and concepts from the social change space, from organizational change. You name it. So it is a bit of a mash-up, this workshop, and we will put in the show notes kind of a -- and I'm just thinking about it now. I will definitely put in for listeners a content outline of the workshop so people can get an idea of what they might put together in their unique mash-up for global learning.

So one of the things that you -- because you said something that I really connected to. Global learning is about connections and that connection making, especially those like far reaching

connections which I think is really what you're doing with Cancer Wars. You're bringing in interdisciplinary connection making. You said much of our conversation so far has been U.S. centric, but you do place this U.S. centric exploration in a global perspective. You implied culture and immigration.

I just want to share, and then maybe we could talk a little bit more about how you do this in the course. So I'm sure our listeners would want to know how you have designed the experiences and the content that students have.

I mentioned to you very briefly that my father is a three-time cancer survivor. He had testicular cancer when he was 24. He's a stage four lung cancer survivor. He had very early stage prostate cancer. He's on his 15th life, if there are the nine lives. And everything in terms of modern medicine but also alternative medicine that exists, he has availed himself of, and that is how he has been a survivor.

Well, around the time that he was first diagnosed with lung cancer, I was running the Miami Marathon, and I happened to be walking through the Expo, and I saw an American Cancer Society banner at a table for a program called DetermiNation, which is the distance athlete fundraising arm for the American Cancer Society, and she was just beginning this in Miami. In fact, there were no members. There was nobody running the marathon at that time. She was just trying to connect with people. And eventually I became the first volunteer coordinator for that initiative, for that program.

And one of the things that I found out was how culture impacts how families not only approach care but interact with organizations like the American Cancer Society. So one thing that I really learned was that in Latin America Hispanic families the focus is on we are going to take care of ourselves. (Spanish). Live with the family. It's a very, very close-knit approach to care whether it's cancer or not.

So when we would try to have conversations with our constituency, which is our community in South Florida, about donating to the American Cancer Society, it was a little bit difficult to help families understand that when you are supporting ACS, you are supporting yourself. You are supporting your family. Because it was very much the feeling I need to save my money to care for my family, but if you donate, you're caring for your family in these myriad ways.

So could you share how you bring culture and other kind of global concepts or international concepts into your course to help place our students' understanding in that global perspective?

>> KATE: Well, I connected immediately with the global perspective because that's public policy 101, right? One of the things people don't give our government enough credit for is how slow it operates. Everybody wants government to act right away, and sometimes you need to in times of war, crisis. You definitely need to act right away. But debate and thoughtfulness and gaining an understanding and education about other countries or even other states and how they do things, that's what you want to bring in.

And actually we were -- so my students have picked skin cancer prevention as the problem they want to try to solve this semester, and one of my students did a great job. She looked at California and New York as an example of what they have been doing to try to promote skin cancer prevention, early detection, sunscreen, things like that, and they brought them into the class to share as possible ideas with their colleagues. Which I like to, I tell them their classmates are colleagues because I want them to see it as a group activity.

But we have also looked at other countries. Like, for example, in Australia, which actually has the highest rate of skin cancer which is kind of crazy when you think about it, but I guess ozone layers. Not a scientist. I'm a political scientist. Not really a scientist. Australia has a really big skin cancer issue, but they also have some really progressive policies.

For example, in Australia they are probably going to be the first country in the world to eliminate the human papillomavirus. Like polio. Just eliminate it. The way they do that is they mandate vaccinations against the HPV virus. Just for some context, for HPV, for the vaccine, it's one to two shots. It is usually given to 11 and 12-year-old boys and girls, and it prevents HPV related cancers which include about 90% of all cervical cancers, 70% of throat and neck cancers.

Michael Douglas, the actor, his throat cancer was because of HPV. He did a great campaign to try to raise awareness that men also get HPV related cancers. And now there's new research showing that melanoma could also be caused by HPV. And usually when a virus is the cause of something, obviously it presents in bodies differently. Everybody's cancer is kind of unique.

But we brought in those discussions about Australia and what are the politics of vaccinations, how do you do it, who owns vaccinations in the United States. From a pharmaceutical standpoint but also from a regulatory standpoint. So we talk about all these different issues happening in different countries good and bad.

For example, one of my students, her father was diagnosed young, 20s or 30s, with lymphoma, and he was diagnosed in Cuba where all they did was stuck a whole bunch of radiation into his chest, and now he's got chronic this, chronic that, secondary cancers. Different countries don't always perform the same procedures the best way and bringing in some of those good and bad is really important because it builds that contact. From a policymaking standpoint, it shows precedent. Well, these countries have done it. This is what's good. This is what's bad. These are the stakeholder groups who are in support. These are against. And that's how you really create good public policy, is by understanding all sides of the story, not just your own or not just your own perspective.

And again going back to the question which I constantly bring my students back to is, is healthcare a right. They all -- I asked them that one day in class, and they all raised their hand yes. We believe healthcare is a right. I'm like, show it. Show me. Look, I work for the Democratic party, and Senator Sanders is a big proponent of Medicare for all and universal healthcare. If you want to change healthcare in the United States and make it a right, put it in the U.S. Constitution where it doesn't exist right now.

>> STEPHANIE: Okay. And then students start to --

>> KATE: They start to peel away the different puzzle pieces of why it isn't a right, why we still debate, why we still debate preexisting conditions versus women -- before the Affordable Care Act, women could be charged more because women have babies, and what does that look like.

But then what's also -- we have a private market that operates in the pharmaceutical world. In the UK, Canada, and France where they do have public healthcare, during the great recession, the recent recession, when you have to provide healthcare to everybody and healthcare is attached to wages, taxes go down. Revenue for the government goes down. You are not going to stop providing basic healthcare. You're not going to stop providing life-saving treatment like cancer. What you're going to stop doing is investing in the future.

So during the recession overseas, they have no clinical research, very little clinical research, new drugs, new development, any of that. Whereas in the United States our pharmaceutical companies are completely privatized. We're still churning out this drug and that drug and this drug. And they start understanding that it's a bit more complicated to heal people in a capitalist economy, but it's not necessarily this life or death message that gets put out there on 24 cable news or even in their day-to-day conversations.

>> STEPHANIE: So do students, does that, because I'm starting to get a visual picture. When you just described the landscape across the world where there's more of a focus on research in one part of the world, there's more of a focus on care in another part of the world, there's more of a willingness to legislate to protect or care for individuals in one part of the world, and there's less of that in another part of the world. Do students start asking questions about how we exchange and the mechanisms that may or may not exist to exchange information across nations for the betterment of all?

Because you and your classroom are facilitating this kind of exchange within the minds of your students. But at large our leaders, I never see on TV a gathering of government leaders to talk about how we do healthcare in our different countries and how we sell medicines and give and share research information and care information across borders. I don't see that. We talk about arms control. We talk about -- well, every once in a while climate change. But there are no giant healthcare meetings. The G7 doesn't talk about healthcare.

>> KATE: They will talk about -- like the World Health Organization will talk about autistic -- for example, we have talked about China. So China had a communist economy, a communist government, a communist basic rights type government, but they privatized their economy.

Well, in the 1990s everybody went from having absolutely no healthcare -- oh, I'm sorry -- completely covered healthcare to absolutely no healthcare because there was no industry. There was no healthcare industry in China. And so we sort of tackled some of these issues of like what would it take for a country to have a privatized healthcare system, which we have in the United States, versus what would it take for us to have a public healthcare system. So we do look at it from those perspectives, and again groups like the World Health Organization are kind of umbrellas.

- >> STEPHANIE: Where you can get a job in DC.
- >> KATE: Yes, where you can definitely get a job in DC. But you're right. And this is actually, and I do ask this question because this is exactly why I teach this class. It is because we don't have enough medical professionals in elected office or in powerful positions in Washington. There are currently, I believe, only seven members of congress who are doctors, and one or two who are nurses.
- >> STEPHANIE: And yet every one of us, every one of us, is touched by cancer and other healthcare issues.
- >> KATE: Absolutely. But I think sometimes politics gets this bad name where it's oh, well, if you want to be a good person, don't get involved in politics, which is exactly the opposite. What I want my students to take away from this experience is they have the ability to do the research. They are going to become experts in their fields, and it's up to them to be able to share that message whether they run for office, whether they go lead up the World Health Organization or work for an organization like that.

As medical professionals they not only have the ability to influence government, but they have this unique opportunity as citizens of what I believe is a great democracy. They have an opportunity, and I believe an obligation to protect their patients in their fields, and the only way you do that is by having a voice and using your voice.

But what I found, and it is a shame, and I have learned this myself in this class, especially for premed students, it's really all about getting into med school and passing your exams. It's very focused on the books and calculus and things I know nothing about. But we don't take that opportunity to teach nonpolitical science students about this process, where we have such an open and accessible government. They can make such an incredible difference long term after they are in their careers, after they have interactions with patients.

And just a final piece to kind of connect to some of the questions that are now emerging with me, one of the things I ask my students to do is the Food Stamp Challenge. Have you heard of this?

>> STEPHANIE: No.

>> KATE: So social determinants are one of the biggest factors when it comes to healthcare regardless of cancer or any other health disease, and a social determinant could be accessed to public transportation. Even if you have access to public transportation in rural America, and I could have my numbers wrong just by a little bit, but in rural America, for example, it takes a cancer patient 400 miles to get to a cancer treatment facility.

So when you start talking about having to go every week to the doctor for a radiation treatment or chemotherapy treatment, someone has to drive you. There's lost wages associated with that, the cost of transportation. Now I was never going to have Miami based students try to take public transportation because that might have not gone over well.

But I had them participate in something called the Food Stamp Challenge which members of Congress actually participate in as well. And it's all about that empathy piece, and it's about putting yourself in the shoes of a person who is on the supplemental nutrition program or SNAP, Supplemental Nutrition Assistance Program. The majority of people on SNAP are actually children. But if you have somebody who is diabetic, for example, and the doctor says you need to eat healthy fruits and vegetables, well, a banana costs \$1. But banana chips might cost 50 cents. How do you make those choices? And for SNAP you only get \$1.25 on average per meal. So you're talking about \$30 a week.

Well, I took a whole bunch of future medical professionals and I said, you know what? For a whole week you need to operate as if you were on food stamps, and I had them journal and log what they ate and then journal about what that experience was like.

And for me it was, we can talk globally about Australia or China, but what I wanted to show them in that global context was as a future medical professional, your patients may want to be compliant. They want to save their lives. They want to live to see their grandchildren grow up. But if they don't have access to basic food, transportation, housing is another social determinant. Toxic stress in their homes is another social determinant. These issues may not, yes, they are not traditional global issues, but these are global issues on a kitchen table level, and it was really empowering to watch my students kind of leave it all on the table, to do the exercise and then write about that experience, because you can see it made an impact.

And that's really why I wanted to teach is because it's not really about the doctor or even the government official. It's about students now. We can make such a big difference in patient care public policy by making sure that we're teaching students in college correctly. And that's the other reason why I really connected with the global learning principles. It's because it really said that. Let's create good practices as students so that when they are professionals they are already there.

>> STEPHANIE: Wow! That's deeply impactful for me. The fact that you are feeding our students' personal, professional, and civic identities simultaneously all around the theme or the drive, the motivation to care for, of healthcare, of health, but you're hitting all of those aspects of our students' identities simultaneously.

So that brings me to the question about your identity because you have talked about yourself connecting to the topic of your course personally as a cancer survivor and professionally as a political scientist, and civically as a person who has engaged in so much advocacy and so much work that benefits all of us. How has global learning impacted you personally when you think about how being a global learning faculty member has impacted you and how you just go through your everyday life, how you see the world.

>> KATE: So I talked about validation. I find the global learning, since taking the global learning training, I have also given myself permission to be more curious, and I love the fact that you can actually have, you can start a class with a question and not need to have all the answers, even as a faculty member. Would the students come to a different perspective or come to a global learning perspective yourself.

And we had -- on my class on Tuesday we had a brainstorming session, being part of the design thinking of ideation. I had them all write down on post-it notes how they would solve skin cancer prevention. Lots of PSAs. Lots of less tanning beds. All good, right? Then I got some really wild ones throughout there. Like let's create a hologram over Miami Beach. I was like, solar panels 10 years ago were probably the hologram over Miami Beach. Okay. Let's go there.

But they actually came up with some really fascinating suggestions through different agents. They didn't quite know what agency to go through, but is there a trade component, like could we start regulating sunscreens better in this country and sunscreens that come from overseas, making sure the products are in there. It's been fun to be a participant in the global learning classes. And that's really what I think has helped -- it's helped draw the passion for teaching. Absolutely. But it's really the passion for being curious.

And I was talking to Dean Espinosa. He said, what do you want to teach next? I gave him a couple of ideas. He is like, you know what's really interesting right now in Florida? I said what? Cannabis. We should teach about cannabis. I was like okay. I know nothing about cannabis, but I will try. And sure enough I spent about a week armed with my global learning training, and I knocked out 30 questions. A few possible books. Sent it in as a proposal, and it's all policy making.

And one of the things I have been doing since taking the course is I'll read a story about cannabis and I'll be huh, that's a good question. Can law enforcement actually search and seizure if you have pot in the car, because that used to be how they would do it. If you had pot in the car, that gave them probable cause to search for other things. Well, now if you have pot in the car and it's legal in Florida, is that probable cause anymore?

So the topic is not really about cannabis, but it does raise really interesting questions. And I have reminded myself why I majored in political science. Not just for the good of it, but because through constitutional law, through policymaking, you really can dive into some interesting questions. And that's been my favorite part from a personal development.

- >> STEPHANIE: Kate, I am so delighted that our schedules, your travel schedule and my travel schedule could intersect.
- >> KATE: I know. You're busy.
- >> STEPHANIE: Today. Today. This morning. Because I feel invigorated myself, and I feel safer knowing that you are here and equipping a new generation, a new cadre of physicians to take care of me and my children and our communities. Thank you.
- >> KATE: My pleasure.
- >> STEPHANIE: Thank you for that work. Thank you for being here and for sharing your story.
- >> KATE: Thanks for heading up this department. It's amazing.
- >> STEPHANIE: All right. Well, let's keep playing together and asking questions.
- >> KATE: That sounds great.
- >> STEPHANIE: Thanks for listening to this episode of Making Global Learning Universal. This podcast is brought to you by FIU's Office of Global Learning Initiatives, Media Technology Services, and our Disability Resource Center. You can find all our episodes, show notes, transcripts, and discussion guides on our webpage, globallearningpodcast.fiu.edu. And if this episode was meaningful to you, please share it with colleagues, friends and students. You can even give it a rating on iTunes. Thanks again for tuning in and for all you do to make global learning universal.

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The podcast is hosted by <u>Stephanie Doscher</u>, Director of Global Learning Initiatives at Florida International University and co-author of *Making Global Learning Universal: Promoting Inclusion and Success for All*.

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