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Symposium Reflection  
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The keynote address given by Samuel Mortoti was very insightful and made me more aware on the socio-cultural issues in rural healthcare in America today. A few of the points he made resonated with me, some of the concepts I have learned in my recent courses tied back to what Mortoti spoke on, and overall I took a few things out of this workshop. As you read on I will go into more detail on these points.

First, the aspects of the workshop that resonated with me were when he discussed “Religiosity and its intersection with healthcare delivery” and “Healthcare provider attitudes towards patients”. The first one stuck with me because I never thought people brought religion into healthcare delivery. I am a firm believer in Christ and always will be but God made doctors for a reason and I would never deny myself service of a doctor or medication, hoping that God would miraculously cure me. It never occurred to me that people would deny seeing a doctor and leave it in Gods hands. That is a bit extreme to me and people like that sound as if they need some sort of mental help. I can see why it would be pleasing to know that your physician believes in God as you do, but that should not really matter because church and medical practice should be separate in my opinion. Now I don’t mean not to pray for someone who needs prayer, but I think there should be a line when getting medical treatment. Physician patient relationship should be strictly professional and religion should not be a factor for a patient in need, that is how I feel on this. The next part of the workshop that resonated with me was “Healthcare provider attitudes towards patients”, this stuck with me because I take racial prejudice and

discrimination very serious. It blows my mind that someone can get away with turning someone away from medical treatment due to a difference in looks, skin color, income, and so many other factors. Any one who is caught doing that should lose their job, but if that was the case I feel like a lot of people would be out jobs because a lot of people are ignorant when it comes to making assumptions about people based on stereotypes. I also am surprised that patients are refused office appointments based on the correlation of their zip code and drug use in that area. Some people are making appointments to get help from that problem and others may not even be drug users. I think that is extremely unfair because if someone is able to make an appointment (because they have proper healthcare) then they should be able to be seen by a physician. Those were two parts of the symposium that stuck out to me.

Next, Mortoti touched on a few ideas that I have learned in my course. Culture in communication, stereotyping, penetration theory, and racial prejudice are all ideas that I have learned about recently in my course. Culture in communication I think plays a big roll in healthcare not just in the US but everywhere. No matter what culture or background you come from you need health care in some way because somewhere someone is more qualified than you are in that aspect. Mortoti stated that 25% of physicians are foreign in the United States so I think communication in culture is shown through foreign physicians and patient relationship. It causes both to be more aware of differences (cultural awareness) and to try to assimilate to one another so dissonance is low. Which brings me to my next point of stereotyping. He covered this a lot throughout his address, 16% of healthcare providers admitted to being biased based on characteristics and stereotypes. I do question that number because I know it is much more

then that but people are afraid to admit that because it is obscene. He talked about his experience being turned away due to perceived lack of insurance. I don't understand why people make assumptions and don't just ask before making them self's look like a racist or bigot. Another idea he covered was religiosity and its intersection with healthcare delivery. Personally I think it goes along with the penetration theory and how much you are willing to open up to your physician based on similar religion or not. I think that knowing your physician follows the same belief system as you may cause you to open up all the way like the onion model and cause you to feel more comfortable and less dissonance because as humans we always naturally try to avoid conflict or being uncomfortable. And the last idea he covered was racial prejudice, which branches off of stereotyping because it is more of the acting on that. Many patients can be denied service due to their skin color, which I do not understand because it is 2017 and we still have people being racist. Someone's skin color should not determine whether they get service or not that is human indecency. From his workshop I feel like he covered all of those ideas that I have learned in Dr. Tsikata's course.

In my future I hope to be a lawyer and I know I will encounter many different people; difference races, different income status, different religion and many more differences. I think two theories I will have to be mindful of are the penetration theory and stereotyping. As a lawyer I am going to want my client to feel as comfortable as possible and that they can tell me anything without judging them. I think to achieve that I a going to have to point out similarities between my client and me, naturally we gravitate and want to open up to people who are similar to us even in the slightest. I feel like if I want to get my job done and not just feel like their lawyer I should disclose personal

information to alleviate them from dissonance and have them tell me what I need to know. That is how the penetration theory will relate to my profession. The second theory is stereotyping, we all do it but in my profession I have to keep an open mind because I am going to be dealing with many people who are different from me. We tend to stereotype people from different racial groups and cultures and I think a lot of the time that is why the court rulings are unjust because jurors can be stereotypical. I think I am going to have to be mindful of the concept of stereotyping throughout my career in order to be the best lawyer.

All in all, in this workshop I learned a lot of new things about healthcare in the south. But I took away religion and its intersection with health care delivery. I never even knew that was a thing until I heard Mortoti speak on it. Another major thing I took away was that foreign doctors play a substantial role in the number of physicians in the US. But now that I think of it majority of the doctors I have seen treatment from have been foreign. I took a lot away from this symposium and it was a pleasure to listen to Samuel Mortoti.