

AT THE CROSSROADS OF CANCER AND CULTURE

Velta Willis MS '04

Anyone who doubts whether it's worth fussing about cultural competency in the health sciences ought to spend some time with Velta Willis MS '04, an oncology nurse practitioner in Brooklyn, NY. One day she's dealing with a woman with breast cancer who brought along her ten-year-old son as a translator (talk about an awkward pre-adolescent moment!), and the next she's trying to convince a South Asian man, who insists on speaking for his cancer-ridden wife, that his spouse really does need further treatment.

"In this neighborhood, we have Russians, Jews, Arabs, Chinese, Hispanics, Italians, Jamaicans," says Ms. Willis, herself a Brooklyn-based immigrant. "It's my belief that disease is disease, no matter what person it appears in. The challenge is to understand and work with that person within that culture. I am open to anyone, to anything."

It's hard to imagine a clinician more suited to this multi-hued patient population, located at the crossroads of cancer and culture. For starters, there's Ms. Willis' summery smile, enough to warm the coldest heart. But that's just window dressing for her encyclopedic knowledge of radiation and chemotherapies and her boundless energy for getting the job done. She also has a touch of the motherly scold, tempered with a large dose of compassion, just the right mix for shepherding patients and families through the darkest days of treatment.

Ms. Willis delivers her special brand of advanced practice nursing at Maimonides Medical Center's new outpatient cancer center in southwestern Brooklyn. Although she's not listed on the official leadership roster, she's clearly central to its success. When a critical task needs to be done — such as incorporating scores of care plans into the center's new electronic medical record system or writing new standards and protocols for intraperitoneal chemotherapy — the powers that be usually turn to Ms. Willis. Woe to her coworkers who get swept up in her whirlwind. As one colleague pleaded to this visitor, "Please take her with you — we need the rest."

"She's indispensable to this practice," says Alan B. Astrow, MD, the cancer center's Associate Director for Medical Oncology. "She does so much. It recently occurred to me, what if Velta weren't here? We'd really be in serious trouble."

DISTANT SHORES

How Velta got "here" — that is, to Maimonides — is a classic immigrant's tale. Ms. Willis was born and raised in Westmoreland, Jamaica's westernmost parish, where a sailor by the name of Christopher Columbus made a brief stopover on his second voyage to the Americas half a millennia ago.

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Ms. Willis also set her sights on distant shores. The odds that she would ever see them were slim, however. Her father left when she was just 13, leaving her mother to raise their four girls. This didn't seem to deter Ms. Willis, who excelled in high school, securing a prized slot at University Hospital of the West Indies in Kingston. To no one's surprise, she chose to study nursing. "When someone in my family would be sick, I was always called upon to take care of them," she recalls. "I guess everyone saw [the nurse] in me."

Ms. Willis graduated in 1985 at the top of her class, earning numerous honors to go along with her diploma in nursing. She stayed at the university hospital as a staff nurse for three years. But Jamaica couldn't contain her. With characteristic determination, she set out alone for Canada, landing a job as a staff nurse in the hematology/bone marrow transplant unit at McMaster University Medical Center in Hamilton, Ontario. She loved the field, despite all the death and dying that surrounded cancer units in those days. Ever upbeat, she focused on the successes and reveled in the travel opportunities that came with the job. (The unit's nurses often doubled as couriers, ferrying bone marrow tissue from various countries back to Canada for transplantation.)

In time, Ms. Willis married, and the young couple decided to emigrate to the United States, the best place for both to continue their schooling. They settled in Brooklyn, where her husband has family. In 1993, she started working at Maimonides, which called upon her expertise in oncology and hematology to help build a bone marrow transplant unit.

The next year, she enrolled in Pace University's baccalaureate nursing program. Despite her training and experience, Pace required her to start from scratch. No one would have blamed her if she had quit in frustration. Instead, from 1994 to 2000, she worked full time, started a family, and completed course after course. Over the years, Ms. Willis became something of an authority in cancer at Maimonides. For a long while she was the hospital's lone oncology nurse — out of a staff of a thousand RNs.

"In the late nineties, Maimonides went along with that misbegotten program to reduce the number of medical residents around the country," says Samuel Kopel, MD, the hospital's medical director. "As a consequence, the hospital made a decision to discontinue the hematology/oncology fellowship. From then on, Velta became my partner in taking care of leukemic patients. I would make my rounds with Velta in the morning and check back in with her in the afternoon, so I would know that my patients were always tucked in. For the four or five years that this went on, we didn't lose a single patient. I relied on her, bypassing the house staff, because she knew what to do, and they didn't. She was an anchor."

Unfortunately, circumstances would eventually force her to switch specialties. After a decade, the unit closed, as bone marrow transplants fell out of favor. Seeking a new challenge, she joined the hospital's cardiothoracic intensive care unit. It was refreshing to see patients recover so quickly, but the fit was all wrong. "Cardiac surgeons are not easy people," she says with a knowing smile. "I didn't like walking on pins and needles all the time."

BACK TO ONCOLOGY

If Ms. Willis learned anything from her time in the ICU, it was that she wanted to return to oncology and to assume more responsibility for patient care. Taking the next logical step, she enrolled in Columbia University's master's program in oncology nursing, aiming to graduate in 2004, when Maimonides was slated to open its outpatient cancer center.

Ms. Willis finished on time, but the hospital didn't. She thought about moving on, but Dr. Kopel wouldn't hear of it. He convinced her to wait, promising that the center would be ready soon, and that she would be a major part of it. So she stayed, using the time to hone her advanced-practice skills in a new cardiothoracic step-down unit that is run by nurse practitioners.

"It is not easy transitioning from the role of an RN to an NP," she recalls. "You have to prove to your peers you know what you are doing. Here I am, writing orders, writing prescriptions. Will they accept me? Fortunately, all that is taught at Columbia. You are given the confidence and the knowledge, and knowledge is power. It was not as rocky as some of my colleagues' transitions."

Around the same time, she was invited to participate in an NIH-funded research project exploring screening practices, attitudes, and beliefs about cancer in older adults of Afro-Caribbean descent, who for various reasons receive far less screening than other populations. As clinical coordinator, Ms. Willis provided invaluable help with recruiting subjects for the study, designing a questionnaire, and conducting on-camera interviews.

"She has a remarkable ability to deal with a diverse, multicultural population," says her former teacher, Anita Nirenberg, PNP, AOCN, MS, Assistant Professor of Clinical Nursing and Director of the Oncology Program at Columbia and a principal investigator of the study. "Cultural competency is now a big buzzword, but it is only as good as what you can actually practice. It's amazing to hear someone like Velta, with that West Indian accent, talking to Orthodox Jews about *Shabbos*," the Jewish Sabbath.

For Ms. Willis, the study was a natural extension of her work at Maimonides. "Just recently," she says, "an African-American woman came in with advanced breast cancer — a huge fulminating lump in her breast. I said, 'Didn't you notice the change in your breast?' She said, 'I don't look at my breasts sometimes; I really didn't notice.' Some women are afraid of having a simple mammogram. Some don't want to know if they have cancer. Even at diagnosis, it can be hard to get them to have chemotherapy or comply with treatment."

THE CULTURAL DIVIDE

The cancer center finally opened in the Spring of 2005, and for Ms. Willis, it was worth the wait. She now has collaborative practice agreements with several oncologists, with responsibility for managing the care of hundreds of patients, doing everything from interpreting diagnostic and laboratory findings to formulating care plans and prescribing and altering medication regimens. Education is a major part of her role as well, whether it is teaching patients and families what it's like to go through radiation and chemotherapy or preparing them for death and dying.



"It gets sad sometimes, but there are positive sides to it," she says. "Often, I can tell a patient that the CT scan shows that all your tumors are gone and you are in remission — we have quite a few of those. Cancer is becoming a chronic disease, especially breast cancer. The treatments are rough, but we do get results."

For Ms. Willis, the toughest losses are the rare ones where she is powerless to cross the cultural divide. The aforementioned case of the South Asian couple was particularly upsetting. Before coming under Ms. Willis' care, the woman had been treated with surgery, chemotherapy, and radiation. Since her tumor had tested positive for the *HER2/neu* gene, Ms. Willis strongly recommended infusions of Herceptin, a powerful treatment for certain classes of breast cancer. It was the patient's last best hope — only to be lost in translation.

Her husband and translator, who spoke for both of them (not uncommon in Muslim households), refused further treatment. Radiation and chemotherapy were enough, he said. His wife needed to return to South Asia to take care of his ailing mother. Neither Ms. Willis nor her colleagues could change his mind.

Six months later, the couple returned. The cancer had by now spread to her brain, and little could be done. Complicating matters, the family was in tatters. Their son was furious with his father, and the father complained that he was helpless to care for his two younger children. As for his wife, all she wanted was to return to South Asia and die at home. Once more, the husband refused. Ms. Willis called in a social worker to make sure that the children were taken care of and ultimately convinced the husband to grant his wife's dying wish. The last Ms. Willis heard, the mother was back home, near death.

Looking back, she says, "I wonder whether I should have pushed harder. You don't want to disrespect the culture and the role of the husband, but ultimately the patient is your responsibility. I probably will be tougher if a similar situation presents itself."

For every failure, there are many successes, such as the case of a woman of Middle Eastern descent, a mother of three young children. Ms. Willis sensed that child-care issues might prevent the woman from scheduling appointments for treatment. She called in a social worker, who was able to arrange transportation for the two older children from school to home, where a baby-sitter was taking care of the youngest. Moreover, car service vouchers were obtained, ensuring the patient would have transportation home after therapy. The patient didn't miss an appointment and is faring well.

"I have this deep sixth sense" of what patients need, says Ms. Willis. "Many patients don't speak English, but we have a way to communicate. They make gestures, and I understand right away. Sometimes, I'll think about patients and then pick up the phone and find out they are in crisis."

Mention of a sixth sense may seem a bit odd to hear from a clinician so steeped in modern medicine. But who's to judge, especially in light of the success she has achieved at Maimonides? In the polyglot world of health care, it is wise to be open "to anyone, to anything."