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Becoming Better Messengers:
The Public Health Advantage

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Becoming Better Messengers: The Public Health Advantage

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Scott Burris is a founder and owner of Legal Science, LLC, which developed and markets MonQcle™ software for policy surveillance.

No other relationships to disclose
Today’s Agenda

Introductory Training Exercise

1. Moral Foundations Theory & The Public Health Advantage: Matthews & Burris

2. Practical Lessons in Advocacy: Keep Moving Forward: Ledford Discussion

3. Millennials as New Messengers for Public Health: Boufides & Corcoran Discussion

4. Lessons Learned from Faith-Health Experiences: Gunderson Discussion & Concluding Thoughts
Introductory Training Exercise

Part One: MFT Self-Scoring Test (15 Minutes)
Individual Score Sheets Provided

Part Two: “Four Corners” Exercise (15 Minutes)
Part Two: “Four Corners” Exercise Questions

1. “People who work in public health are open minded (compared to the general population).”
Part Two: “Four Corners” Exercise Questions

2. “We in public health are motivated more by science and facts than we are by emotion and feelings.”
Part Two: “Four Corners” Exercise Questions

3. “Millennials have a disruptive mind set that makes me nervous.”
Part Two: “Four Corners” Exercise Questions

4. “It is not appropriate for people working in public health to speak in terms of moral values and beliefs.”
“The Hidden Tribes of America”

14% of America, roughly half left and half right, consistently shouts, posts and votes, while 67% of us are exhausted.

**LIBERAL WING**
- Progressive Activists: 8%

**EXHAUSTED MAJORITY**
- Traditional Liberals: 11%
- Passive Liberals: 15%
- Politically Disengaged: 26%
- Moderates: 15%

**CONSERVATIVE WING**
- Traditional Conservatives: 19%
- Devoted Conservatives: 6%

*Hidden Tribes: A Study of America’s Polarized Landscape*

Source: October 2018 by More In Common

Chart: Adapted from Axios Visuals 10/17/2018
Moral Foundations Theory &
The Public Health Advantage

Scott Burris
&
Gene Matthews
These Ideas Have Emerged from Ongoing Collaboration
Healthy Policy Is a Team Effort
The 5 Essential Public Health Law Services

Access to Evidence and Expertise
Expertise in Designing Legal Solutions
Help Engaging Communities and Building Political Will
Support for Enforcing and Defending Legal Solutions
Policy Surveillance and Evaluation

Changing Law & Policy Requires Interdisciplinary Collaborations
...and Smart Advocacy

Better Health for All Faster
CRAFTING RICHER MESSAGES

- Access to Evidence and Expertise
- Help Engaging Communities and Building Political Will
- Support for Enforcing and Defending Legal Solutions
There’s a lot of new thinking about the old art of persuasion

- Judgements of fact, risk assessments, predictions about the future – are all made using shortcuts of which we are not consciously aware
- These cognitive processes are necessary, amazing – and conducive to bias and error

Daniel Kahneman et al. (1982)
2002 Nobel Prizewinner in Economics
Science: “You Can’t Trust Your Brain”

System 1

- Automatic
- Unconscious
- Deploys heuristics → biases*

*Representativeness, availability, confirmation, affect etc…

System 2

- Lazy
- Unconscious of System 1
- Rational, but trusts System 1’s input
There’s a lot of new thinking about the old art of persuasion

- Those same unconscious, intuitive processes apply to our values and political beliefs
- Our opinions signal and reinforce group membership
- We’ve made up our minds before we know it
- Our reason serves our intuition
Intuitions come first, strategic reasoning second

90% = Intuitive Elephant
10% = Rational Brain
Social Evolution/
Group Selection

• People depended on groups for survival and vice versa
• Groups needed people who
  • Cared about the children
  • Obeyed good leaders but stood up to bullies
  • Put the group interest ahead of their own
  • Heeded the taboos that signaled physical or social risk
Moral Foundations Theory: A Public Health Approach

Gene Matthews
Haidt’s Six Moral Foundations

1. Care/Harm
Compassion for those suffering or vulnerable

2. Liberty/Oppression
Free Choices & Actions
Social Intolerance of Bullies

3. Fairness/Cheating
People Treated Fairly & Getting What They Deserve
Social Intolerance of “Free-Riders”
Haidt’s Six Moral Foundations


4. Loyalty/Betrayal
- Personal Trust, Group Identity,
- Social isolation who betray

5. Authority/Subversion
- Competitive advantage of organized groups
- Social intolerance of those who subvert the system

6. Sanctity/Degradation
- Not simply a religious value
- Some parts of the human spirit are elevated & pure
- Social aversion to personal degradation
Haidt’s Six Moral Foundations

1. Care/Harm

“Vaccination saves lives.” “I have to protect my baby from those deadly shots.”

2. Liberty/Oppression

“I have a right to privacy for my medical records.” “Government has no business telling me how to care for my baby/”

3. Fairness/Cheating

“Everyone should get their shots.” “People who don’t vaccinate their kids are just free-riders.”
4. Loyalty/Betrayal
   “Getting vaccinated is a duty we owe each other in society.” “CDC has sold our kids out to Big Pharma.”

5. Authority/Subversion
   “Science proves that vaccines are safe.”
   “Mandatory vaccination is a conspiracy to make doctors and Big Pharma rich.”

6. Sanctity/Degradation
   “I got my shots because I believe in the sanctity of human life.” “I refuse to expose my child’s body to toxins.”
Haidt looked at the distribution of foundations in America.

- Care/Harm
- Liberty/Oppression
- Fairness/Cheating
- Loyalty/Betrayal
- Authority/Subversion
- Sanctity/Degradation
The Liberal Moral Matrix

Heavy on caring for the weak/preventing harm, rights and fairness as equality of outcome

Care  Liberty  Fairness  Loyalty  Authority  Sanctity

Help those in need!
Includes care, liberty and fairness (as equality of opportunity), but even more on the “institutional” values of loyalty, authority and sanctity.

Help those in need!

Preserve norms and treasured institutions!
Moral Foundation Theory

“The Conservative Advantage”

Care | Liberty | Fairness | Loyalty | Authority | Sanctity

This framework gives us insight into a significant “Public Health Advantage” at this moment
Thanksgiving Dinner Explained
Public Health Tends to Speak the Moral Language of Liberals

• When we take our evidence and expertise into the political realm to change law and policy, we invoke Care/Harm
  – “lives saved”
  – “harm prevented”
  – “costs avoided”

• When challenged, we fall back on authority & science
Key Dimensions for Starting the Persuasive Public Health Conversation

- **Use of the full range of moral intuitions**
  - Bring **loyalty** and **sanctity** forward
  - Rely less reflexively on **care** and **authority**

- **Control inherent self-righteousness**

- **Empathy for our targets and opponents**

- **PERSONAL RELATIONSHIPS MATTER**
  - **Social ties, norms and settings calm elephants**
  - **Familiarity builds trust**
Liberty and Sanctity (Purity) are significantly associated with Vaccination Hesitancy

Sanctity (Purity) → "Boost your child’s natural defenses against disease! Keep your child pure of infections—Vaccinate!"

Liberty → "Take personal control of your child’s health! Vaccinations can help your child and others be free to live a happy and healthy life."

https://www.nature.com/articles/s41562-017-0256-5
“The Public Health Advantage”

Loyalty ➔ The heart of Public Health is Community Coalition Building

Authority ➔ PH is a police power doctrine (quarantine, food inspection, etc.)

Sanctity ➔ The Nobility of Public Health: When others are running away from the fire, PH runs toward Ebola
Public health has the breadth of moral values and can use them in a way:

- People all across the political spectrum can feel safe engaging in relationships with us to improve their communities

...AND...

- Civil discourse is vital to the heart of public health
A Window May Be Opening…

…For A Return To Civil Discourse Within Our Local Communities!

Better Angels

Living Room Conversations

No Labels

Story Corps: One Small Step
Key Points So Far

• We humans have a rich set of moral values, though we may not “use” them all.
• “Morality binds and blinds”
  – We all share these values, and we need them to be cohesive and interdependent
  – We can get fanatical about them
• Argument is not persuasion – elephants don’t change under pressure
  – We have to calm own the elephant before we can get the rider to actually engage
Haidt’s First Lesson

Learn to speak more moral languages

Better messages in public health
But there’s a deeper point

The secret of life is honesty and fair dealing. If you can fake that, you've got it made.

Groucho Marx
The Formula

Learn to speak more moral languages

Empathic, respectful relationships

Better PERSUASION in public health

Six Foundational Intuitive Moral Values

Center for Public Health Law Research
• Public health is a long game – the vaccination game has been playing out in political battles for 3 centuries
• Our greatest power is being right
• Persuasion is maybe ten percent framing and 90 percent relationships of trust
• We can devise better messages, but the bigger question is how we become better messengers for the right message
The Public Health Advantage

Who we are
What we know, and
What we are trying to do
The Public Health Advantage

- We are passionately committed to the public’s health;
  - This is preventing harm, sure, and
  - We work for everyone – equity, but also
  - We love the communities we serve – ours is a sacred calling
  - We will stick with our communities– we are in this for the long haul
The Public Health Advantage

• We aspire to point the way towards healthier people and places, which we define through a dogged but humble reliance on science
  – We are skeptical: we try to see and adapt to facts, and to distinguish facts from values
  – We bind ourselves to the authority of science – it is always our guide and never our cudgel
The Public Health Advantage

• We lead through service
  – We provide the best information we can, and offer our best judgments about what it means
  – We do our best to persuade but we respect the democratic process and different values
  – We are stewards and advocates of long-term visions, of strategies that let people learn and adapt on their own schedule, on working with communities to support learning and change.
Virtue

• The public health advantage counts on skills but is ultimately about virtues
  – Humility
  – Rationality
  – Charity in every aspect of work, from how we point the way to the ways we choose to point to
Practical Lessons in Advocacy

Sue Lynn Ledford, DrPH MPA BSN RN
Wake County Human Services
Public Health Division
Raleigh, NC
Lessons in Advocacy: Keep Moving Forward

Advocating for Needle Exchange / Naloxone Distribution / Recovery Programs / Healthier Communities
2016 Early Advocacy Efforts in North Carolina

Governor McCrory Signs Life-Saving Overdose Prevention Legislation

Jun 20, 2016
• “Signing this legislation builds on our success and will save lives throughout North Carolina. I want to thank our legislators for unanimously passing this bipartisan initiative.” Republican Governor McCrory
• The standing order authorizes dispensing of naloxone to any person who meets criteria designated by the prescriber.

Governor McCrory signed a bill that legalizes syringe exchange

July 11, 2016
• Republican Governor McCrory signed a bill that legalizes syringe exchange programs in North Carolina.
• H972 passed 88-20 in the House and 48-2 in the Senate

https://www.naloxonesaves.org/north-carolinas-standing-order-for-naloxone/

G.S. 90-113.27 – A “Proactive” Law

Under G.S. 90-113.27, no employee, volunteer or participant of a syringe exchange can be charged or prosecuted for possession of syringes, other injection supplies or drug residue on supplies obtained from or returned to a syringe exchange.

http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-113.27.pdf

Any governmental or non-governmental agency can start SEP

NC Harm Reduction Coalition (NC HRC) served as primary “voice” speaking to legislators –

• Backed by atypical partnership coalitions
  – Law Enforcement
  – Criminal Justice
  – Local and State Public Health, Injury Prevention
  – Local Medical Professionals
  – Respected Community Leaders across the state
Background: Harm Reduction
Unsuccessful but Building Partners

10-15 year effort by Harm Reduction using traditional PH messages. Many years – no success, did not resonate with elected officials.

– 2010 New Governor
– New Gen Assembly Leadership – GOP for first time in 100 years
– Probability of success seemed unlikely to Public Health
– BUT...

  Bi-partisan support passed Syringe Exchange Bills
  88-20 in the House
  48-2 in the Senate
Must Learn the Art of Compromise – “Perfection” is the Enemy of Progress

Bill title -  AN ACT TO PROVIDE THAT RECORDINGS MADE BY LAW ENFORCEMENT AGENCIES ARE NOT PUBLIC RECORDS, ...TO AUTHORIZE GOVERNMENTAL AND NONGOVERNMENTAL ORGANIZATIONS TO ESTABLISH AND OPERATE HYPODERMIC SYRINGE AND NEEDLE EXCHANGE PROGRAMS, AND TO OFFER LIMITED IMMUNITY TO EMPLOYEES, VOLUNTEERS, AND PARTICIPANTS OF AUTHORIZED HYPODERMIC SYRINGE AND NEEDLE EXCHANGE PROGRAMS.

Compromise

• Law Enforcement Body Cameras? – Many Harm Reduction and PH purist had major issue with this.

• Original 2016 language: “No public funds may be used to purchase needles, hypodermic syringes, or other injection supplies.”
  
  http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-113.27.pdf

• 2017 – Legislation allowed local funding
Which MFTs applied?

Bi-partisan support?

1. Emphasized moral traditions of compassion for families in pain within their communities
   (Care, Loyalty & Sanctity)

2. Respect for law enforcement
   (Authority)

3. Sound economics
   (Saved Medicaid Dollars)

Authority: Use the voice of trusted team members - quote from Law Enforcement

“One of the main components of a law enforcement officer’s job is to conduct searches. We search people, homes, vehicles, and storage compartments; we stick our hands in places most people wouldn’t think to touch, and in every search we are at risk for needle-sticks and contracting infectious diseases. I support harm reduction programs because I’ll advocate for anything that protects my life and the lives of my fellow officers.”

Cpl./Deputy Sheriff D.A. Jackson,
Guilford County Sheriff’s Department
Sound Economics: Cost of Public Health Crisis

Figure 1: Unintentional Medication and Drug Overdose Death Rates by County: N.C. Residents, 2011-2015

Unintentional medication and drug poisoning death rates per 100,000 persons (2011-2015)
- Rate not calculated, <5 deaths
- 0-9
- 10-14
- 15-19
- 20+

$1.8 BILLION total combined costs for 2015 alone

Data Source: State Center for Health Statistics, Death Certificate Data (Unintentional medication or drug (X40-X44)). Does not include non-resident or out of state resident deaths. Economic impact: CDC WISQARS, Cost of Injury Reports, National Center for Injury Prevention and Control. CDC. Base year (2010) costs indexed to state 2015 prices.
Window of opportunity and willingness to compromise

1. Opioid Crisis – PH understood need to seize the crisis and move toward solutions

2. Momentum of similar legislation – June 2016 statewide medical order for Naloxone three weeks prior

3. Aligned with right partners

4. Increased efforts across the isles

5. Sound empirical evidence

6. Persistence and networking across the state

7. Learned ART OF COMPROMISE
“All Politics Is “Local”

- Drug abuse epidemic is a complex issue
- Clearly on the minds of local constituents – pressure to act
- Has visible economic and social consequences in their local communities
- Many legislators knew families “back home” dealing with these painful issues
Unlikely Success?

• **Be smart:** Who is the best fit to meet with various political entities and local leaders?

• **ALIGN existing efforts and avoid competition**

• **Story of Senator** - You do not need to make every point. “Once you sell the horse... be quiet, shake hands, and move on.”

Be respectful and don’t celebrate too loudly
Lesson in Intentional Listening
Do Not Assume You Heard What Was Said

• Listen to both sides and seek common ground
• Pause to reflect
• Avoid the assumption that you know their values
• Craft relationships prior to a need (this is not just for political figures)
• Establish trust: NEVER deceive or twist the facts
And ABSOLUTELY - Don’t Cannonball Your Own Ship

• Wrong terminology – “PH jargon”
• Wrong person speaking
  – Must know the topic
  – Must believe in cause
• Wrong attitude
• Wrong tone
• Wrong body language or expressions
The way to get things done -
Do not care who gets the credit

• Give credit for “good work” – even when it is not from your political framework or your Department

• Respectfully persistent

• Accept incremental change –
  • 2016 - Needle exchange disallowed governmental funding
  • 2017 – Legislation now allows local funding
  • 2018 – Federal/State/County Funding and emerging programs

• Align existing efforts – HCV/ Opioids/ HIV/ EMS needs/ Law Enforcement/ Judicial

  Again, don’t celebrate too loudly – could lose future support.
IF THE WINDOW IS STILL OPEN
REMEMBER
– SUCCESS BUILDS SUCCESS
“OPPORTUNITY IS MISSED BY MOST BECAUSE IT IS DRESSED IN OVERALLS AND LOOKS LIKE WORK.” – T EDISON

Dr. Sue Lynn Ledford
sue.ledford@wakegov.com
QUESTIONS & DISCUSSION
Millennials: New Messengers for Public Health

Lizzie Corcoran
Colleen Healy Boufides
Questions to Answer

1. Who are Millennials and how are they different?

2. Who are the Millennials in the public health workforce?

3. What do Millennials have to contribute to the Public Health Advantage and richer public health messages?

4. What is needed to assist Millennials to serve as new public health messengers?

5. What are the methods for sharing public health messages and promoting dialogue?

6. What are the take-aways for people that work with Millennials?
1. Who are Millennials?

• Born between 1980 and 2000 (currently ages 18-38)
• Most diverse generation – 44% identify as minorities (Brookings, 2018)
• Most educated generation (Pew, 2015)
Why talk about Millennials?

Workforce - by Generation (2015)

Source: adapted from Pew Research Center, 2018
How are we different?

At Work

• Less hierarchical
• Loyalty to cause
• Nontraditional

In Communication

• Technology and social media
• More communicative, less connective
• Image conscious, identity focused
Millennial Trend #1: Cause-driven

“Cause not loyalty drives engagement.”

(Millennial Impact Report 2016)

Millennial Trend #2: Identity-focused

→ Preference for “virtue signaling” over communicating and connecting.

(See Bartholomew, 2015)
2. Who are Millennials in public health?
Trends Shaping the Young Workforce

• 300% growth from ‘92 to 2016
• 5th fastest growing degree out of 500 graduate degree programs
• Growth partially contributed to the school’s “do good” appeal (Leider et al., 2018)
New Trends in Public Health Schools
This is a good thing
“Monoculture” as a Side Effect

• “The academic world in the social sciences is a monoculture .... *those fields seem to be really hostile and rejecting toward people who aren’t devoted to social justice.*” Jonathan Haidt

• We risk the creation of an insular bubble

• Graduates may not be able to speak all 6 moral foundations

Reinforces Millennial inclination to care about our images and identities
3. What Can Millennials Contribute to Richer Public Health Messaging?
• Dedication to public health
• Care about communities and social good
• More loyal to causes than institutions; look for non traditional allies
Online Advantage

- Tech savvy
- Amplification of messages using social media
4. What is needed to assist Millennials to serve as new public health messengers?
**Asset**

Millennial Trend #1: Cause-driven

“Cause not loyalty drives engagement.”

(Millennial Impact Report 2016)

**Challenge**

Millennial Trend #2: Identity-focused

→ Preference for “virtue signaling” over communicating and connecting.

(See Bartholomew, 2015)
**Asset** Millennial Trend #1: Cause-driven

**Challenge** Millennial Trend #2: Identity-focused

**Opportunity**

[Identity ≠ Image]

Building identity around the shared cause of public health.
5. What are the methods for sharing public health messages and promoting dialogue?
“Signaling” at “Communicating” to “Connecting” with
Signaling or Communicating?

(May 23, 2018)

Today I learned that #notallmen is now used as a mockery against men who try to defend themselves when lumped with other men. Accordingly, men are supposed to just be “guilty” and sorry in behalf of all men, to be a good ally. I personally find this discriminating. Thoughts?

(May 23, 2018)

Men,

Don’t say you have a mother, a sister, a daughter...

Say you have a father, a brother, a son who can do better.

We all can.

#MeToo

7:32 PM - 15 Oct 2017

21,260 Retweets 65,555 Likes

(May 24, 2018)

Most patriarchy advocates I’ve seen have entered 2018’s #MeToo moment kicking and screaming. They aren’t really interested in protecting women and children. They’re interested in saving face now that people like Paige Patterson have exposed their true rot.
Public Health as a Cause prioritizes results over righteousness.

- Strives to find common ground and **embrace shared values** rather than emphasizing difference.
- Might accept the most effective or achievable intervention, without demanding loyalty to the same cause.
- Assumes the person I am talking to (in person or online) is potentially my most valuable partner… and is **as smart and virtuous as I am**.
6. What are the take-aways for people that work with Millennials?
Public Health Practice:

1.0 – Scientific Advancement
2.0 – Standardization, Professionalization
3.0 – Chief Health Strategist

Public Health Law:

PH Authority (Police Powers)
Public Health Laws (Change Conditions & Defaults)
5EPHLS (Transdisciplinary & SDOH)

Public Health Why:

Public Service
Strategic Approach
Cause (→ the PH Advantage)

Millenials are prepared and committed to working here.
Millennials are an Asset to the Public Health Advantage

Mentoring Millennials to be Cause-Leaders

• Create space, incentive, & opportunity for creativity & innovative partnerships
• Pass on institutional knowledge, prepare to lead, create upwardly mobile career paths

Leveraging Millennials as Messengers

• Use social media to amplify cause-driven (rather than image-driven) messages
• Recognize opportunities to connect rather than differentiate, via social media & in person
QUESTIONS & DISCUSSION
Lessons Learned from Faith-Health

Gary Gunderson
VP of Faith Health
Wake Forest Baptist Health
Wake Forest University

Perhaps we are not just meat in a herd.

Clues from FaithHealth Networks
Part 4 Not meat in a herd

Aligning assets to nurture the health of the public in hard-hearted times.

Empathy is the first Social determinant,
We’ve know this
A long, long
Long, long
Time.

At least
170 years
(1848)

Community of Spirit

A social phenomenon of sustained activities form, nurture and express the human experiences of spirit

(*NAS in press*)

Durable, adaptable mediating social structures surround systems of health
National Academies of Science on Health Sector and Faith Assets

• Build authentic partnership through nurturing trust, demonstrating respect and humility, listening to community talk about its needs and letting the community lead

• Build common ground using the unique strengths of faith community partners (e.g., viewed as most trusted, willing and able to speak the truth to power), engaging all from the beginning and using the bridge-building approaches of faith partners to surface and overcome historical trauma (e.g., racism)

• Build the power of community by tapping into the human spirit and spiritual depth that congregations and programs affiliated with them can bring to bear on important health challenges, including the policy arena, at local community, city/county/region or state scale.

Faith and Health System Collaboration Proceedings. Lecture presented as part of the National Academies of Science Roundtable of Population Health Improvement. Shaw University, Raleigh, NC, March 22, 2018, in press.
Social Drivers are engaged through social roles—not so much words.
Enhance & Leverage Congregational Strengths

- Accompaniment
- Convening
- Connection
- Storying
- Sanctuary
- Blessing
- Prayer
- Endure

Beans are so smart, they can climb a string
But the string needs a trellis.
Empathy also grows naturally.
But it needs a trellis
Of ideas, data and roles
One key social fruit is empathy (Trellis built for very long view)
A trellis gives life a chance to grow against the “gravity” of wicked intractable power relationships.
Outside In
A trellis creates space for all the life
To grow creatively free
If fear is a public health risk vector...what’s the intervention?

Empathy is the first public health good.

“The America for which they are nostalgic never existed, not fully; it was a work in progress, a set of dynamic aspirations put in motion by tough work, cooperation, hope and solidarity over a long period of time. A just and inclusive America never was and is not yet a fully achieved reality.”

This is “actually a time when hope and work can accomplish a great deal of good. On both left and right, panic doesn’t just exaggerate our dangers, it also makes the moment more dangerous.”

Martha Nussbaum, The Monarch of Fear 2018
Exactly the right time

This is the time for those who just can’t stop loving the messy, disappointing, ever-muddling gaggle of humans called “the public.” We are in JUST the right work at just the right time. While others rant, we must speak out of that love. Bring our facts and laptops, as we know that science is a friend of humans and what we are possible of.

But we must speak out of love first, especially in public, especially with the public, especially about the public.
If fear is a public health risk vector...what’s the intervention?

This is the time for those who just can’t stop loving the messy, disappointing, ever-muddling gaggle of humans called “the public.” We are in JUST the right work at just the right time. While others rant, we must speak out of that love. Bring our facts and laptops, as we know that science is a friend of humans and what we are possible of.

But we must speak out of love first, especially in public, especially with the public, especially about the public.
It is not our little programs over against death.

It is life against death.

A fair fight.

All any grown-up could ask for.
DISCUSSION & CONCLUDING THOUGHTS